



# OSCAR UPDATE

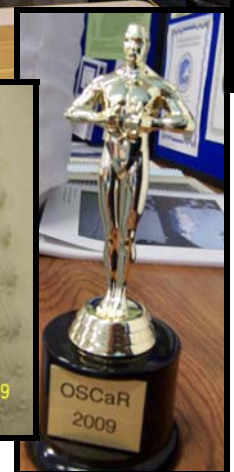
## Manager's Update

Donald Shipley, MS

### OSCaR Celebrates 10<sup>th</sup> NAACCR Gold Certificate

As we mentioned in the last newsletter, OSCaR received its 10<sup>th</sup> NAACCR Gold Certificate this year. We invited the Health Promotion and Chronic Disease Prevention Section to help us celebrate. It was a great way to highlight our accomplishments and educate the rest of the chronic disease staff about the registry. Registry staff prepared several displays showing the amount of information we receive on each cancer case, a listing of research projects on which the registry has collaborated, some basic cancer statistics, the necessary stack of reference manuals, and a slightly enlarged copy of the 10<sup>th</sup> gold certificate.

In order to attract as much participation as possible, registry staff provided snacks and treats including a cake with the certificate printed on top. Registry staff members were all awarded "OSCaRs" as rewards for their good work.



## OCRA and OSCaR Annual Fall Workshop 2009

### "Cancer Registries—Rock Solid Excellence Through Education"

October 14-16, 2009, at the Crowne Plaza Center in Lake Oswego

<http://www.ocra-oregon.org/ocra2009flyer.pdf>

Hosted by OHSU



## Claudia's QA/Training Corner

### Claudia Feight, RHIT, CTR

#### *Greetings from the QA Corner of the World*

Summer is now officially behind us and winter is just around the corner! I want to thank the nine hospitals that participated in the NPCR-CDC Data Quality and Completeness Audit this summer. We know it was probably an imposition on the registries involved to add one more thing to their daily agenda, so we truly appreciate the hospitals making this a priority. The good news is that the audit only comes around once every five years. With the audit now complete, we are gearing up in preparation for the 2010 NAACCR and NPCR-CDC annual Calls for Data, and the OSCaR/OCRA Fall Workshop. At the workshop this year, we will be highlighting the upcoming changes for 2010.

The workshop agenda also includes information on Collaborative Staging Data Collection System, Version 2, and coding of hematopoietic and lymphoma cases. The Collaborative Staging, Version 2 (CSv2) will identify the changes, updates, and the rationale behind the changes. We will also cover the relationships between the AJCC 7<sup>th</sup> edition, CSv2, treatment timing, clinical information, pathologic information, and site specific factors.

Since the 2010 NAACCR and CDC-NPCR Calls for Data are approaching, OSCaR is concentrating our efforts on case completeness. OSCaR is required to adhere to strict reporting requirements for data timeliness and case completeness. OSCaR must have received a minimum of 90% of the reportable cancer cases at the close of the diagnosis year, and at 24 months, we should have received 95% of reportable cancer cases. We may be contacting registries whose case counts are appearing low. We always strive to meet these requirements so that we may receive gold certification again next year!

I continue to be amazed at the dynamic nature of the registry industry. We are *always* going through changes in the data collection process. When I reflect back on the past five years, it is amazing to consider how much registrars have to learn and study to stay current in the field. With even more changes ahead in 2010, it will prove to be an interesting and busy year!

I hope to see you all at the Fall Workshop. As always, please feel free to contact me if you have any questions, comments, or suggestions.

Claudia Feight, CTR, RHIT  
Quality Assurance/Training Coordinator



## CTR News

LeeLa Coleman, CTR; Becky Gould, CTR; Nancy Henderson, CTR; Joan Pliska, CTR;  
Deborah Towell, CTR



## Changes 2010

There are many changes in the works; so many that the highlights will be summarized in this newsletter. Future editions will provide more detail.

### **AJCC Cancer Staging Manual 7<sup>th</sup> Edition**

- Used for cases diagnosed January 1, 2010
- Chapter 1 has been completely rewritten and should be more useful
- Clear specification of stageable histologies
- New chapters for gastrointestinal stromal tumors (GIST), neuroendocrine tumors, esophageal cancer
- Three separate chapters for perihilar, distal and intrahepatic bile ducts
- Revised staging forms to encourage recording of clinical and pathologic TNM, stage group and prognostic indicators

### **Collaborative Staging Changes CS Version 2 (CSv2)**

- Renamed *Collaborative Stage (CS) Data Collection System*
- Released after AJCC 7<sup>th</sup> Edition effective January 1, 2010
- Only version used for all cases diagnosed 2004 and forward, regardless of diagnosis year
- Much more information at Fall Workshop

### **Hematopoietic Multiple Primary/Histology (MP/H) Rules**

- In effect for cases diagnosed on or after January 1, 2010
- *WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues, Fourth Edition* will be authoritative reference
- Thirty-three new ICD-O histology terms and codes
- Three codes/histologies that have changed from behavior /1 to /3
- Transformations collected as new primaries
- Release of the *Hematologic and Lymphoid Neoplasm Case Reportability and Coding Manual*
- Release of a searchable database, similar to SEER Rx
- Much more information at Fall Workshop

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### Multiple Primary and Histology Coding Rules

- SEER will update the Multiple Primary and Histology (MP/H) Coding Rules for 2010
- Changes are primarily clarifications and corrections

### New Data Items

- 126 new data items
- OSCaR will provide updated “Required Status Table” to replace Appendix B in the current *Cancer Reporting Standards, Volume I*

### Education and Training

- The following websites may be of assistance:
  - o <http://training.seer.cancer.gov/>
  - o <http://www.facs.org/cancer/coc/coceduc.html>
  - o <http://www.cdc.gov/cancer/npcr/index.htm/>
  - o <http://www.naaccr.org/>
  - o <http://www.ncra-usa.org/>



### Fall Workshop October 14-16, 2009

- Presentations on CSv2, Hematopoietic and Lymphoid malignancies and New Data Items

#### TEXT Reminder



Some text fields have been expanded. Please remember the following:

- Do not “cut and paste” text from the medical record
- ***Be concise***
- Make sure all coded values have supporting text
- Do not overflow information into other text fields unless absolutely necessary
- It is not necessary to repeat information

## Collaborative Staging – back to the basics!

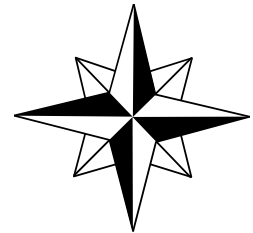
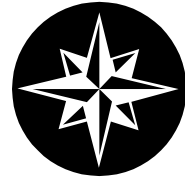
Whew! Just as we are getting comfortable with the Collaborative Staging system (CS), the new CSv2 becomes effective 1/1/2010. Many additional fields and schemas will be implemented. This is a good time to review basic principals before learning the new system.

Simply put, for the CS system, the cancer registrar gathers basic staging facts about a cancer case, codes the information, and a computer algorithm computes the stage.

It is important to remember that while the CS system incorporates the AJCC TNM system *it adds additional levels of detail*. OSCaR frequently receives cases with staging text that reflects the physician TNM statement and codes accordingly. The registrar is responsible for using all information in the medical record, not just the physician TNM statement.

Keep the following in mind:

- CS does not depend on physician staging; the registrar controls the quality of data
- Use all information in the medical record to assign CS staging codes
- Remember the **Coding “None” vs. “Unknown” rule** (CS manual page I-14)
- Carefully review “notes” before each site/schema data item; they contain very useful information
- **Concisely document your codes in the transmitted text.** This cannot be overstated. You do not need to repeat information in multiple fields; just make sure all coded values have corresponding *concise* text somewhere in the abstract.



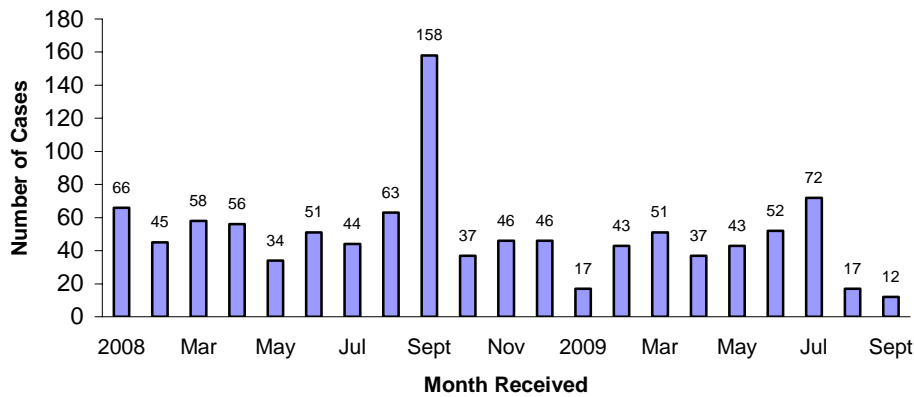
### Oregon Cancer Reporting Completeness

Diagnosis Year	Hospital cases	MD office cases	Path only cases	Death Cert only cases	Total Cases	% Complete
2006	19,955	2,092	89	495	22,631	101.3%
2007	19,433	1,693	210	Pending	21,336	95.5%
2008	10,724	24	1	Pending	10,749	48.1%

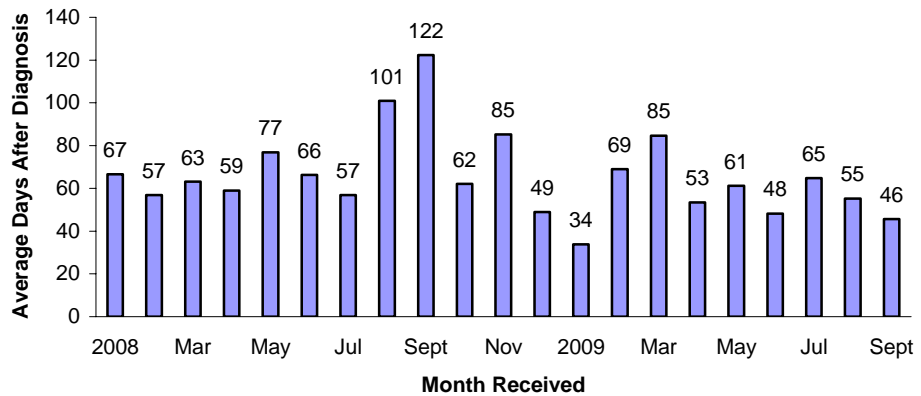
# Analyst's Angle

Cathy Riddell; Joan Pliska, CTR; Alyssa Elting McGuire, MPA

**Rapid Case Ascertainment (Jan 2008 - Present):  
Number of Cases Received by OSCaR <6 Months After Diagnosis  
by Month Received**



**Rapid Case Ascertainment (Jan 2008 - Present):  
Mean Number of Days Between Diagnosis and Report to OSCaR  
by Month Received**



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