OCCR QUARTERLY

OKLAHOMA CENTRAL CANCER REGISTRY SPRING 2021

OCCR Attains Gold for the 6th Year in a Row!

By Alexandra Feld, MPH

For the sixth year in a row, the Oklahoma Central Cancer Registry (OCCR) has achieved Gold Certification from the North American Association of Central Cancer Registries (NAACCR) for the 2020 annual data submission. The OCCR submitted 436,601 Oklahoma cancer cases diagnosed from 1997-2018 to NAACCR and the Centers for Disease Control and Prevention – National Program of Cancer Registries (CDC-NPCR).

Cancer registries that meet the Gold Standard for Registry Certification have achieved the highest NAACCR standard for complete, accurate, and timely data to calculate standard incidence statistics for the year reviewed. The assessment is repeated annually, and the recognition only pertains to a single year of data (diagnosis year 2018). To achieve Gold Certification, the data from a cancer registry must meet all the following NAACCR criteria:

- Case ascertainment has achieved 95% or higher completeness.
- A death certificate is the only source for identification of fewer than 3% of reported cancer cases.
- Fewer than 0.1% duplicate case reports are in the file.
- All data variables used to create incidence statistics by cancer type, sex, race, age, and county are 100% error-free.
- Less than 2% of the case reports in the file are missing meaningful information on age, sex, and county.
- Less than 3% of the cases in the file are missing meaningful information on race.
- The file is submitted to NAACCR for evaluation within 23 months of the close of the diagnosis year under review.

A registry can also achieve Gold Certification via SEER Completeness estimates, which incorporates the NPCR case-reporting criteria.

The nine dedicated OCCR team members worked tirelessly throughout 2020 to attain this Gold Certification and to maintain the highest standard recognized is remarkable! This achievement would not be possible without the dedication and commitment from each and every Oklahoma cancer reporter. Thank you all for your valuable contribution and continued efforts toward cancer control and prevention throughout the state! We look forward to another year of hard work and success.

Congratulations, Ali!

By Judy Hanna, HT(ASCP), CTR

Alexandra “Ali” Feld, the Cancer Surveillance Coordinator has accepted another position and will be leaving OSDH effective April 23, 2021.

Ali has been with the Oklahoma Central Cancer Registry as the Cancer Surveillance Coordinator since September 2019. From the very beginning, Ali came into the cancer registry with great enthusiasm and excitement. Her positive influence and contributions have greatly impacted the registry with her expertise in public health.

Ali has not only been a great supervisor to us here at the registry, but she has become a valued friend and leader. Ali, thank you for all the dedication and respect you have shown toward us as co-workers and the positive changes to the cancer registry. You will be greatly missed!

We are certainly sad to see you go, but we wish you all the best with your new job! Congratulations!

2021 Abstracts and NAACCR Record Layout Version 21

By Christy Dabbs, AA, CTR

NAACCR record layout version 21 and XML file format is coming soon. The central registry is not yet ready to accept v21 abstracts. Web Plus compatible with NAACCR v21 is still in the testing phase. We will not be able to accept v21 abstracts until we receive this update. When the OCCR is ready to accept v21 XML files, you will be notified by email from the OCCR. As mentioned previously, facility abstractors do not need to be concerned about submission files being in XML file format. The cancer registry software will automatically do that for you.

There are few site-specific data items that were left out of the list of changes and updates sent out in the winter quarterly.

Additional OCCR Required Site-Specific Data Items beginning 01/01/2021
C61.9 Prostate

- Gleason Patterns Clinical
- Gleason Patterns Pathological
- Gleason Score Clinical
- Gleason Score Pathological
- Gleason Tertiary Pattern

Web Plus Update

By Christy Dabbs, AA, CTR

Web Plus Abstractors

Web Plus version 21 (v21) has not yet been released. Please continue to hold any abstracts for 2021 and do not release them, if you are a Web Plus abstractor. The OCCR cannot accept NAACCR v21 xml files in the current version of Web Plus. When the OCCR is ready to accept v21 XML files, you will be notified by email from the OCCR.

Tips for Web Plus Abstracting

Accession Number: Provides a unique identifier (**9-digit number**) for the patient and consists of the year in which the patient was first seen at the reporting facility, as well as the consecutive order in which the patient was abstracted. A patient will have only one accession number per facility in their lifetime. A log of accession numbers must be maintained to avoid assigning more than one accession number. (An example of an accession log can be provided by your OCCR consultant.)

Example: 202100001
2021 indicates the year the patient was first diagnosed at your facility for the current cancer. 00001 indicates this is the first cancer abstracted for 2021 at your facility.

Example: 201900028
2019 indicates the patient was diagnosed with a reportable cancer in 2019 at the reporting facility and 00028 indicates the cancer was the 28th cancer abstracted in 2019. The same patient comes into the reporting facility in 2021 and is diagnosed with a new reportable cancer. The accession number will stay the same and the new cancer is indicated in the sequence number.

Note: Prior to abstracting a new case and assigning an accession number, you must search your accession listing to ensure the patient does not already have an accession number assigned.

Sequence Number: Indicates the sequence of all malignant and non-malignant reportable neoplasms over the lifetime of the patient. Sequence number **00** indicates that a patient has only one malignant neoplasm in a lifetime. If this same patient is diagnosed with a second malignant neoplasm, the sequence number for the first neoplasm is changed to **01**, while the sequence number for the second neoplasm is coded **02**.

Sequence number **60** indicates that a patient has only one non-malignant reportable neoplasm in a lifetime. If this same patient is diagnosed with a second non-malignant reportable neoplasm, the sequence number for the first neoplasm is changed to **61**, while the sequence number for the second neoplasm is coded **62**. Do not mix malignant and non-malignant sequence numbers.

Note: In Web Plus you cannot go back and change released cases. The central registry will update the sequence on any prior cases that have been released for a patient with a new primary cancer. The new cancer must still be reported with the correct sequence number.

As a reminder each Web Plus user should have their own account. If you need a Web Plus account, please contact me at christyd@health.ok.gov.

50 Years: National Cancer Act 1971- 2021

This year marks the 50th anniversary of the National Cancer Act. To learn more about this legislature and its advocates that have helped transform cancer care and research, visit https://www.cancer.gov/news-events/nca50.

Click here to view a commemorative video produced by the National Cancer Institute to highlight the anniversary.

"See how far we've come in 50 years. See how far we'll go. Nothing will stop us."

Rocky Mountain Cancer Data System (RMCDS) Corner

By Christy Dabbs, AA, CTR

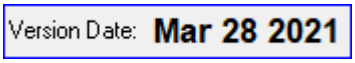
RMCDS Version 21

RMCDS recently released instructions for converting the software to NAACCR v21. The OCCR is not yet ready to accept NAACCR v21 XML files. ***Do not*** run the conversion on RMCDS until the OCCR notifies you that we are ready to accept v21 files. If you do so, you will not be able to submit any additional abstracts until OCCR can accept v21 files. Soon, I will also be sending out specific conversion instructions to all Oklahoma caner reporters using RMCDS. **Prior** to converting RMCDS to v21, you must submit all cases abstracted in version 18, that have not previously been submitted.

Version Date
It's important to always be aware of the version date of RMCDS. This lets the user know the last date the software was updated at the facility. It's also helpful to recognize if the facility IT department has restored data on the server, where the facility's RMCDS installation resides, to an earlier date. The version date will NEVER revert back to an older date on its own. You should only notice the date advancing, which occurs when the software is updated. If you notice an earlier version date, contact your IT department immediately. Do not perform any additional work in RMCDS until the issue has been resolved.

The version date is located on the main RMCDS screen.

Example:



New OCCR Learning Platform - FLccSC

By Barbara Murray, CTR

An e-mail was sent 4/19/2021 announcing a new learning platform being implemented by the OCCR, the ***Fundamental Learning Collaborative for the Cancer Surveillance Community*** **(FLccSC, pronounced "flossie").** Included in the e-mail was an attachment with instructions for setting up a user account. If you have not yet set up your account, please do so as soon as possible. The OCCR will begin deploying courses in May 2021. If you have misplaced the email or did not receive one, please let me know promptly and I will send you the instructions.

FLccSC
Fundamental Learning Collaborative for the Cancer Surveillance Community

Thank you for your assistance in making this new venture a success!

OCCR Will Resume Facility Audits in 2021

By Barbara Murray, CTR

Each year, OCCR staff conduct external audits on Oklahoma reporting facilities, however; due to the COVID-19 pandemic, no audits were conducted in 2020. Audits will resume this year on a virtual basis. If your facility is selected for audit, you will receive instructions on how to proceed and you will have ample time to prepare and submit requested data. There are two types of audits that may be conducted at your facility: case-finding and reabstraction.

Case-finding audits systematically compare submitted cases in the OCCR's database to patients found in hospital discharge data and/or in a disease index provided by the audited facility. This type of audit serves three purposes: 1) to identify problem areas affecting a facility's case-finding process; 2) to provide advice on improving the case-finding process; and 3) to aid in assessing the completeness of OCCR data from the audited facility. A sudden statistically meaningful reduction in caseload could prompt an audit at a facility. Once COVID-19 restrictions are lifted, a second method of auditing may involve on-site visits to a facility to review medical records for reportable cases.

Reabstraction audits assess the accuracy of a facility's abstracted data or completeness of text documentation. Randomized cases from the selected facility's uploaded data will be reabstracted. If the intent of the audit is to evaluate text documentation, the chosen cases will be reabstracted based solely on the text provided by the audited facility. Cases that cannot be completely abstracted with text-only documentation will be reviewed with the facility abstractor and feedback on improving text will be provided. If the intent of the audit is to evaluate accuracy of coding, the audited facility will be notified of the selected cases and will be instructed on how to provide the auditor with the necessary records. Currently, medical records will need to be submitted to the OCCR. In the future, when COVID-19 restrictions are lifted, on-site audits will likely take place.

The Missing Link

By Paula Marshall, BBA, CTR

A Social Security number (SSN) is a unique identifier assigned to U.S. citizens and some residents to track their income and determine benefits. When the government introduced the Social Security program with its numbers in 1936, it was never intended to be so widely used to identify and track individuals for a wide range of purposes. Now, a SSN is used for multiple applications including its original purpose, such as applying for a loan, opening a checking account, or filling out a new patient form at the doctor's office.

Consider SSN and its relation to the cancer registry. This data item can be used to identify and differentiate between patients with similar names. Often times, SSN is a key factor when the OCCR performs linkages for different processes throughout the year. For example, in order to validate a patient's cancer diagnosis through a data linkage, the patient's SSN plays a vital role. Here is another example of how SSN is crucial for linkages: Race is missing but the patient's SSN is complete in the record, a match is made to a different data source using the SSN, and the patient's race is updated.

Cancer data from population-based cancer registries underreport cancer cases, especially for cancers primarily diagnosed and treated in outpatient clinical settings, away from hospital-based cancer registries. SSN is a required data item that must be reported to the OCCR. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits disclosure of these types of data to public health authorities collecting data for the purpose of preventing or controlling disease, including but not limited to public health surveillance, investigation, and intervention without individual authorization. As a facility that is required to report cancer data to the state, if you are unable to access the patient's SSN through your electronic medical record (EMR), you may need to work with your IT Security and Records Access contacts to ensure you can access and report this item. For more information on the HIPAA, please visit https://www.cdc.gov/phlp/publications/topic/hipaa.html.

Lastly, if a partial social security only is known (i.e., last 4 digits), submit the SSN with coding 88888XXXX, where "X" represents the known digits. If the full social security number is unknown or the patient does not have one, code as 999999999.

If the OCCR can assist you or provide more information about the requirement of SSN as a reportable data item, please reach out to your assigned OCCR consultant.

Oklahoma Statistics on Health Available for Everyone (OK2SHARE) Query Data System

By Alexandra Feld, MPH

The Oklahoma Central Cancer Registry data is made available to the public through the Oklahoma State Department of Health's web-based query system, **Ok**lahoma **S**tatistics on **H**ealth **A**vailable fo**r** **E**veryone (OK2SHARE). This system allows users to query deidentified public health datasets directly without going through the formal data request process. Also available on OK2SHARE are deidentified vital statistics data (birth, death, etc.), hospital discharge data, health survey data (Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey), and other registry data (Birth Defects, HIV/STD/Hepatitis, Injury).

OK2SHARE data are intended to support evidence-based decision making for public health in Oklahoma, to plan and improve service delivery, evaluate health care systems, inform policy decisions, and aid in research.

- To query cancer data through this system, please visit www.health.state.ok.us.
- After accepting the appropriate use agreement, navigate to the left-hand side menu, and hover your mouse over the **Registries** query menu.
- If you are looking for the most recent finalized cancer data, hover over the **Final** menu.
- Select the type of cancer data you wish to query: **statistics** (incidence data) or **mortality**.
- The page that opens will allow you to select the exact type of data you are looking for and limit your search. Be sure to note the general instructions.
    - ◊ Step 1:
        - ♦ Year of diagnosis
        - ♦ Geographic breakdowns: Entire state, specific county(ies), or region(s)
    - ◊ Step 2:
        - ♦ Gender
        - ♦ Race
        - ♦ Hispanic origin
        - ♦ Age group
        - ♦ Insurance coverage
    - ◊ Step 3:
        - ♦ Primary site
    - ◊ Step 4:
        - ♦ Stage of diagnosis
    - ◊ Step 5:
        - ♦ Define the timeframe (combined years or separate)
        - ♦ Define up to three drill down report-level variables
            - ⇒ For example: if you select “IHS Linked Race” as a drill down, the results will be displayed broken down into White, Black, American Indian, and Other. If you select “Gender” as a drill down, the results will be displayed broken down into Male and Female.
        - ♦ Define what type of data output you want (in addition to count): percent, crude rate, age-adjusted rate
- Select **Submit request** at the bottom of the page to view your results and export them to PDF, Excel, or Word.

If you have any questions or issues utilizing the OK2SHARE system, please contact Raffaella Espinoza at Raffael-laE@health.ok.gov or reach out to your OCCR facility consultant for help!

The Consultants of the OCCR

By Julie Bennett, RHIT

When the Oklahoma Central Cancer Registry (OCCR) gains a new employee, a newsletter article is written to give you a brief glimpse at that person and their background. Over the next few newsletters, I will provide more information on our individual job duties and responsibilities so you gain a glimpse into what goes on behind the scenes at the OCCR. As with any organization, there are several parts working together to achieve the desired outcome of providing quality data in the fight against cancer.

The Registry is made up of 10 employees, a manager, coordinator, four specialists, and four consultants. Although we are a small group, we have learned how to be efficient and effective and are continually improving registry processes.

Today, I will introduce you to the four consultants for the various facilities. These consultants provide technical consultation and assistance for all Oklahoma cancer reporters.

- Lisa Fulkerson, consultant for large hospitals/high volume facilities
- Kerri Torgler, consultant for the small hospitals/lower volume
- Leslie Dill, consultant for Ambulatory Surgery Centers & Dermatology offices
- Julie Mahen, consultant for Treatment Centers & Urology offices

The responsibilities of the four consultants consist of similar duties with additional tasks tailored for individual facilities.

When a facility submits cases to the state, the cases are imported into the OCCR database. Each consultant processes cases from their assigned facilities. When multiple facilities report the same patient, if the case does not automatically match another reported case, the consultant reviews the data to determine if that patient's cancer matches another case that has already been reported. If the cases match, the consultant merges the records. Once merged, consolidation begins. Consolidation means we clean up the data to produce the most accurate and concise account of that patient and their cancer, from diagnosis to treatment. Everything the reporters submit is finalized into one master record that will be submitted to the Centers for Disease Control and Prevention - National Program of Cancer Registries (CDC-NPCR) and the North American Association of Central Cancer Registries (NAACCR) annually. Last year, OCCR consolidated over 5,800 records for diagnosis year 2018. A great deal of each consultant's time is spent consolidating records. Quality text documentation from our reporters is key for this process to run smoothly and is vital to providing an accurate account of the patient's cancer.

Sometimes, when a case comes into our database, it might not match to as an existing patient due to incorrect or missing social security number, birthdate, sex, misspelling of a name, primary site discrepancy, histology discrepancy, or various other reasons. The consultants must review the data to find these discrepancies. Just one incorrect letter or number will flag the case for manual review. This process ensures we do not report duplicate incidence of cancer for the same patient.

Consultants are also required to identify and recruit facilities that are not reporting to the state central cancer registry. Once we identify a facility, we begin the process of setting up software, training, and continued support. If the new reporting facility chooses to use the Rocky Mountain Cancer Data Systems (RMCDS) platform, provided free of charge by the central registry, the OCCR Data Manager, Christy Dabbs, provides the software and initial installation instructions, training, and helps troubleshoot issues. The consultant for that facility assists in providing technical assistance along with staff training for case finding, abstracting, and cancer reporting.

Facilities already in our database are monitored for their reporting compliance in association with required timeliness. Consultants work with the Compliance Specialist, Barbara Murray, to help track information that is pertinent to each facility.

Consultants also participate in continuing education, as well as assist in various OCCR projects and reports throughout the year.

This is just a brief overview of some of the consultants' tasks performed throughout the year. Ultimately, we are here to help the reporters and their facilities to report high quality data. If we cannot answer your questions, we will be more than happy to point you in the right direction or find you an answer. Please reach out to us at any time and know that we will be more than happy to assist you.

Did You Know? SEER*Educate Is Here to Help!

By Lisa Fulkerson, RMA

Have you ever felt like you could use a little more practice abstracting or wanted to sharpen your abstracting skills? Well, SEER*Educate may be able to help. SEER*Educate offers the following trainings:

CTR Prep
Case Finding – Path and Scans
Coding
General Information
and more…

You can access all that SEER*Educate has to offer at https://educate.fredhutch.org/. You are required to set up a free account. Creating an account will allow you to keep track of trainings and easily continue where you left off. Overview videos are available to help you start your journey.

To begin the training modules, simply click the training button at the top of the page. You will find a drop-down menu with various categories. There are multiple modules per category to provide as much practice as needed. Quizzes are included with each module to assess your progress.

When I first began working with cancer data, I found this website to be a great tool for helping me become more comfortable with abstracting. I hope that it helps you, too.

Nationwide Efforts to Accelerate Cancer Data Reporting

By Alexandra Feld, MPH

The Centers for Disease Control and Prevention (CDC) Cancer Surveillance Branch website has a wealth of information on cancer data and statistics, cancer research, risk factors, survivorship, and more. The National Program of Cancer Registries (NPCR) coordinates the collection and verification of nearly all cancer cases reported nationwide.

The director of the CDC's cancer division, Dr. Lisa Richardson, recently wrote about the process of collecting and reporting cancer data. The CDC explains why it takes 2 years for cancer data to be collated and combined into the US Cancer Statistics here. With cancer data coming from many sources such as laboratories, hospitals, doctors' offices, and more, each piece of the puzzle is collected, put together, and goes through many processes such as data consolidation and deduplication within a state central cancer registry, like OCCR. Nearly 2 million new cases of cancer are diagnosed each year and that process takes time.

Another webpage maintained by the Cancer Surveillance Branch at CDC outlines how the CDC is speeding up cancer data reporting utilizing cloud-based computing platforms and making cancer data available faster. Through a variety of methods, such as electronic pathology reporting, the cancer community is continually working to simplify and speed up the collection and reporting of cancer data. The information shared here is based on recent published research in Cancer Informatics. Cancer research authored or co-authored by researchers from CDC's Division of Cancer Prevention and Control can be searched here: https://nccd.cdc.gov/DCPC_SCS/index.aspx

Visit the CDC's Cancer Surveillance Branch website for more information, at https://www.cdc.gov/cancer/index.htm.

Estimating the Date of Diagnosis

By Barbara Murray, CTR

Many data items are specific to the date of diagnosis; therefore, date of diagnosis is an essential part of a complete, accurate abstract. Standard setters recognize that a complete date of diagnosis is not always available in the medical chart, so to aid cancer reporters in determining an acceptable date, the *SEER Program Coding and Staging Manual* provides in-depth instructions for estimating the date of diagnosis when an exact date is not known. Review all resources available to calculate the month and year of diagnosis.

Estimating the month

- Code “spring” to April
- Code “summer” or “middle of the year” to July
- Code “fall” or “autumn” as October
- For “winter” try to determine whether the physician means the first of the year or the end of the year and code January or December as appropriate. If no determination can be made, use whatever information is available to calculate the month of diagnosis.
- Code “early in year” to January
- Code “late in year” to December
- Use whatever information is available to calculate the month of diagnosis
- Code the month of admission when there is no basis for estimation
- Leave month blank (or code to 99 based on software used) if there is no basis for approximation

Example 1: Admitted October 2021. History states that the patient was diagnosed 7 months ago. Subtract 7 from the month of admission and code date of diagnosis to March 2021.

Example 2: Outpatient bone scan done January 2021 that states history of prostate cancer. The physician says the patient was diagnosed in 2021. Assume bone scan was part of initial work-up and code date of diagnosis to January 2021.

Estimating the year

- Code “a couple of years” to two years earlier
- Code “a few years” to three years earlier
- Use whatever information is available to calculate the year of diagnosis
- Code the year of admission when there is no basis for estimation

If after thorough review of the medical record, no information about the date of diagnosis is available

- Use the date of admission as the date of diagnosis
- In the absence of an admission date, code the first treatment as the date of diagnosis

More in-depth information for coding Date of Diagnosis can be found in the SEER Program Coding and Staging Manual.

Reference: Adamo M, Groves C, Dickie L, Ruhl J. (September 2020). *SEER Program Coding and Staging Manual 2021.* National Cancer Institute, Bethesda, MD 20892. U.S. Department of Health and Human Services National Institutes of Health National Cancer Institute

Coding Type of Reporting Source

By Paula Marshall, BBA, CTR

The Type of Reporting Source identifies the source documents that provided the most complete information when abstracting the case. This is not necessarily the original document that identified the case; rather, it is the source that provided the most complete information. This may not be the source of original case finding. For example, if a case is identified through a pathology laboratory report review and all source documents used to abstract the case are from the physician's office, code this item 4.

Here is a table that explains what each code means, the source documents it represents, and its priority.

Code	Label	Source Documents	Priority
1	Hospital inpatient; Managed health plans with comprehensive, unified medical records	Hospital inpatient Offices/facilities with a comprehensive, unified record • HMO physician office or group • HMO-affiliated freestanding laboratory, surgery, radiation or oncology clinic Includes outpatient services of HMOs and large multi-specialty physician group practices with unified records.	1
2	Radiation Treatment Centers or Medical Oncology Centers (hospital-affiliated or independent)	Facilities with a stand-alone medical record • Radiation treatment centers • Medical oncology centers (hospital affiliated or independent) There were no source documents from code 1.	2
3	Laboratory Only (hospital-affiliated or independent)	Laboratory with a stand-alone medical record There were no source documents from codes 1, 2, 8, or 4.	5
4	Physician's Office/Private Medical Practitioner (LMD)	Physician's office that is NOT an HMO or large multi-specialty physician group practice There were no source documents from codes 1, 2, or 8.	4
5	Nursing/Convalescent Home/Hospice	Nursing or convalescent home or a hospice There were no source documents from codes 1, 2, 8, 4, or 3.	6
6	Autopsy Only	Autopsy The cancer was first diagnosed on autopsy. There were no source documents from codes 1, 2, 8, 4, 3, or 5.	7

Continued on page 11

Coding Type of Reporting Source, continued

Code	Label	Source Documents	Priority
7	Death Certificate Only	Death certificate Death certificate is the only source of information; follow-back activities did not identify source documents from codes 1, 2, 8, 4, 3, 5 or 6. If another source document is subsequently identified, the Type of Reporting Source code must be changed to the appropriate code in the range of 1, 2, 8, 4, 3, 5, or 6.	8
8	Other hospital outpatient units/surgery centers	Other hospital outpatient units/surgery centers Includes, but not limited to, outpatient surgery and nuclear medicine services. There were no source documents from codes 1 or 2.	3

Upcoming Webinars

By Leslie Dill

The first quarter of 2021 has already passed. Here's how you can avoid the year-end rush to obtain annual CEUs. Each month, our Education Specialist, Barbara Murray, sends an email to all Oklahoma reporters inviting them to register for the monthly NAACCR 2021 Cancer Registry and Surveillance Webinar. These webinars are free to all Oklahoma registrars, courtesy of the OCCR and include 3 CE units each. The email includes a link that can be used to register for the current month's webinar. Once the webinar recording is released by NAACCR, Barbara sends email links and related documents to those who have previously registered. It's easy, and it's free! Register monthly and listen later at your convenience. If you are not receiving the email invitations, please notify Barbara.

Upcoming NAACCR webinars include:

Pancreas 2021 5/6/21
Jim Hofferkamp, CTR
This 3-hour class will present the following information for pancreas: anatomical information needed to abstract and code the cases; how to determine the number of primary tumors; how to code topography and histology; how to code the stage data items; and the treatments and how to code them.

Kidney 2021 6/17/21*
Denise Harrison, CTR, Louanne Currence, RHIT, CTR
This 3-hour class will present the following information for kidney anatomical information needed to abstract and code the cases; how to determine the number of primary tumors; how to code topography and histology; how to code the stage data items; and the treatments and how to code them.

Quality in CoC Accreditation 7/8/21*
Courtney B. Jagneaux, RHIA, CTR, Erin Weber, CTR
This 3-hour class will cover all of the 2020 Commission on Cancer standards that encompass quality. This includes standards 6.1 Cancer Registry Quality Control, 7.1 Accountability and Quality Improvement Measures, 7.2 Monitoring Concordance with Evidence-Based Guidelines, and 7.3 Quality Improvement.

*These webinars are later than the usual first Thursday due to the NCRA Conference and 4th of July holiday.

OKLAHOMA
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OKLAHOMA CENTRAL CANCER REGISTRY

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