OKLAHOMA
State Department
of Health

OCCR QUARTERLY

Summer 2021

Web Plus Updates

by Christy Dabbs, AA, CTR

Web Plus Abstractors

Web Plus v3.9 for 2021 was released for use on 07/01/2021. There are two display types, Low Vol Fac Incomplete 2021 and Low Volume Facility New 2021. *Incomplete 2021* is to be used to complete 2021 cases that were started in the previous version of Web Plus but were not able to be released. *New 2021* is to be used to enter new 2021 cancer cases.

As a reminder, if you released 2021 cancer cases prior to 07/01/2021, those cases need to be re-entered and released to the central registry. Facility abstractors were notified by email if 2021 cases were released too early and were rejected. If you need a list of cases that need to be re-entered, please contact me at ChristyD@health.ok.gov.

All Web Plus Users

The final stage of our security enhancements has been implemented. The first time you log in beginning 07/01/2021, you will be prompted to choose five security questions and provide the answers. Upon each subsequent log in you will be prompted to answer one of your five questions.

The OCCR will not have access to your answers to your security questions. However, your questions can be reset if you do not remember your answers. Please contact me should you need a reset.

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.

Rocky Mountain Cancer Data System (RMCDS) Corner

By Christy Dabbs, AA, CTR

ROCKY MOUNTAIN CANCER DATA SYSTEMS

RMCDS Version 21

RMCDS Version 21 is now available. Please follow the instructions that were emailed to RMCDS users on June 08, 2021. It is important for the main RMCDS user to read through instructions even if your IT department will be completing the upgrade. If you did not receive the email please contact me. You must submit all cases abstracted in RMCDS version 18, that have not previously been submitted, PRIOR to converting RMCDS to version 21. If you have not completed submission of 2020 cases, do not convert to version 21 until you have completed submission of 2020 cases in version 18. *Exception:* if you are extremely delinquent in reporting according to the submission schedule, you may go ahead and convert your software.

Please notify RMCDS at rmcds@lists.utah.edu and copy me ChristyD@health.ok.gov on the email when you intend to upgrade. We need to keep track of the facilities that have and have not upgraded.

As always please update RMCDS monthly to stay current with minor bug fixes throughout each month. Keep an eye on the version date and confirm that it advances forward when an update is complete.

A Job Well Done

By Lisa Fulkerson, MA

As many of you may know, Cancer Treatment Centers of America (CTCA) in Tulsa closed their doors June 1, 2021. I wanted to take this opportunity to spotlight the cancer reporters from this facility. CTCA reported over 800 cancer cases last year. The hospital registry consists of two registrars, Amy Finn and Shelly Ware.

Amy Finn, CTR

Amy Finn holds degrees in Health Information Management and Applied Sciences with Coding/ Reimbursement Specialties. She graduated from Tulsa Community College in 2004. Hired as a follow up clerk at St. John Medical Center, she joined the Trauma Registry at SJMC after graduation. Amy earned her Trauma Registrar credential in 2009. She went on to earn her Certified Tumor Registry (CTR) Certification and began her journey at CTCA Tulsa in 2011.

Shelly Ware, CTR

Shelly Ware is a Certified Tumor Registrar and has been in the registry profession for 23 years. Shelly initially was working in medical records at St. John when approached by a CTR who wanted to know if she knew WordPerfect, a word processing application. Not proficient in WordPerfect, Shelly took a class and became the Cancer Registry secretary, performing follow up duties and typing clinical trial protocols for the research department. Once a Cancer Registrar opening became available, she trained and received her CTR Certification. Shelly has been a part of the CTCA team for 11 years.

Both Amy and Shelly have served on the Oklahoma Cancer Registrar Association (OCRA) Executive Committee for many years. Shelly has served as a past President and Amy is OCRA current President.

I wanted to spotlight these two ladies for their dedication and service. We wish you ladies well, and thank you for your exemplary work.

OCCR Quality Assurance and Operations Specialist

By Julie Mahen, RHIA

This is the continuation in a series giving everyone a glimpse into our jobs at the Oklahoma Central Cancer Registry. In the last newsletter, I gave a narrative of the Cancer Registry Consultants jobs and how we process and consolidate the data that is submitted. The data reported to the OCCR becomes one clean, concise accounting of the cancer patient diagnosed/treated in Oklahoma. That data then becomes a very important part in state and national reporting for research, treatment, and development.

This newsletter I would like to familiarize you with the job responsibilities of our Quality Assurance and Operations Specialist, Paula Marshall, BBA, CTR. Her position is responsible for maintaining the quality of data within the OCCR database and running standardized reports to ensure the integrity and quality of data.

Paula's duties include:

- Overseeing case-finding and quality assurance activities which include comparing abstracted information with corresponding text and resolving inaccuracies for reporting facilities, identifying any reporting issues or trends at a facility, and auditing consolidated cases at the OCCR.

- Conducting monthly quality control reviews to ensure reliability, completeness, and comparability of cancer registry data. This includes an extensive series of quality assurance activities of both internal and external processes based on Centers for Disease Control and Prevention (CDC) recommendations, NAACCR standards, and the Surveillance, Epidemiology, and End Results Program (SEER). Data quality reports are also used to recognize trends in case reporting that need to be addressed at a facility or state level.

- Coordinates the process for annual re-abstraction audits by monitoring the quality of data for reporting facilities. A random sample of eight facilities is selected for a re-abstraction audit to ascertain that facilities are utilizing appropriate rules and guidelines when completing an abstract. Results and recommendations are provided to the facility with areas of concerns and improvements.

- Death clearance begins in March and ends in October. With this process, the OCCR improves completeness by identifying potentially missed cases. OCCR links with the Oklahoma state death certificates, hospital discharges, and path labs. Possible matches are reviewed, and true matches updated in RMCDS. Requests for additional information is then sent out to reporting facilities, physicians, hospice, and long-term care facilities to help identify missing cases.

- Data quality indicators reports involve internal analysis of NPCR-DQE (National Program of Cancer Registries-Data Quality Evaluation) required data variables where the OCCR average is higher than the NRCR average. Quality reviews are conducted on the following fields: missing sex, missing race, missing county, missing SSN, missing DOB, missing/unknown primary site, missing summary stage, cause of death, and missing diagnostic confirmation.

- Provides guidance and supervision of OCCR consultants.

This is just a very brief description of the responsibilities of the Quality Assurance and Operations Specialist. This position mainly focuses on reviewing and monitoring the data coming into the registry to make sure Oklahoma is reporting accurate and quality accounts of our states' cancer patients.

Enough emphasis cannot be placed on the importance of quality data being submitted in the fight against cancer.

Please feel free to contact Paula Marshall with any questions.

Data Submission Timeliness

By Barbara Murray, CTR

The deadline for abstracting for timely submission of 2020 data was June 30, 2021. Cases with date of first contact in January 2021 should now be coming into the Oklahoma Central Cancer Registry (OCCR). However, if you still have 2020 cases to submit, please continue submitting 2020 before starting 2021. As a reminder, any facility in the State of Oklahoma that diagnosis or treats malignancy and other reportable neoplasms, are required to submit cancer data within 180 days of the date of first contact (Oklahoma Statute Title 63. Code 551.1 §63-1-551.1. Tumor registry).

Adhering to the 180-day schedule allows time for the OCCR team to combine information from multiple reporting facilities (consolidation), eliminate duplication, and clear edits that may be applied to cases after reaching the central registry. This ensures Oklahoma cancer data meets strict national standards prior to submission each November to the North American Association of Central Cancer Registries (NAACCR) and the Center for Disease Control-National Program of Cancer Registries (CDC-NPCR).

If you are experiencing significant delays in reporting, please contact me to discuss.

Submission Schedule Contact Year 2021

Monthly submission is required for facilities reporting **more than 25 cases** per year, based on the following schedule:

Date of First Contact	Submission Month
January 2021	July 2021
February 2021	August 2021
March 2021	September 2021
April 2021	October 2021
May 2021	November 2021
June 2021	December 2021
July 2021	January 2022
August 2021	February 2022
September 2021	March 2022
October 2021	April 2022
November 2021	May 2022
December 2021	June 2022

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Data Submission Timeliness, continued

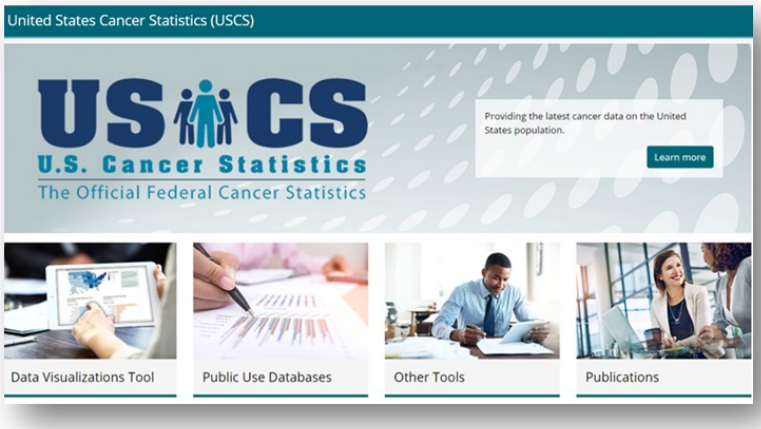
Facilities with **25 or fewer** cases per year may submit quarterly according to this schedule:

Date of First Contact	Submission Month
January 2021	September 2021
February 2021	
March 2021	
April 2021	December 2021
May 2021	
June 2021	
July 2021	March 2022
August 2021	
September 2021	
October 2021	June 2022
November 2021	
December 2021	
Date of First Contact	Submission Month
January 2021	September 2021
February 2021	
March 2021	
April 2021	December 2021
May 2021	
June 2021	
July 2021	March 2022
August 2021	
September 2021	
October 2021	June 2022
November 2021	
December 2021	

Explore the Latest Cancer Data Available on the U.S. Cancer Statistics Data Visualization Tool

By Raffaella Espinoza, MPH

The U.S. Cancer Statistics data have been released in the Data Visualizations tool: https://gis.cdc.gov/Cancer/USCS/#/AtAGlance/, 18 years of data are available (2001 to 2018). The U.S. Cancer Statistics are the official federal cancer statistics, providing cancer information on the U.S. population. This data resource combines cancer registry data from CDC's National Program of Cancer Registries (NPCR) and the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program.



The website redesign offers cancer data visualization "At a Glance", by geography, trends, survival, prevalence and special analysis. Future release will add Behavioral Risk Factor Surveillance System (BRFSS) county level risk factors, stages of cancer and survival by cancer stage.

When using data/visualization from the website, remember to always add in the suggested citation:

U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; *www.cdc.gov/cancer/dataviz, released in June 2021.*

OCCR Training Survey

By Paula Marshall, BBA, CTR

The Oklahoma Central Cancer Registry (OCCR) recently sent a training survey to all Oklahoma cancer reporters to assess training needs. The type of trainings offered will be determined according to the survey responses. These recorded trainings will be posted to FLccSC and free of charge.

I would encourage you to take time and complete the short survey so that the OCCR can address your training needs. If you did not receive an email with the survey link, please let me know and I will be happy to send it to you. Also, you might want to check your spam folder for the email which was sent May 24, 2021.

Thank you for taking time to complete the OCCR training survey. Please contact me if you have any questions. PaulaM@health.ok.gov or (405) 426-8014.

It Is Your Responsibility

By Leslie Dill

As a Web Plus user, you have a signed document on file with the Oklahoma Central Cancer Registry (OCCR) that grants you access to Web Plus online (https://www.cdc.gov/cancer/npcr/tools/registryplus/wp.htm). The access provided is used for the sole purpose of exchanging cancer cases containing Protected Health Information (PHI) between the reporting facility and the OCCR. Your signature and date certify the below statement:

I certify that I am an authorized registrar/abstractor for the above-named facility. I will not share my Web Plus User ID or password with anyone. By signing this form, I agree that I will notify the Oklahoma Central Cancer Registry if I leave my position or no longer need access to Web Plus for the above-named facility.

Every facility and Web Plus user should make it a priority to notify OCCR when a cancer reporter leaves their position, so the OCCR team can delete the account immediately. To remain compliant with Health Insurance Portability and Accountability Act (HIPAA) and ensure patient PHI is protected, facilities need to actively notify OCCR and request that the past employee account is deleted. Likewise, the termination of the account protects patient PHI, facilities, and the past employee from possible unauthorized use of the User account and HIPAA violations.

Recent Questions and Answers from SEER Inquiry

By Barbara Murray, CTR

If you have never heard of SEER Inquiry, please consider it to be an invaluable coding resource. Here are some recent questions that I found interesting and enlightening.

Question: 20210031

Reportability--Brain and CNS: Are lipomas of the spinal column reportable as a benign tumor of the central nervous system (CNS)? This is seen occasionally at our pediatric facility.

Answer:

Spinal cord tumors (including lipomas) are reportable when they arise in the spinal dura or nerve root. The tumor must be of the spinal cord itself or within the spinal cord dura. Spinal cord tumors are reportable when they arise in the intradural space. A reportable intradural tumor can be either intramedullary or extramedullary. Extramedullary intradural spinal tumors are reportable. A spinal tumor originating in the extradural space is not reportable. If it is outside the dura, it is not reportable because it would be outside the CNS. They are not reportable when they arise in the peripheral nerves.

Why I found this question worth sharing:

The ICD-10 code for benign spinal cord tumors, D33.4, is listed on the SEER casefinding list that we should all be using to identify reportable cases. However, it is possible that when scanning through pathology reports, seeing a lipoma that does not say “malignant” “liposarcoma” or “invasive” a reporter may not consider the primary site and miss this reportable case.

Question: 20210017

Update to current manual/Mets at diagnosis fields--Lymphoma: Are distant metastases possible for a lymphoma with a primary site of lymph nodes? The instructions in the SEER manual tell us to assign code 8 in each of the Mets at Dx fields for a lymphoma originating in lymph nodes.

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Recent Questions and Answers from SEER Inquiry, cont'd

Answer:

This is a **correction** to the SEER manual. Lymphomas originating in lymph nodes (C77) could have distant metastases to any site except lymph nodes. The following corrections to the manual apply now and will appear in the next version of the manual.

Remove C770-C779 from the instruction for assigning code 8 on the following pages.

Page 135 Mets at Dx--Bone

Page 137 Mets at Dx--Brain

Page 139 Mets at Dx--Liver

Page 141 Mets at Dx--Lung

Page 145 Mets at Dx—Other

Example

Biopsy of axillary lymph node: Diffuse Large B-Cell lymphoma. Lymph nodes involved above and below the diaphragm, multiple nodules seen in lung and lesions in liver. Bone marrow biopsy positive for DLBLC. Per Hematopoietic manual, primary site would be C778 for multiple lymph node regions involved.

Mets at Dx--Bone-0

Mets at Dx--Brain-0

Mets at Dx--Liver-1

Mets at Dx--Lung-1

Mets at Dx--Distant Lymph Nodes-8

Mets at Dx--Other-1

Why I found this question worth sharing:

I chose to include this question because there are times when standard setters and coding manual editors make mistakes. This same type of question was asked in the CAnswer forum because the Standards for Oncology Registry Entry (STORE) manual also has these errors. The National Cancer Data Base (NCDB) Staff, in their round-about way agrees that a correction will need to be made to the STORE manual as well. Please search "mets at dx lymphoma" to view the post and the NCDB answer. I am unable to post a link.

Remember SEER Inquiry when trying to resolve a difficult coding question. If no answer is found, SEER offers a service, Ask A SEER Registrar, where questions can be asked by filling in the electronic form on the page. Please be certain a question like yours has not already been asked and be sure to follow the instructions prior to submitting a question. You may ask about the following topics:

- Solid Tumor Rules (for cases diagnosed 2018+)
- Multiple Primary & Histology Rules (for cases diagnosed 2007-2017)
- ICD-O-3 Update (for cases diagnosed 2018+)
- Hematopoietic Rules (database and manual)
- SEER Manual

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Recent Questions and Answers from SEER Inquiry, cont'd

- SEER Rx
- Extent of Disease (EOD 2018)
- Summary Stage 2018 (SS2018)

Please direct questions on the following topics to the Commission on Cancer's CAnswer Forum:

- Site-Specific Data Items (SSDIs)
- Grade for cases diagnosed 2018+

AJCC TNM and Collaborative Stage for diagnoses 2004 through December 31, 2015

The Future of Cancer Surveillance

By Raffaella Espinoza, MPH

The Oklahoma Central Cancer Registry (OCCR) was awarded federal funds to participate in the CDC National Program of Cancer Registries (CDC-NPCR) Data modernization Initiative- *Tier 1*. The initiative aims to improve timeliness and quality of data, better coordinate data activities and systems, reduce burden on data partners, and integrate emerging technologies more effectively. *Tier 1* of the initiative is working with the CDC-NPCR to receive standardized ePath reports through the Association of Public Health Laboratories (APHL) AIMS Platform. AIMS is a secure, cloud-based platform that accelerates the implementation of health messaging by providing shared services to aid in the visualization, interoperability, security and hosting of electronic data. The OCCR Pathology Specialist has been actively participating on group calls, providing updates, discussing any reporting issues, and soon will be reviewing incoming ePath reports for completeness and quality measures.

Tier 2 of the CDC Data Modernization initiative will involve cancer registries working with CDC within gathering sessions providing input on Cloud-Based Computing Platform (CS-CBCP) functionality and identifying any further development opportunities. They will participate in evaluation activities to measure the effectiveness of the Cancer Surveillance CS-CBCP in improving timeliness, completeness and quality of cancer reporting.

So the question remains, why move to Cloud? The current public health Information Technology (IT) structure is not sustainable: lack of health IT interoperability, real-time reporting, continuous IT infrastructure updates, need for new data elements, and data standards updates. Within the next two years, the CDC-NPCR plans to have a Cancer Surveillance CS-CBCP system developed and tested of which both eMaRC and Web Plus will be managed. Thereafter, if successful, will move from development and testing to production with initial pilots and over time expand.

Favorite Time of the Year

By Paula Marshall, BBA, CTR

Yes! It's that time of the year when the Oklahoma Central Cancer Registry (OCCR) links with the Oklahoma mortality data updating the database with death certificate information, and the much-anticipated death clearance follow-back process.

Death clearance is quite a lengthy process starting in March and continuing through October. The record linkage of cancer registry data to the mortality file produces three outcomes:

Positive Patient Match: Same person is found in both databases, and the match criteria were met. Death information is updated in the OCCR database.

Possible Patient Match: Match criteria are not completely met. Manual review must be conducted to determine if the records are indeed matches. Records determined as a true match are updated in the OCCR database with relevant death information from the mortality file.

Patient Non-Match: No record in the registry database meets the match criteria to be considered a possible match and the case is considered a non-match. All non-matches containing reportable underlying cause of death for a specified year of the death must be resolved as either a missed incidence case, a death clearance only (DCO), or deleted as non-reportable. Death clearance follow-back is performed for these cases.

Follow-back Preparation:

Review death certificate information for cases that can be excluded from the follow-back process.

- Qualifications for cases to be exempt from the follow-back process include:
    - Ambiguous terminology not diagnostic of cancer
    - Non-reportable cancers
    - Underlying cause of death not being attributed to a cancer code
    - Patient being diagnosed as out-of-state resident
    - Diagnosis date prior to the registry reference (OCCR ref date 1997)

Death Clearance Follow-back: Records listing cancer as the underlying cause of death on the mortality file that did not match a registry record must be investigated to identify potentially missed incidence cases via follow-back procedures. If follow-back information is obtained, the case may be added as an incidence case. If no information other than the death certificate is available, the case is entered in the registry database as a DCO (Death Certificate Only), which has no further information on the cancer event.

Death certificates will sometimes have no facility listed in the hospital field. In order to follow-back to a facility, OCCR links to multiple information sources including cancer related hospital discharge data and pathology lab reports to gain additional contacts and information for follow-back.

To confirm the reportable diagnosis, follow-back information must be obtained from a medical record or clinical source. A confirmation of cancer by clinical diagnosis and a date of diagnosis are the two key pieces of information needed to determine the disposition of a case. The information must provide at least confirmation of the diagnosis by a medical practitioner and exact or estimated date of diagnosis to abstract a non-match as an incidence case.

Confirmation of Diagnosis: A diagnosis was made by a recognized medical practitioner and is supported by information from a clinical source or medical record. This can include documentation (consultation report, admission/discharge summary, H & P, etc.) of the patient having a previous history of cancer.

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Favorite Time of the Year, continued

Date of Diagnosis: An exact or estimated date of diagnosis must be obtained. If an exact date of diagnosis is not available, the diagnosis date may be estimated from information provided in the medical record. If an exact date is not available, use all the information available to calculate the month and year of diagnosis. Apply the following rules when estimating a diagnosis date.

Estimating Dates

Documentation	Date code/description
Spring	April (04)
Summer or Middle of the Year	July (07)
Fall or Autumn	October (10)
Winter	Determine if this means the beginning or end of the year. Use December (12) or January (01) as determined.
Early in the Year	January (01)
Late in the Year	December (12)
Recently	Use the year and month of admission and leave the day blank. If patient was admitted during the first week of a month, use the previous month.
Several Months Ago	If the patient was not previously treated or if first course treatment started elsewhere and was continued at the reporting facility, assume the case was first diagnosed three months before admission with day unknown (blank).
A Couple of Years	Code two years earlier
A Few Years	Code three years earlier

For any question about this process, please contact me at PaulaM@health.ok.gov

The Buzz Among Researchers

Article submitted by Judy Hanna, HT(ASCP), CTR

Each quarter, OCCR provides a sampling of the most current published research articles that we feel may be of interest to the registrars in our community. Education and knowledge are what make it possible for us as registrars to maintain the quality and commitment to continue to document the course of cancer for disease and development. Registrars are often expected to provide a high level of accuracy and completeness with little time and short staffing. This expectation leaves little time for educational opportunities. Please contact Judy Hanna, HT (ASCP), CTR, JudyH@health.ok.gov for any additional information.

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The Buzz Among Researchers, continued

Cancer cells eat themselves to survive

Date: July 2, 2021

Source: University of Copenhagen - The Faculty of Health and Medical Sciences

Summary: New research shows that in order to survive life threatening injuries, cancer cells use a technique in which they eat parts of the membrane surrounding them.

To survive life threatening injuries, cancer cells use a technique in which they eat parts of the membrane surrounding them. This is shown for the first time in research from a team of Danish researchers.

It is the membrane of cancer cells that is at the focus of the new research now showing a completely new way in which cancer cells can repair the damage that can otherwise kill them.

In both normal cells and cancer cells, the cell membrane acts as the skin of the cells. And damage to the membrane can be life threatening. The interior of cells is fluid, and if a hole is made in the membrane, the cell simply floats out and dies -- a bit like a hole in a water balloon.

Therefore, damage to the cell membrane must be repaired quickly, and now research from a team of Danish researchers shows that cancer cells use a technique called macropinocytosis. The technique, which is already a known tool for cells in other contexts, consists in the cancer cells pulling the intact cell membrane in over the damaged area and sealing the hole in a matter of minutes. Next, the damaged part of the cell membrane is separated into small spheres and transported to the cells' 'stomach' -- the so-called lysosomes, where they are broken down.

In the laboratory, the researchers damaged the membrane of the cancer cells using a laser that shoots small holes in the membrane and triggers macropinocytosis. Here they can see that if the process is inhibited with substances blocking the formation of the small membrane spheres, the cancer cell can no longer repair the damage and dies.

"Our research provides very basic knowledge about how cancer cells survive. In our experiments, we have also shown that cancer cells die if the process is inhibited, and this points towards macropinocytosis as a target for future treatment. It is a long-term perspective, but it is interesting," says group leader Jesper Nylandsted from the Danish Cancer Society's Research Center and the University of Copenhagen, who has headed the new research and who for many years has investigated how cancer cells repair their membranes.

Possibility of recycling

One of the most dangerous properties of cancer is when the disease spreads in the body. If tumors occur in new parts of the body, the disease becomes more difficult to treat and typically requires more extensive forms of treatment. It is also when cancer cells spread through the body's tissues that they are particularly prone to damage to their membrane.

Researchers at the Danish Cancer Society have previously shown how cancer cells can use another technique to repair the membrane, namely by tying off the damaged part, rather like when a lizard throws its tail.

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The Buzz Among Researchers, continued

However, the experiments in the laboratory could indicate that especially the aggressive cancer cells use macropinocytosis. This may be due to the fact that the cancer cell has the opportunity to reuse the damaged membrane when it is degraded in the lysosomes. This type of recycling will be useful for cancer cells because they divide frequently, requiring large amounts of energy and material for the new cells.

And although the researchers have now published the new results, their work is not over. This is explained by another member of the research team, postdoc Stine Lauritzen Sønder:

"We continue to work and investigate how cancer cells protect their membranes. In connection with macropinocytosis in particular, it is also interesting to see what happens after the membrane is closed. We believe that the first patching is a bit rough and that a more thorough repair of the membrane is needed afterwards. It can be another weak point in the cancer cells, and is something we want to examine closer," she says.

Journal Reference:

Stine Lauritzen Sønder, Swantje Christin Häger, Anne Sofie Busk Heitmann, Lisa B. Frankel, Catarina Dias, Adam Cohen Simonsen, Jesper Nylandsted. **Restructuring of the plasma membrane upon damage by LC3-associated macropinocytosis**. *Science Advances*, 2021; 7 (27): eabg1969 DOI: 10.1126/sciadv.abg1969

Cite This Page: University of Copenhagen - The Faculty of Health and Medical Sciences. "Cancer cells eat themselves to survive." ScienceDaily. ScienceDaily, 2 July 2021. <www.sciencedaily.com/releases/2021/07/210702153918.htm>.

https://www.sciencedaily.com/releases/2021/07/210702153918.htm

Skin Cancer Awareness

Submitted by Kerri Torgler, RHIT

Exposure to ultraviolet (UV) rays causes most cases of melanoma, the deadliest kind of skin cancer. To lower your skin cancer risk, protect your skin from the sun and avoid indoor tanning.

Summer is full of outdoor activities. You probably put sunscreen on yourself and your kids when you go to the pool or the beach. But do you know you should protect your skin with more than just sunscreen anytime you're outside?

Sun protection is important all year round, and it's best to use several different kinds. When you're working in the yard, watching a ballgame, or taking an afternoon walk, make sun safety an everyday habit so you can avoid getting a sunburn and lower your chance of getting skin cancer.

Content source: Division of Cancer Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/dcpc/resources/features/skincancer/index.htm

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Skin Cancer Awareness, continued

Based on data from 2010 to 2018, about 215 new cases of melanoma occurred in the Oklahoma each year, including 135 among men and 80 among women.

Table 1. Rates of Invasive Melanoma cases by sex and age group, Oklahoma, 2010-2018

	Cancer Rate per 100,000	
Age Categories	**Male**	**Female**
15-19 years	0.8	1.3
20-24 years	1.6	4.6
25-29 years	4.3	8.2
30-34 years	6.8	15.4
35-39 years	13.3	20.2
40-44 years	17.9	27.2
45-49 years	25.6	29.8
50-54 years	40.5	36.8
55-59 years	67.2	38.9
60-64 years	99.1	53.2
65-69 years	154.6	62.4
70-74 years	209.5	76.8
75-79 years	290	82.9
80-84 years	317.9	96.3
85+ years	343.4	94.5

Source: Oklahoma State Department of Health (OSDH), Disease, Prevention, & Preparedness Service, Chronic Disease Service, Oklahoma Central Cancer Registry (OCCR) 2010 to 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share

Upcoming Webinars

By Barbara Murray, CTR

The final two webinars for the 2020-2021 NAACCR webinar series are:

Breast 2021

08/05/21 Vicki Hawhee, M. Ed, CTR Jim Hofferkamp, CTR — This 3-hour class will present the following information for breast: 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.

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Upcoming Webinars, continued

Coding Pitfalls 2021

09/02/21 Janet Vogel, CTR Jim Hofferkamp, CTR — This 3-hour class will address coding dilemmas identified through quality control of registry data and present solutions with rationale for determining the number of primary tumors using the Solid Tumor Rules; assigning ICD-O-3 topography and histology codes using the ICD-O-3 Manual and Solid Tumor Rules; completing the stage of disease data items using AJCC Cancer Staging Manual, 8th Edition and Summary Stage 2018; and completing treatment data items as required by all standard setters.

We will continue to post the recorded webinars to our Oklahoma FLccSC website after release from NAACCR. Hopefully, we will be able to host live webinar viewing in the near future.

Looking Ahead to the Next Webinar Series

The Oklahoma Central Cancer Registry is in the process of purchasing the NAACCR Webinar series for October 2021-September 2022. The schedule will be as follows:

Uterus 2021

10/07/21 Wilson Apollo, CTR, Radiation Therapist Jim Hofferkamp, CTR — This 3-hour class will present the following information for uterus: anatomical information needed to abstract and code the cases; how to code topography and histology; and how to code stage and treatment data items. We will have a special emphasis on coding radiation.

Bladder 2021

11/04/21 Denise Harrison, CTR Louanne Currence, RHIT, CTR — This 3-hour class will present the following information for bladder: 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.

Treatment 2021

12/02/21 Wilson Apollo, CTR, Radiation Therapist Jim Hofferkamp, CTR — This 3-hour class will focus on coding treatment. A special emphasis will be placed on coding radiation. We will also address coding surgery and systemic treatment.

Lung 2022

01/06/22 Vicki Hawhee, M. Ed, CTR Jim Hofferkamp, CTR — This 3-hour class will present the following information for lung: 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.

Data Item Relationships

02/03/22 Jennifer Ruhl, CTR Jim Hofferkamp, CTR — This 3-hour class will present information on the relationships between data items. We will focus on when data items should agree as well as instances where data items may not seem to agree. We will primarily look at relationships between stage data items, SSDIs, and treatment fields.

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Upcoming Webinars, continued

Abstracting and Coding Boot Camp 2022

03/03/22 Nancy Etzold, CTR Jim Hofferkamp, CTR — This 3-hour class will involve completing multiple quizzes that focus on core concepts of casefinding and abstracting. There will be minimal lecture.

Hematopoietic and Lymphocytic Neoplasms

04/14/22 Denise Harrison, CTR Louanne Currence, RHIT, CTR — This 3-hour class will present the following information for hematopoietic and lymphocytic neoplasms: 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 coding treatment data items.

Colon 2022

05/05/22 Janice Smith, CTR Jim Hofferkamp, CTR — This 3-hour class will present the following information for colon: 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.

Central Nervous System 2022

06/02/22 Jim Hofferkamp, CTR — This 3-hour class will present the following information for central nervous system, 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.

Back to The Future: What year is it and What did I Miss?

07/07/22 Sarah Morel, CTR Lisa Landvogt, CTR — This 3-hour class will cover CoC standards compliance as registries prepare for the future. The focus will include ways to track data in your program to meet several of the new CoC standards. A special emphasis will be placed on Standard 6.4: RCRS & Concurrent Abstracting.

Solid Tumor Rules 2022

08/04/22 Denise Harrison, CTR Louanne Currence, RHIT, CTR — Correct and consistent cancer counts and quality data are critical to the mission of the cancer registry. To achieve these goals registrars must apply the solid tumor rules uniformly. During this webinar we will review the structure and format of the Solid Tumor Manual, the general rules, and the site specific modules within the manual. We will work through a variety of difficult and commonly misunderstood scenarios.

Coding Pitfalls 2022

09/01/22 Janet Vogel, CTR Jim Hofferkamp, CTR — This 3-hour class will address coding dilemmas identified through quality control of registry data and present solutions with rationale for determining the number of primary tumors using the Solid Tumor Rules; assigning ICD-O-3 topography and histology codes using the ICD-O-3 Manual and Solid Tumor Rules; completing the stage of disease data items using AJCC Cancer Staging Manual, 8th Edition and Summary Stage 2018; and completing treatment data items as required by all standard setters.

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