OCCR QUARTERLY

Spring 2024

OKLAHOMA CENTRAL CANCER REGISTRY

NCRA Announces Counting Veterans' Cancer Act is Signed into Law

The NCRA recently announced via email to members that the *Counting Veterans' Cancer Act* has been signed into law as of March 9th by President Biden. This is part of the FY 2024 Military, Veterans Affairs, and Related Agencies Appropriations Bill that will require cancer data submission from VA Healthcare facilities to state central cancer registries. NCRA and NAACCR engaged with the sponsors of the bill, senators from Arizona, North Carolina, Virginia, and Florida, to see this bill to fruition. Prior to the last couple years, many cancer registrars may have even been unaware that the Department of Veterans Affairs Health facilities were not required to report cancer incidence to state central cancer registries. For years, state central cancer registries have relied on individual data use agreements with each Veteran's Affairs hospital in their respective state to receive the hospital's cancer data. This has traditionally been a long and arduous process for most central registries.

With the signing of this act into law, it will ensure veterans' cancer cases are fully accounted for in national cancer surveillance data. In turn, this will help identify cancer-related disparities among veterans, improve the understanding of the cancer-related needs of veterans, and increase opportunities for veterans with cancer to be included in clinical trials, cancer-related research, and analysis. The directive is a two-phase effort: first, the Secretary of Veterans Affairs must submit a plan to Congress detailing how the agency will implement this effort by June 8th, followed by a requirement to implement that plan by October 1, 2024[1].

Click here to read the NCRA press release. Click here to read the full committee report.The directive is located on pages 33 and 34.

References

[1]National Cancer Registrars Association. (2024, 03 28). *Current Efforts*. Retrieved from National Cancer Registrars Association: https://www.ncra-usa.org/Advocacy/Current-Efforts

Christy Dabbs, AA, ODS-C
Data Manager

Inside this issue:

Photo with permission, Meagan Carter

As we know, the data that is collected plays a vital role in cancer research, monitoring cancer incidence and mortality at local, state, and national levels. It also helps to evaluate the effectiveness of public health efforts to prevent cancer cases and improve cancer survival. This is why it is imperative that we report accurate, complete, and concise abstracts.

The role of Oncology Data Specialist and all reporters is great, and we appreciate you. Although we celebrate for a week, we thank you for your daily dedication to the profession.

Lisa Fulkerson, RMA
Cancer Registry Consultant

BREAKING IT DOWN

2022 cases - September 2023 are PAST DUE.
Submit these cases immediately.

2023 cases

October 2023 is due now (due April 2024)

November 2023 is due May 2024.

December 2023 is due June 2024.

ROCKY MOUNTAIN CANCER DATA SYSTEM (RMCDS) CORNER

ROCKY MOUNTAIN CANCER DATA SYSTEMS

RMCDS is still in the testing phase for the upgrade to NAACCR v24. We anticipate a release in the next few weeks. The OCCR will test the hospital conversion before rolling it out to all Oklahoma users. Specific instructions will be provided by the OCCR to complete your upgrade. If you have not yet converted to NAACCR v23 **you should do so immediately** so that you are ready to upgrade to v24 when it is released.

This is a friendly reminder to please run the normal software update regularly to ensure it is current. RMCDS pushes out updates almost daily. The OCCR recommends updating RMCDS at least 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. These updates are different than the annual software conversion.

It's also a good idea to rebuild the master indexes after an update. This keeps things in order and prevents issues like accession numbers being out of sequence. See the 2023 winter article for specific instructions or contact christyd@health.ok.gov for instructions.

Christy Dabbs, AA, ODS-C
Data Manager

Photo by Megan Carter

TEXT STAGING

"Text documentation is an essential component of a complete electronic report and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the reporter independently from codes. If software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record **and should not be generated electronically from coded values.**" [1]

Text Staging is used to provide narrative text to substantiate codes assigned for the SEER Summary Stage at diagnosis. This narrative text aids in quality control at the hospital and central registry levels.

Staging information can be found in imaging reports, physical examinations, endoscopic and operative reports.

Instructions

This field is for narrative documentation only. Write a brief description of the extent of disease. Describe the organs, tissues, and/or lymph nodes involved with cancer to substantiate the assigned code in SEER Summary Stage. Documentation of AJCC TNM is permitted but is not used to substantiate SEER Summary Stage. NAACCR approved abbreviations may be used in all text fields and can be found in the NAACCR Data Standards and Data Dictionary, Abbreviations and Acronyms.

Examples

#1. Localized – cancer confined to prostate

#2. SS2018 Distant – breast cancer metastatic to lung, bones and liver

#3. Regional lymph nodes – Left lung cancer with mets to ipsilateral hilar lymph nodes

[1] North American Association of Central Cancer Registries. 2018. NAACCR Data Standards and Data Dictionary: Data Descriptor Table.

https://apps.naaccr.org/data-dictionary/data-dictionary/version=24/chapter-view/

Sandie James Steen, ODS-C
Education & Training Specialist

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Web Plus

OCCR's Readiness to Accept Cases Diagnosed in 2024

The Oklahoma Central Cancer Registry is not yet ready to accept any cases diagnosed in 2024. If you are abstracting cases diagnosed in 2024, you should keep them as incomplete or in suspense until the central registry and your facility registry software has been upgraded to NAACCR V24. The new version will implement any changes and additions to cancer reporting as described in the NAACCR 2024 Implementation Guide. It will also have an updated edit metafile that is compatible with changes and additions for cases diagnosed in 2024 and forward as well as backward compatible for cases diagnosed prior to 2024. The OCCR estimates we will be ready to accept 2024 diagnosed cases by June 2024. All reporters and supervisors will be notified by email when the OCCR can accept 2024 cases.

Currently, if the central registry receives abstracts diagnosed in 2024 in an uploaded file, we will notify the reporting facility and request that they resubmit the case after their registry software has been upgraded. Web Plus online abstractors do not currently have the ability to release any 2024 diagnosed cases. This function will be activated once Web Plus has been upgraded to NAACCR V24 and sufficiently tested.

As of this quarter, the central registry has not received our upgrade for RMCDS or Web Plus.

Web Plus Abstractors

The next version of Web Plus is on the horizon. In the next few months, Web Plus will be updated for compatibility with the next version of the NAACCR record layout, version 2024. Minimal updates may be made to the abstract displays. The look and function of Web Plus will remain the same.

Photo by Leslie Dill

All Web Plus Users

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.

Please notify your OCCR consultant if you plan to leave your place of employment, or your contact information changes and you have a Web Plus user account.

Christy Dabbs, AA, ODS-C
Data Manager

THE BUZZ AMONG RESEARCHERS

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

Registrars are often expected to provide a high level of accuracy and completeness with limited time and staffing. Often this expectation leaves little time for educational opportunities. To help with this, the OCCR provides a quarterly sampling of the most current published research articles that we feel may be of interest to community registrars.

Researchers identify cell signaling pathway controlling melanoma cell metastasis to the brain

Date: November 29, 2023

Source: H. Lee Moffitt Cancer Center & Research Institute

Summary: Researchers have been working to better understand what drives melanoma brain metastasis. They now report on the identification of a cell signaling pathway that regulates the metastatic spread of melanoma cells to the brain.

Melanoma is the deadliest form of skin cancer because of its ability to quickly grow and spread throughout the body. More than half of those with advanced melanoma will see the disease spread to the brain, where it rapidly progresses, often leading to death in only three to four months. Researchers in Moffitt Cancer Center's Donald A. Adam Melanoma and Skin Cancer Center of Excellence have been working to better understand what drives melanoma brain metastasis. In a new study published in *Nature Communications*, they report on the identification of a cell signaling pathway that regulates the metastatic spread of melanoma cells to the brain.

Melanoma tumors are composed of subgroups of cells with different gene expression patterns with varied abilities to invade surrounding tissues and survive anticancer treatments.

It is unclear how these different melanoma subgroups contribute to tumor development and progression. In previous studies, Moffitt researchers determined that the protein HDAC8 regulated resistance to BRAF and MEK inhibitors commonly used to treat melanoma.

HDAC8 removes chemical modifications called acetyl groups from other proteins, leading to alterations in gene expression patterns.

The Moffitt team hypothesized that HDAC8 may also be involved in the regulation of gene expression patterns of melanoma cell subgroups.

The researchers performed laboratory experiments and demonstrated that HDAC8 activity increased melanoma cell survival under stress conditions, including low oxygen, UV radiation, and BRAF/MEK inhibitor treatment.

HDAC8 activity also changed the gene expression pattern of melanoma cells and caused the cells to develop characteristics associated with cell subgroups that were able to migrate into and invade surrounding sites.

Their pre-clinical experiments found that increased HDAC8 expression and activity enhanced the ability of melanoma cells to metastasize to the brain, while no significant impact was observed in the number of metastatic tumors to other organs, such as the liver or lung.

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THE BUZZ AMONG RESEARCHERS , CONTINUED

The researchers further investigated the molecular pathways of HDAC8-mediated brain metastasis and discovered that HDAC8 chemically modified the protein EP300, which subsequently caused cells to develop invasive characteristics.

The researchers confirmed the importance of EP300 to melanoma brain metastases by showing that increased expression of EP300 decreased cell invasion and caused melanoma cells to be more sensitive to cell death.

"These data show the importance of HDAC8 and EP300 activity to melanoma cell invasion to the brain and suggest that agents that target these pathways may inhibit brain metastasis," said Keiran Smalley, Ph.D., lead study author and director of Moffitt's Melanoma and Skin Cancer Center of Excellence.

"Our work provides the first evidence that stress induced HDAC8 is a regulator of an invasive melanoma cell state that leads to increased brain metastasis."

This study was supported by the National Institutes of Health (R01CA262483, R21CA267141, P30CA076292, P30CA247796) and by state appropriations provided in Florida Statute §381.915.

Journal Reference:

Michael F. Emmons, Richard L. Bennett, Alberto Riva, Kanchan Gupta, Larissa Anastasio Da Costa Carvalho, Chao Zhang, Robert Macaulay, Daphne Dupéré-Richér, Bin Fang, Edward Seto, John M. Koomen, Jiannong Li, Y. Ann Chen, Peter A. Forsyth, Jonathan D. Licht, Keiran S. M. Smalley. **HDAC8-mediated inhibition of EP300 drives a transcriptional state that increases melanoma brain metastasis**. *Nature Communications*, 2023; 14 (1) DOI: 10.1038/s41467-023-43519-1

Photo by Meagan Carter

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