

OCCR QUARTERLY

Oklahoma Central Cancer Registry

MARCH 2020

Cancer Registrars: 2020 Vision for the Future



National Cancer
Registrars Week
April 6-10, 2020

By Leslie Dill

April 6-10, 2020 will mark the 24th annual National Cancer Registrars Week (NCRW). The National Cancer Registrars Association (NCRA) founded this week to highlight the important role the registrar plays in capturing cancer data used by researchers, healthcare providers and public health officials.

Governor Kevin Stitt has signed a proclamation officially declaring the observance of NCRW. At noon on Monday, April 6, he will meet with all Oklahoma cancer registrars to deliver the proclamation and take a photo. If you are interested in participating, please assemble at the Governor's Office, room 212, on the second floor of the State Capitol, located at 2300 N. Lincoln Blvd, Oklahoma City, OK 73105. Park in the visitor parking lot and enter the capitol on the south side of the building. Please allow time for parking and security checkpoints.

Onto the Next Frontier: Wishing Christina the Best

By Paula Marshall, BBA, CTR

It is with mixed feelings that the OCCR says farewell to Christina Panicker, Cancer Registry Consultant for the Center for Health Statistics, who resigned her position effective February 28, 2020. A feeling of sadness to see Christina go, and yet happiness to see her extending her career boundaries.

Before coming to work at the OCCR in May 2011, Christina worked at Diagnostic Laboratory of Oklahoma for three years, at OU Medical Center Lab, OU Medical Center ER and OUHSC Department of Neurology.

Christina graduated from Southern Nazarene University earning her Bachelor's degree in Biology - Chemistry in 2005 and her MBA in 2011. In September 2012 she added CTR to her credentials.

During her 9 years at the OCCR, Christina worked closely with the low caseload facilities which included site visits, Web Plus training and case finding as well as the daily OCCR tasks. Christina enjoyed site visits with the reporters across the state and getting to know them on a personal level.

There is no doubt that Christina will continue to grow and prove herself as an asset in her new career. Please join OCCR in wishing her the very best of luck and great success in all her future endeavors.



New Compliance and Education Specialist

By Julie Bennett, RHIT

The OCCR is very pleased to announce our newest team member, Barbara Murray.

Barbara is the Compliance and Education Specialist, who is responsible for ensuring that all cancer in Oklahoma is being reported to the OCCR and educating cancer reporters on how to identify what to report and how to report it. Having started her position in late December 2019, Barbara has jumped right into her new role and hasn't slowed down.

Barbara was born and raised in Enid, Oklahoma. She moved to Oklahoma City in 1978 and started working for Southwestern Bell / AT&T in the database area for the next twenty years. In 1999, she moved to Kentucky where she was a stay-at-home mom, a college student, and if two full-time jobs was not enough, she was homeschooling her three young sons.

She went on to earn her Associates Degree in Applied Science with a focus on Nuclear Medicine Technology from the University of Kentucky Bluegrass Community College. Upon moving back to Oklahoma in 2007 and while searching for a job in nuclear medicine, she started insurance collection with Mercy Hospital in Oklahoma City. Seeking a change, she saw a job posting for Tumor Registrar and applied and started registry work in 2008. Her duties included abstracting and being the GI Tumor Board coordinator as well as being a part time remote abstractor. Barbara eventually tested and obtained her CTR in 2011. Barbara's love of teaching was one of the interests that brought her to the OCCR. She is looking forward to providing educational opportunities to the registrars in Oklahoma.

Barbara's family includes three sons, one daughter-in-law, two absolutely adorable grandchildren and her sisters and their families all residing in Yukon, OK. Barbara values family time, and Grandma especially treasures the memories being created getting to spend time with her grands, who bring so much joy to her life. On a personal and sad note, Barbara and her family have recently suffered the loss of her husband and their father, David. Having her family close by is very important to her.

Besides spending time with family, Barbara also likes to read and cook. She likes to purchase gardening catalogs and design her "virtual" flower and vegetable gardens. She calls them "virtual" because they never actually make it into the ground. "Maybe someday" is her reply.

Please join me in welcoming Barbara to the Registry and don't hesitate to contact her with questions. She is a wealth of information and knowledge and we feel very fortunate to have her on staff.

WELCOME BARBARA!



Web Plus for 2018

By Christy Dabbs, AA, CTR

No new updates have been made to Web Plus in the last several months. As a reminder for file uploaders, when you upload a file to Web Plus, the file is automatically run through the Central Incoming edit metafile. Please be patient if you upload large files (300 cases). You must wait for your edits report to pop up before closing Web Plus.

Rocky Mountain Cancer Data System (RMCDS) Corner

By Christy Dabbs, AA, CTR



RMCDS VERSION 18

As of March 11, 2020, there are no major changes to the program. Please remember to update our software monthly. This will keep your software up-to-date with any small bug fixes that are made each month.

If you have not yet converted your RMCDS to version 18 **AND** you have submitted all of your 2017 cases, you must convert your software to be able to report cancer cases for 2018+. Please reach out to me if you have any questions about running the update program, converting your software, or RMCDS in general. I can be reached at 405-271-9444 x57121 or christyd@health.ok.gov.

Ask a SEER Registrar

By Christy Dabbs, AA, CTR

The Oklahoma Central Cancer Registry (OCCR) submits questions to Ask a SEER Registrar. We would like to pass along the questions and answers to our reporters in hopes that they might be helpful to you in reporting cancer cases to the OCCR.

2018+ Diagnosed Cases

Question: Is Epstein Barr Virus associated smooth muscle tumor reportable?

Answer: Epstein-Barr virus-associated smooth muscle tumor is an uncommon neoplasm associated with immunodeficiency. The mechanism for Epstein-Barr virus infection of progenitor cells and neoplastic transformation has been an area of interest and conjecture. Unless this tumor is described as malignant, it is not reportable.

CTR Exam Testing Dates

For those interested in taking the Certified Tumor Registrar Exam later this year, the exam will be given at over 200 testing locations throughout the United States on the following dates:

June 26 - July 17, 2020; application deadline: May 29, 2020

October 16 - November 6, 2020; application deadline: September 11, 2020

To review the CTR Exam registration process, visit <http://www.ncra-usa.org/CTR/Certification-Exam>

Date of First Contact and How it Affects Your Facility's Compliance

By Barbara Murray, CTR

It is the first quarter 2020, and cancer reporters should have submitted over half of their 2019 cases thus far. A case is reportable within 180 days from the date it becomes reportable for your facility. Previously the submission schedule stated that cases were due to the OCCR within 6 months or 180 days of diagnosis. This is true only if the case is diagnosed at your facility. The correct timing should be 6 months or 180 days from the **date of first contact**. If the case is diagnosed at your facility, diagnosis date and date of first contact are the same. If a patient is diagnosed elsewhere and comes to your facility for treatment, the date of first contact is when the patient enters your facility for treatment.

Example #1: A 50 year old Caucasian female came to your facility for a screening colonoscopy 6/17/2019. A mass was identified in the ascending colon. Biopsy was positive for moderately differentiated adenocarcinoma. The date of first contact for your facility would be 6/17/2019 regardless if the patient received treatment at your facility or went elsewhere. Your facility is responsible for reporting the case to the OCCR no later than December 2019.

Example #2: A 60 year old triple negative breast cancer patient was diagnosed at an outside facility in January 2019 where she received a lumpectomy and adjuvant chemotherapy. She comes to your facility for her first radiation treatment on September 2, 2019, which will be your facility's date of first contact. It has been eight months since her diagnosis, so it would have been impossible for your facility to report the case within 6 months or 180 days of diagnosis. This case will be within compliance if it is submitted to the OCCR by March 2020.



Do not delay submitting a case to the OCCR due to waiting on complete treatment or diagnostic information from other facilities. Of course, everyone likes to have complete information, but sometimes we all just have to “♪♪ LET IT GO ♪♪”. If the end of the month is approaching and the requested information hasn't been received, the case should be submitted with what is available. As always, **document, document, document!** If important information is missing from the abstract, make notes in the appropriate text boxes and follow up to add additional information later.

For more detailed information regarding date of first contact, see Standards for Oncology Registry Entry (STORE Manual), pgs18-19, and pages 127-128. A free electronic copy of the STORE Manual can be found here: https://www.facs.org/-/media/files/quality-programs/cancer/ncdb/store_manual_2018.ashx

Submission Schedule, Diagnosis Year 2019	
Date of First Contact:	Required to Be Reported to OCCR in:
January/February 2019	October 2019
March/April 2019	November 2019
May/June 2019	December 2019
July 2019	January 2020
August 2019	February 2020
September 2019	March 2020
October 2019	April 2020
November 2019	May 2020
December 2019	June 2020

OCCR Data in Use

By Alexandra Feld, MPH

Oklahoma's First Annual Human Papillomavirus (HPV) Summit: HPV Vaccination is Cancer Prevention!

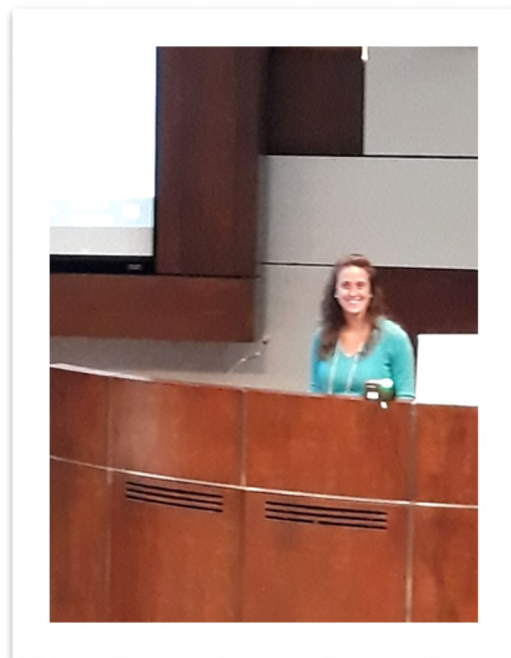
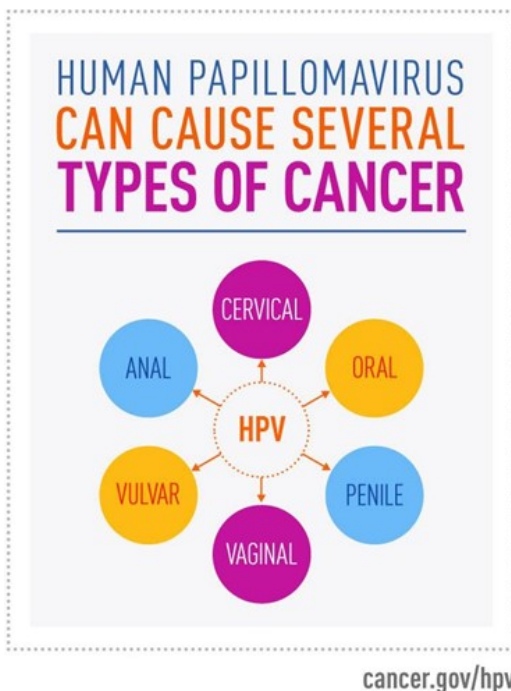
In January 2020, the Stephenson Cancer Center, in partnership with the American Cancer Society (ACS), hosted Oklahoma's very first HPV Summit! The day featured expert speakers to educate and inspire all that play an influential role in HPV vaccination, including Pediatric and Primary Care Physicians, Public Health Nurses, other Healthcare Professionals and School-Based Health Stakeholders. The ACS National HPV campaign, *Mission HPV Cancer Free*, has a goal to increase the HPV vaccination rate to 80% by 2026. In Oklahoma, only 37.9% of adolescents have completed the HPV vaccine series.

As the OCCR's Cancer Surveillance Coordinator and Cancer Epidemiologist, I presented data on Oklahoma's HPV-associated cancers. The HPV vaccine is the only vaccine that prevents six different types of cancer, including cervical, anal, penile, vulvar, vaginal, and oropharyngeal cancers! Across the US, there are about 44,000 new cases of HPV-associated cancers each year. In Oklahoma, as is true across the country, the most prevalent of these among women is cervical cancer. Over the last five years, we've begun to see a downward trend in cervical cancer rates across the state. The same trend can be seen in anal cancer rates, 90% of which are caused by HPV infections. However, oropharyngeal cancer rates are increasing, especially among the male population. Limited data exists on mortality rates for HPV-associated cancers, however deaths due to cervical cancer in Oklahoma are statistically higher compared with that of the US, with an age-adjusted mortality rate of 3.0 deaths per 100,000 population.

Presenting Oklahoma's incidence and mortality rates of HPV-associated cancers at the HPV Summit laid the groundwork for rest of the day's speakers to address the importance of HPV Vaccination in our state and focus their approach on HPV vaccination education.

To find out more about the *Mission HPV Cancer Free* campaign and to download resources, educational materials, posters, and videos, visit www.cancer.org/healthy/hpv-vaccine.html.

To find out more about Oklahoma's cancer incidence and mortality rates, please visit our website, OK2SHARE, at www.health.state.ok.us/.



Upcoming NAACCR Webinars

By Leslie Dill

January and February flew past us in a hurry! If it is time to get started on annual CEUs, register for the upcoming NAACCR 2020 Cancer Registry and Surveillance Webinars. They are free to all Oklahoma registrars, courtesy of the OCCR, and offered LIVE in two convenient locations: Oklahoma State Department of Health, 1000 NE 10th St, Oklahoma City, OK 73117 and Cancer Treatment Centers of America, 10109 E 79th St, Tulsa, OK 74133.

If listening to a recording of the webinar at a later date works better for your schedule, that option is available too. To register for the LIVE webinar in Oklahoma City or to receive an email containing the link to the webinar recording, email Barbara Murray, BarbaraLM@health.ok.gov.

To register for the LIVE webinar in Tulsa, email Dianne Trinidad, Dianne.Trinidad@ctca-hope.com. Webinar handouts and location information will be emailed upon registration.

NAACCR webinars for the 2nd quarter include:

4/02/20, 8 a.m. - 11 a.m. -- Melanoma
Denise Harrison and Louanne Currence. Trainers and CTR's

This 3-hour class will present the following information for melanoma: 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.

5/07/20, 8 a.m. - 11 a.m. -- Central Nervous System
Denise Harrison and Louanne Currence. Trainers and CTR's

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.

6/11/20, 8 a.m. - 11 a.m. -- Esophagus
Tonya Brandenburg, CTR, Kentucky Cancer Registry and Jim Hofferkamp, CTR

This 3-hour class will present the following information for esophagus: 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.



American Cancer Society Acknowledges Cancer Registrars

By Christy Dabbs, AA, CTR

The American Cancer Society (ACS) released Cancer Statistics, 2020 on January 08, 2020. In the report, cancer registrars and their staff are acknowledged for their "hard work and diligence in collecting cancer information, without which this research could not have been possible" You may read the full article at <https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21590>

Text, Text, and More Text

By Paula Marshall, BBA, CTR

The abstract is the basis of all registry functions. It is a tool used to help accurately determine stage and to aid cancer research; therefore, the abstract must be complete, containing all the information needed to provide a concise analysis of the patient's disease from diagnosis to treatment.

Text documentation are important elements of a complete and accurate cancer abstract. Text is used to support coded values and to provide supplemental information not transmitted within coded values. The overall purpose of documenting text in the abstract is to give justification and clarification to all coded fields regarding the patient, disease, extent of disease and spread of disease.

Text documentation should always include the following components:

- Date(s) – include date(s) references – this allows the reviewer to determine event chronology
- Location – include facility/physician/other location where the event occurred (test/study/treatment/other)
- Description – include description of the event (test/study/treatment/other) -include positive/negative results
- Details – include as much detail as possible – document treatment plan even if treatment isn't initiated as planned
- Include "relevant-to-this-person/cancer" information only – edit your text documentation
- NAACCR-approved abbreviations
- Additional documentation in "Remarks" field. Text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.

We have all been taught that any registrar should be able to re-abstract a case using only the documented text. You should keep this in mind as you are documenting text in your abstracts. When you begin to think this way, your text documentation will begin to improve. You will start to see the abstract in a way you may not have considered before, to see how all the pieces fit together to make a complete and accurate cancer abstract.

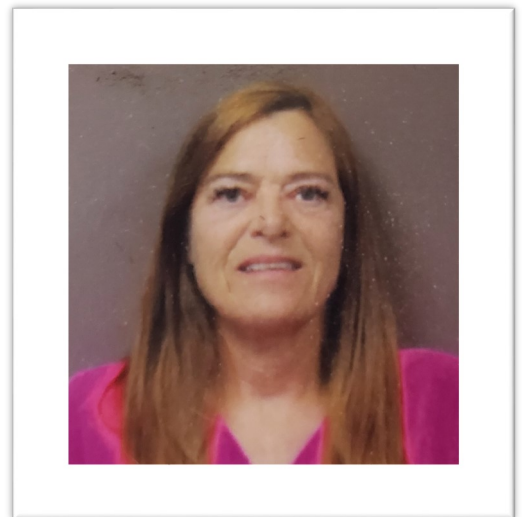
New Oklahoma Certified Tumor Registrar

By Lisa Fulkerson, RMA

Sandra Edwards, come on down! You are Oklahoma's newest CTR!

We would like to congratulate Sandra Edwards on obtaining her CTR. Sandra, also known as Sandie, has worked for Stillwater Medical Center since 2016. She started out as a Personal Service Representative and Medical Assistant for Radiation and Medical Oncology. While her facility was applying for accreditation, Sandie was approached about becoming a CTR for the facility. In her own words, "I jumped at the chance after investigating what all the profession involved and how integral CTR's are in the Oncology field!" She completed her abstracting courses through AHIMA and passed her CTR exam July 2019.

Sandra is married and has two grown children, Jesse and Alexis. She is also the proud parent of three fur babies: Addison (Jack Russell Terrier), Zues (Standard Yorkie Terrier) and Benito (Min Pin). Grand Lake in Grove, OK, is where Sandie and her family call home. Her home office faces the mouth of the river as it enters Grand Lake. Sandie says, "It's the most peaceful work environment one could ask for."



Again, congratulations to Sandra Edwards, Oklahoma's newest CTR!

Expected New Cancer Cases and Deaths in 2020

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

Article written by Hannah Weir, PhD

Senior Epidemiologist, Epidemiology and Applied Research Branch, Division of Cancer Prevention and Control, CDC

In the following article, CDC's Dr. Hannah Weir talks about her work to project trends in new cancer cases and deaths to the year 2020. Rates for many cancers are decreasing or stabilizing, but the number of cancer cases and deaths will continue to increase.

Between 2010 and 2020, we expect the number of new cancer cases in the United States to go up about 24% in men to more than 1 million cases per year, and by about 21% in women to more than 900,000 cases per year.

The kinds of cancer we expect to increase the most are —

- Melanoma (the deadliest kind of skin cancer) in white men and women.
- Prostate, kidney, liver, and bladder cancers in men.
- Lung, breast, uterine, and thyroid cancers in women.

Over the next decade, we expect [cancer incidence rates](#) to stay about the same, but the number of new cancer cases to go up, mostly because of an aging white population and a growing black population. Because cancer patients overall are living longer, the number of cancer survivors is expected to go up from about 11.7 million in 2007 to 18 million by 2020.

Why Some Kinds of Cancer Are Expected to Increase

Cigarette smoking is linked to many kinds of cancer, especially lung cancer. In the United States, smoking has declined since the first Surgeon General's Report on Smoking and Health was published in 1964. Accordingly, new cases of lung cancer have gone down since the mid-1980s in men and the late 1990s in women — faster in men than women. The number of new lung cancer cases in men is expected to stay the same between 2010 and 2020, but more than 10,000 additional new lung cancer cases are expected to be found in women each year by 2020. Overweight and obesity raise risk for female breast, colorectal, esophageal, uterine, pancreas, and kidney cancers. After increasing over the past several decades, about two-thirds of adults and one-third of children are now overweight or obese. Except for breast and colorectal cancers, the number of weight-related cancers is expected to go up 30% to 40% by 2020.

Cancers caused by infections are also expected to increase. New cases of liver cancer are expected to go up more than 50%, likely the result of the increase in hepatitis infections, particularly in people born between 1945 and 1965. Oral cancers in white men are expected to increase by about 30%, likely the result of more human papillomavirus (HPV) infections.

Cancer Deaths

Between 2007 and 2020, the number of deaths is expected to go up 15.2% in men and 8.1% in women, although the [rate of cancer deaths](#) per 100,000 people in the United States is expected to keep going down. We expect cancer death rates to drop most for-----

- Prostate cancer (26.4%).
- Colorectal cancer (23.4%).
- Lung cancer (21.3%).
- Female breast cancer (19.6%).
- Cancers of the oral cavity and pharynx (16.0%).
- Cervical cancer (12.5%).
- Melanoma (7.4%).

Between 1975 and 2009, the number of cancer deaths went up in both white and black Americans, mostly because of an aging white population and a growing black population. The cancer death rate began to drop in the early 1990s, mostly because of a decline in deaths from lung and prostate cancer in men, breast cancer in women, and colorectal cancer in both sexes.

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Why Deaths from Some Kinds of Cancer Are Expected to Drop

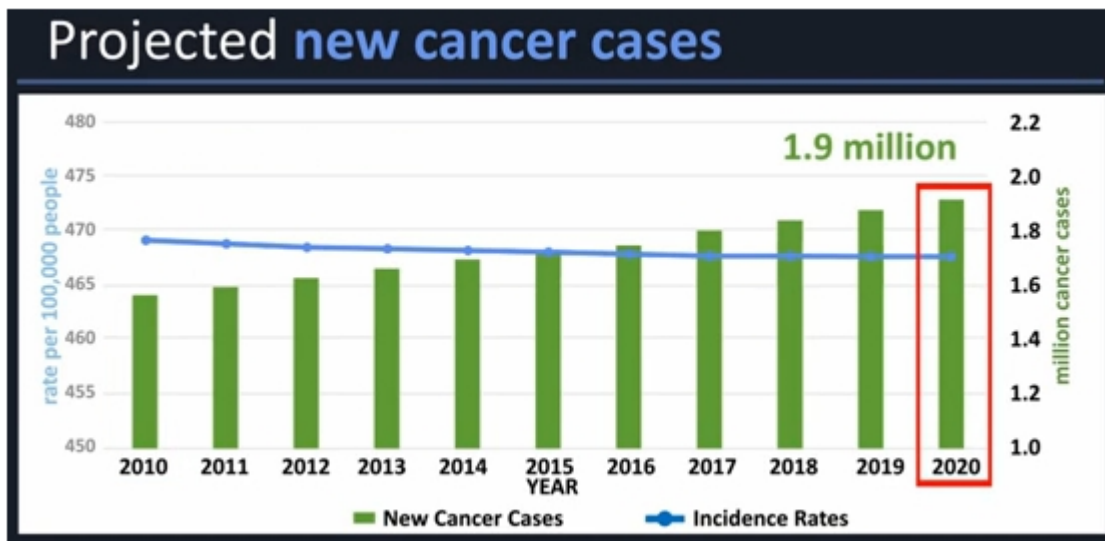
Fewer white women are expected to die from breast, cervical, and colorectal cancer because more white women are getting screened for these cancers, and because of better treatments. More access to high-quality health care has led to increased survival and fewer deaths for colorectal cancer, and to a lesser extent for female breast cancer and prostate cancer.

Citations

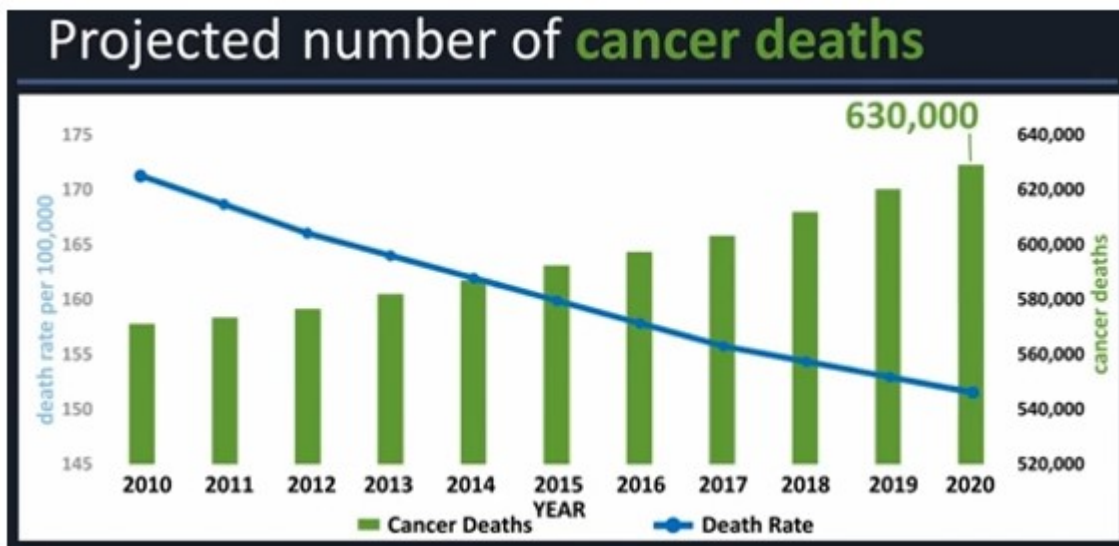
Weir HK, Thompson TD, Soman A, Møller B, Leadbetter S, White MC. [Meeting the Healthy People 2020 objectives to reduce cancer mortality](#). *Preventing Chronic Disease* 2015;12:140482.

Weir HK, Thompson TD, Soman A, Møller B, Leadbetter S. [The past, present, and future of cancer incidence in the United States: 1975 through 2020](#). *External Cancer* 2015;121(11):1827–1837.

Projected New Cancer Cases and Deaths, 2010 Through 2020



This graph shows that the number of new cancer cases is expected to increase from about 1.5 million per year in 2010 to 1.9 million per year in 2020, although the rate of people who get cancer is expected to stay about the same.



This graph shows that the number of cancer deaths is expected to increase from about 575,000 per year in 2010 to 630,000 per year in 2020. However, the rate of people who die from cancer is expected to decrease from about 171 per 100,000 people in 2010 to 151 per 100,000 people in 2020.

CDC Centers for Disease Control and Prevention; Cancer Prevention and Control-https://www.cdc.gov/cancer/dcpc/research/articles/cancer_2020.htm

NAACCR Abbreviations

By Christy Dabbs, AA, CTR

Data Dictionary, Appendix C: Abbreviations and Acronyms Used

When using abbreviations in your abstracts, please make sure you are using only approved abbreviations from the NAACCR list. <http://datadictionary.naacr.org/?c=13>

Useful Radiation Abbreviations List

<https://www.naacr.org/wp-content/uploads/2018/12/Useful-Radiation-Abbreviations.pdf>

Educational Opportunities

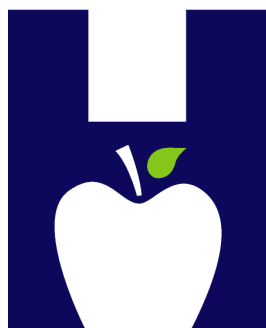


May 31 - June 3, 2020, NCRA will present the 46th Annual Educational Conference in Lake Buena Vista, FL. Visit <http://www.ncra-usa.org/Conference/2020-Annual-Conference/2020-Conference-Information> for more information.



The Pennsylvania Cancer Registry and the New Jersey State Cancer Registry are co-hosting the 2020 NAACCR Annual Conference in downtown Philadelphia, PA, June 21-25.

For more information, see <https://www.naacr2020.org/>.



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Creating a State of Health

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Click [HERE](#) to learn more about the National Cancer Registrars Association's (NCRA) *Becoming a Cancer Registrar*.

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OKLAHOMA CENTRAL CANCER REGISTRY

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