

OREGON CANCER REGISTRARS' ASSOCIATION NEWSLETTER



President's Message

Hello OCRA members! I would like to **thank you very much** for the opportunity as OCRA President, to attend the 2013 NCRA Conference in San Francisco. Approximately 1,200 registry personnel from across the nation attended this year. At last count, 23 Oregonians also attended! So, I would say Oregon was well represented. Claudia and I also attended the 2 day pre-conference SEER Advanced Topics for Registry Professionals. We will be sharing the information we attained through this newsletter, blast emails, and we will both be giving presentations at the OSCaR/OCRA Fall Workshop. So stay tuned!

As your President, I also attended the State Association Presidents Networking Luncheon. Each President shared the successes and challenges in their perspective State Associations. Most of the challenges shared were the same and that message was "It is difficult to get members to run for office". Most states felt they were just recycling members who tended to volunteer. Unfortunately, time ran short and we were not able to discuss ways of improving this issue. So, as your President I do plead with you to give it a try. Run for an OCRA office. It is painless and really does not involve much of your time. And, most of all, it is great for networking and getting to know people within the organization and sometimes we even have fun and share a few laughs.

The Executive Committee has been meeting every month (via telephone) and there will be a couple of suggested By-Laws changes presented to the membership sometime in August, prior to our General Business meeting which will be held at the Fall Workshop. The OCRA website will stay up and running! An OCRA/OSCaR Oregon Public Health partnership was approved and we now have a Oregon Public Health person (who has some website experience) appointed. This person will update the OCRA website (like Joan did). The only difference being, I will now be the contact person (middle man) who will work with the appointee since I am familiar with the OCRA website and the needs of its membership.

Enjoy your summer!!

Deborah -- OCRA President 2013

Looking for Summer Sunshine

Summer 2013

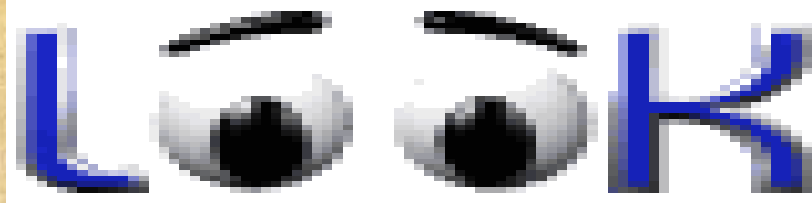
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CTR exam scholarships:

MICHELE HENSON MEMORIAL SCHOLARSHIP available thru ORCA which pays for the cost of the exam up to the NCRA members' cost.

APPLICATION CAN BE FOUND ON THE OCRA WEBSITE: <http://www.ocra-oregon.org>



Interesting Tidbits

[Drug Shows Promise for Mantle Cell Lymphoma and Chronic Lymphocytic Leukemia](#)

[Chicken in teen diet may ward off colon cancer](#)

[How Genes Cause Cancer](#)

CAnswer Forum

Q) We have a path report that we cannot agree on what morphology code to use. Pt had a brain biopsy. Path was stated as "Composite pleomorphic xanthoastrocytoma-ganlioglioma."

Which code to use: Pleomorphic xanthoastrocytoma- 9424/3 or Ganglioglioma- 9505/1

A) the histologies are in a single tumor, then the MPH rules state that a single tumor is a single primary. Gliomas are a type of astrocytoma and benign gliomas can and do transform into astrocytomas. There is not a rule that will address this case. Code the invasive tumor: pleomorphic xanthoastrocytoma (9424/3).

Q) I have a case of AML where the physician is recommending bone marrow transplant for patient who he states has secondary AML due to treatment with Imuran for polymyalgia rheumatica. He states this is a high risk type of AML. Imuran is not a chemo agent per SEERx, so I don't think it would qualify to be coded to 9920/3. But the physician is a BMT expert who states it is therapy related disease, and there is risk of bone marrow disease listed for imuran, so I am not sure.

A) Imuran is classified as an ancillary drug. It is given to patients who have undergone various transplants (usually kidney and heart) as an immunosuppressant. In this case, it is not actually treating the AML itself, but preventing symptoms of rejection of the donated bone marrow.

In terms of the histology, if your physician is stating this is therapy related disease, then you can code it as such based on that. Code histology to 9920/3.

Registry News

Hey everyone,

It is that time of the year to begin thinking about nominating an OCRA member for the 2013 Distinguished Member Award. I am sure you can think of a member or two who you would like to thank and honor for their contributions to the Cancer Registry field.

[Nomination form](#). Complete the form and then send the form/narrative to the 2013 OCRA Secretary, Melissa Alvarado. Her email address is alvaradm@ohsu.edu

Also just in case you are unsure how this works...once the Secretary has received all the nominations, she will 'scrub' any identifiers out of the nomination submission, so that the OCRA Executive Committee is voting based on the criteria you have submitted in your nomination of this person.

These forms must be received no later than July 31st, 2013.

Previous honorees are:

2008 Elly Hayes; 2009 Joan Pliska; 2010 Paulette Bethune; 2011 Deborah Towell; 2012 Vicki Shindler

Thank you in advance for your nominations!

Deborah Towell, CTR
2013 OCRA President
OSCaR - Program Coordinator
971-673-1021

OSCaR's Page

Summer Greetings from OSCaR

We hope everyone is having a nice start to their summer. OSCaR has been very busy and we thank you for all your hard work in transmitting your cases to us. We have many projects going on at OSCaR and things are all in a whirl! We are closing out the 2011 diagnosis year and hoping all facilities are finished with their 2011 cases. There are still a few stragglers out there, so we wanted to give a gentle nudge to those facilities to send in those last minute 2011 cases. It is **imperative** to have as many 2011 cases in the database ASAP to comply with our case completeness requirements for the next Call for Data.

Deborah and I attended the NCRA Conference in San Francisco and in addition we attended the 2 day SEER Workshop for Registry Professionals. I also attended the one day conference for the Education and Training Coordinators Meeting for CDC-NPCR Registries. Even though I was on "information overload," I did receive many updates that will be coming down the line in the 2014-2015 year. I will be presenting these updates at the Fall Workshop.

We currently have a few **data quality issues** that we wanted to share with you all. We have been noting that some facilities are **over reporting** their **non- invasive bladder cancers**. Please use your MPH rules diligently and remember to **stop at the first rule that is applicable**. We have had a lot of cases that are being reported with non-invasive PTCC after an invasive PTCC had already been diagnosed and reported previously. So read the rules carefully, stop at the first rule that fits, so we can keep our incidence rates consistent with the current reporting rules.

Regarding the Multiple Primary and Histology Rules, SEER has announced that 2 of the 3 different formats (text, flow-chart and matrix) are going away. The **text version** is the **only** format that will be available for use in the near future. The reasoning behind this change is with their limited number of staff they are unable to revise 3 sets of formats and the text version is the easiest to update and revise, etc. The good news is that they will now have the capability to update the rules, correct typos, add abstractor notes, etc. with quick turnaround time with the use of a new End Tool. Those of you that rely on the flowchart or matrix version (like me) may want to start familiarizing yourself by using the text now.

In late September, OSCaR will be notified by CDC-NPCR, the dates when the central registry will be audited. The audit procedure now differs from previous CDC audits in that the reviewers will not be on site at your facility anymore. Now, the audits will take place exclusively at the state offices, so hospitals will not be involved as in previous years. Those of you that have been participants in the past are probably experiencing a sigh of relief! I guess I better start cleaning my office! In addition, the CDC will be auditing OSCaR for compliance to national standards and reviewing actual **data validation with text and coding**. All **codes need to be justified with text** in the abstract and they will be reviewing text to codes to evaluate us in our compliance to the national standards. There are a few hospitals out there that are non-compliant with this issue and we hope all the registrars can gain insight on the why's and how's and the importance of this aspect of abstracting. We also have a few hospitals that cut and paste everything regardless if it is relevant or not. So keep in mind, we need to have substantiation from code to text, i.e. if chemotherapy is given, code the date and document the date in text and what type of chemo tx to verify the codes. OSCaR will be presenting a talk along with interactive exercises at the Fall workshop to keep us all proficient in this aspect of abstracting.

On a more fun note! Joan Pliska who graced OSCaR for many years (the only original employee left at OSCaR) retired at the end of May. She is extremely missed by her friends and co-workers! We are excited for her to have the time to do the many things that she didn't have time to do while working. Her many accomplishments, too numerous to even start listing (*I would need to write a book*) as well as her many abilities, talents and willingness to help others in her everyday work are already greatly missed. She was an integral part of OSCaR as well as doing a lot of the "behind the scenes" work for OSCaR and OCRA at the Workshops, and for the Newsletters and Websites, etc. We wish her well in her new adventures ahead. **HAPPY RETIREMENT JOAN!**

Claudia Feight, CTR/RHIT
Oregon State Cancer Registry
Quality Assurance/Training Coordinator





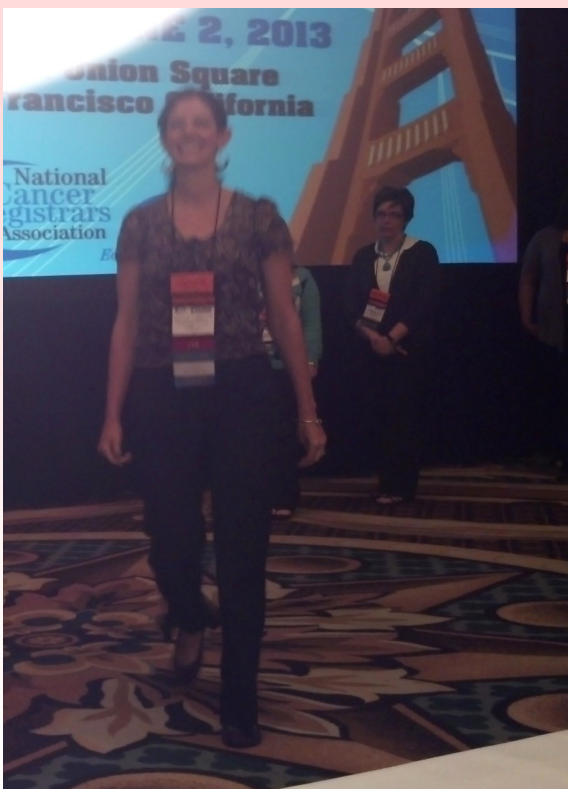
Lunch with Strangers





New CTRs line UP

Our own Erin Watson about to receive her pin.
Woo Hoo!





Enjoying the sights



Cable Car Fun



MESSAGE FROM THE EDITOR

The wind is blowing. If you have ever had the opportunity to watch a dog get a whiff of something on the wind and watch as the head goes up and the nose twitches trying to find out where and what that scent is, then you know what it's like to be a CTR when change is in the air. CTRs know when the winds of change are blowing and while we may not lift our heads and twitch our noses, we know what's in the wind.

So

be prepared change is in the wind.



2013 Elected Officials

President (Duties)

Deborah Towell, CTR
deborah.j.towell@state.or.us

President Elect (Duties)

Bonnie Kubli, CTR
bkmedr@bayareahospital.org

Treasurer (Duties)

Philip Woods
pwoods@bayareahospital.org

Secretary (Duties)

Melissa Alvarado, CTR
alvarado@ohsu.edu

Past President (Duties)

Norie Vogt, LPN,
CTRvogt4566@comcast.net