CHANGES IN CANCER REGISTRY LAW

The state law on reporting to the State Cancer Registry (IC 16-38-2) was amended in 2004 (Senate Enrolled Act 188/Public Law 17) to include the following changes:

- Added ambulatory surgery centers and other health facilities to the list of entities that must report specified tumors to the state cancer registry;
- Added nonmalignant brain and other central nervous system tumors diagnosed 2004 or later as reportable diagnoses (tumors required to be reported by federal law);
- Changed the date the state cancer registry must make an annual report available to the public from July 1 to December 31 for data collected the previous calendar year.

REQUEST FOR ALL 2003 CASES

Please submit all cancer cases diagnosed or treated in 2003 or earlier (not previously reported) to the Indiana State Cancer Registry (ISCR). ISCR is ready to receive and process your data. Be sure to update your software program with the most current version before creating a backup for submission. Also, please remember to use the 2003 updated ISCR Policy and Procedure Manual for Reporting Facilities for cases diagnosed in 2003 and 2004. Chapters 3, 4, 5, and several appendixes were revised and distributed to all hospitals. If you do not have a copy, please contact Marsha Lundy, secretary, listed at the end of this News Brief. If you need additional copies, please use your copy to make more at your facility.

CTR EXAM DEADLINE

July 31, 2004 Application Deadline
September 11, 2004 Testing Begins
September 25, 2004 Testing Ends

The 2004 CTR Exam Handbook for Candidates and Application can be downloaded from this website:
http://www.ncra-usa.org/certification/exam.htm#sub1
SUMMARY OF MAJOR CHANGES IN 2003 & 2004

2003

• FORDS Implementation
Effective with cases diagnosed January 1, 2003 or later, all cases reported to ISCR must be coded according to the codes and standards from the Facility Oncology Registry Data Standards (FORDS) manual of the Commission on Cancer/American College of Surgeons (COC/ACoS). The 2003 updated ISCR Policy and Procedure Manual for Reporting Facilities includes FORDS codes.

For more information on FORDS, see http://www.facs.org/cancer/coc/fordsmanual.html

2004

• Benign Brain Tumors
Effective with cases diagnosed January 1, 2004 or later, all benign and borderline brain and central nervous system (CNS) tumors must be reported to the Indiana State Cancer Registry (ISCR). Reporting instructions are in the 2003 State manual, with specific additions to Appendix B (Part B) and Appendix C. More information can be found on these websites:

http://www.naaccr.org/index.asp?Col_SectionKey=7&Col_ContentID=122 (Select NAACCR 2004 Implementation Guidelines.)
http://www.cdc.gov/cancernpcr/training/index.htm
http://training.seer.cancer.gov/module_bbt/00_bbtr_home.html (A training module with hands-on exercises.)

• Collaborative Staging Implementation
Effective with cases diagnosed January 1, 2004 or later, all cases must be staged using the Collaborative Staging system. Detailed coding instructions can be found in the 2003 State manual on pages 126-158. More information can also be found at:

http://www.cancerstaging.org/collab.html
http://www.training.seer.cancer.gov/module_collab_stage/00_cs_home.html (A training module with hands-on exercises.)

TRAINING & EDUCATIONAL OPPORTUNITIES

• Online FREE Training from SEER
http://www.training.seer.cancer.gov

• Principles of Oncology for Cancer Registry Professionals
  (Potomac, MD)
July 26 - 30, 2004
October 3 - 8, 2004
December 6 - 10, 2004
http://seer.cancer.gov/training/oncology
Contact the Indiana State Cancer Registry if you wish to apply for financial assistance to attend this course.
QUICK QUALITY CONTROL CHECKS

Lung, Middle Lobe
Check laterality for all cases of the lung, middle lobe (C34.2) to confirm that none are coded "2" (left). There is no middle lobe in the left lung. Documentation describing a "mid lobe" lesion or tumor in the left lung cannot mean "middle lobe of left lung." The physician may mean the lesion is in the middle of either the upper or lower lobe of the left lung.

If you are using RMCDS and do not know how to quickly and easily check for this, please contact Steve Nygaard at snygaard@isdh.state.in.us or (317) 233-7099. Facilities using other software should call their vendor if they do not know how to perform this simple quality control check. Running the edit programs on every case as required (NAACCR edits & edits from your software vendor) will also identify this type of error.

Gender-Specific Sites
Retrieve a group of cases with gender-specific cancer sites (e.g., prostate for males, ovary or uterus for females). Create a list of the cases and review first names and sex codes to identify any that appear inconsistent. Follow up on those to ensure correct coding.

Autopsy Reports
Remember to review every autopsy report from your hospital. You may identify incidental prostate cancers or other overlooked or uncoded cancers.

CODING TIPS & REMINDERS

- Use the diagnosis date to determine whether each of the new requirements is applicable, NOT the year the case was accessioned into your facility's registry or the year patient was treated.

- Surgery performed at a hospital is considered first course treatment even if no residual malignancy is found. The hospital is required to report such cases.

Example: A patient had an excisional breast biopsy in a physician's office. The tissue from a simple mastectomy done two weeks later at your hospital showed no residual tumor. The hospital should report the case, recording both procedures as first course treatment.

- Unknown SSN: If you do not know a patient's Social Security Number, record 999-99-9999. Leaving the field blank or entering all 0's will result in a NAACCR edit error message.

- Out of State County Code: Enter 998 in the county code field if the patient lives out of state. If your registry chooses to collect the FIPS county codes for patients coming to your hospital from other states, the State Registry will change those to 998 after those cases are received.

- Date of First Contact vs. Date of Inpatient Admission: If patient was never admitted to your hospital for this cancer (outpatient only), the Date of Inpatient Admission and Date of Discharge (which correlates to inpatient admission date) should be coded 00/00/0000. The other field called "Date of First Contact" should be the date first seen at your facility for this cancer, whether as an inpatient or outpatient.
CONGRATULATIONS
NEW CERTIFIED TUMOR REGISTRARS (CTRs)
SINCE LAST NEWSLETTER

Pat Hettick  03/2001  Columbus Regional Hospital, Columbus
Dana Verkamp  03/2001  Memorial Hospital & Health Care
Center, Jasper
Lorrie Walker  03/2001  Marion General Hospital, Marion
Lori Carroll  09/2001  St. Francis, Beech Grove
Jill Constantine  09/2001  Floyd Memorial Hospital, New Albany
Vi Defourneaux  09/2001  Evansville Cancer Center, Evansville
Ellen Hurd  09/2001  Impath, Indianapolis
Leonora Feden  03/2002  St. Joseph's Regional Medical Center, South Bend
Marian Brown  09/2002  St. Joseph's Regional Medical Center, South Bend
Nancy Whipple  03/2003  Decatur County Memorial Hospital, Greensburg
Cathy Carithers  09/2003  Terre Haute Regional Hospital, Terre Haute
Nancy Hunt  09/2003  St. John’s Cancer Center, Anderson
Kristin Lucia  09/2003  St. Margaret Mercy Healthcare Centers, Hammond
Lolita Thompson  03/2004  Roudebush VA Medical Center, Indianapolis

RACE, ETHNICITY, MAIDEN NAME, & PLACE OF BIRTH

The above data items are more important than ever in identifying populations at risk for certain cancers, as well as disparities in treatment and outcome.

- Up to five race categories can be recorded for each individual diagnosed 2000 and later. Please remember to look not only for Hispanic origin/ethnicity information, but also designation as American Indian, race code 03.
- Maiden name is important not only to help determine Hispanic origin (ethnicity), but also for finding duplicate cases and linking death records. Studies have shown only 4% of cancer registry records include patient's maiden name.
- Indiana is required to report place of birth to the National Program of Cancer Registries (NPCR) for cases diagnosed in 2001 or later.

If these items are not readily available in your records, work with the admitting office or other area that may deal with patients upon their initial contact with your facility to see if there is a way to routinely collect or record this information.

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