

Minnesota Cancer Registrars Association

THE MODMM

The Minnesota Oncology Data Managers Monitor

PRESIDENTS MESSAGE

Greetings Everyone & Bonjour!

Sharing my thoughts and more-

Hear ye, hear ye,

Spread the news throughout the state,

That at last; I've stepped up to the plate.

I'm ready to embark on this journey with you,

By seeing things from a different view.

Although public speaking is not my forte,

With your help & support, Surely I'll find my
way.

Embracing each other's talents will carry
us to higher ground,

We're stronger together;

in life is what I've found.

So here's to our profession,

And here's to MCRA,

Let's connect & communicate &

Have a lot of fun along the way!

Merci.

A Monumental Experience: NCRA's 43rd Annual Educational Conference in Washington, D.C.

By Janice Anastasi, CTR

What a DELIGHT it was to attend the 43rd annual NCRA meeting in D.C. this year. Coming from a small, community hospital registry the thought of going to a national meeting was never an option. Regional meetings became my avenue of fulfilling the Commission on Cancer's requirement of attending a national or regional educational conference. What I realized on this trip is what a worthwhile investment it is to attend. There were nearly fifty different educational sessions over the three-day conference with concurrent tracks for registry management, hospital registry and central registries. Believe me when I tell you that there was so much information available that sometimes it was hard to choose which session to attend. In a perfect world, I would have liked to attend them all! Another true benefit of attending this national conference was the fun of bidding on the beautiful, state baskets, socializing with registrars from not only your state, but from around the country and being present at a NCRA meeting to welcome in our next generation of CTRs. I was able to attend the State President's Breakfast where I learned that MCRA is not alone in the struggle of recruiting volunteers for executive committee. Many other states are having the same issues. Likewise, many other states are also joining together to offer regional meetings as we have done with Wisconsin. For me, this experience was a privilege; I sincerely thank you and only wish more of us could afford the opportunity to attend.

Here are some highlights from a few of the presentations I attended.

The 8th Edition AJCC Cancer Staging Manual: Implications for Cancer Registrars, by Frederick Greene, MD & AJCC 8th Edition Cancer Staging Revisions and Updates in Patients with Breast Cancer by Robert Brookland, MD were two of my favorites. Both speakers emphasized the importance of reading the first chapter, Principles of Cancer Staging, of the AJCC Cancer Staging Manual, 8th Edition. They said those general staging rules would be invaluable in the subsequent chapters. So take home note, read and understand those principles of cancer staging.

The physicians both knew their audience and gave the proper shout-out and kudos to all registrars. Perhaps you've heard by now, but it's worth repeating, the 8th Edition is dedicated to all CANCER REGISTRARS in recognition of their:

- Education and unique commitment to the recording and maintenance of data that are so vital for the care of the cancer patient;
- Professionalism in the collection of factors that are fundamental to sustaining local, state, and national cancer registries;
- Dedication to the cataloging of information crucial to cancer research;
- Leadership, support, and promulgation of the principles of cancer staging;
- AND THEIR POSITIVE IMPACT ON CANCER PATIENT OUTCOMES.

Wow, how cool is that to have a book dedicated to your profession? Finally, people who get what we do! 😊

Some 8th Edition changes for breast cancer staging are:

- LCIS, lobular carcinoma in situ, is removed as a pTis category for T-categorization. LCIS is a benign entity & is removed from TNM staging.
- The addition of ER/PR & Her2 status to TNM. Emerging role of biological factors include grade, ER/PR receptors, Her-2 overexpression/amplification & Genomic Panels.
- If ER and/or PR pos, Her2 neg, node neg, AND multi-gene test with: Oncotype Dx score <11, Mammoprint low risk score, EndPredict low risk score OR Pam50 risk of recurrence low range, then tumor is in same prognostic stage group 1 as a T1a-T1bN0M0 regardless of size.
- The expert panel determined that all invasive carcinomas should have ER, PR, and Her2 status determined by appropriate assays whenever possible.
- There are now two stage group tables for breast cancers. Anatomic Stage Group table is based solely on anatomic extent of cancer as defined by the T, N, and M categories.
- Prognostic Stage Group table based on populations of persons with breast cancer that have been offered- and mostly treated with- appropriate endocrine and/or systemic chemotherapy, which includes T, N, and M plus tumor grade and the status of the biomarkers human epidermal growth factor receptor 2 (HER2), estrogen receptor (ER), and progesterone receptor (PR).
- The Prognostic factor-based stage groupings are used and preferred when tumor hormone receptor status, Her2 status, and combined histologic grade are known.
- Progress in biology, diagnostics and therapeutics made incorporation of basic biological markers into the TNM classification an absolute necessity.

With the new Edition of the AJCC Cancer Staging Manual, there's certainly a lot of learning ahead for us all. With our upcoming regional educational conference in October, you can be sure there'll be plenty of staging discussed.

For those of you who perform follow-up, here's a little nugget for you: billiongraves.com is a free search engine you may want to try for those cases lost to follow up. The National Death Index, (NDI), is a centralized database of death record information on file in state vital statistics offices. Working with these state offices, the National Center for Health Statistics (NCHS) established the NDI as a resource to aid epidemiologists and other health and medical investigators with their mortality ascertainment activities. An application and fee apply for assistance with the NDI. For more details, go to <https://www.cdc.gov/nchs/ndi>

Enjoy these few photos of some memorable moments of MCRA members at NCRA this year. ☺



MCSS REPORT

Carol Forbes-Manske

1. MCSS is in the process of changing its' name to the Minnesota Cancer Reporting System (MCRS).
2. We have a new database and software system, SEER*DMS, and went "live" on 5/1/2017. We are in a learning curve with the new system. Registries that submit to MCSS electronically – there is no change in the way you submit except we no longer need the submit forms.
3. Path review is being cleaned up for 2015 and moving onto 2016 and eventually 2017.
4. Cancer cases are continuing to be worked on for 2014 and we will be starting 2015 case reports soon.
5. The MCSS (MCRS) list.serv is being developed.

MCRA SPRING WORKSHOP
5/22/17
MN STATE UPDATE/NCRA INFO

HIGHLIGHTS OF AJCC 8th EDITION, CHAPTER 1 – PRINCIPLES OF CANCER STAGING – Donna Gress

READ CHAPTER 1 "Principles of Cancer Staging"

- New user-friendly format
- Specific *registry guidelines* are noted throughout chapter 1
- Rules are repeated so each staging classification has complete information
- Provides examples and exceptions

SPECIFICS

- T0 not used for head & neck squamous cancer sites
- Use Cervical Nodes & Unknown Primary Tumor chapter (chapter 6)
- Exception to the Exception: T0 is valid for
 - HPV-related oropharynx and
 - EBV-related nasopharynx

MICROSCOPIC ASSESSMENT OF cN & pN

- cN: FNA, Core (needle) biopsy, Incisional biopsy, Excisional biopsy, SLN biopsy
- pN: may use cN data if the patient has surgical resection as the first course of therapy. pN also includes regional lymph node dissection

CRITICAL EXCEPTIONS: SIZE AND ROUNDING

- Melanoma exception T category
 - Primary tumor thickness measured to nearest **0.1 mm** (was 0.01 mm in 7th edition)
 - Other sites measured in whole mm
- Breast exception T category
 - >1.0 mm to 1.4 mm **rounded to 2 mm**
 - Avoid assigning "microinvasion" category to cancer >1.0 mm
 - Other sizes rounded for T category assignment
 - Round down between 1 and 4
 - Round up between 5 and 9

IN SITU AND NONINVASIVE STAGE GROUP 0

- In situ neoplasia, stage 0 or stage 0is
 - cTis cN0 cM0 clinical stage 0 or 0is
Must have microscopic confirmation
 - pTis cN0 cM0 pathological stage 0 or 0is
Must meet primary tumor surgical resection pathological criteria
Exception: LN microscopic assessment **not** required
- Noninvasive papillary ca stage 0a rules **now documented**
 - cTa cN0 cM0 clinical stage 0a
Must have microscopic confirmation
 - pTa cN0 cM0 pathological stage 0a
Must meet primary tumor surgical resection pathological criteria
(partial/radical cystectomy for bladder; resection for renal pelvis, ureter & urethra)
Exception: LN microscopic assessment **not** required

BLANK VS X

- Blank = registrar had no access to information, no workup done for clinical staging, incidental finding at surgery, patient did not have surgical treatment
 - Example: Routine hysterectomy for benign condition, incidental finding of endometrial cancer. Patient does not meet criteria for clinical staging. Clinical T, N would be blank
 - Example: Breast cancer diagnosed on core biopsy, patient refused definitive surgery. Pathologic T, N would be blank.
- X = patient met criteria for p stage but can't be determined
 - Example: Colonoscopy with biopsy proven sigmoid adenoca. CT scan identified primary tumor but no evidence of mets. CT scan could not assess the depth of tumor invasion. Clinical TX would be assigned.
 - Example: Biopsy proven colon cancer, patient went on to have resection → specimen lost between operating room and pathology department. Pathologic TX would be assigned.

We Are Professionals Who
Manage data describing the diagnosis and treatment
of cancer. Promote quality cancer data collection
and cancer program management.

TREASURERS REPORT

Amanda Hlad

In 2017 to date we are well within our budget. The executive committee approved purchasing the ability to do registration for workshops and membership with an online system. The total fees for set-up were \$850. Going forward there will be a yearly fee of \$250 to continue to use this system. The estimated remaining expenses for 2017 are

Website Domain	\$59.79
NAACCR Webinars	\$1440

The MCRA/WCRA Conference is expected to have higher expenses than last year. The planning committee will evaluate and estimate this to set the conference registration fees that will result in covering all expected expenses.

Cash Flow (1/01/2017 through 05/16/2017)

INFLOWS

2016 MCRA/WCRA Regional WS	\$827.06
2017 Membership Dues	\$4,880.00
2017 Spring Workshop Registration	\$2,411.83
TOTAL INFLOWS	\$8,118.89

OUTFLOWS

2017 Spring Workshop	\$876.51
Bank Charge	\$5.00
CTR Exam Stipend	\$200.00
NCRA Meeting	
MCRA – President Elect Support	\$1,498.79
TOTAL NCRA Meeting	\$1,498.79
Website	
Domain Account	\$59.70
Online Registration	\$849.95
TOTAL Website	\$909.65
TOTAL OUTFLOWS	\$3,489.95

OVERALL TOTAL **\$4,628.94**

Nominating Committee

Submitted by Kim Gums

We would like to thank those who volunteered to remain in their current roles on the executive committee for another year along with the new volunteers for 2017.

We received the following volunteers for the open positions of President-Elect & Secretary. Chris Bushaw was nominated to the position of Secretary and LeeAnn Olson has volunteered to serve as President-Elect. Thank you to Jackie Halsey and Cindy Sanborn for volunteering to help out on the Outstanding Member Award Committee.

At this time, all roles are currently filled for 2017; however, we can always use additional volunteers to help on the executive board committees. In addition, we will be looking for volunteers in the fall to serve on the 2018 executive committee.

Thanks,
Kim, Carol & Trista

Bylaws

Linda Vanstrom

Bylaws can be found on the MCRA website: click on the “Documents” tab, then the hyperlink for “MCRA Bylaws”.



PROFESSIONAL DEVELOPMENT

Heidi Leach, Candace Schoolmeesters, Jen Nelson

Plans are underway for the next Regional Conference with WCRA to be held in Minnesota on October 12th – 13th at the Embassy Suites by Hilton, Bloomington! More information and registration details will be e-mailed out to members soon!

Reminder: NAACCR webinars are available on the MCRA website approximately 1 week after the live presentation. Take some time to view past presentations.



Congratulations to the following members on recently passing the CTR Exam!!!

- Sandi Kolby
- Pamela Jenson
- Ilene Tjepkes
- Laurel Lyytinen



NCRA has announced the CTR Examination dates for 2017

February 11 – March 1

June 17 – July 8

October 14 – November 4

For full information on the 2017 exams, go to www.ctrexam.org

Website

Holly Zabinski

The MCRA website has been updated with the new registration process for workshops. This new registration process has been simplified and should allow for easier registration for workshops. The website continues to be updated with NAACCR webinars as they are released for viewing. If you have any questions about the webinars or if you are having technical difficulties with the webinars, there is NAACCR contact information at the end of every webinar instruction document. Please contact NAACCR for those questions as I don't have any ability to remedy issues with the webinars outside of entering the information on the website.

The username is **registry** and the password is **CancerMN17!**

Communications

Jess Klaphake

Save the Date – The 2nd annual MCRA/WCRA Regional Conference will be Thursday October 12th and Friday October 13th at the Embassy Suites by Hilton Bloomington. More information and registration details will be e-mailed out to members as soon as it's available.

AJCC 8th Edition – errata is updated on their website every Friday. If you want to be added to their mailing list or just to check it out, go to

www.cancerstaging.org/references-tools/deskreferences/pages/default.aspx

The 2017 Executive Committee Members present at the Spring meeting were given a decorative plate by President Janice for “stepping up to the plate” and being an active member on the executive committee.

Pictured here is Chris Bushaw, LeeAnn Olson, Heidi Leach, Jess Klaphake, Kim Gums, Chunny Daiker, Linda Vanstrom and Janice Anastasi. Not pictured: Amanda Hlad, Candace Schoolmeesters, Jen Nelson, Holly Zabinski, Carol Forbes-Manske and Trista Leong.



There are a few documents pertinent to members on the MCRA Website – click on the “Documents” tab – here you can find MCRA Bylaws, the Policies and Procedures Manual and MCRA Job Descriptions.

Membership

Chunny Daiker

2017 Membership Summary

Membership Numbers

- As of May, there is 114 members.
 - 14 new members
 - 5 honorary members

New Directory Format change after 43 years!!

- MCRA members voted to change the membership directory format from Excel Spreadsheet to a Directory that would resemble a “church directory” with a member photo.

- 77 members voted
- 72 – yes for the format change
- 5 – no for the format change
- The New Membership Directory Format took effect with this years, 2017 Membership Directory.

Membership 2018

- 2018 Membership Forms and Fees will be Due Feb 1, 2018. I will send out a reminder email beginning January 1, 2018

Membership continues to be open year ‘round and members can join the association anytime!

Meet the 2017 MCRA Executive Committee

Janice Anastasi, CTR - *President*: St. Francis Regional Medical Center, Shakopee. Member since 1989.

LeeAnn Olson, CTR – *President Elect*: MN Cancer Surveillance System, St. Paul. Member since 1996.

Chris Bushaw, Med, RHIT, CTR – *Secretary*: Rochester Community & Technical College, Rochester. Member since 2016.

Amanda Hlad, RHIA, CTR – *Treasurer*: St. Joseph’s Medical Center, Brainerd. Member since 2007.

Linda Vanstrom, RHIT, CTR – *By-laws*: Minneapolis VA Health Care System, Minneapolis.

Jess Klaphake, RHIT, CTR – *Communications & MODMM*: St. Cloud Hospital/Coborn Cancer Center, St. Cloud. Member since 2014.

Chunny Daiker, BS, RHIT, CTR – *Membership*: Hennepin County Medical Center, Minneapolis. Member since 2009.

Candace Schoolmeesters, Heidi Leach, Jen Nelson – *Professional Development*

Holly Zabinski, RHIT – *Website*: St. Cloud VA Medical Center, St. Cloud. Member since 2006.

Kimberly Gums, Carol Forbes-Manske, Trista Leong – *Nominating Committee*

Carol Forbes-Manske, CTR – *MCSS Liaison*: MCSS, St. Paul. Member since 1986.

Jackie Halsey, Cindy Sanborn – *Outstanding Member Award Committee*

New members sworn in at the 2017 Spring MCRA Meeting in Rochester...



