MODMM SPRING/SUMMER 2023

President's Message

by Melissa Shankey, RHIT, CTR & Jessica Klaphake, RHIT, CTR

It was a great time at NCRA Conference this month in sunny San Diego, CA. Myself and Jessica Klaphake along with 600+ in person attendees and 1200+ virtual, it was a very nice, educational meeting. San Diego did not disappoint. I have never been to that part of California. By about 11:30am every day it was perfectly sunny and not a cloud in the sky.

Conference Recap

- Minimal changes for 2024 to SSDIs and Grade. New schemas for 2024+ diagnoses for NETs. P16 will be required for 2024 dx for Vulva.
- Class of case may be getting an overhaul (again). Proposed to be going back to utilizing codes 0, 1, 2, 3.
- Blank vs X – Guiding principle: always tell patient's story from physician's perspective. Assign X: when physicians are clear they do NOT know; when physicians HAVE NOT or COULD NOT assess primary tumor or nodes; when physicians have assessed but results did NOT provide any information. Assign BLANK: when the registrar does not have info but the physician might; when the physician using the uncertainty rule with main categories (ie T3/T4). Prioritize accuracy or completeness. Remember: we can't fill in every data item with "meaningful" codes, it skew data, causes misinterpretation by physicians/researchers.
- AJCC new version 9 protocols – currently available for 2023+ cases is anus, Appendix and Brain/Spinal Cord. Version available in Fall 2023 for 2024+ cases are Vulva, Neuroendocrine Tumors: Jejunum Ileum, Pancreas, Colon Rectum, Stomach, Duo-Vater, Appendix. Plans for version 9 for 2025+ cases include: Thoracic Sites-Lung, Thymus, Mesothelioma; and Head/Neck
- Text documentation – for staging text, don't just reiterate what the TNM are but why it's staged a particular way (for example: Pancreas cT2 cN0 cM0; pT2 pN0 cM0 would have text documentation as: AJCC Clinical – 2.4 cm primary tumor, no nodes or mets suspected; AJCC Pathological – 3.5 cm primary tumor, 0/19 nodes; SS2018 = 2, tumor invades peripancreatic soft tissues
- Cancer PathCHART (Cancer pathology Coding Histology and Registration Terminology) is going to be a free tool available on the SEER website for accurate coding of histology. This is a searchable database with mapped site-specific histology terminology and coding. Set to begin January 2024.
- NCRA – workload study currently wrapping up (May 19th)
- Edits – cannot catch everything, make sure codes make sense and that you are using the most

current version available.

- STORE –
  - new data items for 2023: tobacco use smoking status, rx hosp-surg 2023, rx sum-surg 2023, clinical margin width-melanoma
  - name changes: surgical procedure of primary site as this facility is renamed Rx hosp – surg prim site 2023; surgical procedure of primary site 03/2022 is renamed Rx sum-surg prim site 2023
  - flags removed from STORE: DOB flag, date of first contact flag, rx date-dx/stg proc flag, rx date-surgery flag, rx date-chemo flag, rx date-hormone flag, rx date-BRM flag
  - Appendix M – includes case studies for coding melanoma in STORE v23 effective 01/01/2023
  - Appendix R – is the CTR Guide to coding radiation v4.0 effective 02/2022, provides case scenarios and takes precedence over STORE.
  - Clarification on RADS – PI rads, Bi rads, Li rads alone are note reportable for CoC – these need to be confirmed with biopsy or physician statement to be reportable and the date of diagnosis is the date of the positive biopsy.
- Final day of conference had different tracks to follow including Registry Management, CoC Programs, Hospital or Central Registries. Regardless of which path or combination thereof, new ideas, information and guidance is offered in a variety of topics.

Whether you're looking to better understand your facility's equipment, market your registry department, become an influencer, learn collaboration efforts with central registries or get tips for successful surveys, the annual NCRA conference is a fantastic opportunity for all registrars.

MCRS Update/Info

By Jennifer L. Nelson, CTR, NR-EMT

MCRS – NAACCR Certification:

- MCRS results for 2022 submission (diagnosis year 2020): Minnesota continues to hold Gold Certification!
  - Cancer registries that meet the Gold Standard for Registry Certification have achieved the highest NAACCR standard for complete, accurate, and timely data to calculate standard incidence statistics for the year reviewed. The assessment is repeated annually, and the recognition only pertains to a single year of data. To achieve Gold Certification, the data from a cancer registry must meet the following criteria:
    - Case ascertainment has achieved 90% or higher completeness
    - A death certificate is the only source for identification of fewer than 5% of reported cancer cases
    - Fewer than 0.2% duplicate case reports are in the file
    - All data variables used to create incidence statistics by cancer type, sex, race, age, and county are 97% error-free
    - Less than 3% of the case reports in the file are missing meaningful information on age, sex, and county
    - Less than 5% of the cases in the file are missing meaningful information on race
    - The file is submitted to NAACCR for evaluation within 23 months of the close of the diagnosis year under review
- MCRS data was also recognized as Fit for Use for Survival/Prevalence
  - NAACCR is pleased to announce a new Fitness for Use for Survival & Prevalence Recognition for registries that meet the inclusion requirements for the *CiNA Survival* and *CiNA Prevalence* Volumes of the CiNA Monograph and the related *CiNA Survival* research dataset. This Recognition is based on meeting the following criteria:
    - Meet the CiNA incidence criteria for all relevant years, and
    - Either meet the SEER standards for follow-up or ascertain deaths through the study cutoff date
- MCRS also met the NPCR National Data Quality standard for the 2022 submission
- WE WANT TO EXPRESS A BIG THANK YOU TO ALL OF YOU AS YOUR DATA HELPS MAKE GOLD CERTIFICATION POSSIBLE! THANK YOU FOR ALL YOU DO!!

MCRS:

- Staff currently working on cancer cases for the diagnosis year of 2021
- Currently reviewing Death Certificates from 2021
- MCRS is working on an internship plan for Cancer Registry Management students and plans to accept our first student for the fall semester.

Lateral/Right/Left Tongue – Coding Primary Site Information:

- Lateral Tongue Code – Question to Ask a SEER Registrar: What site code should be assigned when documented as Right or Left "Lateral Tongue"? Lateral Tongue is not listed in Table 4 under Mobile Tongue (in Solid Tumor Rules). Answer from the SEER Data Quality Team: Assign

C023 for lateral tongue without further information. The tongue has a midline on the dorsal surface and the frenulum on the ventral surface which divide the tongue into left and right halves. Anything on the left half or on the right half can be referred to as "lateral." A lesion arising on the left or right lateral tongue could be on the dorsal surface, the ventral surface, or on the border. See SEER Inquiry 20041032.

- Right/Left (Lateral) Tongue - SEER Educate Coding Drills for the Head and Neck, scenario 12 the correct answer for primary site is C023. The following rationale was given:
  - The biopsy proved squamous cell carcinoma of the right tongue. The right tongue is the lateral tongue, and the lateral tongue (NOS) is coded to the anterior 2/3 of tongue. Apply code C023 (Anterior 2/3 of tongue, NOS).
  - **Note:** Per clarification from SEER (SINQ 20041032), the lateral tongue (e.g., right tongue, NOS) describes the anterior 2/3 of tongue. The right tongue, NOS is not the same as tongue, NOS (C029). When the tumor is described as being in the lateral tongue (either right or left) without mention of the dorsal or ventral surface, the primary site is coded to C023. In this case, the tumor was not described as being on the dorsal or ventral surfaces of the tongue (i.e., C020 or C022).

Melanoma – Amelanotic:

- Question to Ask a SEER Registrar: Cutaneous Melanoma 2021+: What histology code should be assigned to an Amelanotic Lentigo Maligna Melanoma? What H rule would apply?
  - Response from SEER: Per our expert dermatopathologist, code lentigo maligna melanoma 8742/3.
- Question to Ask a SEER Registrar: Path report diagnosis: Melanoma; type: nodular, amelanotic. While working through the new 2021 melanoma solid tumor rules, it brings me to H8 which requires me to submit a question. In previous years, the higher of the two codes would be the one we collect, but there is no longer a rule that states to code to the higher histology code. Which histology should we use in this case?
  - Response from SEER: Amelanotic melanoma growths cannot produce melanin and therefore lack pigment. Any subtype of melanoma can appear amelanotic, including superficial spreading melanoma, nodular melanoma, desmoplastic melanoma and spitzoid melanoma. Code nodular melanoma 8721/3. Background on ICD-O codes: Beginning with the first ICD-O book, types of neoplasms were given a range of codes such as melanoma. The lower number was assigned to the NOS and subsequent variants assigned a higher number with the assumption; the higher numbers represented more aggressive histologies. While this concept worked for several decades, it no longer applies. As ICD-O runs out of available numbers and research proves some types are more aggressive than others regardless of the assigned code, this no longer applies.

Helpful References for Race and Ethnicity:

- When coding Race reminder to use Appendix D: Race and Nationality Descriptions in the SEER Program Coding and Staging Manual
  - 98 Other Race, Not Elsewhere Classified states 'Do not use this code for Hispanic, Latino or Spanish, NOS'.

- o Race for Hispanic/Latino/Spanish is coded to 01 White
- STORE Manual
  - o Race 1 – see Coding Instructions and Examples
- NAACCR Data Dictionary – Item #190 - Spanish/Hispanic Origin lists the following Codes: (NAACCR Data Dictionary also informs us that Birthplace is helpful information for coding Ethnicity.)

0	Non-Spanish; non-Hispanic
1	Mexican (includes Chicano)
2	Puerto Rican
3	Cuban
4	South or Central American (except Brazil)
5	Other specified Spanish/Hispanic origin (includes European; excludes Dominican Republic)
6	Spanish, NOS Hispanic, NOS Latino, NOS There is evidence, other than surname or maiden name, that the person is Hispanic, but he/she cannot be assigned to any of the other categories 1-5.
7	Spanish surname only (Code 7 is ordinarily for central registry use only, hospital registrars may use code 7 if using a list of Hispanic surnames provided by their central registry; otherwise, code 9 'unknown whether Spanish or not' should be used.) The only evidence of the person's Hispanic origin is the surname or maiden name and there is no contrary evidence that the person is not Hispanic.
8	Dominican Republic
9	Unknown whether Spanish or not

Reportability Dates, Histology & Behavior Code Information Regarding Atypical Intradermal Smooth Muscle Neoplasm (AISMN) of Skin & Cutaneous Leiomyosarcoma:

- SEER SINQ 20200066:
  - o QUESTION: Reportability--Skin: Effective 2021, a *cutaneous leiomyosarcoma* is a related term for smooth muscle tumor, NOS (8897/1) in ICD-O-3.2. Currently, we have been capturing these as a C44_ (*leiomyosarcoma*, 8890/3) but the 2019 SEER inquiry states that atypical intradermal smooth muscle neoplasm (AISMN) was previously termed *cutaneous leiomyosarcoma*. This is not documented on the 2018 ICD-O-3 updates. Should this 2019 case be 8897/1 or 8890/3?
  - o ANSWER: *Cutaneous leiomyosarcoma* is reportable for 2019. Code histology to *leiomyosarcoma* 8890/3. As of cases diagnosed 1/1/2021, it is no longer reportable

based on assignment to 8897/1 in ICD-O-3.2.

PI-RADS, BI-RADS, LI-RADS:

- There has been some confusion around diagnosis dates for PI-RADS, BI-RADS & LI-RADS. Below are sources for information, including the latest update to STORE from 2/28/2023:
    - o SEER Program Coding and Staging Manual (2018-2023) shows PI-RADS, BI-RADS & LI-RADS category 4 and category 5 are reportable, unless there is other information to the contrary
    - o SEER SINQ 20170023 also supplies PI-RADS reportability information
    - o CoC Statement: PI Rads, BI Rads, LI Rads alone are not reportable for CoC. PI Rads, BI Rads, LI Rads confirmed with biopsy or physician statement are reportable to CoC. Date of diagnosis is the date of the PI Rads, BI Rads, LI Rads imaging. The biopsy makes it reportable to CoC however the date of diagnosis is the date of the imaging.
        - ▪ Found in STORE 2023 – Case Eligibility – Page 43
    - o On the NAACCR Coding Pitfalls 2022 Q&A document there is a question that reads: If we are not a SEER state, do we still follow SEER guidance?
        - ▪ The answer states: In most cases guidance from standard setters is in sync. The RADS situation is one of the few things were they not 100% in step. In this situation, there is not hierarchy when it comes to who's guidance takes precedence. I suggest waiting until you come across an actual case where SEER and CoC guidance do not agree. **Then contact your state registry to see what they suggest.** If they still do not agree, then the next step would be to post the scenario to the CAnswer forum.
            - **MCRS has made the decision to follow the CoC Statement (see above)**
    - o CAnswer Forum post called "date of dx for MRI PI-RADS 5 vs bx date" from 7/20/2020 with answer from NCDB staff was updated in June 2022 & states: This post was reviewed 6/23/2022 and further clarification was obtained from the standards setters after this initial posting. The updated response is: CoC accredited programs do not report PI Rads score as a malignancy. However please read the entire image report and if the physician states any reference to malignancy such as consistent with prostate cancer or uses a term from the ambiguous term reportable list, record the date of the image report as the date of diagnosis. In the instance in which a reportable term is not used on the image report, but the biopsy confirms the PI Rads score as a malignancy, use the date of the PI Rads image report as the date of diagnosis. PI Rads alone do not constitute a diagnosis for CoC accredited programs.
    - o CAnswer Forum post "PI-RADS Score – Case Eligibility and Date of Diagnosis" includes a more recent update on 3/3/2023 showing:
        - ▪ STORE ruling Update effective 2/28/2023:
          Due to the ongoing discussion with standard setters, CoC will follow the original rules for collecting **Date of Diagnosis for RADs** (STORE 2022 and prior).
          PI Rads, BI Rads, LI Rads **alone are not** reportable for CoC.
          PI Rads, BI Rads, LI Rads confirmed with biopsy or physician statement are reportable to CoC and the date of diagnosis is the date of the positive biopsy or physician statement. NCDB apologizes for any confusion.

Testis Summary Stage 2018+ Schema ID 00590 error:

- MCRS was informed by NPCR/CDC of a SEER Summary Stage 2018, v2.0, Schema ID 00590 error that incorrectly shifted cases to Regional by direct extension only (code 2) or Regional by BOTH direct extension AND regional lymph node(s) involved (code 4). As a result, the stage distribution was incorrectly inflated for these groups.
- MCRS reviewed testis cases 2018+ to determine if the tumor was limited to the testis and recoded affected cases to code 1 (Localized only) or code 3 (Regional lymph node(s) involved only).
- MCRS recommends you query your database to determine if you have cases that should be recoded.

Professional Development News

Melissa Shankey, RHIT, CTR; Jennifer Monsebroten, CTR; Heidi Leach, RHIT, CTR; Melanie Johnson, RHIA, CTR; Sandi Kolby, RHIT, CTR; Pamela Jenson, CTR; Amanda Hlad, RHIA, CTR; Kathy Lougiu, CTR; Abby Rothstein, RHIT, CTR; Abigail Kohler, RHIT, CTR

MCRA/WCRA Fall conference planning is underway. The conference will take place on Thursday, October 12th and Friday, October 13th at the Embassy Suites in Bloomington. Please mark your calendars!

This year we are finally back to in-person attendance, space will be limited. Virtual attendance will continue to be offered as well.

We are really excited to have secured Denise Harrison as a keynote speaker for the conference. Also, Amgen Oncology has confirmed that they will be a vendor this year. We are working hard to finalize the agenda and secure more vendors. Registration for the Fall conference will be available in July so keep an eye out for that in your email.

Have a wonderful Summer!

Did you know?

To ensure the Certified Tumor Registrar (CTR®) credential name aligns with current cancer registry professional practice terminology and the evolving scope of practice, the National Cancer Registrars Association (NCRA) and its Council on Certification are changing the name of the credential. NCRA anticipates announcing the new credential name in mid-2023 with an implementation date of January 1, 2024. More info at https://www.ncra-usa.org/CTR/CTRNameChange

Outstanding Member Award

Melissa Shankey, RHIT, CTR; Mona Highsmith; Jane Siekkinen, BS, CTR

Nominations are now open for the MCRA Outstanding Member Award, which will be presented by the President at the fall business meeting. Nominations must be received no later than August 15.

The recipient of the "OUTSTANDING MEMBER AWARD" will receive a certificate and will be our guest at an MCRA workshop (workshop fee waived). In addition, the honoree's name will be engraved on a perpetual plaque that will be displayed at each workshop, and the award will be publicized in the MODMM.

PURPOSE:

- To honor a member of MCRA for outstanding contributions to the cancer registry profession.
- To encourage in members the desire to contribute to the development and growth of the profession.
- To further public awareness of the scope and importance of the profession.

ELIGIBILITY

- Candidates must be a current active member of MCRA.
- Candidates must have contributed to MCRA and to the cancer registry profession in one or more of the following ways: service to the association, outstanding achievement in professional practice, leadership, education, research and/or published materials.

The nomination form and supporting documentation are the only information about the nominees available to the Awards Committee. Therefore, it is necessary to complete the nomination form in detail. The individual nominating a candidate may choose to provide all the information requested on the nomination form without informing the nominee that he/she is proposing his/her name. This is satisfactory provided that all the information necessary to adequately describe the candidate's achievements is submitted for evaluation to the Awards Committee.

To nominate a MCRA member for this award please submit:

1. The application

2. A narrative summary (no more than 200 words)

3. Letters of support, if desired. (No more than 3)

The application form is attached to the newsletter email, please consider nominating someone!

Nominating Committee Message

Erin Hammell, RHIT, CTR; Nancy Hedstrom, RHIT, CTR; Jackie Halsey CNMT, CTR; Candace Scherping, RHIT, CTR

The nominating committee is looking for volunteers and/or nominations for executive board positions for the 2024/2025 Executive Board. Please strongly consider volunteering so that we may keep our organization running smoothly.

Eligibility: Any member in good standing for one full year prior to nomination shall be eligible to hold office. To be eligible for the office of President-Elect, a member must have served one full term on the Executive Committee prior to nomination.

These are the positions open for 2024/2025:

President-Elect: Shall assume the duties of the President in his/her absence and shall succeed to the office of President at the conclusion of his/her term of office. The President-Elect shall co-chair the Professional Development committee. Ensure website information is correct.

Secretary: Shall be responsible for records of all MCRA proceedings and shall distribute minutes of all business meetings to the membership.

Treasurer: Shall be responsible for the receipt and disbursement of all funds of MCRA and shall make written reports to the Executive Committee and to the membership. The treasurer shall serve on the Membership Committee.

These are the committees needing volunteers for 2024/2025:

Professional Development Committee: Shall be Responsible for leadership in the Professional Development of MCRA membership. It shall include the President-Elect, with responsibility for educational programs. It will include persons responsible for support of members seeking CTR status, and any other members as deemed by the President or the Executive Committee.

Communications Committee: The Communications Committee will include persons responsible for the MCRA newsletter, the MODMM (The Minnesota Oncology Data Managers Monitor) and for taking photographs. Liaisons to the Minnesota Cancer Council, National Cancer Registrars association, Minnesota Health Information Management Association, Commission on Cancer, Minnesota Cancer

Reporting System, Others as felt necessary, in order to carry on the responsibilities of the communications committee.

Website Coordinator: Shall be responsible for working with the Webmaster to ensure smooth operation of the MCRA website.

Nominating Committee: There shall be at least four members on the Nominating Committee, the chairperson (appointed by the newly elected President), the immediate Past-President, and two other members elected by the MCRA at the Fall Annual Meeting. They are responsible for preparing, mailing, and tallying the ballots in accord with Article V. No member of this committee shall be eligible for office.

Membership Committee: Shall be responsible for acceptance of new members and for distribution of updated rosters to the members. The MCRA Treasurer shall be a member of this committee and provide updated information on payment of dues.

Bylaws: Responsible for keeping the bylaws current. Shall bring recommendations for bylaw amendments to the Executive Committee and shall distribute revised bylaws to the membership.

If you are interested in volunteering and/or nominating anyone for any of these positions, please contact one of the nominating committee members by 7/1/23.

Thank you for your consideration in fulfilling these positions.

Do you listen to podcasts? Make sure to check out Cancer Registry World. This series, hosted by Dr. Frederick L. (Rick) Greene, will highlight the role of cancer registrars and cancer registries in the universal treatment of malignancy. Each segment will feature cancer registrars, clinicians, organizations, researchers and representatives of all healthcare groups who contribute to and benefit from data that are derived from cancer registries.

Treasurer Report

By Amanda Hlad, RHIA, CTR

The MCRA outflows for 2023 currently exceed the income by $703.13. This is due to sending two MCRA members to the NCRA Education Conference this year as a benefit of being elected President-Elect. Two members went this year due to no in-person national conference being offered in 2020. The MCRA board approved the president-elect from that year attending a future in-person conference of their choice. The remaining estimated expenses for 2023 are around $1500 for the NAACCR webinars and the website domain fees. There will also be income and expenses for the regional conference this fall. The surplus in income from the last three years will cover the deficit for 2023.

Cash Flow - Year To Date
1/1/2023 through 5/30/2023

Category	1/1/2023-5/30/2023
INFLOWS	
2023 Membership Dues	4,449.25
TOTAL INFLOWS	**4,449.25**
OUTFLOWS	
CTR Exam Stipend	100.00
NCRA Meeting	
MCRA - President Elect Support	4,091.03
NCRA Basket Expenses	224.70
TOTAL NCRA Meeting	4,315.73
Website	
Domain Account	32.85
Domain Name	303.85
Online registration	399.95
TOTAL Website	736.65
TOTAL OUTFLOWS	**5,152.38**
OVERALL TOTAL	**-703.13**

Account Balances - As of 5/30/2023

Account	5/30/2023 Balance
Bank Accounts	
Checking-US Bank	30,564.94
TOTAL Bank Accounts	**30,564.94**
OVERALL TOTAL	**30,564.94**

Bylaws Committee Report

By Linda Vanstrom, CTR

There will be no Bylaws amendments to vote on at the Fall Workshop this year.

Membership News

By Chunny Daiker, BS, RHIT, CTR

Starting 1/1/2022, Membership Directory is solely online. I have eliminated the pdf format. Directory can be found here at this link: https://sites.google.com/view/2023-mcra-membership/home.

New members for 2023

- Sara Bernsdorf, CTR – Winona Health
- Bonnie Fossum - Student
- Ambers Pavlisich – Essentia Health Duluth
- Kevin Plamann – North Memorial

Association Stats for 2023

- 103 members total (of that, 5 are new members)
- No honorary members this year

If you need to make any changes to your contact – please do not hesitate to email me.

Thank you for continuing to support MCRA!

MCRA Website | mcra.net

By Thomas Coles, CTR, CHES - The Website Guy

The MCRA Website is continually being updated with the most currently released NAACCR Webinars, recent job postings, MCRA newsletters, among other important website-worthy tidbits. As always, feel free to reach out to me if you have any questions, comments, or concerns. Thanks much! -WebsiteGuy

Communications

By Breana Norton, BA, CTR

As the Communication Chair, I manage the mcracommunications@gmail.com email by forwarding communications from the executive board to the membership and putting together the biannual newsletter. As always, if you have any suggestions about the MODMM or any questions or concerns about email communications, please feel free to reach out to me. Thanks!