



# WCRS Updates

Wisconsin Cancer Reporting System, P.O. Box 2659, Madison, WI 53701-2659 October 2014

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## **Reminder: 2013 Cases Were Due to WCRS by July 1, 2014**

All cases diagnosed 2013 and earlier are due to WCRS. If you have outstanding cases for those diagnosis years, please submit them to WCRS in October in order for those cases to be included in this year's CDC Call for Data. Your cases are an important contribution to the picture of cancer in Wisconsin, especially if you work in a Minnesota border facility, a specialty facility, or in a rural area for which your facility sees the majority of residents for that health service area.

### **WCRS 2015 Training Schedule**

WCRS will post its 2015 training schedule on the WCRS website in December 2014. There is a freeze on uploading new information to our website until November due to an upcoming Department-wide site upgrade. WCRS will send a blast email to all reporters when the information is posted. Training will focus on the new staging requirements and other site-specific selected topics. In addition, WCRS will be collaborating with the Minnesota state registry training staff starting in 2015 to provide more options for on-site and web-based trainings. WCRS had its first collaborative training session in September on the new staging requirements; the training was held in Fridley, Minnesota. Both the WCRS and Minnesota trainers presented on SEER Summary Stage 2000, TNM Staging general rules, and 2015 collaborative staging. The presentations will be shared with all reporters once they have been posted.

### **New Requirements - Staging Transition Updates**

#### **New Required/Recommended Fields and other Reporting Changes for 2014 Diagnoses**

There are no new required fields for 2014 diagnoses. The new recommended fields for state reporting are all staging fields and include:

1. TNM Clinical Descriptor
2. TNM Clinical M
3. TNM Clinical N
4. TNM Clinical T
5. TNM Clinical Stage Group

6. TNM Edition Number
7. TNM Pathologic Descriptor
8. TNM Pathologic M
9. TNM Pathologic N
10. TNM Pathologic T
11. TNM Pathologic Stage Group

Changes to reporting requirements for 2014 include:

1. Site Specific Factor 10 is no longer required for breast cases.
2. Site Specific Factor 12 is no longer required for breast cases.
3. The instructions for coding Grade have changed for 2014+ diagnoses. Please see the SEER website <http://seer.cancer.gov/tools/grade/> for a detailed description of the changes. The biggest change affects prostate cancers with a Gleason Score of 7; for 2014 cases this should be coded to Grade 2. For cases 2003-2013 it should still be coded as a Grade 3 case. WCRS will be updating its coding manual online with these changes in November. There is a Grade Chart that was developed by the NCRA Education Committee available on the NCRA website <http://www.cancerregistryeducation.org/resources> . For information about the chart or other training questions for the NCRA Education Committee, please contact Carole Eberle, committee member.

### **New Required/Recommended Fields for 2015 Reporting**

Newly required fields for **all** facilities for 2015:

1. RX Date Most Definitive Surgery
2. RX Date Most Definitive Surgery Flag

Newly required 2015 fields for **Commission on Cancer** accredited facilities:

1. TNM Clinical Descriptor
2. TNM Clinical M
3. TNM Clinical N
4. TNM Clinical T
5. TNM Clinical Stage Group
6. TNM Edition Number
7. TNM Pathologic Descriptor
8. TNM Pathologic M
9. TNM Pathologic N
10. TNM Pathologic T
11. TNM Pathologic Stage Group
12. Over-ride Site/TNM Stage Group

Newly recommended fields for non-COC accredited facilities:

1. TNM Clinical Descriptor
2. TNM Clinical M
3. TNM Clinical N
4. TNM Clinical T
5. TNM Clinical Stage Group
6. TNM Edition Number
7. TNM Pathologic Descriptor
8. TNM Pathologic M
9. TNM Pathologic N
10. TNM Pathologic T
11. TNM Pathologic Stage Group
12. Over-ride Site/TNM Stage Group

WCRS will provide more information on the 2015 requirements next year.

### **SEER Summary Stage 2000 Required! (always has been...)**

WCRS has required SEER summary stage 2000 since 2001, when it was introduced as the new summary stage coding system. WCRS never stopped requiring this field, even when summary stage was derived, beginning with the Collaborative Staging coding system in 2004. (Some states and national cancer programs dropped the requirement in 2004.) If you have not been submitting SEER summary stage 2000 in recent years, you will notice a new edit in this year's metafile that will require the field to be coded. This is very important moving forward, since CS staging will be discontinued in 2016 and directly assigned summary stage will once again be required nationwide starting in 2015.

### **TNM Staging Coming**

Most of you have heard about the major change in staging requirements that will begin in 2016. All national standard setters have agreed to discontinue collection of Collaborative Stage and resume collection of SEER Summary Stage 2000 and AJCC's TNM staging. Training has already begun (see website below with presentations), and WCRS will be providing specific training in early 2015 for both SEER Summary Stage and AJCC TNM. These trainings will be required, even for seasoned reporters. WCRS will set up training on a tracked system and will follow back with facilities that have not completed it by mid-2015.

Currently, WCRS requires SEER Summary Stage 2000 and has basic training for that stage system on its website. WCRS will be providing more detailed training on SS 2000 and specific TNM training. WCRS also included the required TNM fields in the V14 Abstract Plus software and will update its user manual to reflect that change. Facilities are encouraged to abstract the information, but it is not yet required and WCRS is not editing the fields at this time. We are simply interested in seeing what is available. TNM staging will be required for American College of Surgeons Commission on Cancer accredited facilities beginning in 2015. All other facilities will be required to report it beginning with 2016 diagnoses.

Current TNM and SS Stage 2000 trainings available:

1. National Cancer Registrars Association FREE posting of the NCRA annual meeting presentations on AJCC TNM and SEER summary stage.  
<http://www.cancerregistryeducation.org/tnm-ss-resources> - This page includes an overview of the transition along with specific presentations on the general rules for both TNM and summary stage.

## **WCRS Data Reports and Resources**

### **Web Plus Upgrade Scheduled for October 2014**

WCRS scheduled its upgrade to V14 for Web Plus with CDC for this month. The website URL will be changing as well. When the conversion is completed, users pointing to the old website will be redirected to the new site and instructed to save the new site to your 'favorites' folder. This version will accept V13 and V14 submissions. Any other version will need to be uploaded as a non-NAACCR file. The current website will be inactive for two days; WCRS will send out a blast email to all contacts prior to the shutdown.

### **2012 Death Certificate Only (DCO) Cases**

WCRS mailed the 2012 DCO query forms in August 2014. They are on pink paper this year. DCOs represent potential reportable cases that were discovered through review of the 2012 Wisconsin resident death file. Instances of cancer reported on a death certificate that did not match a person or tumor in the WCRS registry generate a DCO query form. To whom forms are sent is based on the information on the death certificate; first priority is to the hospital listed

on the death certificate. If the death occurred outside a hospital, the form is sent to the physician who signed the death certificate. If no physician signed the certificate, the form is sent to the coroner/ME in the county where the death occurred.

You may have received fewer DCO forms this year but seen an increase in follow-up phone calls from WCRS. DCOs are increasing for decedents dying outside the hospital setting. Beginning this year, we are calling facilities about DCOs that were not seen in a hospital setting at the time of death, but the physician listed on the death certificate is in the hospital service area. This has turned out to be a valuable tool; we have cleared a number of cases by contacting the hospital reporter about these physician cases directly.

We have also noticed an increase in the number of missed cases – mainly due to reportable ambiguous terminology in the medical record that was missed. Please review the terms for casefinding in the WCRS Coding Manual when dealing with a case that is ambiguous.

If you complete all text fields, you will see fewer DCOs from us! Starting this year, WCRS began reviewing all DCOs for which we had the person on file with a different cancer than what was listed on the death certificate. WCRS was able to eliminate 353 ‘tumor only’ DCOs (46%) just by reviewing the text. For example, the death certificate listed primary liver cancer, but after review the liver cancer was metastatic from another cancer already reported. **If you don’t complete the text fields, you will get more DCOs and calls from WCRS.**

Please remember, if you mailed in a pink DCO form, or talked with Kim Ortman to complete it over the phone, you MUST submit a full abstract for that case as well.

### **2012 Matched Death Lists for Facility Follow-up**

In July, WCRS completed the matched death lists for facilities that require death information for follow-up purposes and survival statistics. The lists are facility-specific and contain all persons previously reported to WCRS that matched to a 2012 death record. Date of death, cause of death (ICD-10 code) and death certificate number were provided. These lists were posted to the facility’s Web Plus account. They will be removed from Web Plus in November 2014. Please download your list if you have not done so, but need the information for follow-up. If you discover your facility doesn’t have a list posted and you would like one, please contact Laura Stephenson.

## **2009-2013 Feedback Summary Forms**

WCRS will be sending out feedback summary reports in October to the person listed as the main contact for each facility. The following week, WCRS will then send a copy to facility administrators/CEOs. (This will allow time for review by the facility before the report is sent to the administrator.)

The forms provide information on all cases received for diagnosis years 2009 through 2013. The form contains the contact information WCRS has on file for your facility, the reporting volume by diagnosis year compared to the estimated caseload we have on file for your facility, and the reporting timeliness of the received cases; received within 6 months, between 6 and 12 months, and after 12 months from when the case was due (previous reports had 9 month, 15 month and post-15 month categories). Facilities that show marked deficits in the number of 2012 and 2013 cases submitted to WCRS will also receive additional follow-up requesting the action plan for submitting these cases to WCRS in a timely manner.

The timeliness change was made 1) to allow facilities to gauge more accurately if they are meeting the national standards for 6 month reporting and 90% complete data at 12 months from diagnosis, and 2) to align with the new Wisconsin Cancer Council Merit Awards criteria; the awards will be announced at the WCC annual meeting in October. Facilities with at least 90% of their 2012 cases submitted by August 31, 2014, and at least 95% of their cases submitted within 12 months from diagnosis or date first seen if diagnosed elsewhere, will receive a Silver, Gold or Platinum award.

### **WCRS Edit Metafiles**

The WCRS-specific V14.0 edit metafile is available for download on the WCRS website reporter page: <http://www.dhs.wisconsin.gov/wcrs/reporterinfo/index.htm>. WCRS encourages all reporters not using Abstract Plus to run their files through the Wisconsin GenEDITS program *before* submitting data to the State. (Abstract Plus already has the same edit metafile included in the software.) The metafile was also sent to all vendors in May 2014; if your facility does not have the Wisconsin-specific metafile included in your V14 software, please contact your vendor for assistance OR run the separate GenEDITS program.

## **Coding and Reporting Tips**

### **Indian Health Service as Primary Payer**

When the field for primary payer is reported as Indian Health Service and the case gender is male, please carefully ascertain the race. In most cases, the race should be American Indian. In a few cases, wives or dependents that are not American Indian could possibly be recipients, but not routinely.

### **Type of Reporting Source Clarification**

This field should be filled out to identify the type of facility that provided the **most information** on the case being abstracted. This may not always align with the type of facility that is doing the reporting. For example, a hospital is abstracting a case that was only seen on site for a follow-up visit for a melanoma excised at a physician's office. The physician's office provided the diagnostic and staging information for that report. So, even though the report is being submitted by a hospital, the Type of Reporting Source field should be coded as '4' – physician's office, since that is where the majority of the case information was obtained.

### **Version 14 Data Submissions**

WCRS has been accepting V14 data submissions since May 2014. WCRS can currently accept those files if submitted through Web Plus using the "NON\_NAACCR FILE" option. You **must** indicate in the comments field that this is a V14 file.

### **Data Submission Reminders**

- Please remember to use the correct naming convention when submitting files to WCRS. The file should start with your WCRS facility number (without the leading zeros), followed by AP or WP (Abstract Plus or Web Plus if using another software), ending with the date you are submitting the file. For example: 12345\_AP\_10012014.txt.
- Please put the number of cases for each submission in the Web Plus comments box on the New Uploads window. WCRS will not have to call and confirm if you remember to include that information.

- Please contact Kim Ortman or LuAnn Hahn when there is a change to any contact information so we can update the WCRS records (name of facility, reporting status, main contact name, case estimate, address, phone, etc.).
- Please do not put “See Notes” in your text fields. WCRS cannot ‘see’ the ‘notes,’ we can only see what is entered in those fields. We cannot edit cases or justify codes without exact information as specified for each text field. Please visit the WCRS website for specifics on how to code the text fields.
- Please do not put commas in the address fields.
- Please do not use hyphens in the name fields. (This is a change from our older in-house software.)
- If the follow-up or managing physician license number is unknown, please use all 9s in that field. Do not use three zeros followed by nines as this generates an error.
- If the maiden name is unknown, please leave the field blank - do not put in ‘unknown.’
- Remember to send in a full abstract for any DCO that you have discussed with Kim over the phone.

## **Data and Publications**

### **WCRS Data Quality Task Force 2012-2014**

The Wisconsin Cancer Reporting System (WCRS) established a 15-member Data Quality Task Force (DQTF) in the fall of 2012 with this mission statement: “To advise and support the WCRS in achieving its mission to collect cancer data that meet NPCR national data quality standards.” Members were selected to represent CTRs, physicians and researchers from hospitals, state cancer programs, universities, professional associations and advocacy groups. The task force includes members from UW Carbone Cancer Center, Medical College of Wisconsin, Marshfield Clinic, American Cancer Society, Wisconsin Rural Health Coop, Wisconsin Cancer Registrars Association, Wisconsin Hospital Association, and other cancer care hospital systems.

Key objectives were:

- Enhance Certified Tumor Registrar (CTR) resources in Wisconsin: at WCRS and reporting facilities.
- Meet National Program of Cancer Registries (NPCR) data quality standards (timeliness, data quality and completeness).
- Meet new NPCR Non-Hospital Reporting Requirement: Increase non-hospital reporting among target groups (dermatologists, radiologists, and oncologists) to have 75% reporting by end of five-year grant period.

Data Quality Task Force members met with representatives from both the Wisconsin Technical College System and Southwest Wisconsin Technical College, provided detailed documentation from the National Cancer Registrars Association about the current national and Wisconsin CTR deficit, and pointed out the excellent opportunities for promising CTR careers. In less than one year, the new CTR education program was approved and open for enrollment. The statewide collaborative DQTF was essential in supporting the new program and ultimately will increase the CTR workforce in Wisconsin. <https://www.swtc.edu/academics/programs/health-occupations/cancer-information-management>

Task force members decided to initiate a Merit Awards Program for timeliness of reporting: awards include platinum (cases received <6 months), gold (cases received <9 months) and silver (cases received < 12 months). Award presentations will be made at the Wisconsin Cancer Council annual meeting and reported in the WCC newsletter. Award recipients will also be announced at the annual Wisconsin Cancer Registrars Association annual meeting, and will be listed in the ACS/CoC newsletters.

### **Updated Wisconsin Cancer Mortality Data – Cancer-Rates.Info**

Cancer-Rates.Info, hosted by the Kentucky cancer registry, was first announced and posted March 2014 and provides incidence and mortality data in an interactive format for maps, tables and graphs. It provides a wide array of features, including county, state and national data, and is user-friendly. WCRS recently updated the Wisconsin mortality data available in Cancer-Rates.Info through 2011. Incidence data is also available through 2011. Check out this new interactive data query system at <http://www.cancer-rates.info/wi/index.php>

## **Cancer Data Now Available for IRB Approved Research**

The Wisconsin Cancer Research Application Manual was released and posted March 2014, for the first time allowing IRB approved researchers' access to confidential cancer data from WCRS. WCRS received five research applications by October 1, 2014. This increases the use of WCRS data in state and national IRB approved studies. As cancer care evolves, it is vital to be involved in emerging research to reduce the burden of cancer in Wisconsin. The manual is posted on the WCRS website:

<http://www.dhs.wisconsin.gov/publications/P0/P00625.pdf>

## **New Comprehensive Cancer Control Plan 2015-2020**

WCRS provided incidence and mortality (1995-2011) trend data to the Wisconsin Comprehensive Cancer Control Program for the new Cancer Control Plan 2015 - 2020. Chapter 6, Data Collection and Reporting, focuses on cancer data throughout the continuum of cancer care - from prevention to end of life.

## **United States Cancer Statistics (USCS): 1999–2011 Incidence and Mortality Web-based Report**

The latest version contains the most recent official federal government statistics for cancer incidence and mortality in the United States. USCS includes incidence data from CDC's National Program of Cancer Registries and the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) program, and mortality data from CDC's National Center for Health Statistics. The report is produced in collaboration with the North American Association of Central Cancer Registries.

The current report includes cancer cases diagnosed and cancer deaths that occurred from 1999 through 2011. These data are used to assess the cancer burden, inform and evaluate prevention efforts, and address disparities. You can look at USCS data online at [www.cdc.gov/uscs](http://www.cdc.gov/uscs).

National, regional, and state-specific cancer incidence and death data are available for each year from 1999 through 2011, and for 2007–2011 combined, by sex, age, race, ethnicity, geographic region, and cancer site. The Interactive Cancer Atlas (also available on the USCS

site) shows you how rates differ by state and how they have changed over time. You can save the data to your own computer or print a copy of the page.

Yet another way that your reporting contributes to cancer data systems vital to cancer control!

## **Award Announcements**

### **Commission on Cancer Outstanding Achievement Award**

WCRS would like to recognize and congratulate the three Wisconsin facilities that received the “Outstanding Achievement Award” from the Commission on Cancer of the American College of Surgeons in 2013. The facilities are Columbia St. Mary's Ozaukee Campus, Mequon; St. Nicholas Hospital, Sheboygan; and ProHealth Care, Inc., Waukesha.

The Commission on Cancer is the accrediting body for Cancer Programs throughout the country. Achieving accreditation means that the facility has passed rigid standards and is giving quality care to their cancer patients. To gain “outstanding” recognition means that these facilities have gone “above and beyond” meeting those standards. The standards include six areas of Cancer Program activity:

- (1) Cancer Committee Leadership
- (2) Cancer Data Management
- (3) Clinical Management
- (4) Research
- (5) Community Outreach
- (6) Quality Improvement

The level of compliance to these standards is determined during an on-site evaluation by a physician surveyor. These facilities must also earn a compliance rating for all the other standards as well.

### **WCRS Awarded Pediatric and Young Adult Cancer Early Case Capture Grant**

CDC is pleased to announce the awardees for the new competitive funding opportunity announcement (FOA), Enhancing Cancer Registries for Early Case Capture (ECC) of Pediatric and Young Adult Cancer (PYAC) Cases (DP14-1402). The new five-year FOA, which began on September 30, 2014, incorporates the lessons learned from the initial three-year project for Pediatric ECC and continues to build the infrastructure to receive cases within 30 days of diagnosis. This FOA also focuses on supporting necessary training; performing quality assurance; and expediting the availability of complete data for early interventions, PYAC health event investigations, and research into the etiology, treatment efficacy, and late effects of specific cancers.

In response to DP14-1402, CDC received 16 applications from around the U.S. Applications underwent an objective review process, and CDC was able to support the seven highest ranked applicants: Kentucky, Louisiana, Minnesota, Nebraska, New York, Rhode Island, and **Wisconsin**. Congratulations to the new and recurring grantees!

WCRS would like to thank St. Vincent Hospital in Green Bay and the Children's Hospital of Wisconsin in Milwaukee for providing letters of support for this grant opportunity. In 2015, WCRS will begin working with hospitals that see the majority of pediatric cancer cases in the state to pilot rapid case reporting on a select number of variables for pediatric and young adult (0-19) cancers by connecting directly with the facility's Electronic Health Record. The goal is to receive initial information on all pediatric cancers diagnosed in Wisconsin within 30 days from the date of diagnosis, without requiring hospital staff, registrars in particular, to report the case twice. WCRS will provide bi-annual updates to facilities on the progress of this exciting new reporting process.

### **WCRS Data Receives Awards for High Quality in 2013**

WCRS received the CDC-NPCR 2013 Registry of Excellence Award this year for its 2013 data submitted in last year's annual Call for Data. This is the first year WCRS has received this award from CDC. In addition, WCRS received the Gold Standard for its 2011 data from the

North American Association of Central Cancer Registries (NAACCR). WCRS is only able to meet these standards because of your data submissions - Thank you!

While WCRS is pleased to receive this recognition, staff here realize that these standards apply to statewide data only. There are identified gaps in reporting completeness, timeliness and data quality which have affected our ability to release high-quality data for surveillance and research at the county or zip code level, by race or ethnicity. Stage data is missing for many counties; when further categorized by gender, age group or race, the data is not reliable. So there is still plenty of work to do, and you will see a more facility-focused approach to training and feedback from WCRS in 2015.

### **After 15 years...New CTR!**

WCRS finally has two CTRs on staff again! Carole Eberle has been a CTR since 1987, and Laura Stephenson joined the ranks in July 2014. Laura is excited to be a new member of the CTR community and is looking forward to continuing her education in the cancer registry field.

## **Cancer (and other Public Health) Awareness and Conference Calendar**

### **October**

Breast Cancer Awareness  
Metastatic Breast Cancer Awareness Day (Oct. 13)  
Liver Cancer Awareness

### **November**

Pancreatic Cancer Awareness  
Lung Cancer Awareness  
Stomach Cancer Awareness  
Carcinoid Cancer Awareness  
Great American Smokeout (Nov. 20)  
National Family Health History Day (Nov. 27)  
Caregivers Month

### **December**

World AIDS Day (Dec. 1)  
National Influenza Vaccination Week (Dec. 7-13)

## Upcoming Conferences

WCRA Annual Fall Conference, October 9-10, 2014

Sheraton Madison Hotel, Madison, Wisconsin

Final agenda and other information posted at:

<http://wicancerregistrarsassoc.com>

**UWCCC** University of Wisconsin Carbone Cancer Center Fall Symposium

Delivering High-Quality Cancer Care, October 24, 2014

Monona Terrace and Convention Center, Madison, Wisconsin

For more information, contact: Nancy Freeman, [nafreeman@uwcarbone.wisc.edu](mailto:nafreeman@uwcarbone.wisc.edu)



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