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Case Submission Web address (using Web Plus)

WCRS Website
www.dhs.wisconsin.gov/wcrs/index.htm

WCRS Fax Number 608) 266-2431

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Reminder: 2014 Cases Are Due to WCRS by July 1, 2015.

All cases diagnosed in 2014 are due to WCRS by July 1, 2015. Cases diagnosed prior to 2014 are past due and should be submitted as quickly as possible. If you have outstanding cases for those diagnosis years, please submit them to WCRS this summer so they can be included in this year’s CDC and NAACCR Calls 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. Please contact WCRS if you need help with reducing your backlog of cases.

Web Plus Upgrade Scheduled for June 2015

WCRS scheduled its CDC upgrade to V14 for Web Plus for June 2015. The server the data reside on currently at WCRS will no longer be supported by Microsoft after June 30, so this upgrade is a priority for WCRS. The Web Plus site 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 told to save the new site to their ‘favorites’ folder. This version will accept V13 and V14 submissions. Any other version (including new V15s) will need to be uploaded as a non-NAACCR file. The current website will be inactive for one to two days; WCRS will send an email to all contacts prior to the shutdown.
Once the V14 upgrade is complete, WCRS will upgrade to V15 later this summer and send out a new user manual with specific instructions for use. You will not be required to change your user ID or password for either of these conversions.

**Version 15 Data Submissions**

WCRS is accepting V15 data submissions starting in June 2015. **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 V15 file.

**Edit Metafiles V15 Update**

The WCRS-specific V15.0 GenEDITS stand-alone program will be available for download on the WCRS website reporters page by the end of June. Please watch for an email with more specific information. 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 will be sent to all vendors in June 2015; if your facility does not have the Wisconsin-specific metafile included in your V15 software, please contact your vendor for assistance OR run the separate GenEDITS program once that is available.

**Abstract Plus V15 Upgrade Schedule**

WCRS will be submitting its V15 edits and new data item screens to CDC later this month so CDC can create the new WCRS-specific Abstract Plus software for 2015 diagnoses. As CDC prepares the upgrade, WCRS will make sure all facilities using Abstract Plus currently are running version 3.4.0.0 for the V14 layout. For the first time, the new upgrade process will be automated. Abstract Plus users that are on 3.4.0.0 will receive a specific notice when logging on to the program, asking them to accept the upgrade to the newer version. Instructions will be provided to all facilities using Abstract Plus when the CDC upgrade is complete and has been tested.

If your facility is not currently running Abstract Plus 3.4.0.0, please contact Laura Stephenson immediately to book a time to complete this initial conversion.
Reporting Requirements for 2015

New Required or “Required When Available” Fields for 2015 Diagnoses

**Required** 2015 fields for all facilities:

<table>
<thead>
<tr>
<th>Field</th>
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<tbody>
<tr>
<td>RX Date Most Definitive Surgery</td>
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<tr>
<td>RX Date Most Definitive Surgery Flag</td>
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</table>

**Required** 2015 fields for Commission on Cancer accredited facilities:

<table>
<thead>
<tr>
<th>Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>TNM Clinical Descriptor</td>
</tr>
<tr>
<td>TNM Clinical M</td>
</tr>
<tr>
<td>TNM Clinical N</td>
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<tr>
<td>TNM Clinical T</td>
</tr>
<tr>
<td>TNM Clinical Stage Group</td>
</tr>
<tr>
<td>TNM Edition Number</td>
</tr>
<tr>
<td>TNM Pathologic Descriptor</td>
</tr>
<tr>
<td>TNM Pathologic M</td>
</tr>
<tr>
<td>TNM Pathologic N</td>
</tr>
<tr>
<td>TNM Pathologic T</td>
</tr>
<tr>
<td>TNM Pathologic Stage Group</td>
</tr>
<tr>
<td>Over-ride Site/TNM Stage Group</td>
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</tbody>
</table>

“**Required When Available**” fields for non-COC accredited facilities:

<table>
<thead>
<tr>
<th>Field</th>
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<tbody>
<tr>
<td>TNM Clinical Descriptor</td>
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<td>TNM Clinical M</td>
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<td>TNM Clinical N</td>
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<td>TNM Clinical T</td>
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<tr>
<td>TNM Clinical Stage Group</td>
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<tr>
<td>TNM Edition Number</td>
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<tr>
<td>TNM Pathologic Descriptor</td>
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<tr>
<td>TNM Pathologic M</td>
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<td>TNM Pathologic N</td>
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<td>TNM Pathologic T</td>
</tr>
<tr>
<td>TNM Pathologic Stage Group</td>
</tr>
<tr>
<td>Over-ride Site/TNM Stage Group</td>
</tr>
</tbody>
</table>

Definitions for these fields can be found in the NAACCR Volume II Data Dictionary [http://www.naaccr.org/Applications/ContentReader/Default.aspx?c=10](http://www.naaccr.org/Applications/ContentReader/Default.aspx?c=10) and will be added to the WCRS Coding Manual this summer. All of these fields, except the most definitive surgery date fields, are already built into the current Abstract Plus 3.4.0.0 data entry software and will remain in the new version coming this summer for 2015 diagnoses.
SEER Summary Stage 2000 Is Required for 2015 Diagnoses! 
(It 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. (Most 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 an 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 be required nationwide starting in 2015.

WCRS will be putting new SEER Summary Stage training materials on its website during the summer of 2015. WCRS now has access to a large number of training materials developed by trainers around the country, through the National Program of Cancer Registries (NPCR) trainer SharePoint site. WCRS will be posting select presentations, slightly modified for WCRS reporting rules, as they are made available by the CDC NPCR program.

TNM Staging Requirement

By now all cancer reporters should know about the major changes in staging requirements that have begun for Commission on Cancer accredited facilities with 2015 diagnoses and begin in 2016 for all state reporters. All national standard setters are discontinuing collection of Collaborative Stage and resuming collection of SEER Summary Stage and AJCC’s TNM staging. Training at the national level has already begun, and WCRS is also providing specific training this year for both SEER Summary Stage and AJCC TNM. Please see below for current training opportunities.

Currently, WCRS requires SEER Summary Stage 2000 and runs edits on this field. WCRS also included the required TNM fields in the current Abstract Plus software (3.4.0.0), without edits. Non-COC facilities are encouraged to abstract the information, but it will not be required for them until 2016. Right now, we are simply interested in seeing what is available from facilities to help us determine what specific training may be needed in the future. WCRS will begin editing these fields for COC facilities in 2015 and for all facilities in 2016.
WCRS Coding Manual Update

WCRS will be updating its coding manual and paper reporting form to reflect the new requirements for 2015 reporting. These updated versions will be posted on the WCRS website in July 2015.

Updates will include:

1. New required data items
2. Updated appendix on coding the Grade field
3. Updated facility listing
4. Updated ICD-10 casefinding table
5. And more!

Training Schedule

Current TNM and SS Stage 2000 trainings:

1. WCRS regional training one-day sessions:
   These sessions focus on both summary stage (briefly) and TNM staging (the main focus) general rules and specific rules for breast, lung, colorectal and prostate cancers. 6 CEs from the National Cancer Registrars Association are available upon completion of this training. The list of remaining sessions can be found in ‘Carole’s Comments’ below in this newsletter and on the WCRS website. Please contact Carole Eberle at carolynn.eberle@dhs.wisconsin.gov for more information.

2. AJCC Self-Instructional Modules and Presentations for TNM Staging:
   AJCC has developed a series of modules to train seasoned and new reporters on how to use the AJCC staging manual and directly assign TNM stage to fulfill the new reporting requirement. The AJCC website [https://cancerstaging.org/CSE/Registrar/Pages/AJCC-Curriculum.aspx](https://cancerstaging.org/CSE/Registrar/Pages/AJCC-Curriculum.aspx) contains the self-guided learning modules (starting with the basics and moving to more difficult topics), links to other free presentations, and a free web forum for Q&A, called CA Forum. The National Cancer Database is requesting that all COC accredited facilities use these training modules as the primary source for AJCC TNM training. WCRS encourages all facilities to take advantage of this free service and will also provide supplemental and refresher training on TNM staging.
3. NCRA free and subscription training opportunities:
   NCRA’s Center for Cancer Registry Education offers links to staging presentations, both through subscription and for free, along with other resources (national standard setter transition newsletters) at this website:
   http://www.cancerregistryeducation.org/tnm-ss-transition. WCRS encourages reporters to use these tools as time and resources allow. In addition, we will provide access to subscriptions as funding allows over the next year.

Other Educational Programs

Updates in Head and Neck Oncology, June 13, 2015, Sheraton Milwaukee Brookfield Hotel.
The purpose of this program is to heighten awareness and to educate participants on new treatment approaches for patients with head and neck cancer. Contact Jill Hoffman at jill.hoffman@aurora.org for more information.

Highlights of American Society of Clinical Oncology (ASCO), July 18, 2015, Milwaukee Marriott Downtown. This program is designed for physicians, physician assistants, nurse practitioners, registered nurses, oncology nurses, and pharmacists in Wisconsin and neighboring states wanting to learn about the latest updates in cancer treatment. Contact Jill Hoffman at jill.hoffman@aurora.org for more information.

Carole’s Comments

Carole Eberle, BS, CTR, Education Training Coordinator

I know that all of us are looking forward to the task ahead of us, that is, “directly-coding AJCC-TNM Staging and SEER Summary Staging.” For those who have been in the field of Cancer Data Management for 10 years or less, this may be more of a daunting task, than for those of us who have been around for a while. But take heart; there are a lot of resources available to help in this learning process.

Please let me briefly explain the changes that have taken place (over the years) in our—the registrars’—responsibilities regarding staging. Before CS Collaborative Staging (which is what most are used to doing), registrars were required to document the stage of the disease—both AJCC-TNM and SEER Summary Stages. In the early 2000s, CS was launched and taught. The standard setters felt that a derived stage could be gotten using the CS system. (CS brought
together the elements of the staging systems to derive a stage.) About two years ago, it was decided by the standard setters that this CS system was no longer sustainable—technically, administratively or financially. Therefore, directly coding both AJCC-TNM and SEER Summary Staging would be designated to the cancer data collectors—the registrars and reporters. Hence, many educational efforts were begun to help ease the transition to directly coding these stages.

First, you may be aware that ongoing workshops are being offered in Wisconsin to address this concern. Two “staging” workshops have already taken place in 2015—in Eau Claire (February) and in Milwaukee (April). Three more workshops addressing this topic are scheduled:

<table>
<thead>
<tr>
<th>DATE</th>
<th>DAY OF WEEK</th>
<th>CITY</th>
<th>LOCATION</th>
</tr>
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<tbody>
<tr>
<td>June 12, 2015</td>
<td>Friday</td>
<td>Wausau</td>
<td>Aspirus Wausau Hospital</td>
</tr>
<tr>
<td>August 14, 2015</td>
<td>Friday</td>
<td>Madison</td>
<td>Dept. of Health Services, WCRS</td>
</tr>
<tr>
<td>October 7, 2015</td>
<td>Wednesday</td>
<td>Green Bay</td>
<td>Bellin Memorial Hospital</td>
</tr>
</tbody>
</table>

Every attempt has been made to offer this workshop at various locations throughout the state.

Below is a list of the major resources for information. These websites have abundant materials to address this critical topic.

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>WEB ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJCC (American Joint Committee on Cancer)</td>
<td><a href="http://www.cancerstaging.org">www.cancerstaging.org</a></td>
</tr>
<tr>
<td>ASCO (American Society of Clinical Oncology)</td>
<td><a href="http://www.asco.org">www.asco.org</a></td>
</tr>
<tr>
<td>CAP (College of American Pathologists)</td>
<td><a href="http://www.cap.org">www.cap.org</a></td>
</tr>
<tr>
<td>ACoS (American College of Surgeons)/CoC (Commission on Cancer)</td>
<td><a href="http://www.facs.org">www.facs.org</a></td>
</tr>
<tr>
<td>NCI (National Cancer Institute)/SEER Program</td>
<td><a href="http://www.nci.gov/seer">www.nci.gov/seer</a></td>
</tr>
<tr>
<td>CDC (Centers for Disease Control)/NPCR (National Program of Cancer Registries)</td>
<td><a href="http://www.cdc.gov/az/n.html">www.cdc.gov/az/n.html</a> (look for National Program of Cancer Registries)</td>
</tr>
<tr>
<td>NAACCR (North American Association of Central Cancer Registries)</td>
<td><a href="http://www.naaccr.org">www.naaccr.org</a></td>
</tr>
<tr>
<td>NCRA (National Cancer Registrars Association)</td>
<td><a href="http://www.ncra-usa.org">www.ncra-usa.org</a></td>
</tr>
<tr>
<td>ACS (American Cancer Society)</td>
<td><a href="http://www.acs.org">www.acs.org</a></td>
</tr>
</tbody>
</table>

**REMINIDER**: Currently, the 7th edition of the AJCC-TNM manual is being used. The 8th edition is due for publication in 2016. Please watch for that release!
Please also remember: Staging of cancer is an ongoing process. Many elements go into the stage of any individual cancer. Over the years, much has been learned about cancer and its behavior from the data that has been collected by cancer registrars/cancer reporters. We will all continue to learn and increase our knowledge of this disease that we have committed to fight.

**2013 Death-Certificate-Only (DCO) Cases**

Heads up! WCRS is making changes to its DCO follow-up process this year. Acting on your suggestions, WCRS will be uploading via Web Plus a summary list of all identified DCOs for each hospital – where the death occurred at a hospital or where we were able to link a physician to a specific hospital affiliation. WCRS will be asking hospitals to review the lists and identify 1) cases that are not reportable, 2) cases that cannot be completed (for example, only seen in the ER briefly before the death occurred, no information on the cancer), or 3) cases that were missed and a report needs to be submitted. Missed cases will need to be abstracted and submitted via the regular reporting process using Web Plus.

For all other nonhospital DCOs, WCRS will continue to mail out forms and request the 10-day turnaround. WCRS has redesigned the form, also based on reporter feedback, and we hope you will find it more user-friendly and easier to complete. The decedent’s full address at the time of death and race information will be included this year. In addition, if the person is already on file with a reportable cancer, but one different from the cancer on the death certificate, WCRS will list the cancers we have to assist you in determining if the DCO query is reportable. WCRS will upload the summary lists for hospitals and mail the remaining 2013 DCO query forms later this summer.

As a reminder, DCOs represent potential reportable cancer cases that were discovered through review of the 2013 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. Where forms are sent is based on information from the death certificate; first priority is to the hospital listed on the death certificate. If the death occurred outside a hospital, WCRS will try to match the physician who signed the death certificate with a known reporting entity, if no reporting entity can be matched, the form is sent directly to the physician. If no physician signed the certificate, the form is sent to the coroner/ME in the county where the death occurred.
If you complete all text fields in your regular abstracting routine, you will see fewer DCOs from us! For the second year, WCRS will review all DCOs for which we had the person on file with a different cancer than the cancer listed on the death certificate. WCRS hopes to eliminate as many or more ‘tumor only’ DCOs as last year, just by reviewing the text (46% were eliminated from last year’s 2012 death query process). **If you don’t complete the text fields, you will get more DCOs and calls from WCRS.**

Please remember, for any missed case, you MUST submit a full abstract.

**2013 Matched Death Lists for Facility Follow-up**

Once the Wisconsin death file is matched to the WCRS database, WCRS will compile the matched death lists for facilities that require death information for follow-up purposes and survival statistics. The lists are facility-specific and will contain all persons previously reported to WCRS that matched to a 2013 death record. Date of death, cause of death (ICD-10 code) and death certificate number are provided. These lists will be posted to the facility’s Web Plus account. They will be removed from Web Plus in November 2015. WCRS will send out a blast email when the lists have been posted and are ready for download.

**Feedback Summary Forms – 2015**

WCRS sent out feedback summary reports in May to the person listed as the main contact for each facility. A copy was also provided to facility administrators/CEOs.

These forms provide information on all cases WCRS received for diagnosis years 2010 through 2014. 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, from 7 to 12 months, and after 12 months from when the case was due. Facilities that show marked deficits in the number of 2013 and 2014 cases submitted to WCRS have not received their letters yet. Those letters will be mailed out in early June and are customized to each facility. These facilities will also receive additional follow-up, requesting the action plan for submitting these cases to WCRS in a timely manner.
There has been some confusion about how the estimates are generated and how the data are reported. To clarify: WCRS, as a central cancer registry, defines its data by diagnosis year. This is obtained directly from the facility (via phone or in our biannual survey or from your responses to the feedback form). It is then compared to the average number of cases we receive from each facility. The most recent estimate is reflected on the form for all diagnosis years, as currently we do not have the resources to maintain all estimates on file for each specific diagnosis year. WCRS will clarify this for the next mailing (summer 2015, after the close of the 2014 reporting deadline).

WCRS would like to thank the registrars who have contacted us recently with ideas to improve the cover letter and the report form itself. If you have ideas about how to improve the form to make it more user-friendly and valuable for your facility, please send your ideas to DHSWCRSData@dhs.wisconsin.gov and put “Comments on Feedback Form” in the email subject line.

Data Submission Reminders

- **Note**: *WCRS is still getting a large number of submissions with the wrong naming convention.* Please remember to use the correct naming convention when submitting files to WCRS. The file should start with your WCRS facility number. For hospitals, use one leading zero in front of the four-digit number 01234 (for clinics, submit without the leading zeros), followed by AP or WP (Abstract Plus or Web Plus if using another data entry software), ending with the date you are submitting the file. For example: 01234_AP_10012014.txt. By using this naming convention, WCRS is able to quickly identify and follow up on inquiries regarding data submissions and it reduces the possibility of a file being overwritten during our daily Web Plus downloads. STATE.DAT is the most common incorrect file name being used. Check with your vendor software and ask if you can manually name the files as part of the vendor software state file creation process.

- When a file is submitted through Web Plus, the program generates an automatic email response within seconds, indicating that WCRS received the file. If you do not get one of these automatic confirmation responses, WCRS did NOT get the file and it still
needs to be submitted. Often if you wait a minute or two and resubmit, the file will transfer properly. Please call Kim with any problems related to file submissions.

- Please contact Kim Ortman or LuAnn Hahn when there is a change to any contact information so we can update WCRS records (name of facility, reporting status, main contact name, case estimate, address, phone, etc.).

- WCRS is using blast emails as a fast, far-reaching method of communicating directly with our reporters. If you have more than one staff member at your facility that you would like to receive this direct communication, please contact LuAnn Hahn and ask to be added to the blast email list. Please provide the person’s name, facility affiliation and email address.

- If you need to send WCRS information from a missed case identified in the DCO process, please follow up by submitting a full abstract through your regular reporting process; filling out the short DCO form does not provide WCRS with all of the required data fields (especially treatment and collaborative or TNM stage). The short DCO form should only be used if obtaining full information on the patient will cause a significant delay in submitting the information to WCRS.

- Please make sure that your software checks the primary site, laterality and CS extension codes (edit name – Primary Site, Laterality, CS Extension SEER IF177). For example, an error will be generated if a lung cancer is coded as bilateral (code 4) but the CS Extension field is 100, indicating the cancer is confined to one lung.

### Programs from the Data Quality Task Force

The Wisconsin Cancer Reporting System (WCRS) Data Quality Task Force (DQTF) convened for its last meeting in December of 2014. The overarching mission of the DQTF was to advise and support the WCRS in meeting all NPCR national data quality standards. Two major accomplishments of the task force were:

- The new Cancer Information Management Education Program started at Southwest Wisconsin Technical College (SWTC) in the fall of 2014. Enrollment has increased to 19 students for the fall of 2015, according to SWTC. The statewide collaborative DQTF
was essential in supporting the new program, which ultimately will increase the CTR workforce in Wisconsin. [https://www.swtc.edu/academics/programs/health-occupations/cancer-information-management](https://www.swtc.edu/academics/programs/health-occupations/cancer-information-management)

- Task force members initiated a Merit Awards Program for timeliness of reporting, and the Wisconsin Cancer Council (WCC) is continuing with its Merit Award program. The second year of this program will assess completeness of 2013 diagnoses, timeliness of cases submitted September 1, 2014, through August 31, 2015, and will also include a new category for data item accuracy of key data items. In July, WCRS will provide facilities with a snapshot of where they fit in each category; the cutoff date for award determination will be August 31, 2015. The awards will be announced in October at the WCC annual fall meeting and the Wisconsin Cancer Registrars Association annual meeting.

The DQTF Final Report, with more information about key objectives, major achievements and final recommendations, will soon be posted on our website.

### What’s New in Data and Publications

#### 2012 Wisconsin Cancer Mortality Data - Rates.Info

Cancer-Rates.Info, hosted by the Kentucky cancer registry, was first posted in March 2014 and provides incidence and mortality data in an interactive format for maps, tables and graphs. The format was revamped in early 2015. It provides a wide array of features including county, state and national data, and is user-friendly. WCRS is in the process of updating the mortality data through 2012 for this query program. Incidence data are currently available through 2012. Check out the new format at [http://www.cancer-rates.info/wi/index.php](http://www.cancer-rates.info/wi/index.php).

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

The WCRS Cancer Research Application Manual was released and posted in March 2014, for the first time allowing IRB-approved researchers’ access to individual-level cancer data. WCRS received and approved five research applications the first year. 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 available from the WCRS website: http://www.dhs.wisconsin.gov/publications/p0/p00625.pdf

**Current research projects include:**

**Linda Loma University: Cancer Epidemiology in Adventists** – Explores associations between dietary soy proteins and other personal habits and risk of cancer, particularly breast, colon, and prostate. Data linkage is longitudinal, for years 2014-2020.

**Medullary Thyroid Carcinoma (MTC) Surveillance Study: Case-Series Registry.** Monitors annual incidence of MTC in the U.S. using cancer registries to identify possible association between diabetes treatment with long-acting GLP-1 receptor agonists and MT. WCRS will send list of MTC patients to national MTC Registry, for years 2014-2026.

**NIH/Westat, Follow-up of Prostate Lung Colorectal and Ovarian Screening Participants.** Determines, in participants ages 55-74 at entry, whether screening will reduce the disease-specific mortality rate for prostate, lung, ovarian, and colorectal cancer. Pending DUA agreement.

**Medical College of Wisconsin, Residential Racial Segregation, Neighborhood Environment and Cancer in Wisconsin.** Identified spatial patterns of cancer incidence, late-stage diagnosis, cancer mortality and cancer survival (breast and colorectal) and examined role of neighborhood attributes, in particular racial segregation.

**American Cancer Society Cancer Prevention Study-3 Registry Linkage.** CPS-3 study is to prospectively examine associations between a wide range of lifestyle, nutritional, medical, environmental, genetic, and other factors that may cause or prevent cancer (all cancers). To identify incident cancers and obtain diagnostic, prognostic and treatment information necessary to conduct epidemiologic analyses related to cancer. Data linkage approved for years 2014-2033.


The American Cancer Society (ACS), Centers for Disease Control and Prevention (CDC), National Cancer Institute (NCI), and North American Association of Central Cancer Registries (NAACCR) collaborate annually to produce updated, national cancer statistics. This annual report includes a focus on breast cancer incidence by subtype using new, national-level data.

http://jnci.oxfordjournals.org/content/107/6/djv048.full?sid=c56f408a-1b77-425f-b785-9aa68fe02f6c
WCRS Pediatric and Young Adult Cancer Early Case Capture (ECC) Grant Updates

WCRS was awarded a grant under the new 
Enhancing Cancer Registries for Early Case Capture (ECC) of Pediatric and Young Adult Cancer (PYAC) Cases five-year Centers for Disease Control and Prevention (CDC) Funding Opportunity Announcement (FOA). Commencing in September 2014, this FOA was created to improve pediatric cancer surveillance through the establishment of the appropriate infrastructure to receive initial information from pediatric cancer cases within 30 days of diagnosis.

In March 2015, WCRS established a Year 2 work plan and evaluation model for the ECC FOA, which focused on ECC implementation through the identification of specific and achievable objectives and intended outcomes.

These ECC implementation narratives identify WCRS’s process to implement rapid case reporting and establish timelines for selecting and piloting electronic transmission options and client capabilities.

Through the public, research and reporting communities, training and outreach opportunities were identified and scheduled to promote WCRS ECC objectives. WCRS has already begun to collaborate with stakeholders who will be essential to the success of pediatric rapid reporting via electronic transmission tools and for the selection process of feasible pilot reporting facilities. Thus far, the Wisconsin State Laboratory of Hygiene (WSLH), Wisconsin State Health Information Network (WISHIN), and the Wisconsin Cancer Council have assisted WCRS in developing and promoting the technical and educational components necessary for the successful implementation of ECC.

If you would like to learn more about the PYAC ECC FOA, please contact Program Director Robin Malicki 608-266-6781, or via email: robin.malicki@dhs.wisconsin.gov

WCRS Resource Enhancements

The shortages in current WCRS staffing have been well documented, as have the rising demands for higher quality cancer data. To address the unmet requirements, the Department of Health Services submitted a recommendation through the 2015-17 State of Wisconsin Biennial
Budget for 5.5 additional FTEs. The submission was drafted with the support and commitment of the Wisconsin Cancer Council, the Data Quality Task Force, and WCRS. The position request was not approved, but WCRS was able to secure one-time funding of internal GPR dollars for roving Certified Tumor Registrar (CTR) abstractors. WCRS’s contracted CTRs will provide needed cancer case abstractions for underreporting facilities, such as rural Wisconsin facilities and Minnesota border facilities. Additionally, one-time funding was also awarded internally to WCRS for creating electronic connections with reporting facilities through CDC’s Public Health Information Network Exchange Messaging System (PHIN-MS), the CDC-provided software.

Cancer (and other Public Health) Awareness Monthly Calendar

**June**
- National Cancer Survivor’s Day (June 7)
- World Sickle Cell Day (June 19)
- Men’s Health Month

**July**
- UV Safety Month
- World Hepatitis Day (July 28)

**August**
- National Breastfeeding Month
- National Immunization Awareness Month

**September**
- Childhood Cancer Awareness Month
- Gynecologic Cancer Awareness Month
- Leukemia and Lymphoma Awareness Month
- National Ovarian Cancer Awareness Month
- National Prostate Cancer Awareness Month
- Thyroid Cancer Awareness Month

**October**
- National Breast Cancer Awareness Month
- National Mammography Day (October 17)

**Save the Date!** Wisconsin Cancer Registrars Association Annual Fall Meeting, October 8-9, 2015, Green Bay