



WCRS Updates

Wisconsin Cancer Reporting System, P.O. Box 2659, Madison, WI 53701-2659 November 2015

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Welcome, Nancy!

WCRS is pleased to announce the appointment of Nancy Sonnleitner as Trainer for WCRS. Nancy will be responsible for developing and conducting trainings for cancer reporters and for the public. Nancy will ensure that reporters are highly trained and educated on national and state reporting standards. She will build and maintain effective relationships with reporting providers, the cancer surveillance community and our national standard-setters. Nancy joined us on Monday, November 9, and her home base will be at the Green Bay Division of Public Health office. Nancy will be present in Madison as much as possible and a part of the WCRS team in Madison in every way.

Nancy brings to WCRS over 35 years of cancer registry experience and over 20 years of experience as a Certified Tumor Registrar. Nancy's extensive knowledge of cancer reporting practices and training techniques has contributed to many facilities, public organizations and state cancer associations. Nancy has an active and respected role in the cancer community and she will be an asset to WCRS. Please join us in welcoming Nancy.

Annual Call for Data

We extend our thanks to all of you who worked consistently and also scrambled to help us meet our deadline for the Call for Data. With all the major coding changes we had to embrace, it will be good to declare, "The 2015 Call for Data is complete." All 1995-2013 cases will soon be sent to CDC National Program of Cancer Registries (NPCR) and the North American Association of Central Cancer Registries (NAACCR). Data submission to NPCR satisfies part of the NPCR requirement for reporting registry progress to CDC and facilitates evaluation by both NPCR and NAACCR of WCRS data in terms of timeliness, quality, and completeness. These data will be available for use by WCRS partners and stakeholders in January 2015.

Stage Transition

Beginning with cases diagnosed January 1, 2016, Collaborative Stage will no longer be used as the primary staging system for new cases. All new cases will be directly coded SEER Summary Stage 2000 and AJCC-TNM, 7th Edition. It is important to note, however, that the CS Transition Group agreed to continue collecting Site Specific Factors using the current NAACCR data layout and definitions at least through 2016. This approach will continue to use the programming and logic structure established in Collaborative Stage to collect those variables.

The use of the Collaborative Stage Data Collection System (CSv0205) will continue as the primary staging method for cases diagnosed through December 31, 2015. CDC requires the collection of CSv2 data items needed to derive SEER Summary Stage (SSF1 for Lung, Pleura, and Retinoblastoma; SSF2 for Corpus Adenosarcoma, CorpusCarcinoma, and CorpusSarcoma; SSF3 for Prostate), prognostic SSFs (SSF1, SSF2, SSF8, SSF9, SSF11, and SSF13 – SSF16 for Breast and SSF1 for Brain/ CNS/ Intracranial), and the schema discriminator (SSF 25) for applicable sites. CDC-NPCR requires, as available, the collection of CSv2 data items needed to derive AJCC-7 TNM Stage.

WCRS will update its code manual to reflect the CDC 2016 requirements along with additional Wisconsin-specific requirements; reporters will be notified when the updates are available on the WCRS web site.

Stage Training Resources

1. 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> 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.
2. 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.

ORGANIZATION	WEB ADDRESS
AJCC (American Joint Committee on Cancer)	www.cancerstaging.org
ASCO (American Society of Clinical Oncology)	www.asco.org
CAP (College of American Pathologists)	www.cap.org
ACoS (American College of Surgeons)/CoC (Commission on Cancer)	www.facs.org
NCI (National Cancer Institute)/SEER Program	www.nci.gov/seer
CDC (Centers for Disease Control)/NPCR (National Program of Cancer Registries)	www.cdc.gov/az/n.html (look for National Program of Cancer Registries)
NAACCR (North American Association of Central Cancer Registries)	www.naacr.org
NCRA (National Cancer Registrars Association)	www.ncra-usa.org

REMINDER: 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!

Validating Data with Text

Text documentation of all codes is a long-standing requirement for cancer abstracts, but just how important is it? Text provides the patient's cancer information in a readable format. Text provides the information necessary to defend the abstracted or coded information, to document unusual occurrences, and to verify edit checks, as well as to provide information for recoding audits, researcher use, facility use, and re-abstracting of historical data comparisons.

Here are two examples of coding discrepancies:

- In hospital 1, patient J. R. is coded as white, while hospital 2 codes the same patient as black. When two hospitals report the same patient with different race codes, the central registry staff must determine which code is correct.
- The next example shows that patient M.P. was reported with different breast cancer laterality codes at hospitals 3 and 4. The central registry staff must determine if this patient has two primaries, or if one hospital has recorded incorrect information. How do they make this determination? They begin by reading the supporting text.

When coding discrepancies are noted, the text information can be used to validate the coded data item without having to contact the facility submitting the information. You can defend your abstracted information by providing text. The text information is readily available to defend coded items without going back to the source document. Text is used by the hospital registrar to defend the coded items, document any treatment from outside facilities, and assist with completion of studies initiated by the institution, to name a few benefits.

Reviewing text in the abstract provides quality reviewers outside of the registry with information that “codes” would not allow. If there is an unusual occurrence, it should be explained in the text. For example, an unusual case might be a 38-year-old male with prostate cancer.

Please view in more detail the many benefits of texting, presented in the NPCR Education and Training Series (NETS) Module 4: Validating Data With Text:

<http://www.cdc.gov/CANCER/NPCR/training/nets/module4/nets4.pdf>

NAACCR Webinars

The WCRS is hosting the NAACCR Cancer Registry and Surveillance Webinar Series for 2015-2016. All free webinars will be held at WCRS offices at 1 W. Wilson in Madison. Each session will address cancer data collection and include information on anatomy, coding rules, staging, and treatment data items. Exercises with answers and rationale will be presented. CE certificates are provided after completion of an online quiz.

Meetings are three hours in length and scheduled for the first Thursday in each month from 8:00 a.m. to 11:00 a.m. Please register in advance. Seating is limited, so please register early. To register, or for more information, contact Kim Ortman, email kim.ortman@dhs.wi.gov or call 608-267-0239.

If you cannot attend the live sessions, you will have an opportunity to view the recorded sessions on the Wisconsin Cancer Registrars Association (WCRA) website, <http://wicancerregistrarsassoc.com>, if you are a member of WCRA. This is an excellent opportunity to view these sessions for the affordable cost of a WCRA membership (only \$25 for the 2016 membership). For more information, please contact the WCRA membership secretary, Cindy Ganzel, at cindy.ganzel@aurora.org.

December 3, 2015 Directly Coded Cancer Stage...NOW (An in-depth look at AJCC and Summary Stage)

January 7, 2016 Collecting Cancer Data: Bone and Soft Tissue

February 4, 2016 Collecting Cancer Data: Breast

March 3, 2016 Abstracting and Coding Boot Camp: Cancer Case Scenarios

April 7, 2016 Collecting Cancer Data: Ovary

May 5, 2016 Collecting Cancer Data: Kidney

June 2, 2016 Collecting Cancer Data: Prostate

July 7, 2016 Patient Outcomes

August 4, 2016 Collecting Cancer Data: Bladder

September 1, 2016 Coding Pitfalls

Data Submission Reminders

- 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 contact information so we can update WCRS records (name of facility, reporting status, main contact name, case estimate, address, phone, etc.).

WCRS Cancer Data in Publications

Publications from the WCRS Epidemiologist:

Understanding the Changing Trajectories of Cancer and Heart Disease Mortality in Wisconsin. By 2020, all 50 states are projected to experience a crossover between heart disease and cancer as the leading cause of death. Since 2007 cancer mortality has exceeded heart disease as the leading cause of death in Wisconsin. This report presents Wisconsin mortality data from the National Center for Health Statistics to assess past trends and predict future rates of heart disease and cancer mortality. <https://www.dhs.wisconsin.gov/publications/p01058.pdf>

How the Wisconsin Cancer Reporting System's Data Quality Task Force Started a Cancer Information Management Education Program.

This report summarizes the laborious commitment by many DQTF members in starting the new CIM program to help other state cancer registries with comparable goals.

http://www.ncrausa.org/files/public/JRM_V42.2_Summer2015.pdf

New Report from CDC – **United States Cancer Statistics (USCS) 1999-2012:**

The United States Cancer Statistics: 1999–2012 Incidence and Mortality Web-based Report contains 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 current report includes cancer cases diagnosed and cancer deaths that occurred from 1999 through 2012.

You can look at USCS data online at www.cdc.gov/uscs

WCRS Cancer Data Released for IRB-Approved Research

The WCRS Cancer Research Application Manual was released and posted in March 2014, for the first time allowing Institutional Review Board (IRB)-approved researchers' access to individual-level cancer data. This increases the use of WCRS data in state and national IRB-approved studies. The research application manual is available from the WCRS website: <http://www.dhs.wisconsin.gov/publications/p0/p00625.pdf>

WCRS has provided requested data to researchers outside the Department of Health Services (fulfilling changes to the reporting statute that were made in 2009). Since May 2014, four national studies and two state level research projects were approved for release of individual level data:

- Loma Linda University, Loma Linda California: *Cancer Epidemiology in Adventists*. Explore associations between dietary proteins and other personal habits and risk of cancer.
- United BioSource Corporation, *Medullary Thyroid Carcinoma (MTC) Surveillance Study: Case-Series Registry*. To monitor annual incidence of MTC in the US to identify possible association between treatment with long-acting GLP-1 receptor agonists and MT.
- The American Cancer Society, *Cancer Prevention Study-3 Registry Linkage*. CPS-3 study prospectively examines associations between a wide range of lifestyle, nutritional, medical, environmental, genetic, and other factors that may cause or prevent cancer.
- Medical College of Wisconsin, *Residential Racial Segregation, Neighborhood Environment and Cancer in Wisconsin*. Identify spatial patterns of cancer incidence, late-stage diagnosis, cancer mortality and cancer survival and role of neighborhood attributes.
- American Cancer Society, *Cancer Prevention Study-II (CPS-II) Registry Linkage*. Verify cancer incidence by linking two groups of Cancer Prevention Study-II (CPS-II) participants with state cancer registry data: 1) participants who reported a cancer since 1992 and 2) participants identified through linkage with the National Death Index.
- University of Wisconsin/Wisconsin Division of Public Health, *Colorectal Cancer and its Treatment Trends in Wisconsin 2003-2014*. Describe colorectal cancer and its treatment trends in Wisconsin between 2003 and 2014, adjusting to demographics and disease factors, through the use of the Wisconsin Cancer Registry System (WCRS), hospital discharge data and death certificates. Will describe where treatment was received, treatment standards, clinical outcome and unnecessary care, as well as disparities based on geography.

WCRS Pediatric and Young Adult Cancer Early Case Capture (ECC) Grant Updates

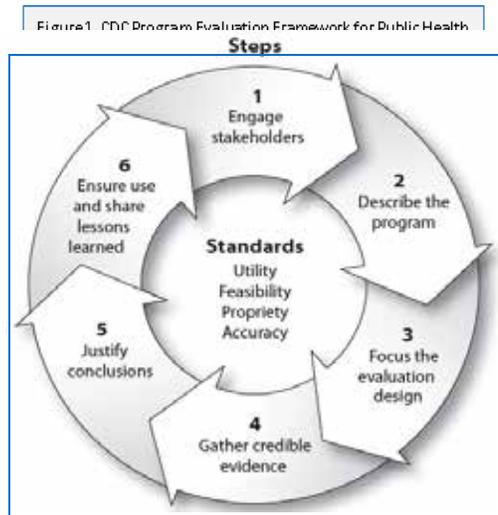
WCRS was awarded a grant under the new *Enhancing Cancer Registries for Early Case Capture (ECC) of Pediatric and Young Adult Cancer (PYAC) Cases* five-year Centers for Disease Control and Prevention (CDC) Funding Opportunity Announcement (FOA).

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. [View PYAC web pages at https://www.dhs.wisconsin.gov/wcrs/reporterinfo/earlycasecapture.htm](https://www.dhs.wisconsin.gov/wcrs/reporterinfo/earlycasecapture.htm).



Cancer Awareness Monthly Calendar

November

Lung Cancer Awareness Month
Carcinoid Cancer Awareness Month
Pancreatic Cancer Awareness Month
Stomach Cancer Awareness Month
Great American Smokeout – November 19

December – Happy Holidays!

January

Cervical Cancer Awareness

February

National Cancer Prevention Month

World Cancer Day – February 4

Gallbladder and Bile Duct Awareness Month

March

Colorectal Cancer Awareness Month

Multiple Myeloma Awareness Month

National Kidney Cancer Awareness Month

April

National Cancer Control Month

National Minority Cancer Awareness Week (April 5-11)

Testicular Cancer Awareness Month

Esophageal Cancer Awareness Month

Head and Neck Cancer Awareness Month

