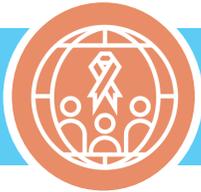




WISCONSIN CANCER REPORTING SYSTEM NEWSLETTER



SUMMER 2018 EDITION

WCRS STAFF UPDATES

WCRS is pleased to announce two new staff! Jeff Bond and Alan Paulson joined us earlier this year. WCRS is excited to have both of them on our team!

JEFFREY BOND

Jeff is the newest cancer team member and he started his work in the registry on Monday, April 30th. Jeff is filling a new role for the registry as its Cancer Analytics Specialist and will take the lead on data linkages, transition of WCRS operations from Microsoft Access to other supported software platforms, the future transition to the SEER Data Management System and will also be involved with the registry's Early Case Capture of Pediatric Cancers project and our Meaningful Use cancer reporting process.

Most recently, Jeff worked on precision medicine clinical trials with the Beat Childhood Cancer consortium. His training is in computational biology and bioinformatics. He also worked at the University of Vermont for 20 years, where he taught and did cancer genomics research. On a personal note, Jeff says this new job rekindled his interest in bike commuting!

ALAN PAULSON

Alan is a contract employee who began work in January. Alan joins the WCRS team as a Quality Assurance Analyst and will be helping the registry with nonhospital reporting compliance by analyzing current urologist/dermatologist, hospital and physician office/clinic databases to identify specialists that are not currently reporting to WCRS, assisting in the development of a plan to educate non-reporters about the requirement, onboarding providers and documenting changes to our administrative database. Given the vacancies in the registry currently, Alan's immediate duties include the lead in documenting WCRS processes, specifically the death linkage process and data storage clean up, and he's assisting with other projects as needed that include data transformation, quality review, editing, and linking.

Most recently Alan was employed as a Data Operations Engineer for Healthgrades. He worked with several hospitals across the country to blend medical and demographic data used for targeted marketing campaigns. After seeing the capabilities of clean, reliable data, Alan is excited to be part of the global team that will one day beat cancer. Alan may be communicating with many of you over the next months while he navigates our cancer database to determine reporting issues along with training needs.

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VACANCIES

As communicated in our December 2017 newsletter, Robin Malicki resigned from her role as the Health Analytics Section - population registries supervisor to take a position at the Department of Administration. Robert Borchers also retired as the WCRS registry database manager in November 2017.

Both of these positions are still vacant.

INTERIM PROGRAM DIRECTOR

At this time, Laura Stephenson remains the interim program director and the primary contact for data manager questions and inquiries.

WISCONSIN IS IN THE SEER PROGRAM! WHAT DOES THAT MEAN?

On May 1, 2018, Wisconsin was one of 19 jurisdictions (states, metropolitan regions and tribal nations) awarded a National Cancer Institute Surveillance and Epidemiology End Results (SEER) contract, with a 10 year period of performance, 5/1/2018 - 4/30/2028.

WCRS staff has received questions regarding the registry's status as a new state in the SEER program. The SEER web site lists Wisconsin as one of the states in the program, but does not specify the level at which our registry was awarded. One could get the overall impression from the SEER web site that Wisconsin was awarded fully as a SEER core registry, but instead Wisconsin is currently awarded for one of the three main components covered in the contract. This summary is provided to clarify the current status of the Wisconsin SEER award.

WHICH COMPONENT DID SEER AWARD WCRS?

The contract contains three components:

1. **Core Infrastructure Support Activities.** This component includes all activities surrounding core registry operations and functions of a SEER central cancer registry: collection and submission of population-based cancer data including incidence, treatment and survival following SEER reporting requirements. In effect, this is the "SEER Core Registry." **WCRS was not awarded funds for this major component.**
2. **Virtual Pooled Registry.** This component includes registry participation to support a "one stop shopping" process through which interested researchers can submit one research application and one research file which will undergo one standardized linkage simultaneously at multiple registries. **WCRS was not awarded funds for this component.**
3. **Programmatic Meeting.** This component required participation in the initial programmatic kick-off meeting for all newly contracted SEER jurisdictions. It satisfies the requirement to be awarded this contract, and allows WCRS to apply for funds to support the core infrastructure and the virtual pooled registry components over the next 10 year contract period. **WCRS was awarded funds to participate in the meeting.**

WHAT DOES THIS MEAN FOR CANCER REPORTERS?

- There are **no** changes to Wisconsin's current reporting requirements as posted on the WCRS web site.
- WCRS is not submitting data to SEER for its Calls for Data or other research projects or patterns of care studies.
- WCRS is not receiving funds from SEER for any core registry activities, staff or software maintenance.

SEER is interested in having WCRS reach a point where we can apply for funding to become a "SEER Core



Registry.” WCRS is working with SEER and other partners to attain core registry status in the future. That will require many transitions including adding new data items to the required reporting list, participating in SEER Calls for Data and other studies, and converting from the current CDC Registry Plus software platform to the SEER data management system.

Until that time, WCRS will continue to use the CDC Registry Plus Software suite and maintain its current reporting requirements as assigned through the cooperative agreement with CDC’s National Program of Cancer Registries, along with our current state-specific reporting requirements.

WHAT DOES THIS MEAN FOR RESEARCHERS?

1. There is no change to research application requirements as specified in the WCRS Research Application Manual posted on the WCRS web site.
2. Data availability, listed in the manual’s data inventory and data dictionary, are not changed by the long-term SEER award.
3. Future opportunities in research are expected to be available after WCRS advances in the SEER core registry program.

WCRS will keep facilities informed as our status changes.

2017 DATA SUBMISSION REMINDER

All cases diagnosed 2017 and earlier are due to WCRS. Submissions received by August 31st will be included in the calculation of this year’s Completeness and Timeliness Merit Awards. Please get your cases in quickly to be considered for the 2018 awards.

2018 REPORTING UPDATES

REQUIRED DATA ITEM LISTS

The WCRS required data item lists for 2018 diagnoses cases are posted on the WCRS web site ‘Other Coding Resources’ page. There are two lists in pdf format, defined by your facility’s Commission on Cancer (CoC) accreditation status.

- [Required List for CoC accredited facilities](#)
- [Required List for non-CoC accredited facilities](#)
- <https://www.dhs.wisconsin.gov/wcrs/reporterinfo/codingresources.htm>

Please use the list that applies to your facility’s CoC accreditation status. CoC facilities have more required data items that are needed to properly complete a 2018 abstract, so it’s important to choose the correct required list.

CDC ESTIMATED TIMELINES FOR SOFTWARE PRODUCT RELEASE

According to an August 2nd email from CDC, the following estimates apply to 2018 software product release:

- NAACCR 18 edits metafile - Mid August
- NorthCon 18 conversion program - Late September
- Abstract Plus for V18 - Late September
- Web Plus for V18—Late September



- Sample TNM 8 API code for vendors - Late September
- Commercial vendor cancer registry software for CoC facilities - October (or later)

CDC is advising its states, which includes Wisconsin, to hold off until after this year's Call for Data (due November 30th) before converting to V18.



IMPORTANT: AJCC TNM 8th edition staging is no longer required by NPCR or WCRS for all facilities for both 2018 and 2019 diagnosed cases. NPCR announced this change on August 2nd in response to the continued delays in software availability for 2018 diagnosed cases. (AJCC TNM 7th edition is still required for 2016 and 2017 diagnosed cases.) Please note that the 8th edition may still be required by other standards setters for 2018 cases, such as the Commission on Cancer. If you are abstracting for a CoC facility, it is your responsibility to be aware of those requirements.

2018 CASE SUBMISSION FOR NON-COC FACILITIES, CLINICS AND PATH LABS

Due to the continued delay in implementing 2018 requirements, WCRS is approving submission of 2018 diagnosed cases in the current V16 Abstract Plus application for non-CoC facilities, clinics and pathology labs. However, there are new solid tumor rules for 2018 diagnoses and also some new 2018 data items that are not available in the V16 software such as the new grade and radiation fields. The new grade codes will need to be captured in text fields so we can update the records after we convert them to V18 format, once we receive our software upgrade. The conversion program will be able to convert the old radiation fields to the new format, but the program will not be able to convert the old grade field to the new fields.

For your 2018 cases, if grade information is available in the abstract or the path report, please complete the V16 grade field in the Abstract Plus software (or on the paper report), **but also include the V18 grade codes in the path text field.** That way, when we do convert these cases, we'll be able to use the text field to make sure we update the grade fields correctly, once converted. Please note that if you already began abstracting 2018 cases in Abstract Plus, please add the new grade information to the path text field before you submit those cases to us.

Grade Example – Breast

- **Path Report: Bx L-Breast, PD infiltrating Duct CA, unable to classify further.**

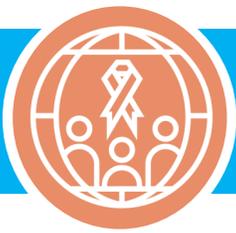
Code	Grade Definition (Grade Table 12)
1	G1: Low combined histologic grade (favorable); SBR score of 3-5 points
2	G2: Intermediate combined histologic grade (moderately favorable); SBR score of 6-7 points
3	G3: High combined histologic grade (unfavorable); SBR score of 8-9 points
L	Nuclear Grade I (Low) (in situ only)
M	Nuclear Grade II (interMediate) (in situ only)
H	Nuclear Grade III (High) (in situ only)
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

**Codes 1-3
Priority
(AJCC Grades)
If documented**

**What is the
Clinical
Grade?**

C

Document in pathology text – Poorly differentiated, Code C



WCRS will be providing formal training on the new grade fields later this year. In the meantime, you can use the 2018 grade manual to find the new V18 codes.

The manual can be downloaded from:

- <https://www.naaccr.org/SSDI/Grade-Manual.pdf>

The alpha schema list starts on page 8. Go to the site that you are abstracting to find out which grade table you need to use obtain the proper grade code (a link is provided to point you to the right table).

Cases that may fall under the new solid tumor rules should be documented in the path text field as well.

The link to the solid tumor rule manual is 2018 Solid Tumor Rules:

- <https://seer.cancer.gov/tools/solidtumor/>

If you have any questions specific to the new grade coding or solid tumor rules, please contact the WCRS trainer, Nancy Sonnleitner, at Nancy.Sonnleitner@dhs.wisconsin.gov

2018 REPORTING CHANGES IN MORE DETAIL

For an in-depth review of the 2018 resources, please refer to the WCRS January newsletter that is on WCRS website. The current links to reporting reference materials are below:

WCRS Updates: Newsletters

- <https://www.dhs.wisconsin.gov/wcrs/reporterinfo/updates.htm>

AJCC 8th Edition

- <https://cancerstaging.org>



NOTE: NPCR and WCRS will not be requiring AJCC TNM data elements or AJCC Stage Group for 2018 and 2019 diagnosed cases.

ICD-O-3 Histology Revisions

- <https://www.naaccr.org/implementation-guidelines/#ICDO3>
- <https://seer.cancer.gov/icd-o-3/>

Site Specific Data Items (SSDI)/Grade

- <https://seer.cancer.gov/tools/staging/index.html>

Solid Tumor Rules

- <https://seer.cancer.gov/tools/solidtumor/>

SEER Hematopoietic and Lymphoid Neoplasm Database

- <https://seer.cancer.gov/tools/heme/>

SEER Summary Stage 2018

- <https://seer.cancer.gov/tools/ssm/>



WCRS 2018 PREPARATIONS

WCRS will be preparing for the 2018 changes as follows:

- Update WCRS edit metafiles for CoC and non-CoC facilities and distribute to vendors (Please note the edits will NOT include AJCC 8th edition since it is not required. It will include the updates to ICD-O-3 codes, Summary Stage 2018, the new Site-Specific Data Items, the new grade and the new radiation fields.)
- Update Abstract Plus and Web Plus
- Update the WCRS Coding Manual
- Finalize training presentations on 2018 reporting

WCRS 2018 TRAINING

WCRS has modified the content of our trainings to incorporate the 2018 changes and reflect the needs of our reporters. We will again conduct four to six Regional Trainings (time/place TBD; WCRS will send out details in an email blast to all reporters and post on our web site).

The focus will be on:

- What's New for 2018 (this overview training will be required for all reporters, either in person or via web cast when posted on our web site)
- SEER Summary Stage 2018
- New Solid Tumor rules
- New Hematopoietic Database rules
- ICD-O3 changes

WCRS will also continue to host the NAACCR Training Series, located in the Madison office on the first Thursday of each month. WCRS has purchased the NAACCR 2018-2019 Webinar Series that will begin in October, 2018. Recordings are available post-live session if you are a WCRA member.

WCRS will also continue to provide basic training for new reporters as needed. Please contact Nancy Sonnleitner for details.

WCRS will continue to accept and review all training request to understand how we may best modify the location, frequency and content of the regional trainings in order to address your reporting needs. WCRS will continue to strive to achieve our goal of meetings reporters needs in a productive and valuable format.

WCRS FEEDBACK SUMMARY REPORTS

Preliminary Feedback summary reports representing your facility's submissions of cancer data to WCRS for 2013 - 2017 diagnosed cases have been emailed to our WCRS facility main contacts. A final report, including all cases received by August 31, 2018, will be sent to the main contact and the facility CEO/Administrator in September. If your facility is behind in submitting data to WCRS for 2017 and earlier cases, please submit your data by 8/31 before the letter goes to the facility Administrator. In addition, all data submitted by 8/31 will be included in calculating this year's American Cancer Society timeliness (2017 diagnosed cases) and completeness (2016 diagnosed cases) merit awards. Make sure to get your data in to be considered for a merit award this year!



2016 MATCHED DEATH LISTS

WCRS is linking the 2016 Wisconsin deaths to our database in August. We anticipate we'll have the annual matched death lists for facilities that conduct follow up by the end of August. (These lists contain all cases reported by a facility that we matched to a 2016 death.) We will send out an email when those lists are ready to be downloaded from your Web Plus accounts.

2016 DEATH CERTIFICATE ONLY CASES

As part of the annual death file linking process, WCRS identifies cases that have cancer listed as a cause of death, but no report on that cancer is in our database. We call these the Death Certificate Only (DCO) cases. WCRS will be sending out DCO lists in early September. Please watch for these lists and submit your responses to WCRS by the end of September. WCRS needs these cases to include in the Call for Data for 2018, which will include all cases diagnosed 1995 - 2017.

WCRA/MCRA REGIONAL EDUCATION CONFERENCE

The 3rd Annual WCRA/MCRA Regional Education Conference will be held October 11-12, 2018 at the Stoney Creek Hotel & Conference Center in Rothschild, WI. Sessions will be held on various updates in cancer care, 2018 reporting requirements along with WI and MN Central Registry updates. This is a great opportunity for continuing education credits. For more information, please visit the Wisconsin Cancer Registrar Association website.

- <http://wicancerregistrarsassoc.com/2017/11/21/save-the-date-oct-11-12-wausau-wi/>

WCRS MEETS THE HIGHEST NATIONAL DATA QUALITY FOR CANCER REGISTRIES



THE KEY TO CANCER CONTROL

Registrars, because of you, Wisconsin has been awarded for our high quality of cancer data!

The Wisconsin Cancer Reporting System (WCRS) has been recognized by U.S. CDC's National Program of Cancer Registries (NPCR) as a Registry of Excellence for 2017. WCRS has once again received the NPCR Registry of Excellence award and the United States Cancer Statistics Registry for Surveillance Award; both are based on our 2017 Call for Data submission which included 1995-2016 data.

Wisconsin is one of 16 states to achieve this designation, which reflects the submission of high quality data for cancer prevention and control activities. The data met all of NPCR's standards for data completeness and quality.

In addition, the North American Association of Central Cancer Registries has recognized the Wisconsin Cancer Reporting System for meeting its Gold Standard for the 2017 submission. 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.





EPIDEMIOLOGIST UPDATES

NEW PUBLICATIONS: LIVER CANCER ISSUE BRIEF

Data to understand the rise in liver cancer

Liver cancer is on the rise, in Wisconsin and nationally. The mortality rate for liver cancer is rising faster than for most other cancers. A new Issue brief from the WI Cancer Council explores the data behind this alarming trend, who in Wisconsin is most affected, and strategies that can make a difference.

[The Increasing Burden of Liver Cancer in Wisconsin](#), by lead author Mary Foote, Epidemiologist at the [Wisconsin Cancer Reporting System](#), brings much-needed attention to this important data. This brief can help public health practitioners better understand risk factors for patients, disparities among affected populations, and implications for treatment and prevention.



GUIDE TO USING CANCER-RATES.INFO

Find it Fast and Easy

Are you making use of the many statistics in WCRS Cancer-Rates.info? Have you shared this resource with your facility administrators or with local health departments? Your reporting should be appreciated and cancer data utilized to serve needs of local and state cancer control programs.

We have prepared a guide that highlights the key features, and guides you through the many data resources found in Cancer-Rates.info. Guide available at:

- <https://www.dhs.wisconsin.gov/publications/p02203.pdf>

Cancer-Rates.info query system available at:

- <https://www.cancer-rates.info/wi/>

KEY FINDINGS FROM FACT SHEET: LEADING CAUSES OF DEATH BY RACE AND ETHNICITY

Look for the Fact Sheet on the WCRS publications page soon!

- Almost 75 percent of all deaths in Wisconsin are attributed to the leading 10 causes, with the top three accounting for over 50 percent of all deaths.
- The leading two causes of death, heart disease and cancer, are shared by all racial/ethnic groups.
- The third leading cause of death for whites, American Indians and Hispanics/Latinos is accidents and adverse effects, including deaths by motor vehicle accidents, unintentional drug overdoses, and accidental falls.

WHAT'S NEW IN CANCER RESEARCH?

EARLY STAGE BREAST CANCER OFTEN DOES NOT NEED CHEMOTHERAPY

For a subset of women with a very common early stage cancer, chemotherapy doesn't add a substantial benefit when they receive hormonal therapy. A study published in the New England Journal of Medicine showed "Half of all breast cancers are hormone receptor positive, HER2 negative and axillary node negative. Our study shows that chemotherapy may be avoided in about 70% of these women."

More information is available at: ["Adjuvant Chemotherapy Guided by a 21-Gene Expression Assay in Breast Cancer"](#)



FUTURE OF GENOMICS RESEARCH HAS ARRIVED

The original Human Genome Project took 13 years to complete and cost \$2.7 billion. Today, whole-genome sequencing costs less than \$1,000 and can be completed in as little as 27 hours. Healthcare providers can target diseases more precisely with treatment for each patient, based on each patient's individual genomics information.

More information is available at:

- https://www.hpcwire.com/solution_content/ibm/life-sciences/the-composable-future-of-genomics-research/

BREAST CANCER SURVIVORS ARE NOT GETTING RECOMMENDED NUMBER OF MAMMOGRAMS POST-SURGERY

Research published in the Journal of the National Comprehensive Cancer Network, found that about 30% of women didn't get recommended breast screening after surgery for early-stage breast cancer. Mammography rates decline over time as women get further out from their breast cancer diagnosis; African-American women in particular were less likely to receive the recommended screening.

More information is available at:

- <http://www.jnccn.org/content/16/5/526.full>

GENERAL REMINDERS

Please notify WCRS when there is a change in contact information, including abstractors, administration, emails and/or phone numbers.

Review Feedback summary reports for estimated caseload, changes can be submitted at any time with justification noted for the changed.

THANK YOU!!

Wisconsin Cancer Reporting System (WCRS) sincerely thanks all reporters for your continued patience and dedication to timely and complete cancer reporting. We look forward to continuing our steady reporting relationship through 2018 and beyond as we all work together to get through this very challenging transition year.





SUPPORT INFORMATION

EDUCATION AND TRAINING

NANCY SONNLEITNER, RHIT, CTR

PH: (608) 261-8388

Nancy.Sonnleitner@dhs.wisconsin.gov

TECHNICAL

LAURA STEPHENSON, CTR

PH: (608) 266-8926

Laura.Stephenson@dhs.wisconsin.gov

DATA SUBMISSIONS AND DEATH CASES ONLY

KIM ORTMAN

PH: (608) 267-0239

Kim.Ortman@dhs.wisconsin.gov

EPIDEMIOLOGIST

MARY FOOTE

PH: (608) 261-8874

Mary.foote@dhs.wisconsin.gov

