WISCONSIN
CANCER REPORTING SYSTEM NEWSLETTER

Wisconsin Department of Health Services

https://www.dhs.wisconsin.gov/wcrs/

WINTER 2021 EDITION

GREETINGS WISCONSIN CANCER REPORTERS

As we celebrate the start of a new year, WCRS staff continues to consolidate our efforts, positions and learning; and earnestly looks forward to how we can improve our services for our cancer reporters.

The events of the last year have challenged all of us, personally and professionally, and once again, the Wisconsin Cancer Reporting System would like to thank all reporters for your commitment to high quality and complete cancer case abstraction. As we look at 2020 in our rearview mirror, and continue to plow through the rest of winter in Wisconsin, WCRS hopes you all stay warm, healthy and safe during these unprecedented times.

WCRS UPDATES

Numerous WCRS updates were presented at the October WCRA/MCRA Virtual Educational conference. Agenda items included:

- WCRS Staff Updates
- Software Updates
- SEER Program
- Call for Data 2020
- WCRS Workload
- Death Clearance Only Cases
- 2021 ICD-O-3.2
- 2021 Grade
- 2021 Solid Tumor Rules
- NAACCR Webinars 2020-2021
- Resources
- NCRA Statements

If you would like a .pdf document of the presentation, please contact Nancy Sonnleitner.

IN THIS ISSUE:

CALLS FOR DATA AND NATIONAL RECOGNITION

In November, WCRS completed the annual calls for data. At that time, the WCRS team successfully submitted the 1995-2018 and 2019 data files to the CDC's NPCR and NAACCR. WCRS submitted over 750,000 resident cancer cases diagnosed from 1995–2018 to the Centers for Disease Control and Prevention National Program of Cancer Registries and the North American Association of Central Cancer Registries.

We expect to meet the requirements to maintain NAACCR Gold Certification and achieve NPCR High Quality Data Standards. This includes reaching the goal of submitting at least 95% of expected cases for 2018.

We thank all Wisconsin Cancer Reporters for helping us meet our goals, especially with the extraordinary circumstances of 2020. Reaching a high level of data quality and completeness is not possible without your dedication and hard work.

NAACCR GOLD CERTIFICATION

Protecting and promoting the health and safety of the people of Wisconsin

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TIMELY REPORTING CALENDARS FOR 2020 CASES

We know COVID-19 has presented challenges for cancer reporters and registries. All 2020 diagnosis year cancer cases are now due by June 30, 2021.

Completed cases should be submitted to WCRS within six months of date of diagnosis, or date of initial contact if diagnosed elsewhere. Breast cancer cases should be submitted to WCRS within 12 months of date of diagnosis or date of initial contact if diagnosed elsewhere (breast cancer treatment and sometimes staging information – are often not complete with the six month time frame).

Timely Reporting Calendar		Timely Reporting Calendar	
Month Case Dx/Seen	Month Case Due to WCRS:	Month Case Dx/Seen	Month Case Due to
January 2020	July 2020	January 2020	December 2020
February 2020	August 2020	February 2020	January 2021
March 2020	September 2020	March 2020	February 2021
April 2020	October 2020	April 2020	March 2021
May 2020	November 2020	May 2020	April 2021
June 2020	December 2020	June 2020	May 2021
July 2020	January 2021	July 2020	June 2021
August 2020	February 2021	August 2020	July 2021
September 2020	March 2021	September 2020	August 2021
October 2020	April 2021	October 2020	September 2021
November 2020	May 2021	November 2020	October 2021
December 2020	June 2021	December 2020	November 2021

Case Submission Schedules

Annual Caseload	Schedule
More than 500	Monthly
Less than 500	Monthly or quarterly

As a reminder, case submissions should be done monthly or at least quarterly.

WCRS monitors the number of cases submitted by each facility and the total number of cases for a given diagnosis year. Although facilities are required to submit cases within six months (12 months for breast cancer cases), some cases are not received until after a year or more has passed. This affects the completeness and quality of data WCRS includes in publications and online query systems, along with the distribution of workload throughout the year for our staff and contractors. **Please try to submit your cases on a routine basis.**

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WCRS CODING AND DATA REQUIREMENT MANUAL 2021

WCRS is in the process of updating WCRS Coding and Data Requirement Manual to reflect the 2021 changes for cancer reporting of cases diagnosed beginning January 1, 2021. All cases diagnosed prior to January 1, 2021 should be completed using the 2018 – 2019 WCRS Coding and Data Requirement Manual which can be found on the WCRS website: https://www.dhs.wisconsin.gov/wcrs/reporterinfo/manual.htm.

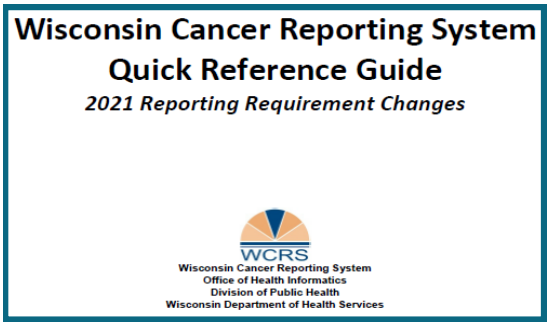
WCRS QUICK REFERENCE GUIDE 2021 REQUIREMENT CHANGES

Many of you may already be aware of changes to reporting requirements for cases diagnosed beginning January 1, 2021. To aid facilities and meet the needs of our reporters, the Wisconsin Cancer Reporting System has created a document to aid our reporters of these changes.

The 2021 Reporting Requirement Changes Quick Reference Guide was created to serve as a summary of 2021 changes specific to Wisconsin reporting requirements for cases diagnosed beginning January 1, 2021.

The guide describes the changes to required data items and coding instructions effective for cases diagnosed 1/1/2021 and after. There were no changes for 2019-2020. Refer to previous versions of the Wisconsin Cancer Reporting System Coding and Data Requirement Manual for a detailed summary of changes that went into effect in 2018 or earlier.

- Only the requirements for submission to the Wisconsin Cancer Reporting System are described in the guide.
- Additional changes are required for CoC Accredited Cancer Programs.
- **Reporters should refer to appropriate Standard Setters manuals for complete coding instructions.**



SOFTWARE RELATED UPDATES

Starting with the 2021 data year, cases are required to be submitted in NAACCR V21 XML format. Please refer to our previous email "2021 Cancer Reporting Updates and Submission Instructions" sent 2/16/21 for details regarding the submission of files in V18 and V21 format. If you did not receive this email please contact Jenna Staehler.

We encourage all facilities to maintain open communications with their vendor to ensure their software is up-to-date with current edit files and guidelines, according to our submission instructions and recommendations.

The Wisconsin V21A Edit Metafile, 2021 Required Data Items List, Updated Wisconsin-licensed Physician List, and Updated Wisconsin Cancer Reporting Facilities List were distributed to Vendors in December 2020. These materials can be found on our Coding Resources page. If you would like a copy of the metafile please email Jenna Staehler. NAACCR V21B Metafiles are currently planned for release in March, and the Wisconsin-specific Metafile will follow shortly after. More details and updates will be provided in future communications.

WCRS plans to begin updating software to V21 starting in April. This schedule is subject to change. These updates include upgrades to software such as Abstract Plus and Web Plus, as well as programs used internally by WCRS to process and manage received cases. We will provide updates on the update schedule and inform you as soon as we have updated and can begin accepting V21 cases.

DID YOU KNOW?

The Web Plus Quick Guide for Uploaders and Web Plus Quick Guide for Dermatology are now available for download on the WCRS site.

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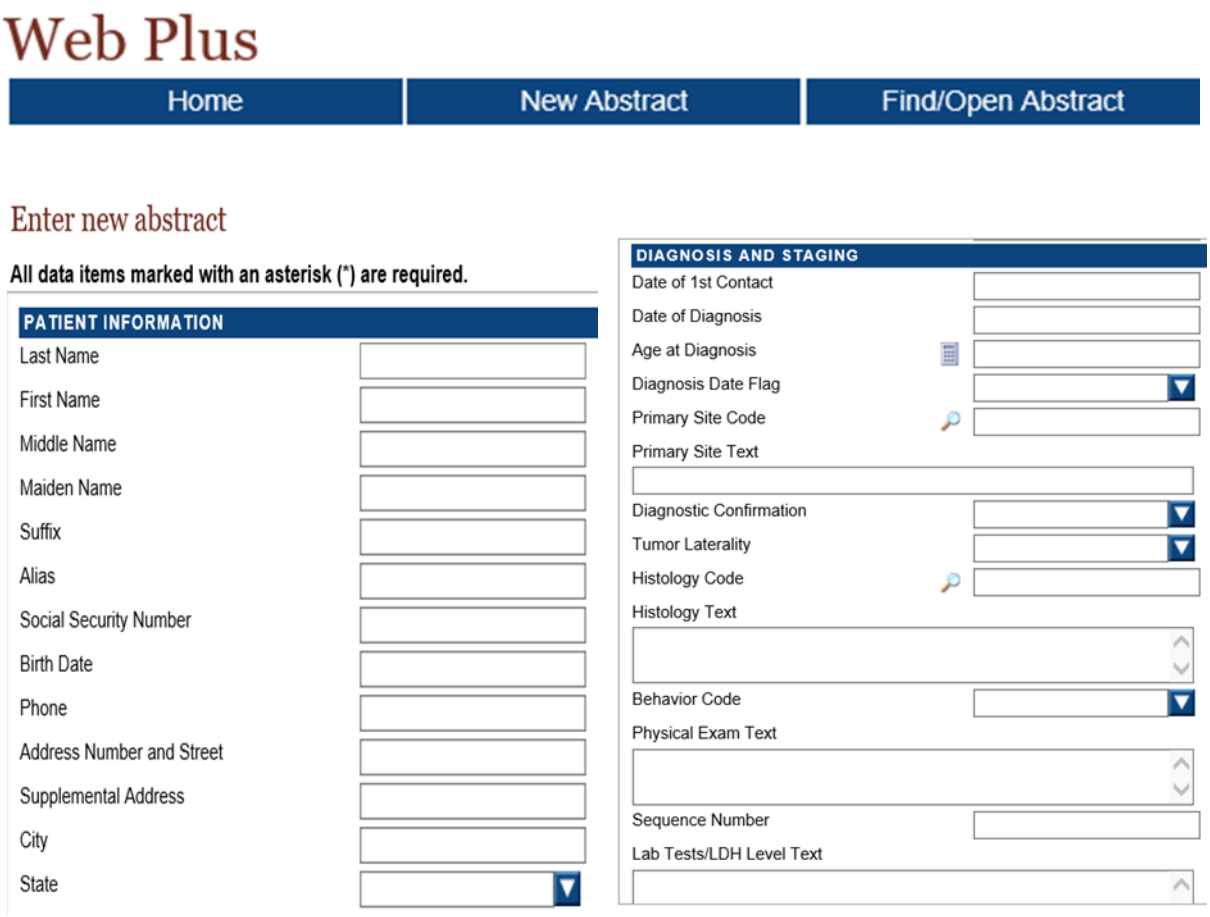
WEB PLUS DERMATOLOGY FORM

The Web Plus Melanoma Form was created for Dermatology Clinics to aid in electronically reporting their cases. This form is streamlined to require only input of data fields specific to melanoma histologies. Below is a snapshot of the Melanoma form.



If you are a reporter for a Dermatology Clinic, please contact Nancy Sonnleitner or Kim Ortman to get set up to start electronically reporting your cases though Web Plus.

In the future, plans are to develop other site-specific electronic reporting forms, such as for urological cases. These forms are only to be used by clinics that are set up by WCRS, most of whom are currently reporting on paper or using a software program requiring numerous additional data fields to be completed.

SEER PROGRAM STATUS

Many of you have questioned where Wisconsin is in becoming a SEER Program. As you may recall, in May 2018 Wisconsin was awarded funding for the SEER Programmatic Meeting component.

Presently, WCRS continues to operate under NPCR guidelines and is currently not fully awarded as a SEER core registry. We continue to work towards becoming a full SEER Registry by working with SEER on projects to build relationships, having discussions on SEER funding and conversations regarding the transition to the SEER DMS platform from our current database platform. Due to COVID redirection of staff at both WCRS and SEER, these efforts have been delayed.

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NATIONAL PR0GRAM OF CANCER REGISTRIES DATA QUALITY EVALUATION

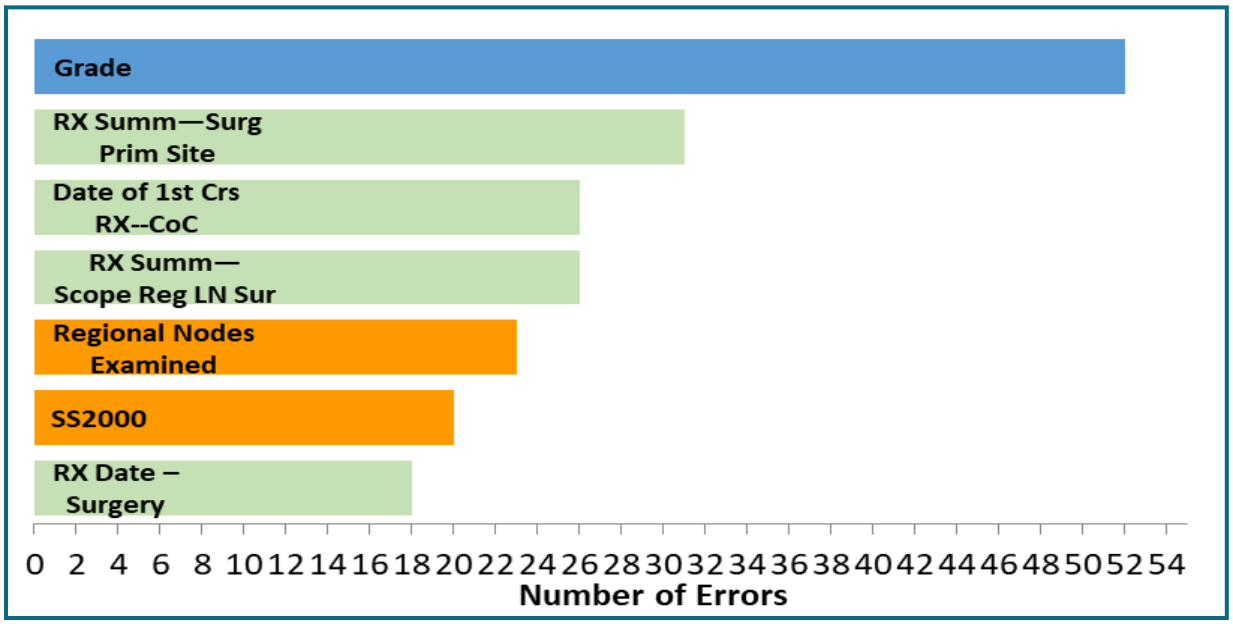
The Wisconsin Cancer Reporting System participated in an NPCR Data Quality Evaluation of 2017 data. The data quality activities are conducted as part of the NPCR program which requires any state that has received NPCR funding from the CDC to undergo a data quality evaluation at least once every 5 years by a CDC approved organization. The primary purpose of NPCR-DQE validation activities was to assess the data quality of NPCR-funded, population-based cancer registries. The cancer sites identified for these validation activities include: Female Breast, Colorectal, Lung and bronchus, Corpus Uteri, and Prostate. The table below shows the total number of data elements and the total number and percentage of cases evaluated for each cancer site.

Primary Site	Number of Data Elements Reviewed	Number of Cases Reviewed	Percentage of Cases Reviewed
Female Breast	44	73	20%
Colorectal	36	73	20%
Lung and Bronchus	36	73	20%
Corpus Uteri	36	73	20%
Prostate	39	73	20%
Total	**191**	**365**	**100%**

Of a total of 13,943 possible data elements that could have had errors, 2.5% were found to have major errors (348 errors). The final data accuracy proportion for Wisconsin was 97.5%.

Top Data Elements with Major Errors across All Sites Combined

For **Cancer Identification**, **Stage/Prognostic Factors** & **Treatment** Data Elements



Looking at individual data elements, grade and surgery of primary site contained the lowest accuracy proportions. Discrepancies on these two elements represent 23% of the major errors found across primary sites.

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Data Elements with Lower Accuracy Proportions

Female Breast Cases

In Breast cases, scope of lymph node surgery contributed the most major errors with an 86.3% accuracy proportion.
Other data items with accuracy proportions below 95% that were not shown: site specific factor 9 (HER2 test interpretation) and regional nodes examined both with a 94.5% accuracy proportion.

Colorectal Cases

Within the Colorectal cases, surgery of primary site had the lowest accuracy proportions at 89%.

Lung and Bronchus Cases

Summary stage 2000 had the lowest accuracy proportions for lung cases at 87.7%. Overall, there were only 65 major coding errors within the 5760 data items analyzed.
One data item below 95% that is not shown: is histologic type with an accuracy proportion of 94.5%.

Corpus Uteri Cases

For Corpus Uteri cases, grade had the lowest accuracy proportion at 56.2%. Within this site and data element, there were 32 errors. This was probably due to the recording of FIGO grade as histologic grade prior to 2018.

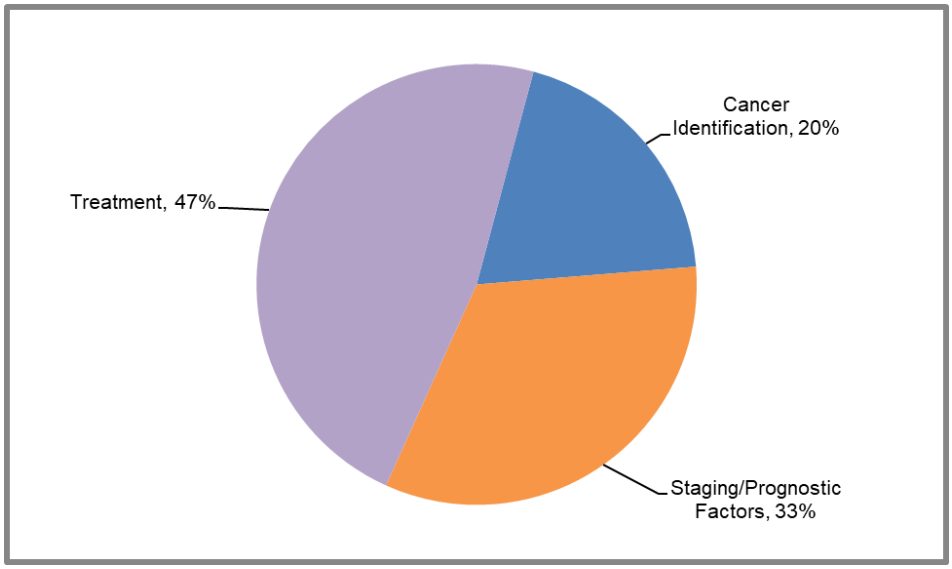
Prostate Cases

Date of first course of treatment had the lowest accuracy proportion with 80.8%**,** within prostate cases.
Other data items below 95% not shown include:

- Grade
- Scope of regional lymph node surgery,
- Date of first course of treatment Flag,
- Surgery Date Flag, and
- Regional Nodes Positive

Percentage of Major Errors by Category – All Sites Combined

Below is a breakdown of the distribution of all major errors. Of the data elements examined in this review, the treatment data items contributed most of the major errors (47%). This was followed by staging and prognostic factor data elements, which contributed 33% of the errors.



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Data Accuracy Proportion for Consolidate Data Elements

Of a total of 13,943 possible data elements that could have had errors, 2.5% were found to have major errors (348 errors). The final data accuracy proportion for Wisconsin was 97.5%. This proportion was calculated on major errors only. Although, this is a great achievement in maintaining quality data in the Wisconsin Cancer Reporting System database, it should be noted that during the validation, errors resulted when text was either completely missing or incorrectly coded for various data elements. The Wisconsin Cancer Reporting System strongly reminds all reporting facilities to provide enough text documentation to support data element code selection.

TIPS ON TEXT DOCUMENTATION

Text documentation is an important component of a complete abstract. It's critical for quality assurance and special studies. It supports the coded information and provides additional information regarding the case. We use the text documentation to tell the clinical and pathological story of the cancer. It helps us understand where it started, where it spread, how it was diagnosed, and how it was treated. WCRS recommends that you begin the abstracting process by documenting the pertinent information in the text fields first. You can use this information to quickly find the data needed for the required fields. After you have completed the abstract, be sure to do a visual review of the text documentation and the data items. Make sure they are complete and consistent.

To assist registrars in preparing abstracts, NCRA's Education Committee has created site for a series of informational abstracts. Check out NCRA's Center for Cancer Registry Education for the site-specific abstracts and the presentation titled: *Using the Informational Abstracts in Your Registry* that shows registrars how to use these important resources.

GENERAL REMINDERS

- Please notify WCRS when there is a change in contact information, including abstractors, administration, current reporting software being used, emails and/or phone numbers.
- Please review your caseload estimate on file at WCRS. Changes can be submitted at any time with justification noted for the increase or decrease in the estimate.
    - Changes can be emailed to Kim Ortman.
- WCRS has purchased the NAACCR 2020 -2021 Webinar series. While we are unable to host the webinars in person, the recorded sessions are posted on the WI Cancer Registrars Association for viewing and CE credits for member viewing.

WCRS STAFF AVAILABLITY

WCRS staff is working from home while our physical locations remain mostly closed due to COVID-19. We continue to provide training and technical assistance for reporters, as well as assistance and fulfillment of data requests for our cancer community.

Thank you for your continued efforts in providing the best patient cancer information possible.

Your hard work helps in the fight to reduce the cancer burden in Wisconsin.

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EPIDEMIOLOGIST UPDATES

Partner Publication Spotlight

The Wisconsin Cancer Collaborative, a WCRS partner, released an issue brief authored by Alexandria Cull Weatherer, MPH, in January 2021, HPV-Related Cancers and Vaccination Coverage in Wisconsin.

Excerpts from this brief are included below, with permission from the Wisconsin Cancer Collaborative.

Human Papillomavirus (HPV) is an incredibly common infection that affects 80 percent of all men and women at some point in their lifetime.[1] HPV infection can occur regardless of sexual orientation, type of sexual contact, or number of sexual partners.

Most HPV infections are cleared by the immune system in one to two years. In other cases, HPV infections cause serious health issues in both men and women. HPV causes almost all anal cancers, cervical cancers, and cervical cancer precursors, and the majority of oropharyngeal (back of the throat, base of the tongue, and tonsils) cancers, vaginal cancers, vulvar cancers, and penile cancers.[2] No tests can determine whether an HPV infection will clear on its own or lead to health problems such as cancer. This is why it is recommended that everyone get the HPV vaccine.

Persistent HPV infection can progress to at least six types of pre-cancer or cancer. Unfortunately, cancer registries do not routinely collect whether HPV was present in cancer tissue at the time of diagnosis. Thus, incidence and mortality rates often capture HPV-associated cancer. HPV-associated is defined as a specific cellular type of cancer that occurs in parts of the body where HPV is often found.[4] An HPV-attributable cancer is a cancer that is probably caused by HPV.[4] Nationally, according to the CDC, HPV is the probable cause of 91 percent of cervical and anal cancers, 75 percent of vaginal cancers, 72 percent of male oropharyngeal cancers, 63 percent of female oropharyngeal cancers, 69 percent of vulvar cancers, and 63 percent of penile cancers.[4,5]

Cervical cancer is perhaps the most widely known HPV-associated cancer. It is also the most commonly diagnosed HPV-associated cancer among women, both in the US and in Wisconsin. From 2012-2016, the incidence rate of cervical cancer in Wisconsin was 6.6, which was slightly lower than the national rate of 7.6. The mortality rate for cervical cancer during this time was 1.6 in Wisconsin, and 2.4 in the United States. Data from 2013-2017 reflect similar numbers: the cervical cancer incidence in Wisconsin was 6.4, and the state's mortality rate was 1.6. Significant health disparities exist within these numbers. In Wisconsin, cervical cancer incidence rates are notably high in the Black, Native American, and Asian/Pacific Islander communities, almost double the cancer incidence in white populations. From 2012-2016, Black women had the highest incidence of cervical cancer both in Wisconsin and in the United States, at 11.9 per 100,000 in Wisconsin and 8.9 per 100,000 in the nation overall. Black women also experience the highest mortality rate, at 4 deaths per 100,000 people.

EPIDEMIOLOGIST UPDATES

Utilizing CDC methods,[4] an estimated 3,017 new cancer diagnoses in Wisconsin between 2012-2016 were attributable to HPV infection: 865 cervical cancer cases; 1,030 male oropharyngeal cancer cases; 221 female oropharyngeal cancer cases; 490 anal/rectum cancer cases; 278 vulvar cancer cases; 50 vaginal cancer cases; and 83 penile cancer cases (see Figure 3 for annual averages).

FIGURE 3

HPV-Attributable Cancers in Wisconsin: Annual Average Cases, 2012-2016

Cancer Types	Wisconsin	United States
Oropharyngeal cancer (mouth and throat)	249	13,500
Cervical cancer	173	10,900
Anal cancer	98	6,200
Vulvar/vaginal cancer	66	3,400
Penile cancer	17	800

Since 2006, three HPV vaccines have been used to reduce the number of HPV infections and subsequent HPV-related cancers. Vaccine recommendations have evolved since 2006, beyond changes to the dose schedule, dependent on age of vaccine initiation and risk factors. An individual's decision to be vaccinated should be individually based, using shared decision-making and clinical judgment with consideration of the possibility of acquiring a new HPV infection.[2,3] The HPV vaccine is a cancer prevention tool that reduces cancer incidence, pain and suffering, and the medical costs related to cancer diagnosis and treatment.

To read the full brief, please visit:
https://wicancer.org/wp-content/uploads/2021/01/HPV-Related-Cancers-in-Wisconsin-Issue-Brief.pdf

WCRS thanks the Wisconsin Cancer Collaborative for their partnership and work.

References:

1. Centers for Disease Control and Prevention. Sexually transmitted diseases (STDs)- genital HPV infection fact sheet. https://www.cdc.gov/std/hpv/stdfact-hpv.htm. Updated 2019. Accessed December 17, 2019
2. Saraiya M, Unger ER, Thompson TD, et al. US assessment of HPV types in cancers: Implications for current and 9-valent HPV vaccines. J Natl Cancer Inst. 2015;107(6):djv086. doi: 10.1093/jnci/djv086 [doi].
3. University of Wisconsin Carbone Cancer Center. Wisconsin Comprehensive Cancer Control Plan 2015-2020. 2015.
4. Division of Cancer Prevention and Control, Centers for Disease Control and Prevention. How many cancers are linked with HPV each year? https://www.cdc.gov/cancer/hpv/statistics/cases.htm. Updated 2019.
5. Centers for Disease Control and Prevention. HPV-associated cancer statistics. https://www.cdc.gov/cancer/hpv/statistics/index.htm. Updated 2019. Accessed December 23, 2019.