



## **New Address for WCRS!**

Please note that as of July 2009, WCRS is part of the Office of Health Informatics, in the Division of Public Health (DPH), Department of Health Services (DHS). You recall we were previously housed in the Bureau of Health Information and Policy, also in DPH, DHS. A division reorganization resulted in the new address you will note in our publications and source notes.

## **CDC Call for Data Due Date Moved Up**

The Centers for Disease Control and Prevention's Annual Call for Data due date is December 1, 2009. WCRS is required to send de-identified, edited and consolidated cases for all cancers submitted and diagnosed 1995-2007. The due date in past years was always January 30<sup>th</sup> of the following year, so WCRS is losing two months of processing time. ***Please note that all cases diagnosed in 2007 or earlier must be reported to WCRS by October 15<sup>th</sup> to ensure inclusion in the required federal Call for Data. Cases not received by that date will not be included.***

## **WCRA 34<sup>th</sup> Annual Fall Meeting**

The Wisconsin Cancer Registrars' Association Fall meeting is being held in Madison, WI at the Holiday Inn Hotel & Suites on October 15 and 16, 2009. It is being hosted by the University of Wisconsin Hospital and Clinics and the Carbone Cancer Center. WCRS will be providing reporting updates (new collaborative stage requirement for state reporting, updated class of case and laterality definitions, etc.) and conducting a break out session on the 16<sup>th</sup> on reporting text information titled "Texting: it's not optional anymore." All hospitals, clinics and other health care facilities that report cancer cases to the state are encouraged to attend. For more information on registration costs and the full program please contact one of the following two meeting organizers: Bob Millholland, (608) 203-4589, [Rmillholland@uwhealth.org](mailto:Rmillholland@uwhealth.org) or Linda Pearce, (608) 203-4590, [Lpearce@uwhealth.org](mailto:Lpearce@uwhealth.org).

## **Upcoming Fall/Winter Trainings from WCRS**

Times and dates are yet to be determined, but the following training sessions will be conducted this Fall/Winter.

1. WebPlus training (October or early November) via Webinar – Laura Stephenson
2. Collaborative Staging Training – state reporting requirements only (Winter) via Webinar – Carole Eberle
3. Two regional Collaborative Staging Trainings (sponsored by WCRA) for ACOS and ACOS-like facilities. Will include ACOS and state reporting requirements (Winter). One will be held in Madison, the second is TBD – In Person – Carole Eberle
4. Overview of all state reporting requirements for 2010 cases – via Webinar and in person at WCRA Fall meeting – Laura Stephenson and Carole Eberle.

## **WCRS Recognizes the 2008 Outstanding Achievement Award Recipients**

WCRS would like to recognize the following five Wisconsin hospitals for receiving the Commission on Cancer's Outstanding Achievement Awards (OAA). The award is designed to recognize cancer programs that strive for excellence in providing quality care to cancer patients. To earn the OAA, a facility must demonstrate a Commendation level of compliance with seven standards that form the basis of the OAA criteria and are drawn from the following six areas of program activity: cancer committee leadership, cancer data management, clinical services, research, community outreach, and quality improvement. In addition, the facility receives a compliance rating for the remaining 29 cancer program standards.

- Aurora BayCare Medical Center, Green Bay, WI
  - St. Vincent Hospital, Green Bay, WI \*
  - Mercy Health System, Janesville, WI \*
  - Aurora Medical Center - Kenosha, Kenosha, WI
  - Franciscan Skemp Healthcare-La Crosse, La Crosse, WI \*
- \* Also a 2005 recipient

## **Look for upcoming 2007 DCO Queries**

The 2007 DCO forms (death certificate only) will be mailed to facilities in late September 2009 to all hospitals, clinics, physician offices and coroners for which we find a DCO. Your comments from last year's process have been incorporated and this year's procedure should be improved. We will be processing the standard one year of deaths instead of the three years we processed during the last DCO mailing. We will be asking for mid-October responses. All cases received and processed through August will be used in the matching process, so if you still have outstanding 2007 cases and can submit them before September 15<sup>th</sup> there is a good chance that we will be able to process them prior to matching the deaths against the registry, thereby reducing the number of DCO forms you may receive from us.

## **Summary Feedback Results**

WCRS would like to thank the hospitals and clinics that responded to the call to update their reporting status through the recent (June) summary feedback reports that were sent to all active reporting facilities, and those for which cases had not been received during the reporting period. WCRS has been updating facility profile information based on your responses and also processing the influx of case submissions, as a result. These reports will be a bi-annual product that your facility will receive. As we continue to get back on our feet during the last phase of our conversion to RegistryPlus software, we will improve and expand the summary reports to also include the most common edits received during submissions. The next report will be distributed in November 2009.

The most surprising result from the summary reports was the lack of maiden name reporting by most hospitals and clinics. The average percent missing for maiden name was around 80%! WCRS was not aware until these reports were generated that so many facilities are no longer collecting maiden name information from the patient at the time of admission or check-in. This field is still required and WCRS will be strategizing with other organizations to improve

education and awareness with facility decision makers and staff who work with patients on admission to work on bringing back this vital piece of information used to accurately match incoming new records against our data base. Often the maiden name is the only field that allows WCRS staff and matching software programs to accurately decide if two reports should be merged. The danger of not having this information for patient matching can result in an over count of female cancers in the registry, misrepresenting the burden of cancer in our communities.

### **WCRS Welcomes Vicki G. Nelson**

Vicki Nelson, MPH, CTR, RHIT, is working for WCRS as a contractor to help us with the last phase of our data conversion: patient and tumor matching and consolidation. The contract is scheduled to last through January 2010.

Vicki has a wealth of experience in using the CRSPlus program and we are delighted to have her on board to guide and train us in this process! Vicki is the former program manager (and prior to that the statewide coordinator) for the Alabama State Cancer Registry. Vicki has over 20 years experience in cancer data collection and analysis, in both private and public health settings, including case identification, data abstraction, disease staging and ICD coding, follow-up, education and training, annual reporting and quality assurance; managed 4 successful Commission On Cancer Certifications; achieved/maintained Centers for Disease Control (CDC) required data standards. She is also experienced in program Management including development and implementation of processes as well as team building and resource allocation and was an active participant in research-related functions via professional and academic organizations and activities; provided oversight for data extraction and analysis, case randomization and selection, database tracking, presentations, published articles, and grant writing. Vicki's phone number is (608) 267-7819, please call her and welcome her to the WCRS team.

Vicki may be calling facilities on occasion to resolve issues surrounding case consolidation, so you may be hearing from her in the near future.

### **Reminder: Electronic Reporting Deadlines**

All Wisconsin hospitals were required to report electronically beginning in 2009. If your facility is not yet reporting cases electronically, please visit the WCRS web site to obtain detailed information and training on using the AbstractPlus software data entry program and the CRS Main Line data submission program.

All Wisconsin clinics are required to report electronically beginning January 2010. Clinics are encouraged to "go electronic" prior to that date. The current AbstractPlus application is for both hospital and clinic reporting.

### **WCRS Calling for WebPlus Test Volunteers**

WCRS is currently testing the WebPlus data submission program and needs 10 facilities to volunteer to test this software in September and October 2009. WebPlus is an Internet-based data entry and submission program specifically tailored to meet WCRS state reporting requirements. Once WebPlus is in full production, it will become the required method for data

submission to the state (via a secure web site). It will replace the CRS Main Line email submission program.

WCRS is looking for a range of facilities to test the system. Ideally we'd like some ACOS-approved hospitals, non-approved hospitals, urban and rural facilities, some clinics and possibly a pathology laboratory.

If your facility is interested in helping WCRS test this software, please send an email to Kim Ortman with the following information:

Facility Name and WCRS facility number

Facility Type (hospital, clinic, other)

ACOS approved (Y/N)

Level of experience with internet-based data programs (high, medium, low, none)

Name and contact information for person(s) working with WCRS

Please contact Kim by September 15<sup>th</sup> if interested.

### **Wisconsin Cancer Incidence and Mortality 2002-2006**

We have substantially completed work on the **Wisconsin Cancer Incidence and Mortality 2002-2006** report, and its release by the Wisconsin Department of Health Services is expected in October. This report is provided to help guide informed decision making by health care and public health officials, as well as patients and the general public. We hope our reporters will find this publication useful with detailed tables and easy to read highlights about cancer in Wisconsin. The comprehensive report provides descriptive incidence and mortality statistics for all cancer and the 15 most common cancers, stage at diagnosis, age-adjusted rates for the racial/ethnic populations and age-specific rate for major cancers. In response to increased interest in county-level cancer data, tables provide five-year averages (providing greater statistical stability for small numbers) with confidence interval limits. When the report is released, WCRS will send a "blast email" announcing its electronic publication to all reporters on our mailing list. We greatly appreciate your hard work and quality reporting that make this publication possible.

Look for *Wisconsin Facts and Figures 2010* next year! WCRS will collaborate with American Cancer Society again for a third edition.

### **Hmong Project Summary – Webcast and Pamphlet now available**

The Wisconsin Cancer Reporting System (WCRS) in collaboration with the Wisconsin United Coalition of Mutual Assistance Associations (WUCMAA), the largest state-wide Hmong organization, and the Wisconsin Comprehensive Cancer Control Program (WCCCP) conducted a survey in the summer of 2008 to learn about health care facilities' experience and current practices in reporting Hmong cancer cases to WCRS.

Wisconsin has the third largest Hmong population, and state programs such as the WCRS and the WCCCP are responsible for providing accurate data for national, state and local cancer control programs. WCRS, as part of the National Program of Cancer Registries, is required to report Hmong cancer cases to the Centers for Disease Control and Prevention (CDC).

To address the needs identified in the survey, the three partners produced a two-hour webcast entitled Reporting Hmong Cancer Cases to WCRS, taped in March 2009. (The webcast is archived and accessible at: [www.dhs.wisconsin.gov/wcrs](http://www.dhs.wisconsin.gov/wcrs) from the “Cancer Reporters” link. WCRS sent executive summaries of the survey results to all participating facilities. The survey also resulted in the creation of a pamphlet to help educate Hmong about the importance of race self-identification when being admitted to facilities for health care. The pamphlets will be distributed at the 12 regional WUCMAA offices and available on the WCRS, CCCP, and WUCMAA Web sites. This pamphlet could also serve as an educational resource for Hmong patients at admissions and registration centers in cancer care facilities. Please see the pamphlet at our Web page from the “Data and Publications” link, under “Collaborations with Other Organizations.”

### **New Wisconsin Comprehensive Cancer Control Plan (CCCP) 2010-2015**

Five years mark the endpoint of the CCCP Plan 2005-2010, and Wisconsin now has the opportunity to revise and advance the state plan for cancer control with the new CCCP 2010-2015. The WCRS Epidemiologist is a member of a planning team, Cancer Data Advisory Group, and will also serve on a resource group, Data Collection and Reporting, to assist work groups in locating and utilizing data to best meet the major objectives of the new plan. Please visit the CCCP web site for more information <http://www.wicancer.org/> If you are interested in being a workgroup member, email Sarah Kerch at [skerch@uwcarbone.wisc.edu](mailto:skerch@uwcarbone.wisc.edu)

### *Carole's Comments*

Carole Eberle, BS, CTR, RHIA  
Trainer, Wisconsin Cancer Reporting System  
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As the trainer for the Wisconsin Cancer Reporting System (WCRS), I have begun this “Carole’s Comments” section in the *WCRS Updates* to provide coding tips, announcements and other pertinent information specific to reporter interests and needs. My intent is to provide information in this column that will be of help in your daily work with cancer data management. I will also bring you information about upcoming events and items of interest. Since I am relatively new to WCRS, I will begin by providing some information on my background:

I have worked in the field of cancer registration for almost 25 years in various capacities. At the local level, I worked in several hospitals as a Cancer Program/Registry Manager. (I am familiar with the accreditation process for hospital cancer programs.) On a statewide level, I have worked in several state cancer registries as a contractor doing quality assurance activities. Nationally, I have worked for the National Cancer Institute (NCI) as well as for the National Cancer Data Base (NCDB). The NCDB is located at the Commission on Cancer of the American College of Surgeons (ACoS). I have been a CTR (Certified Tumor Registrar) for more than 22 years. I also am an RHIA (Registered Health Information Administrator) having

worked in Health Information Management before I became a CTR. My B.S. degree is in Business Administration.

In July 2009, I attended training in Chicago on the new Collaborative Staging (CS) updates and will be presenting this information to registrars and other cancer reporters in the state of Wisconsin this fall and winter. The first training will be for registrars that are working in accredited cancer programs. A subsequent training will be held for all cancer reporters from institutions that do not have formal ACoS accreditation. Focusing only on the WCRS state reporting requirements for CS Version 2.

WCRS cannot offer individual training on basic cancer reporting to facilities. (Some reporters have questioned me about this possibility.) As the only trainer, I simply would not be able to accommodate all the requests. However, WCRS does have webcasts on various training topics currently available for all reporting facilities in Wisconsin. Please visit our website at [www.DHS.wisconsin.gov/wcrs](http://www.DHS.wisconsin.gov/wcrs) and make good use of this resource, including a six-hour webcast entitled “Basic Training for Cancer Reporters.” This presentation can be viewed in segments, making it possible to cater the training schedule to fit your availability. There are also exercises in this webcast that can help the trainee to better understand and quickly process the information that is being presented. If you have any questions, suggestions or concerns regarding any training issues for the WCRS, please email or call me.

Please remember to reference the WCRS Abstract Code Manual often (available on the website). This should answer many of your basic questions about abstracting and reporting cancer data.

- ***Coding Reminders and Tips*** -

- Cases should be sent to the WCRS six months after the initial date of contact. For example, if a patient is diagnosed on January 15, the case information should be sent to WCRS no later than July 15.
- Texting is important! WCRS has noticed on recent review of incoming records that the DATES of procedures or diagnoses are often missing from the text fields. It helps WCRS greatly to receive the dates of procedures—for example, 5/15/08 lumpectomy. We can then compare that date against the coded date to ensure that indeed the dates *are* correct. It really doesn’t take more than a second or two to type in the dates in the text fields. It will save both the WCRS and the facility a lot of time, if we do *not* have to call you for that information.
- When coding melanomas, please code to the more specific kind of melanoma when that information is available. For example, a lentigo maligna will be stated on the pathology report. Lentigo Maligna (8742) is a more specific term than melanoma NOS (8720). Please code this histology to the most specific term that you can find within the case documentation.
- Please remember to code the primary site of the cancer that is being reported. The metastatic disease will be coded in the staging portion of the report. The primary site identifies where the cancer started.

- When reporting residence at diagnosis information, please spell city and county names like Fond du Lac, Green Lake, and Black River Falls with spaces in between as indicated. If letters run together, they may be reported as errors if the computer cannot distinguish the name of the town or county. It is also advisable to spell out words like Mount. The WCRS Abstract Code Manual also gives examples of how to report this information.
- Bone marrow is coded to C42.1. Meningioma is coded to meninges (C70.x).
- Carcinoid Tumors: Reportable or Not? The answer is YES to both, given the type of carcinoid tumor. In response to some recent questions about this issue WCRS is clarifying its reporting rules for carcinoid tumors:

Reportable carcinoid tumors = all MALIGNANT (behavior codes /2 or /3) carcinoid tumors except those arising in the appendix.

Non Reportable carcinoid tumors = all BENIGN or PREMALIGNANT (behavior codes /0 or /1) carcinoid tumors and malignant carcinoid tumors of the appendix.

- For prostate cases, the terms “clinically apparent” and “inapparent” create confusion:
  1. With “PSA stated to be elevated” or “T1c admitted for biopsy only”, code CS extension to 15 (clinically inapparent).
  2. Codes 10-15: CODES 10 to 15 are used only for clinically **inapparent** tumor not palpable or visible by imaging and incidentally found microscopic carcinoma (latent, occult) in one or both lobes. Within this range, give priority to codes 13-15 over code 10. When tumor is found in one lobe, both lobes or in prostatic apex by needle biopsy but is not palpable or visible by imaging, use code 15 (CS guidelines).
  3. Do not use biopsy information for CS extension codes 20 – 24. To use those codes, **there must be supporting text of a clinically apparent tumor or T2 documented by the physician or radiographical evidence.**
  4. Codes 20 to 24 are used only for clinically/radiographically **apparent** tumor, i.e., that which is palpable or visible by imaging. To decide among codes 20-24, use only physical exam or imaging information, not biopsy information. Codes 21 and 22 have precedence over code 20. Code 20 has precedence over code 24. Use code 24 if the physician assigns cT2 without a subcategory of a, b, or c (CS guidelines).
  5. When there is no physician documentation of clinical stage, use code 30, “not stated if clinically apparent or inapparent.”
- For brain cases, code excision of the tumor mass and gross total resection to 20. Code partial resection of a lobe to 40. Code 55 is used only for resection of an entire lobe (see I&R 26056).
- Review breast histology rules, especially H3, in regards to coding comedocarcinoma.
- Code papillary carcinoma of the thyroid to 8260/3.

- TURP or TURB CS Evaluation code should be 1. Note: According to AJCC, staging basis for transurethral resection of prostate (TURP) is clinical and is recorded as CS TS/Ext-Eval "1" (c) (CS Manual).

**Trainings Now Available on WCRS Web Site**

1. Abstract Plus Demonstration Training  
This training will help reporters to meet/understand the electronic reporting guidelines
2. Reporting HMONG cancer data to the WCRS  
This training will help facilities to better collect information on this particular population of cancer patients
3. Basic Training for Cancer Reporters  
This training is designed to help reporters understand the basic concepts of cancer data and reporting it to the WCRS

There are many other resources listed on the WCRS website. These will all give cancer reporters needed information to report cancer cases in a timely and detailed submission to the WCRS. Please let us know what other training resources you would find helpful.

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: Reminder: Cases diagnosed through February 2009 should be :  
: reported. All 2008 cases were due to WCRS by June 30, 2009. :  
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