

## Congratulations, Georgia!

By Rana Bayakly

On December 5, 2002 and January 30, 2003, the Georgia Comprehensive Cancer Registry (GCCR) submitted data to the North American Association of Central Cancer Registries (NAACCR) and the National Program of Cancer Registries (NPCR) of the Centers for Disease Control and Prevention (CDC). As you all know by now, we accomplished our goal by achieving our first Gold certificate for 2000 year of diagnosis.

NAACCR is the national agency charged with improving, monitoring, and reporting the completeness and quality of data collected throughout North America. In order to achieve NAACCR Gold certification, Georgia 2000 cancer data needed to be at least 95% complete, must pass 100% NAACCR edits, must have less

than 3% of the incidence data collected labeled Death Clearance Only (DCO) cases, and less than one per 1000 cases reported as unresolved duplicates. These are very stringent criteria, but GEORGIA accomplished all these criteria.



In addition, in January 2003, NPCR evaluated not only 2000 but also 1999 cancer incidence data. NPCR evaluation showed GA data completeness for 1999 to be 94.2% and 99% for 2000. NPCR also evaluated GA data quality. This was also great news for Georgia: 99% of both 1999 and 2000 diagnosis years passed CDC critical edits and 73% passed the non-critical edits, and less than 3% of the cancer cases reported for 1999 and 2000 were DCO cases.

This is all GREAT news for Georgia. The Georgia Comprehensive Cancer Registry commends all facilities and their staff in this great ACHIEVEMENT... Let us celebrate and continue the good work for 2001 and 2002 diagnosis year.

## Did you know?

- ❖ The following website has Oncology Agents not listed in SEER Book 8. It is complete as of 5/17/02.  
<http://www.fda.gov/cder/cancer/druglistframe.htm>
  - Please note: Aredia (pamidronate) is listed as Ancillary and DO NOT CODE. Also, Rituxan (rituximab) is coded to Immunotherapy.
- ❖ In the SEER Summary Staging Manual 2000 page 151 (Lung), please refer to Notes to help determine stage:
  - Note 2: Assume tumor  $\geq 2$  cm from carina if lobectomy, segmental resection, or wedge resection is done.
  - Note 4: Ignore pleural effusion which is negative for tumor. Assume that a pleural effusion is negative if a resection is done.

- Note 5: If a mediastinoscopy/x-ray the description is mediastinal mass/adenopathy or if any of the lymph nodes named in "Regional Lymph Nodes" are mentioned, assume that mediastinal nodes are involved.
- Note 7: "Vocal cord paralysis", "superior vena cava syndrome", and "compression of the trachea or the esophagus" are classified as mediastinal lymph node involvement unless there is a statement of involvement by direct extension from the primary tumor.
- ❖ In the SEER Summary Staging Manual page 225 (Prostate):
  - "No extracapsular extension, but margins involved" is coded to "Regional by Direct Extension".

## Special Bulletins

**NAACCR 10 Format:** GCCR will follow the NAACCR 2003 Implementation Work Group Guidelines and Recommendations (<http://www.naacr.org/Standards/files/NAACCR2003ImplementationGuidelines1-15-2003.pdf>). For information specific to Georgia, see the new GCCR Policy and Procedure Manual.

### Policy and Procedure Manual Revisions:

- Section II (Reporting Guidelines), page 8 (ICD-9-CM Codes for Case Finding) "Code 238.7\* Chronic Myeloproliferative Disease – Essential Thrombocytopenia": Please change this to read "Essential (Idiopathic) Thrombocytopenia"
- Section IV (GCCR Required Data Set and Instructions), page 2 (Stage/Other Prognostic Factors Section): For "SEER Summary Stage 2000" please change the

"Comments" section to read "Cases diagnosed 2001 and later".

- Section V (SEER Site Specific Surgery of Primary Site Surgery Codes), page F-22 (Breast): please replace the codes for "Total (simple) mastectomy, NOS" (codes 40-42) with the revised codes (40-49, 75) from the FORDS Manual that are enclosed with this newsletter.

## FAQ's

**Q:** If the **only** procedure documented is a FNA or aspiration of a lymph node, how should this be coded as far as the surgery codes are concerned?

**A:** FNA or aspiration of a lymph node is considered surgery and should be coded "1" in the Scope of Regional Lymph Node Surgery field per ROADS page 192, FORDS page 138, and the SEER Program Code Manual page 127. Other related fields would be coded as follows:

RX Date of Surgery = date FNA or aspiration performed

Surgery of Primary Site = 00

Number of Reg LNs Examined = 95

Surgery of Other Reg/Dist = 0

Reason for No Surgery = 0 (surgery performed)

RX Summ Surg/Rad Seq = if rad done, code other than 0 or 9

**Q:** Should the American College of Radiology (ACR) BI-RADS assessment categories 4 (Suspicious Abnormality) and 5 (Highly

Suggestive of Malignancy) impressions for mammograms be used as the sole basis for identification as a cancer case?

**A:** No, do not use BI-RADS categories 4 or 5 as the sole basis for cancer case identification. Report a case with a mammogram classified in category 4 or 5 **only if the diagnosis is confirmed by a physician (clinical diagnosis).**

The terms "suspicious abnormality" and highly suggestive of malignancy" are not on the list of ambiguous terms for cancer diagnosis. See GCCR Policy and Procedure Manual, Section IV, page 16.

**Q:** If a patient with a history of cancer and no active disease has a cancer diagnostic procedure performed and the results are negative, is this a reportable case?

**A:** No. This is not an incident case.

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## Mark Your Calendars...

### **GATRA Fall Meeting**

October 29-31, 2003

Savannah Marriott Riverfront

Savannah, Georgia

*Registration materials will be mailed soon to GATRA members.*

*Registration fees will be paid for all Georgia hospital employees by the Georgia Comprehensive Cancer Registry.*

### **Cancer Registry Training**

*Principles and Practice of Cancer  
Registration, Surveillance, and Control*  
November 10-14, 2003

*Advanced Cancer Registry Training Program*  
December 8-10, 2003

*Cancer Case Abstracting, Staging, and Coding*  
November 17-21, 2003

Complete details are available at <http://cancer.sph.emory.edu>.  
Financial assistance is available. Contact your regional coordinator.

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## Star Reporters

Due to the NAACCR 10 upgrade, the GCCR will delay announcement of star reporters based on the current criteria: Facilities must submit at least ninety percent of their expected cases for the preceding quarter within six months of diagnosis and with less than a two percent error rate.

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### Welcome Wagon

I would like to introduce the newest registrar in the North Region. Her name is Crysty Cornett and she is the registrar at Floyd Medical Center in Rome, GA.

Crysty has been employed at Floyd Medical Center since Sept. 1995. Before transferring to the registry she was the office manager of the treatment clinics, which provided diabetes education, outpatient IV and chemotherapy, and wound care services.

Crysty has been married for 9 years to Dean and has a 5-year-old daughter Melanie. She was originally a nursing major and completed the prerequisites for the RN program, however after Melanie was born she decided she didn't want to spend time in class when she could spend time with her daughter. "When the Registry position opened up", Crysty stated, "It seemed like a good challenge to use my clinical as well as my managerial skills, and so far I haven't been let down. I am more

excited about this job than I have been about any job in my past."

Please take a few minutes and call Crysty and welcome her to our registry family!

Margaret Padgett, RHIT, CTR  
North Regional Coordinator  
Dalton

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### Blue Ribbon Award

I would like to recognize Crisp Regional Hospital and Karen McCadams, HIM Director, for their commitment and efforts to cancer reporting. This hospital met the criteria for a photocopy facility and submitted copies of all their reportable cases from 1995 to the time the contractor began coming to their facility.

They have been very cooperative and helpful and have succeeded in having

all of their 2002 cases completed by June 2003. Even though no 2003 cases can be abstracted until software is upgraded, Karen has continued to provide disease indexes to me so we'll be prepared to start their 2003 cases when the software is ready.

This facility has also been participating in the Rapid Case Ascertainment project and we appreciate that very much also.

I'd like to say Thank You to Crisp Regional Hospital and staff for a great job!

Carol Crosby, CTR  
Southwest Regional Coordinator  
GCCR

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### HIPAA Corner

**Q:** Are reporting facilities required to keep an accounting of disclosure for non-cancer patients when confidential patient records are viewed by central cancer registry staff in performance of their permitted tasks?

**A:** HIPAA specifically created an exemption for keeping an accounting of disclosure when non-cancer patient health information is reviewed in performance of these tasks.

The language is complex. It describes this as "incidence to a use or disclosure otherwise permitted". It says that an "individual has a right to receive an accounting of disclosures of protected health information... except for disclosures... incident to a use or disclosure otherwise permitted or required by this subpart, as provided in § 164.502."

As quoted below, a permitted disclosure includes the conduct of public health surveillance:

"§ 164.502 ... (1) Permitted uses and disclosures. A covered entity is permitted to use or disclose protected health information as follows... (iii) Incident to a use or disclosure otherwise permitted or required by this subpart... (i) As permitted by and in compliance with this section, § 164.512, or § 164.514(e), (f), or (g)."

"§ 164.512... Standard: uses and disclosures for public health activities. (1) Permitted disclosures. A covered entity may disclose protected health information for the public health activities and purposes described in this paragraph to: (i) A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health

surveillance, public health investigations, and public health interventions.

**Q:** According to HIPAA regulations, when a hospital cancer registry reports to the state cancer registry, is an accounting of disclosures of protected health information required for the following: new case reports, follow-up records, correction records, deletion records, deletion records, pathology only cases, tumor board/cancer conference only cases and consultation only cases?

**A:** Yes, either the hospital cancer registry or another department within the hospital must keep an accounting. The accounting must include for each disclosure:

- The date of the disclosure
- The name of the entity or person who received the protected health information and, if known, the address of such entity or person
- A brief description of the protected health information disclosed
- A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure or, in lieu of such statement, a copy of a written request for a disclosure under §164.502(a)(2)(ii) or 164.512, if any.

*HIPAA Regulation information and updates may be found on the following websites: NAACCR at [www.naacccr.org](http://www.naacccr.org); US Department of Health and Human Services at [www.hhs.gov](http://www.hhs.gov); and ACoS at [www.facs.org/dept/cancer/coc/](http://www.facs.org/dept/cancer/coc/). Please keep yourself updated on the latest HIPAA regulations.*

# Thank You Note from the Georgia Comprehensive Cancer Registry

GCCR thanks the following hospitals for submitting cancer data at least two months out of three (May, June, and July 2003).

<b>Hospitals Reported Three Months Out of Three</b>		
Athens Regional Medical Center	Gordon Hospital	Rabun County Memorial Hospital
Atlanta Medical Center	Grady Health System	Redmond Regional Medical Ctr
Augusta State Medical Prison	Gwinnett Health System	Rockdale Hospital
Barrow Medical Center	Habersham County Medical Ctr	Satilla Regional Medical Center
Berrien County Hospital	Hamilton Medical Center	Screven County Hospital
Brooks County Hospital	Henry Medical Center	SE Georgia Health Sys – B'wick
Candler County Hospital	Houston Medical Center	SE Georgia Health Sys – Camden
Candler Health System	Hutcheson Medical Center	Smith Northview Hospital
Cartersville Medical Center	Jefferson County Hospital	South Fulton Medical Center
Central State Hospital Med Surg	Jenkins County Hospital	South Georgia Medical Center
Chatuge Regional Hospital	John D. Archbold Memorial Hosp	Spalding Regional Hospital
Children's Healthcare of Atl at Eggleston	Louis Smith Memorial Hospital	St Joseph's Hospital – Atlanta
Children's Healthcare of Atl at Scottish Rite	Macon Northside Hospital	St Joseph's Candler Health Sys
Clinch Memorial Hospital	Meadows Regional Medical Ctr	St Mary's Healthcare System
Cobb Memorial Hospital	Medical Center of Central Georgia	Stewart Webster Hospital
Coliseum Health System	Medical College of Georgia	Sumter Regional Hospital
Colquitt Regional Medical Center	Memorial Health Univ Med Ctr	SW Georgia Regional Med Ctr
DeKalb Medical Center	Memorial Hospital and Manor	Tanner Health System
Doctor's Hospital Columbus	Memorial Hospital of Adel	Tattnall Memorial Hospital
Donalsonville Hospital	Mitchell County Hospital	Taylor Regional Hospital
Early Memorial Hospital	Mountainside Medical Center	Telfair Regional Medical Center
East Georgia Regional Med Ctr	Murray Medical Center	The Medical Center
Effingham County Hospital	NE Georgia Medical Center	Tift General Hospital
Emory Crawford W Long Hospital	Newnan Hospital – East	Union General Hospital
Emory Dunwoody Medical Center	Newnan Hospital – West	VA Medical Center – Atlanta
Emory Eastside Medical Center	Newton General Hospital	VA Medical Center – Dublin
Emory Northlake Reg Med Ctr	North Fulton Regional Hospital	Walton Medical Center
Emory University Hospital	Northside Hospital – Cherokee	Washington County Reg Med Ctr
Evans Memorial Hospital	Northside Hospital Cancer Center	Wayne Memorial Hospital
Fairview Park Hospital	Oconee Regional Medical Center	Wellstar Health System
Fannin Regional Hospital	Palmyra Medical Center	West Georgia Health System
Fayette Community Hospital	Phoebe Putney Memorial Hospital	Wills Memorial Hospital
Floyd Medical Center	Piedmont Hospital	
<b>Hospitals Reported Two Months Out of Three</b>		
Appling Health Care System	Grady General Hospital	Perry Hospital
Bacon County Health Services	Hart County Hospital	Phoebe Worth Medical Center
Bleckley Memorial Hospital	Irwin County Hospital	Putnam General Hospital
Burke County Hospital	Jeff Davis Hospital	Southern Regional Medical Center
Chestatee Regional Hospital	Liberty Regional Medical Center	St Francis Hospital
Coffee Regional Medical Center	McDuffie Regional Medical Center	St Joseph's Hospital – Augusta
Doctor's Hospital Augusta	Miller County Hospital	Stephens County Hospital
Dodge County Hospital	Monroe County Hospital	Sylvan Grove Hospital
Dorminy Medical Center	Morgan Memorial Hospital	University Hospital
Emanuel Medical Center	North Georgia Medical Center	Upson Regional Medical Center
Flint River Community Hospital	Northside Hospital – Forsyth	VA Medical Center – Augusta
Georgia Baptist Meriwether Hosp	Peach Regional Medical Center	Wildwood Lifestyle Center & Hosp

Please note: At the time of printing, Calhoun Memorial Hospital was erroneously omitted from the table. They reported two out of three months during the last quarter.