GCCR Register

Georgia Comprehensive Cancer Registry Summer 2005

2003 Incomplete Cancer Reporting

By A. Rana Bayakly, GCCR Director

The Georgia Comprehensive Cancer Registry (GCCR) evaluates data completeness on a quarterly basis. As of May 30, 2005, the GCCR completeness was 84.7% for 2003 diagnosis year. Based on this assessment Georgia cancer reporting is incomplete. The GCCR requires all hospitals to report all their 2003 cases by July 2005. As of May 30, 2005 only 27 electronic facilities have reported more than 95% of their cancer cases while 40 electronic facilities reported less than 95% of their 2003 cancer cases.

GCCR is requesting that all facilities that reported less than 95% of their cancer cases to review their case finding procedure for 2003 diagnosis year. GCCR will reassess completeness for all data received by June 30 and by July 2005. By the end of July 2005, DCH will receive a list of all hospitals that reported less than 90% of their 2003 caseload.

Since July of 2001, all hospitals signed Hospital Participation Agreement with the Georgia Department of Community Health (DCH). The pertinent component of the Agreement is as follows:

"3.11 Statewide Cancer Registry. Hospital agrees to timely and accurately report to the Georgia Comprehensive Cancer Registry certain information on cancer for patients who receive Hospital Services at the Hospital as required by the Georgia Department of Human Resources, Division of Public Health ("DHR/DPH") pursuant to O.C.G.A. § 31-12-2(a) and as more specifically set forth in the Georgia Comprehensive Cancer Registry Policy and Procedures Manual ("Cancer Registry Manual") issued by DHR/DPH. A copy of the Cancer Registry Manual has been provided to the Hospital by DHR/DPH and is hereby incorporated herein by reference. In the event Hospital fails to meet its obligation to timely and accurately report cases of cancer as required by the Cancer Registry Manual, DCH may, in its sole discretion and in addition to any other remedies under this Agreement, require Hospital to submit a corrective plan of action to DCH which, if approved by DCH, will permit Hospital to become compliant with this provision within a prescribed time period." (cont. next page)

Thyroid Carcinoma: Capsule (Capsular) Extension

By Jack B. Cunningham, GCCS Oncology Data Specialist

Upon returning from the SEER Workshop in New Orleans, I reviewed all 2002 and 2003 Thyroid cases with EOD-Extension coded to 40 or 50 (invasion of or through the thyroid capsule) that were in the GCCS/GCCR database.

This review was initiated by information provided by Dr. Charles Platz, a pathologist from the University of Iowa, concerning the thyroid capsule. Dr. Platz is one of the medical advisors for the SEER Program and has been for many years. A synopsis of his discussion of thyroid is as follows:

Typically, follicular tumors are encapsulated, while papillary and medullary carcinomas may be encapsulated, but most often are not, or are only partially so. Encapsulated tumors present a problem in separation of adenoma from carcinoma - in this situation it is the penetration of the capsule of the tumor, (which appears to form as a reaction of the host tissue to the tumor), plus vascular invasion, that is important in making the separation. In fact, a thick capsule is often an indicator of suspicion for these usually well-differentiated carcinomas. The capsule of the thyroid itself is much less distinct, and is usually quite thin but only causes a problem when the tumor capsule merges with the thyroid capsule, which can certainly occur with larger neoplasms.

The biggest dilemma occurs when the pathologist says "invades the capsule" and it isn't clear which capsule. One should think in terms of thyroid capsule only if there is something specific stated, such as, "the tumor invades the thyroid capsule," or "invades through the capsule into the adjacent soft tissue," or fat, or trachea.

Bottom line: capsule NOS means tumor capsule rather than thyroid gland capsule.

There were 113 cases with 2002 diagnosis dates coded extension 40 or 50. Based upon Dr. Platz's presentation, 52 of these were miscoded and using text given in the abstracts was recoded to either extension 10 or 20. There were 84 such cases with 2003 diagnosis dates and 45 were miscoded. (cont. next page)

Special Bulletins

Collaborative Staging (CS) Version 01.02.00 has been released as a result of inquiries and issues identified by the cancer registry user community since the August 2004 release of Version 01.01.00. For details on this and other updates on Collaborative Staging, please visit the following webpage: www.cancerstaging.org/cstage/index.html

Data collection of Primary Central Nervous System Tumors has arrived at the GCCR. We will be distributing this NPCR training manual at the GATRA meeting in November.

GCCR will be sending two employees to an NPCR workshop in September to become experts on the new histology and multiple primary rules. They will then be able to share this knowledge with all of you at future trainings, beginning with the GATRA meeting in November.

Incomplete Reporting (cont.)

In order to comply with the provision of the agreement, the Division of Public Health has arranged with the Department of Community Health for the following reporting procedures:

1. Frequency of reporting: As stated in the Georgia Comprehensive Cancer Registry (GCCR) Policy and Procedures Manual (Section 3, GCCR Cancer Reporting) hospitals are to report monthly to the GCCR. Beginning January 2002, the names of hospitals which have not reported in at least 2 of the last 3 months will be provided to the DCH.
2. Completeness of reporting: As stated in the Manual (Section 3, GCCR Cancer Reporting) hospitals are expected to report cases within 6 months from the date of diagnosis. Beginning July 2002 the names of hospitals which have not reported at least 90% of the expected number of cases for 2000 and 95% of the expected number for 1999 will be provided to the DCH. Please note that in July 2002 hospitals will be provided with six extra months to achieve the goals for completeness of reporting.
   - Beginning July 2003 the names of hospitals which have not reported at least 90% of the expected number of cases for their hospital for 2001 and 95% of the expected number for 2000 will be provided to DCH.
   - Beginning July 2004 the names of hospitals which have not reported at least 90% of the expected number of cases for their hospital for 2002 and 95% of the expected number for 2001 will be provided to DCH.
   - Beginning July 2005 the names of hospitals which have not reported at least 90% of the expected number of cases for their hospital for 2003 and 95% of the expected number for 2002 will be provided to DCH.
3. Accuracy of reporting: Beginning January 2003, the names of hospitals from which more than 1% of submitted records were rejected because of multiple errors or errors of vital information will be reported to DCH.

Thyroid Carcinoma (cont.)

Examples of the types of cases I found were:

INVASION OF THE TUMOR CAPUSLE

- PATH: Right thyroid lobe: Papillary thyroid carcinoma with follicular and solid features, encapsulated with invasion to tumor capsule, surgical margins negative. (Correct EOD Ext = 10)
- PATH: 1.0 cm papillary carcinoma, follicular variant. The malignant elements are focally noted to extend beyond the capsule into the immediate surrounding non-neoplastic thyroid parenchyma. (Correct EOD Ext =10)

INVASION OF THYROID CAPSULE

- PATH: Thyroid with papillary carcinoma, trabecular variant, invasive of thyroid capsule. Margins free. Right lobe with encapsulated papillary carcinoma. (Correct EOD Ext = 40)
- PATH: Total thyroidectomy with papillary carcinoma, multifocal. Transgression of thyroid capsule. (Correct EOD Ext = 40)

MORPHOLOGY (HISTOLOGY)

While doing this review, I also discovered that papillary carcinoma of the thyroid is listed in ICD-O-3 as a synonym of 8260 (papillary adenocarcinoma). This was not the case in previous Editions. DO NOT use ICD-O-3 code 8050/3 (papillary carcinoma) for thyroid cases.

The Mortality Query System

By May Ting Liu, GCCS Data Analyst

The Georgia Comprehensive Cancer Registry, through the Georgia Division of Vital Statistics, is able to provide to eligible GA oncology registries or oncology treatment facilities a database of all Georgia deaths from 2000 until the present.

The Mortality Query System (MQS) was developed years ago by the data processing staff of GCCR. The MQS program provides you with the capability to look up individuals in the mortality database by name, social security number or death certificate number. Many registrars find this tool extremely useful to pursue lost to follow-up patients within their registry. MQS is now updated on a monthly basis for records that have a cause of death. New data can be downloaded each month directly from within the application.

Please visit our website for more details. http://www.sph.emory.edu/GCCS/

Cancer Stat Bite

By Chrissy McNamara, GCCR Epidemiologist

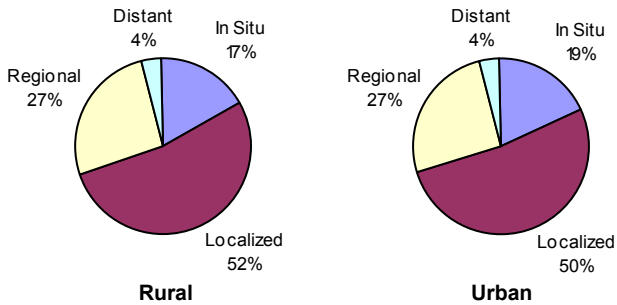
During 1999-2002, an annual average of 6062 new breast cancer cases were diagnosed in Georgia: 97% of which were given a SEER Summary Stage.

Overall, about 69% of breast cancers were diagnosed at an early stage. Among urban women, 19% of breast cancers were diagnosed as in situ and 50% as localized. Rural women fared almost as well with 17% being diagnosed as in situ and 52% as localized.

The earlier breast cancer is found, the better the chances for survival. Early detection for breast cancer includes appropriate use of mammography and clinical breast exams.

If you need additional data, please contact Chrissy McNamara at chmcnamara@dhr.state.ga.us.

Female Breast Cancer Incidence, Georgia, 1999-2002



Welcome Wagon

It is a pleasure to be welcomed with open arms into the world of tumor registrars. My name is Rebecca and I am new to the Athens area. My husband, Travis, and I were married this past June and I moved here from Lexington, KY to be with him.

Previously, I worked with Rood & Riddle Equine Hospital in radiology and was responsible for shooting digital radiographs along with keeping that department running smoothly (which, incidentally is where I met my husband).

Travis is in his fourth year of veterinary school at the University of Georgia, and plans to be an equine surgeon. My hope for the future is to eventually return to school and become a nurse (maybe working in Oncology), and have children.

In the mean time, I am trying my best to support the family working at Athens Regional Medical Center. With LeRue Schultz's help, I am beginning to have an understanding of cancer, and all the hard work that goes into abstracting.

Rebecca A. Tull
Athens Regional Medical Center
Athens

My name is Lori Williams and I am the new tumor registrar for Gordon Hospital in Calhoun, GA. Gordon Hospital is in the process of building a new comprehensive cancer center. I am thrilled to be able to assist in the infrastructure of the cancer program, before the hospital begins the physical project. It has been exciting to be a part of establishing this program from the ground up.

The anticipation of the new facility is also very exciting. Gordon Hospital wants to meet the needs of their patients, by offering them a state of the art facility, with a spa atmosphere, that will have everything they may need, under one roof. They hope to show the community that they care about their comfort, their families, and most of all, their dignity.

I am honored and blessed to be a part of such a caring organization that truly wants to SERVE its community.

Lori Williams
Gordon Hospital
Calhoun

I am 27 years old, married and have a one year old daughter. I like reading, shopping, cooking, camping, and most of all, spending time with my daughter.

I am originally from Dalton but presently live in Calhoun. I have worked at Hamilton for over 4 years in the medical records department.

I am excited about my new position and already enjoy the new responsibilties and challenges that the tumor registrar position has to offer.

Jackie Recinos
Hamilton Medical Center
Dalton

West Georgia Health System has acquired two new cancer registrars, Belinda Barintine and Brenda Jackson.

Belinda is a native of LaGrange. She has been married for 23 years and has two girls, ages six and two and three golden retrievers. Although she is new to the cancer registry, Belinda has worked for West Georgia Health System for 25 years in Health Information Management. Belinda likes to go to the beach, walk (but has no time), eat, and shop. Her advice to everyone is to have children before you turn 40!

Belinda's co-worker Brenda has been married for 19 years to John Peter Jackson, Jr. They have one child, a schnauzer, named King Jr. Brenda likes recreational activities and taking vacations. She is very active in her church, Arbor Grove Baptist Church. She likes sports, but her favorite team is the LaGrange Girls Basketball team and she is a Braves fan. Brenda likes watching reruns of Andy Griffith and Sanford & Son. She has worked at West Georgia Health System in Health Information Management for 6 years. Her advice to everyone is: "Keep the Lord first and do the right things and he will preserve and keep you."

You can welcome both of these ladies by calling 706-845-3949.

Betty Gentry, RHIT, CTR
Central Regional Coordinator
Macon

VA Medical in Augusta has a new cancer registrar named Shawana Burch. Shawana hails originally from New York but has been in Georgia for about 13 years. She has been at the VA two years as of this July and previously worked for St. Joseph's in Augusta. She is a graduate of the Medical College of Georgia in Health Information Management.

Shawana likes to travel and shop. She is engaged to be married, has a cat named Sparkles, and her favorite food is crab legs. Her advice to anyone just starting in the field is to get to know your clinical and support staff and become familiar with community services offered by your facility.

Shawana says she is looking forward to getting more familiar and involved with the Cancer Registry and working with everyone. She states, "I have always found it very interesting and have long been interested in this field."

Please welcome Shawana by calling 706-733-0188x3553.

Betty Gentry, RHIT, CTR
Central Regional Coordinator
Macon

FAQ's

Q: When a leukemia case has a negative bone marrow aspiration, according to the pathologist, but the physician makes a diagnosis according to the positive lab values, is this reportable?
A: This is considered a reportable case. Typically, patients with leukemia present with signs and symptoms of fatigue, malaise, and low-grade fever, easy or spontaneous bruising due to decreases in red blood cells, neutrophils, and platelets, respectively. The clinical presentation of the leukemia depends on the subtype and biological characteristics of the disease. In many patients CLL and CML are diagnosed at the time of a complete blood count performed for an unrelated illness. It is important to make sure that the physician has stated a positive diagnosis from the lab values (use the guidelines for ambiguous terminology in the SEER Program Code Manuel, third edition). CBC with platelets is a laboratory study to determine leukemia. It is usually followed by histochemistry of bone marrow (bone marrow aspiration) for confirmation but the positive lab values cannot be ignored. There are also specific tumor markers that can determine Leukemia. You will find, however, that most physicians will prefer a positive bone marrow histochemistry, and in this case it will probably be repeated.
Remember that all leukemias are coded to primary site C42.1, bone marrow, even in this case when the lab is positive and the bone marrow is negative.

If you have a question you would like to see addressed in the GCCR Register, please contact your regional coordinator.

North – Margaret Padgett (706) 272-2125 mapadgett@gdph.state.ga.us
Metro – Judy Andrews (404) 727-9787 jandr04@sph.emory.edu
Central – Betty Gentry (478) 751-6238 bagentry@gdph.state.ga.us
Southeast – Sheree Holloway (912) 303-1902 slholloway@gdph.state.ga.us
Southwest – Carol Crosby (229) 430-6388 ctcrosby@gdph.state.ga.us

Mark Your Calendars…

GATRA 2005 Fall Meeting
The Amazing Race: A Race Through The Registry
November 9-11, 2005
Holiday Inn Macon Conference Center
Macon, GA

Meeting highlights include: digital mammography, breast cancer treatment, brain cancer treatment, esophageal cancer treatment, palliative care, clinical trials, and more…

Brochure coming soon!

Cancer Registry Training

Principles and Practice of Cancer Registration, Surveillance, and Control
July 18-22, 2005
October 17-21, 2005

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

Georgia Comprehensive Cancer Registry
Georgia Department of Human Resources
2 Peachtree St NW 14th Floor
Atlanta, GA 30303-3142

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 (March, April, and May 2005).

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

New CTRs

The following candidate successfully passed the CTR Exam in March 2005 and formally became a Certified Tumor Registrar:

- John Cummings - Lawrenceville, GA

Congratulations!