

## Electronic Pathology Reporting (E-Path)

By A. Rana Bayakly, GCCR Director

GCCR is always looking for ways to improve cancer reporting in Georgia and data utilization for research purposes.

At a national meeting, GCCR learned about E-Path. This software (developed by a Canadian company called Artificial Intelligence in Medicine, Inc.) is a means to automatically code and identify reportable cancer cases from pathology laboratory database and then transmit them electronically to a registry (central or hospital).

The SEER program is testing the E-path system in several registries: Los Angeles County, California, Utah, and New Jersey. Georgia, in collaboration with the SEER program, is also piloting this system.

In 2003, GCCR and the Georgia Center for Cancer Statistics (GCCS) contacted several hospitals and laboratories in Georgia with a goal of installing the E-Path system at two pilot sites. Three hospitals and two independent pathology laboratories agreed to participate.

All five facilities went through a testing phase and are now ready for installation of the E-Path system.

In December, Dekalb Medical Center, Finnan Laboratory, and Quest Laboratory will install the E-Path system and start transferring data electronically to GCCS.

GCCR is hoping that the E-Path system will greatly reduce the need for

manual searches of pathology reports for reportable cancers.

Pathology labs will be able to electronically transfer reportable cancer data to the hospital tumor registry or to GCCS, as well as convert pathology reports into an abstract that could be imported into an existing cancer registry software. This innovative procedure will be useful for rapid case ascertainment as well as regular cancer reporting.

GCCR is excited about the pilot; once the system is fully tested we will be looking into implementing the system statewide therefore improving on our cancer data quality and timeliness.

## Georgia Hospital Edits

By Kevin Ward, GCCS Deputy Director

The Georgia Hospital Edits have become an integral component of a successful data submission. These state-specific edits provide one level of data quality control prior to submission. Facilities choosing to run these edits and clean all reported errors can be certain their submission will be accepted in full by GCCR. They can also take pride in knowing they have taken an additional quality control measure on their own data.

As new edits become available from the North American Association of Central Cancer Registries (NAACCR), new edit sets are released. In order to incorporate these edits into the Georgia

state-specific edit set, a revised version of the Georgia Hospital Edits must be created and then distributed.

GCCR uses a web mechanism to deliver new versions of the edits program. Hospital registries can access the Georgia Hospital Edits from the web site [www.sph.emory.edu/GCCS](http://www.sph.emory.edu/GCCS) by logging on to the "Hospital Files" portion of the web site using their appropriate password. Software vendors can access the most current Georgia state-specific edit metafiles from the same web site under the "Vendors" section of the web page.

The procedure for upgrading to a new version of the edits program involves

first removing the existing version and then installing the revised version. Following the recent release of a revised Georgia Hospital Edits program containing edits for Collaborative Stage, a few facilities encountered problems with the new program. While the program did appear to properly install, it would not initiate and allow the edits to be run. A fix for this problem was placed on the web site in the same location where the edits program resides. Downloading and running the fix allowed the edits program to resume its normal function at all facilities experiencing this problem.

## Special Bulletins

**Breast Cancer in Georgia, 1999-2000** is now available on the web at <http://health.state.ga.us/programs/gccr/data.asp>. This report provides a detailed picture of breast cancer in Georgia, containing information on breast cancer incidence, mortality, early detection, risk factors, treatment, and survival.

**Zip code changes** from 2001 to present may be found on the Postal Service website: <http://www.ribbs.usps.gov/FILES/PBZIP/>. Please refer to this website for updates on zip codes in Georgia.

**Ideas and questions** for the *GCCR Register* newsletter may be submitted to your regional coordinator. If you have a question you would like us to answer or an idea for an article, please let us know.



## Welcome Wagon

The cancer registry staff at Medical Center of Central Georgia is changing and growing.

First to join the ranks was Georgia native, Jeannie Ray. Jeannie was a current employee of MCCG working in the trauma registry. This made for an easy transition to her new position.

Jeannie and her husband, Brad, have been married for 6 years and they have two boys. In her "spare" time, Jeannie enjoys gardening, photography, and playing with her dachshund Romeo.

Outside of the entertainment she gets from her boys, Jeannie relaxes with a bowl of popcorn while watching her favorite movie, Bram Stoker's Dracula.

Another new face to the cancer registry profession is Rebecca Cook. She also is employed at MCCG and transferred from the nursery where she worked as a tech.

Rebecca's hobbies are singing, playing hand bells, and shopping. However, she is currently busy working on wedding plans that will culminate in September 2005. I imagine her future

husband was properly introduced and approved of by Laci, Rebecca's dog.

Her favorite forms of entertainment are dining at Carrabba's or watching her favorite movie, Pirates of the Caribbean.

Please introduce yourselves to all our new members and let them know they are welcome and we are here to support them.

Betty Gentry, RHIT, CTR  
Central Regional Coordinator  
Macon



We are honored to welcome Sheree Holloway, RN, CTR, as our newest member of the Georgia Comprehensive Cancer Registry (GCCR). Sheree is the new Southeast Regional Cancer Registry Coordinator.

Before accepting this job, Sheree worked with the GCCR for a year as an independent abstractor. Prior to that, she worked for seven years as a registered nurse

specializing in oncology at Candler Hospital Oncology Unit and the Savannah Oncology Center.

Sheree has her Associate of Science degree from Armstrong State College, Savannah Georgia. She is married and has 3 boys her oldest is six years old. When asked what was most exciting about her new job, Sheree's response was "learning more about hospitals, registrars

and abstractor, gaining appreciation of registrars' responsibilities in a hospital setting."

When you have a free moment, please call Sheree at 912-898-4227 and join us in welcoming her to our registry.

Rana Bayakly, MPH  
Director/Epidemiologist  
GCCR

## Blue Ribbon Award

The Metropolitan region of GCCR is very fortunate to have so many hospitals that conscientiously report on time and routinely provide data that is complete and accurate. As with the other regions it is difficult to highlight one facility above any other.

I would however, like to recognize Terri Richardson at DeKalb Medical Center, for her cooperation with GCCR in piloting the Electronic Path (E-PATH)

reporting system and for her contribution to quality control issues that we are continually refining.

Terri has worked hard in her facility to increase case finding efficiency by implementing electronic merges with multiple sources, and she welcomes every opportunity to enhance the quality of the data reported. For example, after reviewing the QC report her facility receives each month, and noting birthplace is not an item

available in their medical record, she intends to see if her facility can get this data field instituted as part of the record.

Terri's professionalism in accepting and embracing change, and her constructive attitude are attributes to be admired.

Judy Andrews, CTR  
Metropolitan Regional Coordinator  
Atlanta

## HIPAA Corner

**Q:** Does a temporary employee who is in a position for only three months have to receive HIPAA training?

**A:** Maybe, it depends on the employee's job duties. The relevant HIPAA provision regarding workforce training [See 45 CFR § 164.530(b)] does not make a distinction among employees based on whether they are full-time, part-time, or temporary.

The measure for whether a workforce member should receive HIPAA training is role-based. An employee must receive HIPAA training "as necessary and appropriate" for that person to carry out their job functions. If an employee does not use, disclose or otherwise come into contact with protected health information (PHI), then that employee does not require HIPAA training in order to carry out their job duties. If the workforce member (even if temporary) does or has the potential to handle PHI, then that person must receive HIPAA training.

**Q:** How soon does an employee have to receive HIPAA training after being hired?

**A:** HIPAA does not have a set time period. HIPAA only requires that each new member of the workforce be trained within a "reasonable period of time" after the person joins the covered entity's workforce. See 45 CFR § 164.530 (b)(2).

For example, the Georgia Division of Public Health has decided that providing new employees with HIPAA training within the first month of being hired is a reasonable period of time. The same time frame is suggested to others since waiting more than one month may not be considered reasonable especially if the new employee handles protected health information.

*HIPAA Regulation information and updates may be found on the following websites: Georgia Division of Public Health at [health.state.ga.us/phil/](http://health.state.ga.us/phil/); NAACCR at [www.naacr.org](http://www.naacr.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.*

## FAQ's

**Q:** A patient is diagnosed with prostate cancer and the only surgery is a bilateral orchiectomy that is negative for malignancy. What is the proper treatment code for this case?

**A:** Because these procedures are performed to suppress naturally occurring hormonal activity, they would be coded to Hematologic Transplant and Endocrine Procedures. They must be "bilateral" to qualify as endocrine surgery unless only one organ is present at time of surgery. See page IV-53 of the Policy & Procedure Manual.

**Q:** Squamous cell carcinoma (8070) of the brain (C712) fails the edit Primary Site, Morphology-Imposs ICD-O-3 (SEER IF38). What are the proper site and histology codes? Text reads: MRI brain – enhancing mass is probably a recurrence of the original tumor resected in 1983 (benign). Gross resection – lesion was coming up against her brain stem, removed it grossly. Pathology – brain tumor, left temporal – SCC arising from a previous epidermoid cyst of the brain. Path remarks – Squamous lesions suspicious for malignant

transformation of old epidermal cyst (1983). The literature has reported that epidermoid cysts in the brain can undergo a malignant transformation and is what happened in this case. Began radiation.

**A:** The epidermoid cyst (EC) is not reportable because it is a tumor-like lesion. The dermoid cyst (DC) and the EC are distinguished histologically. DC is lined by keratinizing squamous epithelium with dermal adnexal elements like hair and sebaceous glands; whereas, EC is lined by keratinizing squamous epithelium without dermal adnexal elements. Code to an ill-defined site when there is a malignancy arising in a congenital anomaly. Site C76.0; Hist 8070.

**Q:** In what scenario would we use 9's vs. 0's for date of treatment?

**A:** Use 0's only for cases diagnosed at autopsy or when no treatment was given. Code 9's for the following: 1) when you know treatment was given, but the date cannot be estimated, 2) the case was identified by death certificate only. See pages IV-33:37 of the Policy & Procedure Manual.

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## Mark Your Calendars...

### Midwest Institute for Central Registry Operations

Sponsored by NPCR and NAACCR

March 8-11, 2005

Oak Brook, Illinois

### NCRA's 31st Annual Educational Conference

April 10-13, 2005

Sheraton New Orleans

New Orleans, Louisiana

### GCCR Spring Training

April 27-29, 2005

Crowne Plaza Atlanta Perimeter NW

Atlanta, Georgia

*Educational opportunities will include: colorectal anatomy, coding, and treatment; head and neck cancers; mixed, complex morphologies; collaborative stage; program updates, and more...*

**Registration is free for hospital employees attending all sessions.**

Online registration will be available in January at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Training/conferences.html>

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# 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 (September, October, and November 2004).

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

Please note that Donalsonville Hospital was inadvertently left off the list for having reported two months out of three in the fall newsletter. We apologize for any confusion this may have caused.

## New CTRs

The following candidates successfully passed the CTR Exam in September 2004 and formally became Certified Tumor Registrars:

- Vicki Bennett – Moultrie, GA
- LeRue Schultz – Athens, GA
- Alison Townsend – Columbus, GA

**Congratulations to you all!**