GCCR Register

Georgia Comprehensive Cancer Registry Spring 2005

Kaiser Permanente Pilot Project

By A. Rana Bayakly, GCCR Director

The Georgia Comprehensive Cancer Registry (GCCR) implemented a pilot project with Kaiser Permanente in July of 2003. The purpose of this project was to improve cancer data collection for GCCR as well as for Kaiser Permanente (KP) patients.

GCCR received a list of all KP members that were diagnosed with cancer between 1995 and 2003 to match against the GCCR database. Because KP serves residents of Metropolitan Atlanta, the match was done against the entire database, including Metro-Atlanta SEER data from 1975 to 2003.

Of the 21,477 patients submitted by KP, 7,557 (35%) matched the GCCR database while 13,920 did not match. Of these non-matched cases, GCCR eliminated non-reportable cancers, benign neoplasms, and neoplasms of uncertain or unspecified behavior. The number of potential missed cases was reduced by nearly two-thirds to 5,266 individuals for the reporting years 1995-2003.

GCCR decided to focus on 2002 and 2003 diagnosis years because these were the most recent years for which GCCR should have complete data. This reduced the number to 1,678 potential missed cases.

GCCR ran the analysis by reporting source and subset cases that were seen only at KP. A final list of 1,055 cases (626 for 2002 and 429 for 2003) was shared with KP to investigate why they were not reported.

KP staff, with the assistance of Judy Andrews, reviewed the cases for 2002. Of the 626 potential missed cases, 455 (73%) were determined to be either benign neoplasms or non-reportable skin cancers that had been miscoded.

GCCS staff went on site to abstract the remaining 171 identified missed cases. Of these, 82 (48%) have been abstracted with diagnosis years ranging from 1995 to 2002. The remaining 86 are still under review.

In conclusion, this match has been useful for both KP and GCCR. KP staff will review their ICD-9 codes and develop a plan to reduce miscoding. GCCR learned that for 2002, less than 3% of the patients seen by KP facilities were missed. As of 2004, KP started reporting all of their cases on a regular basis.

Collaborative Staging: CS Site Specific Factors 3, 4 and 5 for Breast Cases

By Mary Streeter, GCCS Director of Registry Operations

The immunohistochemical and molecular methods of examining lymph nodes are not routinely done as these tests are expensive and not always covered by insurance. At this point, the clinical significance of these studies as prognostically relevant has not been established and data collection is necessary to make this determination.

The discussion and examples below are intended to make the collection of this information for breast cases a little more understandable.

As with all primary sites, it is imperative that the abstractor refer to the Collaborative Staging Manual for a complete description of the available codes and notes for each field which are critical to accurate coding.

ITC or isolated tumor cells are defined as single tumor cells or small clusters less than/equal to 0.2mm and are usually detected by IHC or molecular methods and usually show no malignant activity and are ***not*** considered to be "positive" lymph nodes.

IHC or immunohistochemistry: antigen method for detecting ITCs.

RT-PCR or Reverse Transcriptase Polymerase Chain Reaction: molecular method for detecting ITCs.

H & E or Hematoxylin-and-Eosin Staining: used for routine staining of tissue sections; usual histological method for examining lymph nodes.

SSF3: Number of Positive Ipsilateral Axillary Lymph Nodes

- Record the number of positive lymph nodes on H & E in this field.
- Lymph nodes with isolated tumor cells (ITCs) ***only*** are ***not*** counted as positive lymph nodes and are ***not*** recorded in this field.

SSF4: Immunohistochemistry (IHC) of Regional Lymph Nodes

- Code 000-030 in this field when lymph nodes are negative on H & E, i.e., cases where the CS Lymph Nodes field is either 00 (none) or 05 (regional lymph nodes with ITCs only).
- Code 888 (not applicable) when positive lymph nodes have been recorded in the CS Lymph Nodes field.
- When it is not stated whether IHC tests were done, assume they were not done and code 000.

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Special Bulletins

GCCR Register is now available on the web at http://health.state.ga.us/programs/gccr/newsletters.asp.

In preparation for the Spring Training, please visit www.sph.emory.edu/GCCS and abstract two head and neck cases. This site will be available until April 15. If you have any problems with the website, please contact Titus Fofung at GCCS - tfofung@sph.emory.edu.

Cervical 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 cervical cancer in Georgia, containing information on cervical cancer incidence, mortality, early detection, risk factors, treatment, and survival.

The Georgia Cancer Coalition needs your help with this year's Healthy Georgia Expo at the Dodge Tour de Georgia. For more information about this exciting event and how you can help, contact Demetrius Parker at 404-657-6313.

CS Breast (cont.)

SSF5: Molecular Studies of Regional Lymph Nodes

- Code 000-002 in this field when lymph nodes are negative on H & E, i.e., cases where the CS Lymph Nodes field is either 00 (none) or 05 (regional lymph nodes with ITCs only).
- Code 888 (not applicable) when positive lymph nodes have been recorded in the CS Lymph Nodes field.
- When it is not stated whether molecular studies were done, assume they were not done and code 000.

	CS Lymph Nodes	Reg LN Pos	Reg LN Exam	CS SSF3	CS SSF4	CS SSF5
EXAMPLE #1						
Infilt Duct Ca Rt Breast, lesion at 6:00, 2.5cm in size, no evid of tumor in 8 ax LNs, IHC shows ITCs in 1 low ax LN	**05** (LNs neg on H&E, c/ ITCs only)	**00**	**08**	**000** (LNs neg on H&E)	**002** (LNs neg on H&E, IHC pos for ITCs)	**000** (LNs neg on H&E, no molecular studies)
EXAMPLE #2						
Rt Breast c/ Infilt Duct Ca and DCIS, tumor size 1.5cm and well diff., 4/4 rt ax LNs neg	**00** (LNs neg on H&E)	**00**	**04**	**000** (LNs neg on H&E)	**000** (LNs neg on H&E, no IHC done)	**000** (LNs neg on H&E, no molecular studies)
EXAMPLE #3						
Lt Breast c/ 1.0cm Infilt Duct Ca c/ an in situ component, 4/4 ax LN positive, 1/1 sentinel LN positive	**25** (LNs pos on H&E)	**05**	**05**	**005** (#5 LNs positive)	**888** (Not applicable; CS Lymph Nodes not 00)	**888** (Not applicable; CS Lymph Nodes not 00)

Welcome Wagon

Oconee Regional has acquired a new cancer registrar, Jessica Riner. She hails from Swainsboro, Georgia and has lived in Georgia all her life. She has two pets, a cat and a dog, but likes to spend her free time shopping on the internet.

In June of 2002, Jessica married a U.S. Marine, Jesse Riner. They traveled to Gatlinburg, TN which Jessica claims is now her favorite place. After a lengthy stay in Iraq, Jessica's husband Jesse has just returned home.

Jessica's favorite thing to do now is spend time with her husband. Please welcome Jessica to the cancer registry profession and I know I speak for all when I express we are happy her husband has returned safely.

Betty Gentry, RHIT, CTR
Central Regional Coordinator
Macon

We are honored to welcome Ahmed Jamal as the newest member of GCCR. Ahmed is our new data manager.

Before accepting this job, Ahmed worked as a programmer analyst with Columbus McKinnon Corporation in New York developing web based reports and software using Oracle.

Ahmed has more than five years of experience in database development and more than six years of experience in the health care industry within the US and internationally.

Ahmed received his medical degree from the University of Dhaka, Bangladesh and a master's degree in public health in epidemiology and biostatistics from the University of Hawaii.

Ahmed is married and has one girl who is four years of age.

When you have a moment, please call Ahmed Jamal at 404-463-3749 and introduce yourself and help welcome him to Georgia and to GCCR.

Rana Bayakly, MPH
Director/Epidemiologist
GCCR

Cancer Stat Bite

By Chrissy McNamara, GCCR Epidemiologist

Georgia cancer incidence data for 1999-2002 is now available on the web at http://health.state.ga.us/programs/gccr/data.asp.

During 1999-2002, an annual average of 32,574 new invasive cancer cases were diagnosed in Georgia: 16,991 among males and 15,583 among females. Four cancer sites — breast, prostate, lung, and colorectal accounted for 57% of the cancer cases in Georgia.

The burden of these cancers can be significantly reduced by appropriate use of mammography, colorectal screening, and other early detection examinations and by preventing or stopping tobacco use, improving diet, and increasing physical activity.

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

Invasive Cancer Incidence, Georgia, 1999-2002

Males		Females	
Site	**Cases per Year**	**Site**	**Cases per Year**
All Sites	16991	All Sites	15583
Prostate	4967	Breast	4993
Lung & Bronchus	3176	Lung & Bronchus	2039
Colon & Rectum	1779	Colon & Rectum	1731
Bladder (Incl in situ)	888	Uterine Corpus	722
Melanoma	692	Non-Hod Lymphoma	542
Non-Hod Lymphoma	599	Melanoma	531
Oral Cavity	566	Ovary	521
Kidney & Renal Pelvis	524	Uterine Cervix	410
Leukemias	403	Thyroid	375
Pancreas	355	Pancreas	360

FAQ's

Q: When completing the Collaborative Staging Site Specific Fields, what is the difference between **Code 000 – Test not done (test was not ordered and was not performed)** and **Code 999 – Unknown or no information; Not documented in patient record**? When is each code used?
A: Assign Code 000 when the patient record contains a statement that the test was not done. Assign Code 999 when it is unknown or there is no information or documentation in the patient record whether a test was performed or not. Some examples of schema in which this issue arises: Colon, Melanoma, Breast and Prostate.

Q: For cases with a date of diagnosis after 1/1/04, which EOD fields should be completed on the abstract?
A: Only the CS/EOD fields are filled in for cases after 2004. The other EOD fields should be blank. If your software will not allow blanks in these fields or defaults to 9's, you should check with your software vendor. Until your program is revised/upgraded with the correction, you should send a note with each submission indicating this error is a software issue.

Q: What is the process for handling an incidental disclosure?
A: Under HIPAA, incidental disclosures are okay and don't require action on the part of the covered entity when they occur if the particular incidental disclosure is a by-product of a permitted use or disclosure, reasonable safeguards have been applied and if the minimum necessary standard was implemented. See 45 CFR § 164.502(a)(1)(iii).
The only time an incidental use or disclosure becomes problematic is if it was a by-product of an underlying use or disclosure that is not allowed by HIPAA to begin with. In this case, you will have to document the unauthorized disclosure as well as efforts taken to mitigate the incidental disclosure, i.e. corrective action and steps taken to prevent such a disclosure from happening in the future. See 45 CFR § 164.530(f).

Mark Your Calendars…

National Cancer Registrars Week
"Working Today for a Healthier Tomorrow"
April 4-8, 2005

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 is available at:
http://www2.state.ga.us/departments/dhr/ohrmd/Training/conferences.html

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 (December 2004, January and February 2005).

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

New CTRs

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

- Erik B. Stuckart – Martinez, GA
- Georgina F. Wanko – Conyers, GA

Congratulations to you both!