SCCCR MONTHLY BLAST

UPCOMING EVENTS:

2022 Manual Changes! There are quite a few changes/clarifications coming for cases starting Jan. 1, 2022. Please keep an eye out for communication regarding various changes. The most recent update was this month…… Also, the new State Manual will be released early next year. Make sure you review the update log.

January 11, 2022: NAACCR CTR Exam Prep and Review Webinar Series

If you know of any upcoming webinars provided by contract companies, please shoot me an email so that I can share with others. We all like free CEU's.

NCRA 2022 April 6-9, 2022

The conference will be a hybrid conference. There will be registration details released soon for in person or virtual registration.

SCCCR Research Study Collaborations

Medullary Thyroid Carcinoma Study

African American Cancer Epidemiology Study (AACES)

 Please let Parth Patel P1@dhec.sc.gov know whether or not you have patients for either of these studies. We appreciate your participation with these efforts.

What is FLccSC?

FLccSC provides educational and learning opportunities from various resources. The training that is accessible within this platform contains shared resources from other states, standard setters, and central registries. If you have not registered yet, I have provided the link below.   There are so many educational options new/old, with more to come. If you have any educational tools that you think could you're your fellow registrars, please send them to me for review and uploading.

https://scs.fcdslms.med.miami.edu/ords/f?p=105:1:9068235610916

South Carolina Cancer Registrars Association

Are you a member of the state association? This is a great way to connect with your fellow SC Cancer Registrars. There are also perks that come along with being a member.

Current SCCRA Executive Board

President: Karen Mace

President Elect: Connie Boone

Vice President/Membership Chair: Rebecca Heaberlin

Treasurer: Cathey Lindley

Secretary: Tammy Altman

Immediate Past President/Web Chair: Laurie Josiger

SCCCR MONTHLY BLAST

UPDATES FROM THE CENTRAL REGISTRY STAFF:

Data Collection:

We appreciate your continuous efforts on completing your monthly submissions to the Central Registry. When submitting your cases, please compare the number of cases uploaded into WebPlus to the number of cases pulled from your software. These two numbers should match. Please contact Kammy Rebl @ reblkj@dhec.sc.gov if you are finding any discrepancies when you submit your facilities cases.

Electronic Reporting:

SCCCR plans to send the V22A state specific metafile to all cancer registry software vendors by mid-January 2022. This will give the software vendors 4-6 weeks to update their client's software before we start requiring facilities to start using, the new version of the SC Prep Plus and SC Web Plus editsets in our central cancer registry applications. If your software vendor does not update your cancer registry software edits and you must do it yourself or with the help of your I.T. Department, please contact Michael Castera @ casterama@dhec.sc.gov . He will send the metafile through WebPlus to your account so that your software can be updated.

SCCCR is planning to introduce a Unique Numbering System (SCCCR RFID) for each facility that reports data to SCCCR. We plan to roll out this update very soon. We will be communicating with your software vendors to incorporate this new unique number in your software. Facilities are required to coordinate with their cancer registry software vendors to make sure that cases are reported with the new facility identification number once the update is rolled out.

SCCCR MONTHLY BLAST

From our Director:

Accomplishments
- NAACCR **Gold** Certification
- CDC NPCR *Registry of Distinction*
- USCS *Registry for Surveillance*

In FY 2021, 89 data requests were filled:
- 42 Routine
- 29 CCA
- 18 Research
  *3 Patient Contact
  - AACES
  - MTC
  - Melanoma

2021-2022 CDC Funding: $1.1 million+!
Includes additional $ for:
- Data Quality Audit ~$50,000
- Data Modernization ~$150,000
- Excludes state funds: ~25% additional

- SCCCR submitted our annual data to CDC/NPCR and NAACCR before Thanksgiving and Thank you (from our entire staff) for all you do to contribute to this process.

- Please remember to look for new cases for our RCA studies and contact us.

- Parth Patel will be leaving us after 12/15/21. 🙁

- We will have a new contact starting on Jan. 10, 2022 (TBD).

- Please contact Kammy & Deb with anything related to RCA in the interim.

- Have a safe and wonderful holiday season!

SCCCR MONTHLY BLAST

2022 NAACCR webinar schedule:

1/6/2022 Lung

2/3/2022 Data Item Relationships

3/3/2022 Abstracting and Coding Boot Camp

4/4/2022 Hematopoietic and Lymphocytic Neoplasms

5/5/2022 Colon

6/2/2022 Central Nervous System

7/7/2022 Back to the Future: What year is it and What did I miss?

8/4/2022 Solid Tumor Rules

9/1/2022 Coding Pitfalls

Did you know?????

As of 1/1/2021 there are now 3 histology codes related to serous carcinoma:

Papillary serous adenocarcinoma 8460 prior to 1/1/2021 & 8441/3 1/1/2021 and forward

Low Grade serous carcinoma 8441/3 prior to 1/1/2018 & 8460/3 1/1/2018 and forward

High Grade serous carcinoma 8441/3 prior to 1/1/2018 and 8461/3 1/1/2018 and forward

SCCCR MONTHLY BLAST
WORDS MATTER!!!!

(Thank you Whitney Williams)

Why is text in your abstract so important?

The text in your abstracts is used to verify anything that you have coded within your abstract. If it is not documented, it did not happen! When you complete your abstract for your facility and the case is then submitted to the state, we marry your abstract to another facility who has submitted the same patient. Sometimes it will be for the same primary and sometimes it will be to keep track of all the patient's primaries.

What does that mean? If you enter white as the race for your patient and your text states black, the first thing I will do is look at the other facility that has submitted this patient to see what they entered and what their text states. If they have entered black and the text states black in their abstract that is what I am going to go with. If you code T1b for a melanoma and your text states no ulceration and another facility codes T1a and text states without ulceration, we would choose T1a based off the verification through text.

The Central Registry does not have access to your EMR. We rely on you to submit correct data that is validated by your text. We are also audited every 5 years by the CDC. What are they looking for? We are graded on your code/text validation. If the text is not there to support the data items, we should not be accepting your cases.

The data you submit and that we house is such a crucial part of cancer research, treatments, and the goal of prevention and cure. For that to be accomplished we must do our part. Your efforts are not useless. They are needed, YOU are needed.

Happy Holidays!