

Montana Central Tumor Registry Newsletter



MONTANA
CANCER
CONTROL
PROGRAMS

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

The CSEP Program has new Follow-up Staff



My name is Valerie Weedman and I have been working for the State of Montana for almost 5 years, however I have only been in my current position of Logistics Coordinator for the Cancer Control Section for almost 4 years. Previous to that, I was an Administrative Assistant in Health Resources Division, where I was able to work with the wonderful program Healthy Montana Kids.

I graduated from the Helena College of Technology of the University of Montana in 1998 with an Associates in Accounting which helped me work my way up in Albertson's; I worked there for 5 years and truly enjoyed working with customers. When I had my daughter in 2002, I decided that being a parent was more important than anything. I then moved to a job that was less stressful so that I would have more attention to give to her. I now have a beautiful 9 year old daughter that makes my life whole. We spend a lot of time reading and riding bikes. I love to eat, which works out perfect that she is learning to cook. I have recently, about a year ago, reconnected with family and that has been a journey we have so enjoyed, getting to know them and them getting to know us. We spend a lot of time traveling to Great Falls or the closer Dearborn to see our family. Although I had knee surgery a few months ago, I hope to soon get back to riding horses and being more active with my daughter and family.

The MCTR's Follow-up Schedule:

1. First week of month: hospitals send electronic NAACCR follow-up files or be sure to have previous follow-up requests returned.
2. Second week of month: Valerie will send follow-up requests to facilities via File Transfer Service, Fax or Mail.

Follow-up lists that are sent to you from Valerie (the normal Word documents that are in a table format) can be returned to Valerie via mail, fax, or the FTS. Electronic data files that are in the NAACCR format (for those who submit electronic data files) can continue to send to Debbi, Paige, and Diane.

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Meet the Registrars



Sandy Marquardt, left and Mary Romano, right
Kalispell Regional Hospital

Mary Romano

Greetings!! I'm Mary Romano, and I've been in the KRMC Cancer Registry since August of 2010. I was working here at KRMC as a p.r.n. transcriptionist in early 2010 when I saw that there were 2 cancer registrar positions on the open job board. Having researched the qualifications, education and experience needed, I inquired about the postings and whether I could be considered for one of the positions based on my 25 years' experience in HIM/medical records. My experience is vast and includes teaching, mentoring, educational assistant work with Caribbean students, editing, quality assurance, course work creation and assembly, test writing, compiling case studies, etc. I was ready for a change though, and I embraced the challenge of the Cancer Registry Management classes at AHIMA's online school, and that's where you'll find me much of the time these days, when I'm not at work here at the Cancer Registry that is.

I find it exhilarating to have the opportunity to work with these awesome, talented, devoted professionals

here at our facility. We are a growing, thriving Cancer Center here at KRMC/Northwest HealthCare, and we are moving towards our CoC accreditation with avid devotion to our patients and constant striving for excellence in care. I am humbled to have a small part in this endeavor.

Sandy Marquardt

Hello! My name is Sandy Marquardt. While pursuing my AAS HIT degree, I had the pleasure of completing my internship at Mayo Clinic Rochester. During this internship, the supervisor of their cancer registry gave us an overview of their cancer registry. The more she spoke, the more intrigued I became. After our session, I was able to spend a few hours in their cancer registry. From that moment, I knew what I would love to do the rest of my working career. May 2011 was a very exciting month for me and my son, Derek: I graduated from Scott Community College, we moved from Winona, MN to Lakeside, MT, and I started my career at Kalispell Regional Medical Center as a Tumor Registrar. I am looking forward to sitting for my CTR exam in September and assisting the KRMC Cancer Registry in its efforts to become CoC accredited.

When I am not working, my son and I enjoy the outdoors. We feel truly blessed to be part of the KRMC "family" and to be surrounded by breathtaking scenery. We are enjoying all that the Kalispell region has to offer.

The MCTR gets GOLD!



The Montana Central Tumor Registry submitted 2008 incidence data for evaluation and feedback as

Gold certification is the highest measure. To receive Gold certification, registries must be 95% complete, have < 2% unknown values for age, sex, race, or county, have < 3% death certificate only cases, have < 1/1,000 duplicates, have 100% of cases pass edits, and have data reviewed at 23 months after diagnosis year ends.

part of the North American Association of Central Cancer Registries (NAACCR) Registry Certification process. The Montana Central Tumor Registry received Gold Certification.

Evaluation of the MCTR's data is important. First, it recognizes our registry for data completeness, quality, and timeliness. Second, it provides feedback to identify training needs.

A big Thank-You to everyone for submitting their data in a complete and timely manner. We could not have done it without you.

Registries that obtain Gold or Silver certification are eligible to have their data published in the Cancer in North America.

Certificate of Excellence Recipients

The following facilities received a certificate for the 2011 First Quarter, acknowledging their timeliness in reporting. Ninety percent of their cases were reported within 12 months.

Facility	City
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Physicians:

Dr. Philip Tallman
 Yellowstone Dermatology
 Advanced Dermatology of Butte
 Dermatology Associates
 Associated Dermatology
 Dermatology Associates

Billings
 Billings
 Butte
 Great Falls
 Helena
 Kalispell

Hospitals:

Billings Clinic
 St. Vincent Healthcare
 Bozeman Deaconess Hospital
 Liberty Medical Center
 Rosebud Health Care Center
 Frances Mahon Deaconess
 Glendive Medical Center
 Sletten Cancer Center
 Kalispell Regional Medical Center
 Central Montana Medical Center
 St. Patrick Hospital
 St. Joseph Medical Center
 Marias Medical Center

Billings
 Billings
 Bozeman
 Chester
 Forsyth
 Glasgow
 Glendive
 Great Falls
 Kalispell
 Lewistown
 Missoula
 Polson
 Shelby

Pathology:

Yellowstone Pathology Institute

Billings



RMCDs Users Information

Conversion of Collaborative Stage 02.02 to 02.03

To clarify CSv2 and NAACCR layout v12: CSv2 02.02 is used with NAACCR record layout v12.0 (effective date 01/01/2010). CSv2 02.03 is used with NAACCR record layout v12.1 (effective date 01/01/2011).

You are currently on CSv2 02.02, NAACCR v12.0. You will need to be on CSv2 02.03 when abstracting 2011 cases.

Just a reminder, you cannot mix cases coded 02.02 with cases coded 02.03 without first converting the CS 02.02 cases to CS 02.03.

All edit errors involving Primary Site, Histologic Type, Date of Dx and All Collaborative Stage field should be corrected before running the conversion.

The procedure for the conversion is as follows:

- You must load fresh programs (starting Friday May 26, 2011). Everyone except the one doing the conversion must be logged out of RMCDs.
- Login to RMCDs and verify that the Version Date is May 26, 2011 or later.

- Go to the Modifications menu and select “Convert to Collaborative Stage 02.03”.
- A box will come up to make sure everyone is out of RMCDs. If they are, answer “yes” to continue.
- The program will copy the newest version of the CSTAGE.DLL into the programs directory.
- A black box opens and then a windows box of a Jzip program. We are backing up your Zmaster.1 and Zmaster.1xt in case something very unexpected happens and we need to restore the CS information.
- Then the actual conversion program will run in a black box and #'s will scroll down the screen. The left column is the # of records processed and you can get an idea of how long the run will take.

At the end it will give you the # converted and the # needed to be reviewed. Our runs have shown about 1%-4% need review. Then the print option will come up to review cases.

NOTE: After reviewing and correcting all cases in the review listing you need to recalculate all CS stages. Click on the Modifications menu and click “Recalc Collab Stage”.

If you encounter problems or have questions contact RMCDs at 801-581-4307.

Q & A

Reportability/Ambiguous Terminology

Question 20091125: Should a thyroid case be accessioned based only on a cytology that is consistent with papillary carcinoma?

Answer: Do not accession the case if the cytology is the only information in the medical record. The phrase “Do not accession a case based only on suspicious cytology” means that the cytology is the only information in the record. If there is other information that supports the suspicion of cancer (radiology reports, physician statements, surgery), then accession the case. The phrase “suspicious cytology” includes all of the ambiguous terms.

Question 20010044: If a “suspicious” cytology is reportable only when a later positive biopsy or a physician’s clinical impression of cancer supports the cytology findings, is the Date of Diagnosis field coded to the later confirmation date rather than to the date of the suspicious cytology? Is a suspicious “biopsy” handled the same way?

Answer: Cytology reported as “suspicious” is not reportable. If the physician confirms the suspicious cytology by making a clinical diagnosis of malignancy, the Date of Diagnosis field is coded to the date of the clinical diagnosis, which may or may not be the same date the cytology was performed.

Without supporting clinical documentation, the case will remain non-reportable and will not be submitted to SEER. The supporting documentation can be a physician’s statement that the patient has cancer, a scan or procedure that identifies cancer, or a positive biopsy.

Suspicious “biopsies” are considered reportable according to SEER’s list of ambiguous terms. Suspicious “cytologies” without supporting clinical statements are not.