

DCRA News

Fall 2009

Inside this Issue:

DCRA Member Achievements

A Message from Colleen Ferber

Did You Know?

Delaware Cancer Registrars
Association Directory

Meet Registrars – The BayHealth
Team

Contact Us

Editors:

Betsy Cromartie, CTR
betsy.cromartie@state.de.us
302.995.8605

Bob McBride, CTR
rmcbride@christianacare.org
302.623.6832



DCRA Member Achievements

Congratulations to our members who continuously strive to broaden their knowledge and sharpen their skills in our important field.

Pat Jones, RN, CTR of Bayhealth Medical Center attained her CTR in spring of 2009.

Beebe Medical Center in Lewes, Delaware and Union Hospital in Elkton, Maryland received the 2008 Commission on Cancer Outstanding Achievement Award granted in March 2009.

To receive this award, a program demonstrates a commendation level of compliance with seven standards that represent six areas of cancer program activity, including cancer data management. In addition, the facility receives a compliance rating for the remaining 29 cancer program standards. Ninety-three of 478 programs across the United States (19%) received the Outstanding Achievement Award as a result of on-site evaluation by a CoC physician surveyor in 2008. For more information on the award visit www.facs.org/cancer/coc/outstandingachievement2008.html.

DCRA members **Helen Moody, CTR, Sue Cadwallader, CTR, Ann Moore, LPN, and Mary Sorrelle, CTR**, were

instrumental in obtaining this award for their respective institutions.

Congratulations to Delaware Cancer Registry (DCR) staff **Ben Corbett, Valerie Loper, Crystal English, CTR, Colleen Ferber, CTR and Betsy Cromartie, CTR** on the DCR's recent Gold Level Certification Award from the North American Association of Central Cancer Registries (NAACCR) for submitted 2006 cancer incidence data. Delaware hospital cancer registrars are also to be commended for their ongoing contributions toward assuring the quality, timeliness and completeness of Delaware's cancer data. For more information on NAACCR certification visit www.naacccr.org.

Thank You

DCRA Members:

My two year term as your president is coming to a conclusion. I wish to take this opportunity to thank you for your support during my time in office. I appreciate your contributions to DCRA, your ideas, suggestions and your participation! I also would like to thank **Sue Cadwallader** and **Dawn Grabrowski** for serving as secretary and treasurer.

Congratulations to all the incoming officers!

Colleen Ferber



**Delaware Cancer Registrars
Association Directory**

ALFRED I. DUPONT HOSPITAL FOR
CHILDREN / Oncology Research
Debbie Bertz, CTR, MBA
dbertz@nemours.org
Phone: 302-651-5757;
Fax: 302-651-5760

BAYHEALTH MEDICAL CENTER
Kent General Hospital: Phone
302-674-7461; Fax 302-744-7760
Milford Memorial Hospital: Phone
302-430-5781; Fax 302-430-5070
Janet Faulkner, CTR, BSN, RN
janet_faulkner@bayhealth.org
Pat Jones, RN, CTR
pat_jones@bayhealth.org
Sharon Nutter, RHIA, CTR
sharon_nutter@bayhealth.org

BEEBE MEDICAL CENTER / Tunnell
Cancer Center
Phone: 302-645-3519;
Fax 302-645-3703
Sue Cadwallader, CTR
scadwall@bbmc.org
Helen Moody, CTR
hmoody@bbmc.org
Ann Moore, LPN
amoore@bbmc.org

CHRISTIANA CARE HEALTH SYSTEM /
Oncology Data Center
Main phone: 302-623-2846;
Fax 302-623-4563 (call first)
Debbie Couden
dcouden@christianacare.org
Phone: 302-623-6831
Starla Goodman, CTR
sgoodman@christianacare.org
Phone: 302-623-6811
Kathy Florczyk, CTR
kflorczyk@christianacare.org
Phone: 302-623-2848
Dawn Grabowski, BBA, CTR
dgrabowski@christianacare.org
Phone: 302-623-6847
Michelle Greer
mgreer@christianacare.org
Phone: 302-623-6807
Tranise Johnson
trjohnson@christianacare.org
Phone: 302-623-4562
Bob McBride, CTR
rmcbride@christianacare.org
Phone: 302-623-6832

CROZER-CHESTER MEDICAL CENTER,
Upland, PA
Susanne Hess, CTR
susanne.hess@crozer.org
610-447-2606

DELAWARE CANCER REGISTRY
Main Phone: 302-995-8605
Fax: 302-995-8250
Ben Corbett
benjamin.corbett@state.de.us
Phone: 302-995-8605, Ext. 510
Betsy Cromartie, MA, CTR
betsy.cromartie@state.de.us
Phone: 302-995-8605, Ext. 260
Crystal English, BS, MBA, CTR
crystal.english@state.de.us
Phone: 302-995-8605, Ext 256
Colleen Ferber, BS, CTR
colleen.ferber@state.de.us
Phone: 302-995-8605, Ext. 257
Valerie Loper
valerie.loper@state.de.us
Phone: 302-995-8605, Ext. 259

Frelick, Robert, MD
rfrelick@comcast.net

NANTICOKE MEMORIAL HOSPITAL
Trudy Rollins, CTR
rollinst@nanticoke.org;
trudyjrollins@yahoo.com
Email is the best way to contact Trudy.
Phone: 302-629-6611, Ext. 2503;
Fax: 302-628-6305

ST. FRANCIS HOSPITAL
Loretta Rosenberger, RN, CTR
Lrosenberger@che-east.org
Phone: 302-421-4884;
Fax 302-421-4820

UNION HOSPITAL, Elkton, MD
Mary Sorrelle, CTR
msorrelle@uhcc.com
Phone: 410-398-4000, Ext.1731

VETERANS ADMINISTRATION MEDICAL
CENTER
Minnie Beulah minnie.beulah@va.gov
Phone: 302-994-2511, Ext. 4008

•
•
•
•
•
•
**Educational
Opportunities**



DCRA
Monday, October 26, 2009
9:30 a.m.
Bayhealth Medical Campus, Kent
Topic: To be determined

**TRAM Quarterly Education
Meeting**
June 26, 2009
WESTAT-MCR
Rockville, MD
www.mdtra.org

**PACR Annual Meeting and
Conference**
September 23-25, 2009
Four Points Sheridan, Harrisburg
www.pacancerregistry.org

**ORANJ Annual Meeting and
Conference**
October 15-16, 2009
Atlantic City, NJ
www.oranjonline.com

Meet a Registrar

We sat down to meet with three registrars from Bayhealth. Read on to learn more about how they got their start in cancer registry and what keeps them motivated in this important field.

DCRA News: Tell us about your career history and how you arrived in cancer registry. Why did you change jobs?

Pat Jones, RN, CTR

I have worked in a physician's office; have been in cardiac nursing for six years. At Bayhealth, I worked in the Education Department and then in Information Services for four and a half years. I moved to the registry a year and a half ago for a new challenge.

Janet Faulkner, CTR, BSN, RN

I was a registered nurse working in trauma, also responsible for all the trauma data. I enjoyed tremendously the challenges of the trauma program, and the utilization of statistical data to improve the quality of services we provided in concert with other entities. It was working with statistics and my association with members of the cancer registry that I decided to make the move to the cancer service.

Sharon Nutter, RHIA, CTR

After working in the health information management (HIM) field for many years as a coder/abstractor, director of HIM in long term care, and director of medical records for the Philadelphia prison system, one day I saw a Pennsylvania Cancer Registry position posted in a healthcare magazine. I decided to interview for the position as a hospital field representative and got the job. This was my greatest learning experience, with plenty of traveling and teaching. After years of reviewing data from all the hospitals in Pennsylvania and after getting all the necessary training to obtain my certified tumor registrar (CTR) designation, I still

wanted to learn more about the data coming from the hospitals. In order to fulfill my desire to further my education, I applied for the cancer registry position I presently hold at Bayhealth Medical Center.

DCRA News: Please tell us about Bayhealth's new cancer center.

Janet: We are excited about the new center. Not only will it provide a physical structure for our work, it will offer patients a welcoming environment that encourages recovery.

DCRA News: What helps you the most in learning the rules and guidelines of the cancer registry field?

Sharon: Attending the National Cancer Registrars Association annual educational conference and state conferences, because the standard setters, e.g., the CoC and NAACCR, continually speak on and provide updates and changes.

Janet: As we all know, the rules of the Cancer Registry can frequently change. I find that it is very helpful to stay in contact with my contemporaries and current with literature relating to this subject. Though we all work in an office, it is imperative that we use our networking skills to their maximum potential. Having a network of professionals to work with takes us out of our office in a sense and creates a variety of valuable resources for us.

Pat: What helps me learn the rules and guidelines is the interaction with my coworkers —talking about and researching the questions together.

DCRA News: Please tell us about your expectations vs. the reality of your positions. What surprised you the most about the cancer registry field/career?

Pat: I had never heard of a cancer registry before I applied for this position. I was amazed at the variety of tasks in the cancer registry. I never felt it was impossible to learn the aspects of

the career. Everyday, I learn new things as well as how to improve on the job. The reality of this position is that you never learn it all and things change constantly. This is what makes this job fun and keeps it interesting, although sometimes frustrating.

Janet: I set extremely high goals for myself so my expectations remain high. The reality is the amount of work it takes to realize my goals. The biggest surprise I had was the amount of work that is involved in generating reliable data that conforms to the cancer registry. I believe those not in our field would be surprised at the amount of work that is accomplished by the cancer registry, and the deep commitment and dedication that is required to accomplish our goals.

DCRA News: What advice would you give others who are just starting out as cancer registrars?

Janet: I believe anyone starting out in the cancer registry field should, first and foremost, have a deep interest in this profession. I would encourage all who have entered our field to maintain a strong academic background, a broad network of encouragement and advice and a deep sense of personal and professional commitment.

Pat: I would advise others to gain as much education as possible. Use other registrars and coworkers to help solve difficult problems.

DCRA News: What are your five-year goals, personally and for your cancer registries?

Sharon: While working at Bayhealth Medical Center my goal is to obtain my Masters Degree in Public Health.

Pat: My five-year goal is to retire from Bayhealth, move to Florida and abstract part-time from home.

Janet: My five-year goal would be to pursue educational opportunities to maintain Bayhealth's vision for our service, to better the cancer registry, and to work with all our partners and co-

workers to maintain a well-machined team. Continuing to work with, develop and support our staff, and work with fellow professionals to continue our goal to reduce morbidity/mortality for cancer patients.

DCRA News: What would you like those not in the field to be more aware of regarding the work of cancer registrars?

Sharon: One thing we all should be aware of is the role that data collection plays in reducing the burden of cancer.

Janet: It is important that those unfamiliar with cancer registry services realize that we are part of a team of professionals who collectively work together to improve all areas of cancer management. It is only through the efforts of this team that we can achieve our maximum potential.

Pat: Cancer registries are the direct line to cancer statistics. All the news we read about cancer clusters and survival statistics comes from accurate data collection, which comes from the cancer registry.



Bayhealth Medical Center's cancer registry team from left to right: **Pat Jones, RN,CTR,** **Sharon Nutter, RHIA, CTR** and **Janet Faulkner, RN, BSN,CTR.**

Did you know?

General Information

Surgical margins are coded based on the pathology report only, even when the operative report states that there is an unresected gross tumor (FORDS, page 137).

A fine needle aspiration, washings and brushings that removed cells, but not tissue are not coded as a surgical and staging procedure (FORDS, page 109).

TS/Ext Eval code one, not three is used for bladder and prostate primaries resected transurethrally (CS Manual pages 434 and 467).

Breast Cancer Information: Recent Commission on Cancer Inquiry and Response System Feedback

COLLABORATIVE STAGING (4/16/2009)

Inquiry: Code 25 "movable axillary nodes", what is meant by movable? If patient has no palpable axillary nodes but positive on sentinel node biopsy or axillary dissection, > micromets, no evidence of being fixed or matted on path report description, do I assume "movable" and use code 25 or code 60?

Response: Yes, if nodes are not fixed or matted, they are movable and code 25 is the most accurate code. FORDS (4/16/2009)

Inquiry: The word "suspicious". Example: *mammogram: r mass @ 4:00 is suspicious*, or, *suspicious r breast mass*? Does it need to say "suspicious for malignancy" or just suspicious? Please clarify.

Response: Suspicious for a malignancy would be a term that constitutes a diagnosis, suspicious for a mass would not.

CANCER PROGRAM STANDARDS 2004, Revised Edition (4/9/2009)

Inquiry: I would like to have a clarification of timeliness in abstracting for cancer programs scheduled for the Commission on Cancer surveys in 2009: will timeliness be based on date abstracted or date completed.

Response: For surveys between January and June 30, 2009, in advance of the survey, the surveyor will select ten charts from 2006 and ten charts from 2007 analytic cases with resections. On the morning of the survey, ten more charts from 2008 analytic cases with resections will be requested. For surveys from July 1, 2009, through December 31, 2009, in advance of the survey, the surveyor will select ten charts from 2007 and ten charts from 2008 analytic cases with resections. On the morning of survey, ten more charts from 2009 analytic cases with resections will be requested. Cancer registrars ONLY need to print a condensed abstract - highlight date of first contact and highlight date abstracted, and print out the resection pathology report for the College of American Protocol.

SEER Multiple Primary & Histology (4/17/2009)

Inquiry: Pathology from a breast case reveals a 1.6 cm tumor. Its location is reported as the Lower Inner Quadrant, and Ductal Carcinoma In Situ is located in all four quadrants. What is the primary site for this tumor?

Response: There is cancer in all four quadrants of the breast. This would be reported as C50.9. There is no rule that tells us to code the quadrant where only the invasive is seen.



Quality Assurance/Control Ideas

General Tips

Don't have time to do QA? Remember - you save time when you take the time to identify frequent mistakes, and abstract clean moving forward.

Block a day and time to do QA and put a reminder on your calendar.

Develop a QA plan to follow. It's more effective than doing it here and there.

Do a visual review prior to saving an abstract. We seldom do this and you would be surprised what you catch.

If you don't have another registrar in your hospital to review abstracts, ask a registrar at a neighboring hospital to exchange cases to review. Remember to de-identify the cases first. You can also re-abstract cases done six months prior and compare them for mistakes or differences.

Review study results and compare with national trends to identify abnormally high or low case numbers by stage.

Computerized QA/QC

Run all edits that your software provides.

Computerized QA/QC, continued...

Gather cases that are site/sex-specific, then run a frequency report on sex field to identify outliers.

Gather all male/female cases, then create a line listing using only the fields sex and first name, then do a quick visual review.

Review stage specific cases:

Gather leukemia cases and then run a frequency report on derived summary stage to identify cases not staged as distant.

Gather cases with site-specific histologies and then run a frequency report on site (example: non-small cell carcinoma is most often coded to lung).

Run a cross tab report on site and laterality, then review for cases having primary sites that are not paired organ sites and that have a laterality code of 1 or 2, and vice versa. Many registrars confuse organs with bilateral lobes as being paired organs. Reference the paired organ table on pages 12 & 13 in the FORDS Manual.

Gather cases with date of first course of treatment coded "00/00/0000" to identify and revise this date for cases that were not diagnosed at autopsy