

Arkansas Central Cancer Registry Updates



Arkansas Department of Health
4815 West Markham Slot H-7
Little Rock, AR. 72209



ACCR Annual Training Workshop Evaluation

Thanks to all of you who completed the evaluation forms from the training workshop. Below are the results.

It was strongly agree that:

- o Training was well organized
- o Sufficient time was allotted for each speaker
- o Training was relevant & helpful
- o The facility was appropriate for the training
- o Speakers were easy to understand

What was found to be helpful about the training:

- o Collaborative Staging extension
- o Non-hospital issues
- o Benign Brain Bingo
- o Edits
- o Multiple Primary Rules
- o New Data Items

Suggestions for future training sessions:

- o Give handouts from Webinars
- o Hematopoietic/Coding Issues
- o Site Specific training
 - o Ovary, Pancreas, Lymphoma/Leukemia
- o More research information concerning data collected
- o Explanation on entering co-morbidity information codes
- o Prostate Collaborative Staging Site-Specific Factors
- o New registrar breakout sessions
- o CTR prep
- o Non-reportable cases

Other comments:

- o Great location & great job
- o Registrars training registrars very good idea
- o Seating too crowded
- o Enjoyed both Jim Files (GIS) & Dr. Balamurugan (Epidemiologist) presentation
- o Continue communication with facilities



Summer Time is here!!!



Welcome New Registrars!!



John Guire - St. Edwards (Fort Smith)
Karyn Graves - Baxter Reg. (Mountain Home)

Welcome Back!!

Pat Coke CTR, Cancer Program Manager- Central AR Veteran, (Little Rock)

Correction

ACCR also extend our appreciation & recognition to **Medical Center of South AR. - Dianna Wilson CTR For Timely Abstracting & Monthly Submissions**

Thanks again to everyone for your cooperation & commitment to be compliant with the state reporting law. What you do matter!



NAACCR WEBINARS

AR Dept. of Health - Lab Training Room 8:00 - 12:00

July 19, 2007 Prostate

August 16, 2007 GIS Applications: Great Circle Distance Calculation, Cartography & Mapping Registry Data

If you want to attend, please contact Johnnie Jackson at (501) 661-2960



From the Candlelighters

"We are all so appreciative of the generosity of ArCRA & your continued support. These funds will definitely assist several families as they travel along their cancer journey. It makes a great impact, in so many ways. Many, many thanks."

Gail Anderson, Candlelighters



States are responsible for ensuring compliance with NPCR program standards for **100%** completeness, timeliness, and the quality of data reported to the Central Cancer Registry.

Case Completeness (casefinding) and Quality Assurance (re-abstracting) audits are viewed as an essential activity to evaluate completeness of case ascertainment and the accuracy and validity of submitted data. This is the primary purpose for conducting audits.

As an expression of our gratitude, ACCR award hospitals for their Accuracy & Case Completeness based on the following rates.

- Gold 98% - 96%
- Silver 95% - 93%
- Bronze 92% - 90%



Carefully Code CS Extension

CS extension definition:

Extension of the primary tumor within the organ of origin or its direct extension into neighboring organs.

New Data Items

Notes from Steve Peace, Seer Webcast Training on the New Data Items beginning with January 1, 2007 diagnoses.

These are the three new data items related to cases with multiple tumors that are abstracted as a single primary.

- Multiplicity counter
- Date of multiple tumors
- Type of multiple tumors reported as one primary

These new data items allow these cases to be flagged for analyses. It will be helpful in research.

The two other data items relate to the certainty surrounding the cancer diagnoses for a case.

- Ambiguous Terminology
- Date of conclusive Terminology

Please keep in mind that the first three new data items are directly related to the new MP/H Coding Rules and the other two new data items are related to whether or not there is a definitive statement concerning the cancer diagnosis for the case being abstracted.

Note: Use code 1 when the case is accessioned based only on ambiguous terminology and there is no conclusive terminology within the first 60 days after the initial diagnoses. That includes any diagnostic method except cytology, because remember that registrars are not required to collect cases with ambiguous term describing a cytology diagnosis.



Remember all Military Men & Women!!

Have a safe & wonderful summer!!

