

NHSCR REGISTRY REPORT

Winter/Spring 2021



NHSCR UPDATES

Staff Changes

It is with mixed emotions that we announce the retirement of Claire Davis, Senior Registrar, effective January 2, 2021. Claire joined the NHSCR in 2006 and was responsible for registry hospital reporting from multiple facilities. She performed extensive data processing and editing to ensure the collection of high quality data and was central to many NHSCR activities. Before joining NHSCR, Claire was a CTR at Cheshire Medical Center in Keene, NH and retired with 20 impressive years of CTR service under her belt! Claire was an incredibly valued longstanding team member known for infusing joy and fun traditions into the NHSCR. We wish Claire all the best in future endeavors and will certainly miss her!

Please join us in welcoming new NHSCR team members – Pedro Celaya, Brittnee Wirth, and Crystal Murphy. Pedro joined us in September 2020 and Brittnee joined us in November 2020 as Cancer Data Specialists. Both are UNH graduates, currently training in cancer registry processes and will prepare to sit for the CTR exam in the upcoming year. Crystal joined us in January 2021 as Registry Manager who is overseeing the Childhood Cancer projects as well as the operational and administrative elements of NHSCR. Crystal previously worked at the Geisel School of Medicine for 12 years and has extensive experience in epidemiological research grant administration, proposal development and post-award coordination of largescale research grants.

IMPORTANT - Conversion to NAACCR v21

METRIQ has notified us that the next update to version 3.30 Standards for v2021 is scheduled for Spring 2021. This update will include the XML export format which will be used for all diagnosis years.

Before upgrading to METRIQ 3.30: Complete and submit as many abstracts diagnosed 2020 and prior as possible in v18 format. You will not be able to complete abstracts with Diagnosis Year 2021 because V21 changes are not implemented yet.

After you upgrade: V21 changes are implemented, and all abstracts will now be exported in V21 XML format. You may begin abstracting cases diagnosed in 2021. However, NHSCR cannot accept abstracts in V21 format at this time. Once you have upgraded your METRIQ software, please do not transmit any further cases to NHSCR, regardless of diagnosis year. We will notify you when we have converted our software to V21 and ready to accept your transmissions. (Note that we will continue accepting non-NAACCR files.)

Reminder – We Moved!

The NH State Cancer Registry was relocated to new office space last summer. Please note our updated courier address for deliveries to our new location and new office phone numbers provided on the last page of this newsletter. All staff continue working remotely from home, but will regularly check mail, deliveries, and voicemail. The best way to contact us is by email but we're happy to call you back if it would be helpful to talk.

NPCR Data Quality Evaluation

The CDC National Program of Cancer Registries requires every state cancer registry to undergo a data quality evaluation (DQE) every five years. NHSCR was selected for last year's DQE. The DQE has two components: validation and completeness on year 2017 cases. The validation component evaluates for consistency of staging, biomarker, treatment, and treatment-related information for five primary sites – female breast, colorectal, lung and bronchus, prostate, and corpus uteri. A total of 365 cases were randomly selected for the review. We are very happy and proud to announce that **NHSCR's data accuracy was 98.1%**! We appreciate the invaluable dedication and work of our cancer registrars in helping us achieve high data quality. THANK YOU!

Data Completeness and Timeliness

To get back on track as we emerge from disruptions caused by the pandemic, NHSCR will resume completeness and timeliness reports in April 2021 to assess cancer reporting through March 2021. All reporting hospitals are expected to be complete with year 2019 cases and at least 75% complete for year 2020. If you anticipate having problems meeting these targets please contact us. To ensure full capture of 2019 cases, we have implemented the following schedule of QA activities:

- 2019 Path Reviews – In progress. Follow-back lists to be sent in Apr 2021.
- 2019 MDI – Reviews to begin in May; follow-back lists to be sent in June 2021.
- 2019 Rapid/Definitive Matching – List of unmatched rapids to be sent in July 2021.
- 2019 Accession Numbers – List of missing accession numbers to be sent in Aug 2021.

Please make sure to address all follow-back requests to ensure complete and timely reporting from your facility. We will begin 2020 activities as soon as all hospitals are done with year 2019.

NHSCR Data Collection Manual

With the release of STORE 2021 effective for cases diagnosed in year 2021*, we have again obtained permission to use it as the basis for the NHSCR Data Collection Manual. We have updated this new v2021 with NHSCR-specific requirements and notes, specifically for data items that we require but have been eliminated from STORE 2021. Please be sure to reference this manual as you abstract year 2021 cases, available on our website: <https://geiselmed.dartmouth.edu/nhscr/reporting/registrars/>

**See NCDB update on page 5 of this newsletter.*

Data Quality

As we process data each month and clear edits, we come across data quality issues that are common among reporting facilities:

- Make sure the histology assigned to Hematopoietic primaries is not obsolete. Please reference the [Hematopoietic and Lymphoid Neoplasm Database](#) to assure correct histology for the year of diagnosis.
- For Clinical and Pathological AJCC Stage of the Prostate (C61.9), Grade and PSA needs to be considered together with the TNM fields in order to assign Stage Group. Note that the most recent value for PSA should be used (provided within the last 3 months).
- Per SEER*Rx, the treatment R-CHOP should be coded as Chemotherapy 03 (multiple agents), Hormonal 01, and BRM 01.
- For Bladder Urothelial Carcinoma, abstract only one /3 invasive urothelial bladder primary and only one micropapillary urothelial 8131/3 bladder primary per the patient's lifetime. See [Bladder Solid Tumor Rules 2018](#).

Web Plus

Web Plus continues to perform well with email services to confirm uploads, user information, and similar transactions. We continue to improve transmission services as we prepare for the v21 XML conversion.

Non-registry Hospital Corner

NHSCR is currently reviewing 2019 and hoping to be done by June 1st. Once 2019 has been closed out, we will begin abstracting 2020. As a result, we will be asking that the 2020 Medical Disease Index (MDI) be completed in the following months. This will help keep us current with cancer reporting by the non-registry hospitals.

Additionally, we greatly appreciate all your work in reviewing the 2019 MDI and for regularly reporting your cancer cases as rapid abstracts via Web Plus. This has been an important step in identifying your hospital's cancer cases, and we are appreciative of all your work.

Thank you to all facilities for being flexible with data collection and remote access while NHSCR staff work out-of-office. As always, we are happy to answer any questions or help find solutions for any concerns or problems you may have.

EDUCATION AND TRAINING

New Hampshire Childhood Cancer Conference

Background: In 2018 the CDC published a paper on geographic variation in pediatric cancer incidence that highlighted New Hampshire's high incidence of childhood cancer (Siegel et al, 2018). New Hampshire Governor Sununu set aside funds to investigate childhood cancer issues and as part of that initiative, we are hosting the New Hampshire Childhood Cancer Conference, a cross-disciplinary virtual event exploring the epidemiology and etiology of childhood cancer.

- **Why:** This conference is being organized in response to several local factors:
 - high incidence of childhood cancer in the northeastern United States
 - community concerns about environmental pollution and its potential impact on childhood cancer incidence
 - a cluster of childhood sarcomas in the New Hampshire Seacoast region, reported previously
 - higher incidence of pediatric brain tumors in the Seacoast region
 - the social and economic needs of childhood cancer patients and their families
- **When:** June 10, 2021, 8:45 AM - 5:00 PM
- **Who:** Our conference is free and open to the public and will target a diverse audience of national and international researchers, state public health agencies, oncologists and members of the community. Continuing education credits will be offered, and all are welcome to attend!
- **Where:** This conference will be held virtually (pending link to registration website)

NAACCR Webinar Schedule

We are happy to announce that NHSCR will continue to provide the NAACCR Webinars to our NH registrars for the 2020-2021 series. Each webinar is approved for 3 CEs.

10/01/20	Prostate	04/01/21	Larynx
11/05/20	Lung	05/06/21	Pancreas
12/03/20	Thyroid	06/17/21	Kidney
01/07/21	Treatment	07/08/21	Quality in CoC Accreditation
02/04/21	Lymphoma	08/05/21	Breast
03/04/21	Boot Camp	09/02/21	Coding Pitfalls

Due to the current situation with COVID-19, we are unable to provide the live viewings. However, NHSCR will continue providing the webinar recordings, which are made available two weeks after the live presentation. Email maria.o.celaya@dartmouth.edu for access information. The recordings also include the 2019-2020 webinar series, which are also approved for 3 CEs each. We encourage you to take advantage of these training opportunities!

NAACCR Online Education – 2021 Updates and Education

NAACCR has a couple of webinars to train on the new 2021 changes: *2021 SSDI Updates* and *2021 Updates: ICD O 3.2 and Solid Tumor Rules*. Each webinar is approved for 2 CEs. To register and view the webinars, visit <https://education.naacccr.org/updates-implementation>

NAACCR Summer Forum

Due to the ongoing COVID-19 concerns, the NAACCR Summer Forum will replace the typical in-person annual meeting. The NAACCR Summer Forum will take place June 15-17, 2021. <https://www.naacccrforum.org/>

NCRA Annual Conference

The NCRA Annual Conference will be held virtually this year on June 3-5, 2021. Participants could earn over 20 CEs in these three days. Be sure to register by May 14th! <https://www.ncra-usa.org/Conference/2021-Virtual-Conference>

NCRA Education Resources

NCRA offers a variety of training resources where you can earn CEs. Visit NCRA's Center for Cancer Registry Education for available learning modules (archived webinars), Journal of Registry Management and Informational Abstract (IA) quizzes: <http://www.cancerregistryeducation.org/>

For registrars that have limited time for training, NCRA offers "Mini-Learning Shorts" - short, 10-minute or less, presentations free of charge. These include topics on Follow-Up, Solid Tumor Rules, and several more. They are available at <http://www.cancerregistryeducation.org/best-practices>.

SEER*Educate

The SEER*Educate team has posted new training material on casefinding using scans as sources documents. The SEER*Educate training platform now has full complement casefinding exercises to train on Solid Tumor Rules, Heme Rules and ICD-O-3. They have also released new training material on CoC Standards for 2020 and ICD-O-3.2 Histology for Dx Year 2021. Please see enclosed announcements from SEER*Educate and visit the SEER*Educate website at: <https://educate.fredhutch.org/>

STANDARD SETTERS NEWS

COVID-19 Data

Hospitals with CoC-approved programs and state cancer registries under contract with NCI SEER Program are required to collect information on cancer patients' SARS-CoV-2 (the virus that causes COVID-19) laboratory tests, infection status, and delays or modifications of the treatment plan for cases diagnosed January 1, 2020 or later. More information can be found here: <https://seer.cancer.gov/tools/covid-19/index.html>

The four new NCDB fields related to COVID-19:

NCDB--SARSCoV2--Test [3943]

NCDB--SARSCoV2--Pos [3944]

NCDB--SARSCoV2--Pos Date [3945]

NCDB--COVID19--Tx Impact [3946]

Because this information may be important for future analyses, NHSCR will collect these new COVID-19 variables as available, but they are not currently required.

SEER

SEER continues to review the current solid tumor rules and have updated them based on questions and feedback they received. They have consulted with specialty matter experts to provide clarification of histology coding rules. ICD-0-3.2 changes have also been added to applicable site modules. Most changes are minor: terminology, additional definitions, new notes and examples. In order to **clarify** histology coding instructions, new rules have been added and histology tables updated. These updates **do not** require review of already abstracted cases. The December 2020 rules replace the current rules and should be used now. **We strongly recommend you read the December 2020 Change Log to understand what changes were made.**

The updated Solid Tumor Rules may be accessed at: <https://seer.cancer.gov/tools/solidtumor/>

The 2021 Cutaneous Melanoma Solid Tumor rules have been posted. These rules become effective with cases diagnosed **1/1/2021 forward**. Continue using the 2007 MP/H Cutaneous Melanoma rules for cases diagnosed through December 31, 2020. The 2021 Cutaneous Melanoma Rules and General Instructions can be accessed at: seer.cancer.gov/tools/solidtumor

Minor updates have been made to the 2018 General Instructions and are noted in the change log. These changes do not affect the 2018 Solid Tumor and may be used now.

(Source: 11/5/2020 and 12/9/2020 NAACCR emails on behalf of Lois Dickie, Editor, Solid Tumor Rules)

CoC - NCDB

The National Cancer Database (NCDB) has released STORE v2021 for cases diagnosed beginning January 1, 2021 (except for the 4 SARS COVID-19 data items, which include dx2020 cases). You may access the STORE Manual at: www.facs.org/quality-programs/cancer/ncdb/call-for-data

NAACCR

With the upcoming conversion to NAACCR v21, please review material posted on the 2021 NAACCR Reference page - Implementation Guide and links to updated manuals: <https://www.naacr.org/v21referencepage/>

Data Use

Your data helps the NH DHHS Cancer Program to educate and inform about cancer in our state. We're excited to announce the NH Cancer Burden Report, with data through 2017, is currently available at <https://www.dhhs.nh.gov/dphs/cdpc/documents/nhcancer-2012-2016.pdf>.

NHSCR Calendar

04/01/21	Webinar: Larynx
04/05/21	National Cancer Registrars Week – April 5-9, 2021
04/30/21	Facility Completeness and Timeliness Reports 1 st Quarter (Jan-Mar)
05/06/21	Webinar: Pancreas
05/14/21	Registration due for NCRA Annual Conference
05/31/21	Memorial Day Holiday (NHSCR closed)
06/03/21	NCRA Annual Conference – June 3-5, 2021
06/10/21	New Hampshire Childhood Cancer Conference
06/15/21	NAACCR Summer Forum – June 15-17, 2021
06/17/21	Webinar: Kidney
06/30/21	End of fiscal year
07/05/21	Independence Day Holiday (NHSCR closed)
07/08/21	Webinar: Quality in Coc Accreditation
08/05/21	Webinar: Breast
09/02/21	Webinar: Coding Pitfalls
09/06/21	Labor Day Holiday (NHSCR closed)

WE NEED RAPIDS AND DEFINITIVES EACH AND EVERY MONTH!

Data transmissions should be made at least once a month. The simplest way to transmit is via the Web Plus website. There's no zipping and it's secure. If you need help, please contact Cathy Geiger at cathy.geiger@dartmouth.edu. She is always happy to help with sending your cases in!

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This project is supported in part by the Centers for Disease Control and Prevention's National Program of Cancer Registries, cooperative agreement U58/DP0006298 awarded to the New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Public Health Statistics and Informatics, Office of Health Statistics and Data Management. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or New Hampshire Department of Health and Human Services.

Additional Casefinding Source Practicum Training Available

Final Release: January 11, 2021

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Fred Hutchinson Cancer Research Center, Cancer Surveillance System
Learn by Doing: Casefinding With Scans



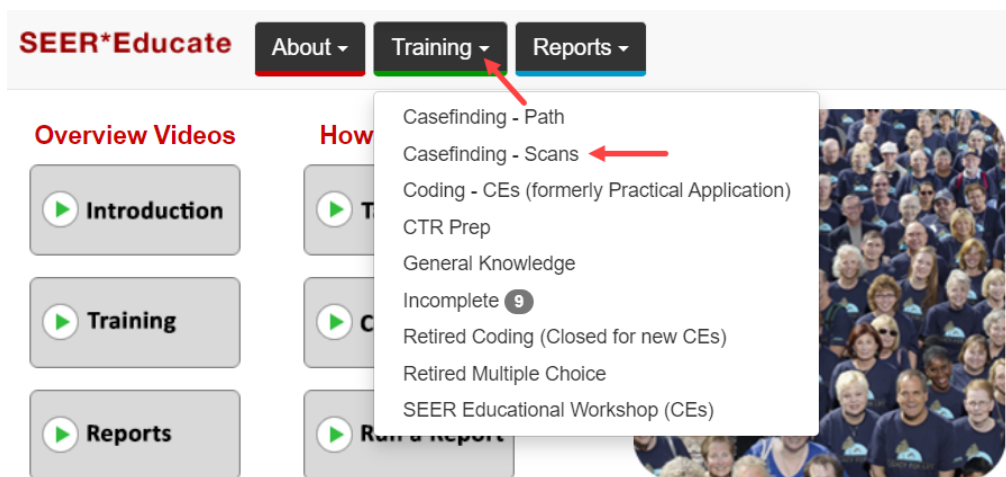
The **Casefinding Twofer**

Three sets of practicum exercises for casefinding using scans as source documents have been released

Each set of Scans (50 cases) = 3 practicum hours

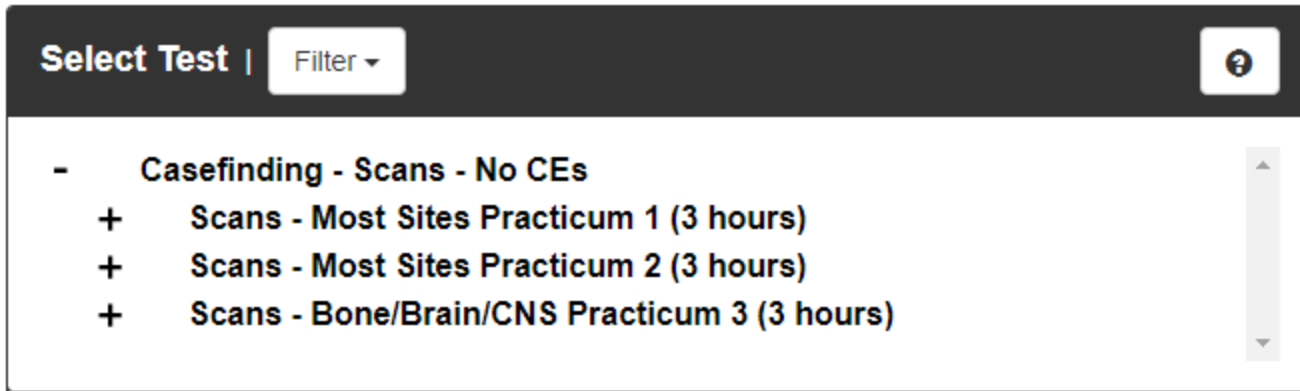
The SEER*Educate training platform now has our full complement of casefinding exercises to train everyone in the application of SEER's reportability rules in the Solid Tumor Rules, Heme Rules, and ICD-O-3 codes reference materials.

Where do I find them? Under Training



As many of you are aware, there are currently 12 modules on the SEER*Educate training platform, which include 100 exercises each, using pathology reports. Each set of 100 cases is an NCRA-approved 9 hour **casefinding** practicum.

There are now three casefinding scans modules aimed at training students and registrars in the fundamentals of casefinding using scans as the source document. Each set of 50 cases is an NCRA-approved 3 hour **casefinding** practicum. There are two modules covering Most Sites and one module covering Bone/Brain/CNS scans.



This selection of scans is based on the **types of actual reports** both trainees and sometimes experienced staff at our registry misclassified as potential new primaries and/or misclassified the primary site. These scans are not intended to be tricky cases but are intended to challenge people. After you declare whether the report is considered reportable, you are prompted to code the primary site, if applicable. These exercises provide many opportunities for students and registry staff to practice primary site coding in addition to learning casefinding fundamentals and how to apply the Solid Tumor Rules and Heme Rules.

Casefinding is always done in context of a facility's reporting requirements for State reporting, CoC reporting (if the facility is ACoS-approved), and per the facility's own Cancer Committee requests. For this purpose, we created SEER*Educate Memorial Hospital. This hospital registry uses a Casefinding Overview document and two procedure documents (Scans – Most Sites and Scans – Bone, Brain, CNS). These documents are available on the Casefinding Scans Page. Each user needs to read these documents before starting these exercises and then reference the documents as needed throughout the exercises.

To earn the practicum hours, you must achieve 85% accuracy across the cases in a module (100 cases for path, 50 cases for scans). Although users can immediately repeat a test to improve one's score, we recommend cycling through all exercises in a set before repeating any tests to improve your actual understanding of the casefinding guidelines, reportability rules and resources, and primary site coding. Immediately repeating exercises to improve performance only tests a person's short-term recall of the answer and rationale you just read.

The goal of both the pathology and scan casefinding modules is to learn how to perform casefinding using different sources. While immediately repeating an exercise will improve your training score, it will not accurately assess your ability to perform casefinding in the future or whether you can accurately recall and apply the casefinding rule(s) described in the rationale.

An example of the detail provided in the rationales is shown below. Reading the rationales and learning the concepts repeated throughout these exercises is the transferable skill students and registrars need to acquire to perform highly accurate casefinding.

Example Answer/Rationale for a Scan

CORRECT

(1.00/1.00)

Data Item: Reportable

Response: 

Correct Answer: Yes

Rationale:

This MRI is reportable. The radiologist's impression meets reportability requirements as outlined by the standard setters.

The MRI describes a skull-base mass that extends through the cortex (skull bone) and into cavernous sinus and prepontine cistern (both intracranial sites/spaces). The radiologist specifically noted the findings, "Favor a chordoma." The term "favor(s)" is a reportable ambiguous term that may be used to accession a case as reportable per the standard setters.

A chordoma is a rare malignant bone tumor that generally arises in the skull (including the skull base) or the spine. Chordoma (NOS) has a malignant morphology code per the ICD-O-3; the ICD-O-3 lists this as morphology code 9370/3. Therefore, this is a malignant tumor and would be considered reportable based on imaging alone.

Accession this scan as reportable based on the reportable ambiguous terminology provided in the MRI report.

CORRECT

(1.00/1.00)

Data Item: Primary Site

Response: 

Correct Answer: C410

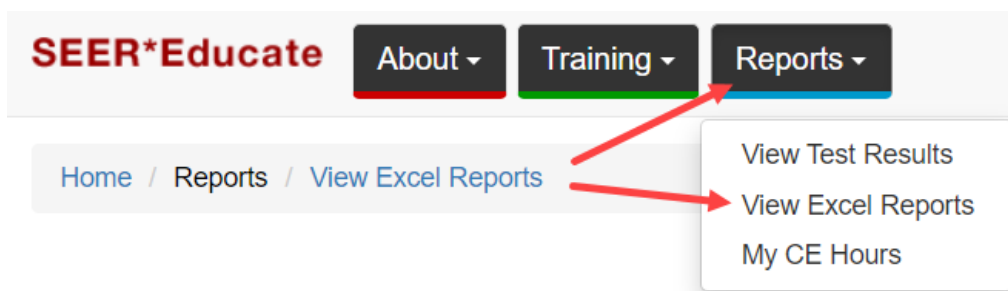
Rationale:

The patient's chordoma was located in the base of the skull, specifically involving the basisphenoid and clivus. The chordoma arose from two of the bones that make up the base of the skull. Both the clivus and the basisphenoid are skull bones; the basisphenoid is the portion of the sphenoid bone at the base of the skull and the clivus is the portion of the occipital bone at the base of the skull where the occipital and sphenoid meet.

Chordomas are rare bone tumors that usually arise from the skull or spine. In this case, the chordoma arose from the skull. Code the primary site to C410 (Bones of skull and face; Skull, NOS).

Note: The intracranial extension does not alter the primary site of the patient's chordoma. The mass arose within the skull base (bones) and extended intracranially. This was not a primary tumor arising in the brain parenchyma. Therefore, the primary site cannot be coded to a brain parenchymal site (C71_).

Is there a report? Under Reports -> View Excel Reports



Are there CEs? No

No CEs are available for the scan practicum exercises; however, going through one set of 50 scans reports or one set of 100 path reports can be beneficial even for experienced registrars if your schedules permit.

Log in or sign up at SEER*Educate today by visiting <https://educate.fredhutch.org/> and **Learn by Doing!**

SEER*Educate is funded by Surveillance, Epidemiology and End Results (SEER) of the National Cancer Institute (NCI) and the Fred Hutchinson Cancer Research Center. (NCI Contract Number HHSN261201800004I)

ICD-O-3.2 Histologies for CEs and 2020 CoC Cancer Program Standards for CTR Prep Release: February 9, 2021

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Learn by Doing



ICD-O-3.2 Histologies for Diagnosis Year 2021

In January 2020 (13 months ago), we released a challenging set of material on the ICD-O-3.2 Updates. With diagnosis year 2021, it is even more challenging. According to the 2021 ICD-O Guidelines, there are significant changes summarized below in Table 1.

Table 1: Summary of Diagnosis Year 2021 Changes in ICD-O-3.2

Volume	Change
16	Previously non-reportable neoplasms become reportable
9	Reportable pre-2021 neoplasms become non-reportable
10	Histology terms have been moved to other ICD-O terms
13	Histologies have a change in reportable terminology
12	New terms/ICD-O codes

For an example of this year's learning change, certain "adenoma" histologies (e.g., Islet cell adenoma, ACTH-producing tumor, etc.) now reportable for diagnosis year 2021 whereas dermatofibrosarcoma, NOS has become non-reportable. It will take some practice and reinforcement to unlearn old rules and adopt the new rules.

The SEER*Educate training platform now has 100 practice cases (10 groups of 10 scenarios each). These are challenging scenarios selected to help people learn about the changes in the coding rules and how to use the ICD-O-3.2, which currently is available only as a pdf from the [NAACCR ICD-O-3 Coding Updates](#) website.

Where do I find them? Under Training

SEER*Educate About Training Reports

Overview Videos

- Introduction
- Training
- Reports

How

- Casefinding - Path
- Casefinding - Scans
- Coding - CEs (formerly Practical Application)
- CTR Prep
- General Knowledge
- Incomplete (7)
- Retired Coding (Closed for new CEs)
- Retired Multiple Choice
- SEER Educational Workshop (CEs)

Are there CEs? Yes

This series has been awarded CEs by NCRA as shown in Table 2. You must score 70% or more on every test in a series to earn the CE for that series. You may retake as many times as necessary to earn the CE.

Table 2: NCRA Program Numbers for Dx Year 2021 Histology Exercises

Program Title	Program #	CE Hours Awarded	Category A Hours
SEER*Educate --Dx Year 2021 Histology Group 01	2021-013	1.5	1.5
SEER*Educate --Dx Year 2021 Histology Group 02	2021-014	1.5	1.5
SEER*Educate --Dx Year 2021 Histology Group 03	2021-015	1.5	1.5
SEER*Educate --Dx Year 2021 Histology Group 04	2021-016	1.5	1.5
SEER*Educate --Dx Year 2021 Histology Group 05	2021-017	1.5	1.5
SEER*Educate --Dx Year 2021 Histology Group 06	2021-018	1.5	1.5
SEER*Educate --Dx Year 2021 Histology Group 07	2021-019	1.5	1.5
SEER*Educate --Dx Year 2021 Histology Group 08	2021-020	1.5	1.5
SEER*Educate --Dx Year 2021 Histology Group 09	2021-021	1.5	1.5
SEER*Educate --Dx Year 2021 Histology Group 10	2021-022	1.5	1.5

The goal of this series is to learn how to use the ICD-O-3.2, the Solid Tumor Rules, the Hematopoietic and Lymphoid Neoplasm database, and the SEER Inquiry System (SINQ) in assigning histology codes. While immediately repeating an exercise will improve your training score, it will not accurately assess your ability to code histology in the future or whether you can accurately recall and apply the coding rule(s) described in the rationale.

An example of the detail provided in the rationales is shown on the next page. Reading the rationales and learning the concepts repeated throughout these exercises is the transferable skill students and registrars need to acquire to coding histology and behavior accurately and with consistent application of the coding guidelines.

Example Rationale for Assigning Histology

Rationale:

The lobectomy proved adenocarcinoma of the right upper lobe of lung. The final diagnosis was only, "Adenocarcinoma," but the tumor was further classified as multiple histologic types of adenocarcinoma. There is a single tumor, but multiple histologies to consider.

The final diagnosis was only adenocarcinoma (NOS), but the cancer staging summary (CAP synoptic report) further stated this adenocarcinoma was, "Histologic type: Mixed adenocarcinoma, 80% acinar, 15% papillary, 5% lepidic." The Equivalent or Equal Terms (Lung Equivalent Terms and Definitions) confirms the terms, type, subtype and variant are equivalent. Therefore, the term "type" is a term that may be used to code histology for Lung primaries. The General Instructions for the Solid Tumor Rules, Priority Order for Using Documentation to Code Histology, instructs one to code the more specific histology when the final diagnosis and synoptic report (the cancer staging summary in this case) differ. In other words, use the synoptic report if it provides the more specific histology. In this case, the final diagnosis provided only an NOS histology, while the synoptic report provided specific histologies. Therefore, the synoptic report is used.

There was a single tumor but multiple histologies to consider while using the Solid Tumor Rules. The adenocarcinoma was predominantly acinar, but also papillary and lepidic; acinar, papillary and lepidic are all specific adenocarcinoma subtypes/variants.

Per Rule H7, code the histology that comprises the greatest percentage of tumor when two or more of the following histologies are present. Rule H7 includes the three histologic subtypes/variants of adenocarcinoma identified in this case: acinar, lepidic and papillary. The acinar adenocarcinoma was the histology that comprised the greatest percentage of the tumor (80%).

Both Rule H7 and Table 3 (Specific Histologies, NOS, and Subtype/Variants) in the Lung Equivalent Terms and Definitions confirm that acinar adenocarcinoma, or adenocarcinoma, acinar predominant, is coded as 8551.

Code the histology as 8551 (Acinar adenocarcinoma; Adenocarcinoma, acinar predominant (for lung only)) per Rule H7.

Note: Neither Rules H8 nor H9 apply to this case. Therefore, histology code 8255 (adenocarcinoma with mixed subtypes) also does not apply. Rule H7 confirms a mixed adenocarcinoma histology (8255) is not coded when the predominant adenocarcinoma subtype is described. Although the primary tumor in this case is technically a mixed adenocarcinoma tumor ("Mixed adenocarcinoma" that is comprised of acinar, papillary and lepidic subtypes), per the Solid Tumor Rules, it is more important to capture the specific adenocarcinoma subtype that makes up the majority of the tumor for these types of adenocarcinoma tumors.

Is there a report? Under Reports -> View Excel Reports

There are reports that show your CE results.

The screenshot shows the SEER*Educate website interface. At the top, there are navigation buttons for 'About', 'Training', and 'Reports'. The 'Reports' button is highlighted with a blue underline. Below the navigation bar, a breadcrumb trail reads 'Home / Training / Coding - CEs (formerly Practical)'. A dropdown menu is open under 'Reports', showing two options: 'View Test Results' and 'View Excel Reports'. A red arrow points to 'View Excel Reports'. Below the dropdown, a blue bar contains the text '- CE Reports - Current Years'. Underneath this bar, there are three expandable menu items, each with a plus sign icon and a red arrow pointing to it: '+ CE Certificate Listing - Completed Series', '+ CE Certificate Listing - Partial Series', and '+ Dx Year 2021 Histology'.

CoC Optimal Resources for Cancer Care - 2020 Standards

The CoC Cancer Program Standards are **dynamic**. SEER*Educate released a series on the 2020 CoC Cancer Program Standards Manual this week. The CoC changes made to the 2020 Cancer Program Standards on 2/9/2021 are reflected in this series of 64 quizzes with 5 questions in each quiz.

The SEER*Educate quizzes reflect the information as presented in the version of CoC manual that has been available for study from September 2020 through January 2021 while also providing some notes in the rationale that describe the 2021 changes reflected in the 2/9/21 release. The most notable change involves the fact that the National Cancer Database (NCDB) annual Call for Data and the Rapid Quality Reporting System (RQRS) are both being folded into the new Rapid Cancer Reporting System (RCRS) in 2021.

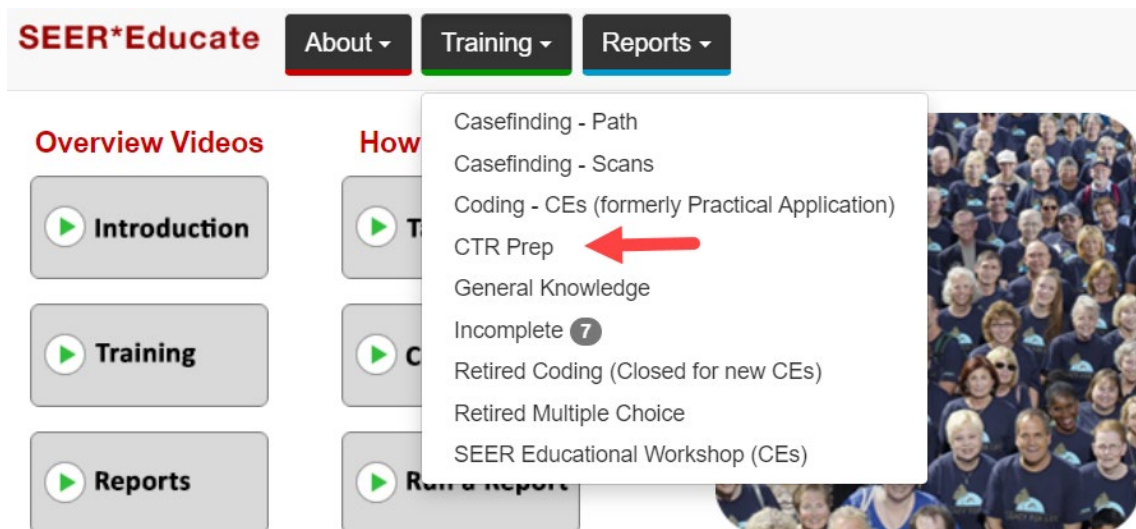
The purpose of these multiple choice test questions is to help you assess what you have retained from reading the 2020 Standards and from reviewing various other materials referenced in the CoC manual that support one's understanding of the standards and of cancer programs.

The SEER*Educate team does not have access to the CTR exam. This material is provided as an additional study aid to help students prepare for the exam and more importantly to gain some understanding of the CoC Cancer Program.

These questions are being provided to offer the student community a wide breadth of material. There are questions covering every chapter of the Standards Manual. Concepts are repeated in different questions. We suggest not immediately repeating tests but reading through the rationales after each test and moving to the next test.

Regarding the questions, the most important feature is the rationale. Scoring 100% is less important than reading and understanding the rationale.

Where do I find them? Under Training



The screenshot shows the SEER*Educate website interface. At the top, there are three navigation buttons: 'About', 'Training', and 'Reports'. Below these, there are two columns of video thumbnails. The left column is titled 'Overview Videos' and contains three buttons: 'Introduction', 'Training', and 'Reports'. The right column is titled 'How to...' and contains several buttons, including 'CTR Prep'. A dropdown menu is open under the 'Training' button, listing various categories: 'Casefinding - Path', 'Casefinding - Scans', 'Coding - CEs (formerly Practical Application)', 'CTR Prep' (highlighted with a red arrow), 'General Knowledge', 'Incomplete 7', 'Retired Coding (Closed for new CEs)', 'Retired Multiple Choice', and 'SEER Educational Workshop (CEs)'. To the right of the dropdown menu is a large image of a diverse group of people.

Are there CEs? No

Log in or sign up at **SEER*Educate** today by visiting <https://educate.fredhutch.org/> and **Learn by Doing!**

SEER*Educate is funded by Surveillance, Epidemiology and End Results (SEER) of the National Cancer Institute (NCI) and the Fred Hutchinson Cancer Research Center. (NCI Contract Number HHSN261201800004I)