Fellow Registrars,
This is coming to you a few days late due to my furlough, vacation and the Fourth of July holiday. I hope you had an enjoyable holiday weekend!
Please see the important standard setter decision on coding histology below (highlighted in green).

DUE DATES
To be on track, large hospitals (>500 cases/yr.) typically would be expected to have abstracted December 2019 diagnosis cases by July 15. Smaller facilities (<300 cases /yr.) would be expected to report the 4th Quarter of 2019 by July 15. If you are behind, please work to get caught up. We will use submissions made through July 15 to assess your completeness. Completed 2020 cases may be uploaded to Web Plus now. There will be no further changes to codes or edits until 2021.

EDUCATION
MCR Help-Line
Reach us at 1-800-392-2829 during regular office hours, or leave a message; a member of our QA team will return your call within one business day.

MoSTRA Annual Meeting
Sadly, MoSTRA recently announced the cancelation of its planned regional meeting this fall. Those seeking CE credits are encouraged to consider the listings in this section of MCR Monthly Update newsletters.

FLccSC-New Courses Available!
CE’s Provided-Amount of CE’s depend on course
- 2020 TCR Statewide Highlights of the 2020 CoC Standards
- 2020 TCR Statewide Training: Hematopoietic and Lymphoid Neoplasms
- 2020 TCR Statewide Training: Abstracting a Heme Case
- 2020 TCR Statewide Training: Larynx
- 2020 TCR Statewide Training: Overview of Head and Neck Cancers
- 2020 Statewide Training: Coding Radiation Therapy

Earn 3 CEs
- NAACCR Webinar-Eosophagus-June 2020
Register for FLccSC https://mos.fcdslms.med.miami.edu/ords/f?p=105:LOGIN_DESKTOP

Show Me Tips-July 2020
Babette has made a great resource for you in the latest “Show Me Tips”. This tip sheet provides you with information on the treatment of early stage bladder cancer and tips for coding various treatments.

Fundamentals of Abstracting Workshop
Fundamentals of Abstracting Workshop is a day and a half course held at the offices of the Missouri Cancer Registry and Research Center in Columbia, MO. This class is geared toward new abstractors who
are not familiar with the abstracting process and is free of charge. Students use Abstract Plus to work through cases using the MCR-ARC Abstract Code Manual. For those not familiar with abstracting and the MCR-ARC required fields, this is a great place to start. The next workshop is scheduled for August 10, 2020 1 p.m. - 5 p.m. and August 11, 2020 8 a.m. - 4 p.m. To ensure your place, be sure to register here by July 27, 2020.

ERS Webinar
ERS, Inc., an industry leader in Cancer Program Management and Analytics, invites you to attend Cancer Through the Lens of COVID-19 at 11AM CDT on Wednesday, July 15th. This hour long informational and educational webinar explores the landscape of cancer diagnosis and treatment during the COVID-19 pandemic, discusses options for collecting and reporting data related to the impact of COVID-19 on cancer patients’ outcomes, including a hospital registrar’s perspective and will feature interactive real-time participant polls. Sign up here https://register.gotowebinar.com/register/7157572614983514891

MCR NEWS

Gold again!

Thanks to all of you who once again submitted timely, complete, high-quality data that helped us earn the gold-level certification from NAACCR. The data quality criteria that must be met for this honor are:

- Case ascertainment has achieved 95% or higher completeness.
- A death certificate is the only source for identification of fewer than 3% of reported cancer cases.
- Fewer than 0.1% duplicate case reports are in the file.
- All data variables used to create incidence statistics by cancer type, sex, race, age, and county are 100% error-free.
- Less than 2% of the case reports in the file are missing meaningful information on age, sex, and county.
- Less than 3% of the cases in the file are missing meaningful information on race (US only).
- The file is submitted to NAACCR for evaluation within 23 months of the close of the diagnosis year under review.

Reporting to MCR vs. CoC/RQRS

There was an NCDB/CoC webinar recently about “Concurrent Abstracting Best Practices” that some of you in CoC facilities may have attended. We have gotten questions about the differences between RQRS and MCR reporting and wanted to provide clarification to all who report to MCR from CoC facilities.

**Timing:** Unlike RQRS, MCR requires a case to be submitted once, after all treatment is initiated and MCR required treatment fields can be completed. We do not want multiple partial abstracts uploaded for a case. If major changes are made to an abstract after MCR submission, a Change of Information Form (COI) is submitted by the facility abstractor and our staff update the MCR database.

**Clarification Regarding Text Entries:** We do accept copy & paste of succinct and pertinent info from the EMR into applicable text fields. Please don’t insert the entire H&P! There is no requirement to use all upper case text in abstracts. Full sentences are not necessary as long as all of the entered info is unambiguous. Chapter 6 of the MCR Abstract Code Manual give examples of brief but complete text entries.
ABSTRACTING TIPS

Grade Pathological
If the clinical grade is the highest grade identified, use the grade that was identified during the clinical time frame for both the clinical grade and the pathological grade.

STANDARD SETTER NEWS

***SEER/AJCC Joint Statement on Histology Coding***
Please read carefully the information in the following link that resolves some previous issues with histology codes and staging. Histology codes are not assigned only to allow staging. The standard setters have met and agreed on the posted methods for coding histology for certain head & neck (keratinizing/non), lung (non-small cell), liver (adenocarcinoma), intrahepatic bile duct (adenocarcinoma), and Ewing's sarcoma situations. 2018 through current abstracts will need to be reviewed and perhaps changed according to the provided table.
https://seer.cancer.gov/tools/solidtumor/clarifications.html Please list any changes you make to previously submitted cases on MCR Change of Information (COI) forms.

NAACCR

Cancer in North America (CiNA) 2013-2017 Monograph
This year's CiNA report marks the 30th year of publication and represents the most complete assessment of cancer burden in North America. This publication is made possible due to the efforts of NAACCR member registries to collect high quality and timely cancer surveillance data.

The CiNA Monograph encompasses five separate volumes:
Volume One: Combined Incidence for the United States, Canada, and North America
Includes aggregated cancer incidence data by site, sex, race, ethnicity, and stage, including pediatric cancer and cancer by stage at diagnosis from the high quality registries in the U. S. and Canada.
Volume Two: Registry-Specific Cancer Incidence in the United States and Canada
Includes registry-specific cancer incidence rates by cancer site, sex, race, ethnicity and stage for all NAACCR member registries submitting data for inclusion in the monograph. To help interpret the statistics, data tables for each registry include demographic and data quality information and registry descriptions are presented.
Volume Three: Registry-Specific Cancer Mortality in the United States and Canada
Includes registry-specific cancer death rates by cancer site, sex, race, and ethnicity.
Volume Four: Cancer Survival in the United States and Canada
Includes cancer survival data for the U.S. and Canada from 61 registries on more than 13 million cases diagnosed among North Americans between 2010 and 2016.
Volume Five: Cancer Prevalence in the United States and Canada
Includes cancer prevalence estimates for the U.S. and Canada from 61 registries on more than 13 million cases diagnosed among North Americans between 2007 and 2016.

The current CiNA 2013-2017 Monograph (and accompanying technical resources) is available here:

NPCR/SEER

New U.S. Cancer Statistics data are available.
You can access the new data through the Data Visualizations tool and public use database – Data Visualizations tool
This tool is an easy way to explore the latest U.S. Cancer Statistics data. It includes interactive graphics and text explaining the data. You can create and export presentation-ready trend graphs, maps, and tables by state, county, and demographic characteristics. U.S. Cancer Statistics are the official federal cancer statistics, providing cancer information on the entire U.S. population. This data resource combines cancer registry data from CDC's National Program of Cancer Registries (NPCR) and the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program.

U.S. Cancer Statistics | www.cdc.gov/uscs

REGISTRY TO RESEARCH
https://www.bmj.com/content/369/bmj.m1570

Treatment patterns and outcomes in adolescents and young adults with Hodgkin lymphoma in pediatric versus adult centers: An IMPACT Cohort Study (Canadian Registry Data)

Determinants of Survival Disparities Among a Real-World Cohort of Metastatic Breast Cancer Patients (NCDB data)

The effect of adjuvant treatment in small node-negative HER2-positive breast cancer: which subgroup will benefit? (SEER data)

Racial Differences in Time to Treatment for Melanoma (NCDB data)
https://www.jaad.org/article/S0190-9622(20)30517-X/pdf

Percutaneous Cryoablation for Stage 1 Renal Cell Carcinoma: Outcomes from a 10-year Prospective Study and Comparison with Matched Cohorts from the National Cancer Database
https://pubs.rsna.org/doi/10.1148/radiol.2020192325

RESOURCES AND ITEMS OF INTEREST
Original Research Thyroid hormones ratio is a major prognostic marker in advanced metastatic colorectal cancer: Results from the phase III randomized CORRECT trial
https://www.ejcancer.com/action/showPdf?pii=S0959-8049%2820%2930226-4

Algorithm Matches Pediatric Patients with Cancer to Precision Medicines

Diversity of Enrollment in Prostate Cancer Clinical Trials: Current Status and Future Directions
https://cebp.aacrjournals.org/content/early/2020/06/04/1055-9965.EPI-19-1616
Together, our work has meaning,