

Oklahoma Central Cancer Registry

OCCR QUARTERLY



Fall 2023

Happy Fall



Coding Fine Needle Aspirations

by Sandra James Steen , CTR

Fine needle aspiration is a procedure used to obtain a sample of fluid or tissue cells from the body for cytologic or pathologic examination. Sometimes referred to as a fine needle biopsy, this procedure uses a long thin needle and syringe to suction cells, fluids and sometimes tissue. A core needle biopsy employs a larger needle with a cutting tip to draw a column or core of tissue out.

This distinction is important when coding certain data items in the abstract including Diagnostic Confirmation, Surgical Diagnostic and Staging Procedure, and Scope of Regional Lymph Surgery.

Because fine needle aspiration samples can contain cells from fluid or tissue, it is important to review the entirety of the pathology and/or cytology reports for the presence or absence of tissue in the specimen or specimens. This information is often found in the Specimen Description and/or Microscopic Description of the report. Code the data item Diagnostic Confirmation accordingly: if no tissue is in the specimen, code Diagnostic Confirmation to 2 – Cytologic confirmation (no tissue microscopically examined). If tissue is in the specimen or there is microscopic diagnosis based on a different tissue specimen, code Diagnostic Confirmation to 1 – Histologic confirmation (tissue microscopically examined).

Aspirations, including fine needle aspirations, of the primary site or distant metastatic site (including distant lymph nodes) are not considered surgical procedures and are not coded as a Surgical Diagnostic and Staging Procedure.

However, aspirations of a **regional** lymph node performed for diagnosis or staging are coded in Scope of Regional Lymph Node Surgery (assign code 1 if no other regional lymph node procedures are performed).

I will be discussing FNAs and Incisional Biopsies of Regional Lymph Nodes in more depth during the December 19, 2023, OCCR Monthly Training presentation.

If you have any questions about this, or any other topic, please feel free to contact me or your facility's OCCR Consultant.

Sources: Standards for Oncology Registry Entry, STORE 2023, Posted 6/28/2023

OCRA Fall Education Conference 2023

The Oklahoma Cancer Registrars Association (OCRA) will be hosting their OCRA Fall Education Conference November 16th and 17th, 2023, at the Oklahoma City campus of Oklahoma State University.

Registration for this event is \$130 for OCRA members; \$160 for non-OCRA members; and \$40 for students. This fee includes a continental breakfast, lunch, 6 CE hours and electronic handouts.

The last day to register is November 3, 2023. You can find the registration form and hotel information on the OCRA website.

OKLAHOMA CANCER REGISTRARS ASSOCIATION



NEW: Monthly Education Opportunities Available with OCCR

By Lisa Fulkerson, MA

As the OCCR welcomes a new Education & Training Specialist, we are equally excited to share our new education series. The OCCR is now offering monthly webinars. Sandra Steen, CTR will share her vast knowledge in hopes of strengthening the abstracting skills of Oklahoma's cancer reporters. These trainings will be offered in addition to NAACCR Webinars. We know that your time is valuable, so the sessions will start promptly at 12:30 p.m. and most modules will be about 15 minutes long and followed by a Q&A session. We are aware that some topics may require a more in-depth discussion, therefore each quarter we will provide an hour-long session which will be indicated with an "*" on our training schedule.

The training schedule and tentative topics are provided below:



1. September 26, 2023: Texting – Recording available on FLccSC
2. *October 24, 2023: Reportable Skin Cancers and Related 2023 Surgery Codes
3. November 2023: No training due to annual data submission
4. December 19, 2023: Coding FNA and Incisional Biopsies of Regional Lymph Nodes
5. *January 23, 2023: Class of Case and Reporting Source Codes
6. February 27, 2024: Coding Surveillance
7. March 26, 2024: Coding Other Treatment Including Clinical Trials
8. *April 23, 2024: Coding Transurethral Resections & Similar Procedures
9. May 2024: Annual Denise Harrison Training, full day, date TB
10. June 25, 2024: Topic TBA

All sessions are recorded and will be provided with their handouts on FLccSC. If you have not signed up for a FLccSC account or need the calendar invites for the training sent to you, please reach out to Sandra or your facility consultant and we would be happy to help. If you have a FLccSC account and need a password reset, please email Sandra.Steen@health.ok.gov.

We hope you take advantage of this great opportunity that is being offered through the OCCR. I hope you are as excited as we are to grow and learn. See you October 24, 2023 from 12:30-1:30 p.m.!



Surgery Text vs. Operative Findings Text Reminders



By Alexandra Cousins, BS, CTR

The **Text Dx Proc-Op** field, also known as the Operative Text is often confused with **Rx Text- Surgery**, also known as the Surgery Text. These are two distinctly different fields used to support the codes for the diagnostic and treatment parts of the abstract. At the central registry, we often receive multiple abstracts for the same patient from different facilities, and the text that you provide is critical for us to resolve discrepancies between abstracts¹ and combine the records into a larger, more in depth abstract that we submit to the CDC and the North American Association of Central Cancer Registries.

The **Text DX Proc-Op** field is where we document the type and findings of biopsies and procedures performed as part of the initial diagnosis and workup, whether this is done at your facility or another facility². For the central registry, it is important to include the date, the facility, the location of tumor, the specimen type and any other findings related to staging and diagnosis. Here is an example of proper **Rx Text DX Proc-Op**: *03/28/2023 Oklahoma Central Cancer Registry Punch Biopsy, skin of left anterior medial thigh*. When there are no significant findings, please abbreviate that as "NSF", for example *09/27/2023 RARP w/LND: NSF*. This is an approved abbreviation that is in [NAACCR's Recommended Abbreviation list](#). NSF is a helpful way to summarize the findings and indicates that the report was reviewed.

The **Rx Text- Surgery** field is where we document all of the surgical procedures that were performed as part of the first course of treatment. This should include surgical procedures performed, facility where the procedures were performed and the date of surgical procedures. Here is an example of proper **Rx Text- Surgery**: *02/05/2023 Oklahoma Central Cancer Registry Surgery: Left hemicolectomy, LN dissection*.

Findings from endoscopies and bronchoscopies should be documents in **Text-Scopes**, not in **Text-Op**. Findings. **Text-Scopes** should include the date, facility, endoscopic examination and findings for staging and treatment. Here is an example of proper **Text-Scopes**: *01/01/2023 Oklahoma Central Cancer Registry Surgery: Colonoscopy Fungating mass in ascending colon, 2.5 CM, BX taken with cold forceps*.

If information for a text field is missing, non-applicable or unknown please document that. Examples of what could be documented in the text box for this: *N/A, unknown or none*. Leaving a text box blank is unacceptable and leaves us guessing if the box was missed or if there really was nothing to report. The more text that we have from you, the less likely we will be to contact your facility for more information. Please keep these recommendations in mind and let us know if you have any questions or would like further guidance.

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Surgery Text vs. Operative Findings Text, continued

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Text Dx Proc-Op

- Date of procedure, facility name
- Biopsy of primary or other site
(incisional, needle, punch, excisional, aspiration) including anatomical location
- Surgical procedure, including tumor location
- Surgeon's findings from operative report
- Document no dx procedure performed or if procedure was aborted

Rx-Text Surgery field

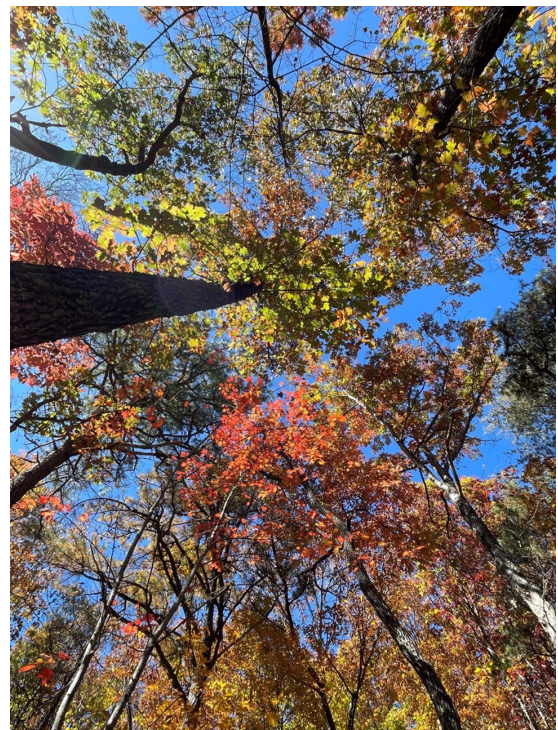
- Date, facility name, surgery type

References:

1. Florida Cancer Data System. Feedback on Surgical Text versus Operative Findings. [Florida Cancer Data System's Memo](#). July 2023.
2. American College of Surgeons, Commission on Cancer. Standards for Oncology Registry Entry. <https://www.facs.org/media/j5bp1dn4/store-2023-final-version-06282023.pdf>. 2022.
3. Washington State Cancer Registry December 2018. DOH-342-122 January 2019. <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//342-122-CancerRegistryTextRequirements.pdf>

2023-2024 NAACCR Webinar Series

- 10/5/2023 Lung 2023 Part 1
- 11/2/2023 Lung 2023 Part 2
- 12/7/2023 Radiology and Radiation (R&R)
- 1/11/2024 Liver & Bile Ducts 2024
- 2/1/2024 Pancreas 2024
- 3/7/2024 Boot Camp 1 2024
- 4/4/2024 Boot Camp 2 2024
- 5/2/2024 Ovary 2024
- 6/6/2024 Thyroid 2024
- 7/11/2024 Life in a CoC Accredited Facility
- 8/1/2024 CNS 2024
- 9/5/2024 Coding Pitfalls 2024



Need CE Credits?

By Randi Spicer, CTR

As a new CTR, one of the tools I use is SEER*Educate. SEER*Educate is a great tool to not only learn and practice abstracting coding skills, but also offers free CEs that are required to maintain your CTR.

Mark these important dates on your calendar: **December 5-7th, 2023**

SEER*Educate will be offering an Advanced Topics for Registry Professionals. Registration is available starting the first week of October.

The December workshop will include:

Brain: Site, Histology, Behavior

Other Sites: Site, Histology, Behavior

LAMN/HAMN: EOD, Summary Stage, SSDI

FREE CEs!

Case coding exercises for these presentations are now available and the results will be covered during the workshop.

SEER*Educate has also released more Mash Ups Modules. The final four new sites (gallbladder, major salivary gland, penis, and perihilar bile duct) each have five practice cases. CEs will also be awarded for the Mash Ups.

Log in or sign up @ [SEER*Educate](#)

NCRA Program Recognition #	Program Title - Dx 2021-2023 EOD, Summary Stage, Grade, SSDI	Number of cases	CE Ending Date	Category A CEs Approved	Date Released on SEER*Educate
2023-044	Gallbladder	5	12/31/2026	2.0	6/26/2023
2023-045	Major Salivary Gland	5	12/31/2026	2.5	6/26/2023
2023-046	Penis	5	12/31/2026	2.25	7/17/2023
2023-047	Perihilar Bile Duct	5	12/31/2026	2.25	7/17/2023

NCRA Program Recognition #	SEER Workshop - Advanced Topics for Registry Professionals	Number of cases	CE Ending Date	Category A CEs Approved	Date Released on SEER*Educate
2023-194	Brain (site/histo/behavior)	15	5/30/2024	2.5	9/15/2023
2023-195	Other Sites (site/histo/behavior)	20	5/30/2024	3.0	9/15/2023
2023-196	LAMN/HAMN (EOD/Summary Stage/SSDI)	5	5/30/2024	2.5	9/15/2023

Reference:

Adamo, Margaret Peggy. (2023). SEER*Educate Training Modules Released. NAACCR. <https://share.naacr.org/discussion/seereducate-fall-2023-update#bm95834a74-0934-4ecd-8553-da8dcedf3fce>

The Buzz Among Researchers

Article submitted by Judy Hanna, HT(ASCP), CTR

Each quarter, OCCR provides a sampling of the most current published research articles that we feel may be of interest to the registrars in our community. Education and knowledge are what make it possible for us as registrars to maintain the quality and commitment to continue to document the course of cancer for disease and development. Registrars are often expected to provide a high level of accuracy and completeness with little time and short staffing. This expectation leaves little time for educational opportunities. Please contact Judy Hanna, HT (ASCP), CTR, JudyH@health.ok.gov for additional information.

Drug that targets scar-like tissue in tumors shows promise for aggressive pancreatic cancer

Date: August 29, 2023

Source: Garvan Institute of Medical Research

Summary: Early laboratory results in mice show the drug PXS-5505 increases survival when combined with chemotherapy in the treatment of pancreatic ductal adenocarcinomas.

Findings from the Garvan Institute of Medical Research reveal a new Australian drug that targets scar-like 'fibrotic' tissue within tumours shows promise for treating pancreatic ductal adenocarcinoma, one of the most aggressive forms of pancreatic cancer with a five-year survival rate of less than 10%.

The research in mouse models showed that when given in combination with chemotherapy, the drug PXS-5505 increased survival time by more than 35%, compared to chemotherapy treatment alone.

"The preclinical validation of this first-in-class anti-fibrotic drug marks a major milestone in our quest to overcome the significant challenges in treating pancreatic cancer and brings hope to patients and their families," says Associate Professor Thomas Cox, head of the Matrix & Metastasis Lab at Garvan and senior author of the study, published in the journal *Nature Cancer*.

Potential to increase cancer survival.

Pancreatic cancer is often diagnosed at an advanced stage, which means that chemotherapy is often the only treatment option available. Many pancreatic cancers develop chemotherapy resistance soon after treatment starts, which contributes to the poor survival of patients. Part of this resistance is driven by tumour fibrosis -- the formation of a mesh of scar tissue-like collagen -- within and around pancreatic tumours that in turn reduces the effectiveness of chemotherapy drugs.

The new drug PXS-5505, developed by Sydney-based pharmaceutical research company Pharmaxis (ASX: PXS) and currently in Phase II clinical trials for the treatment of bone marrow cancer, works by blocking a family of enzymes that are critical for the deposition of collagen into the fibrotic tissue around tumours.

In collaboration with Pharmaxis, Garvan researchers found that the drug significantly reduced fibrosis in pancreatic tumours in mouse models. The combination therapy also substantially reduced the spread of the cancer to other organs, such as the liver, by 45%.

"PXS-5505 returns the tumour microenvironment to a more 'normal' state by reducing fibrosis and decreasing tumour stiffness," explains Dr Jessica Chitty, Senior Research Officer at Garvan and first author of the study. "This allows chemotherapy drugs to penetrate the tumours more easily, work more effectively, and destroy more cancer cells."

"PXS-5505 shows real potential to improve chemotherapy for patients," says Associate Professor Cox. "We are now in the process of progressing this work toward clinical trials that will evaluate this promising drug combination approach for pancreatic cancer patients."

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The Buzz Among Researchers, continued

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"Pharmaxis has already seen very promising early results in a Phase II trial with patients that have the bone marrow cancer myelofibrosis," commented Gary Phillips, CEO of Pharmaxis. "This groundbreaking research stems from a long collaboration with the team of high calibre researchers at the Garvan Institute and provides exciting new evidence that PXS-5505 may also have a role as a therapy to improve the effect of current chemotherapy drugs in solid tumours like pancreatic cancer and extending the life of patients."

Garvan Institute of Medical Research. "Drug that targets scar-like tissue in tumors shows promise for aggressive pancreatic cancer." ScienceDaily. ScienceDaily, 29 August 2023. <www.sciencedaily.com/releases/2023/08/230829125932.htm>.

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	January 2023	July 2023
	February 2023	August 2023
	March 2023	September 2023
	April 2023	October 2023
	May 2023	November 2023
	June 2023	December 2023
	July 2023	January 2024
	August 2023	February 2024
	September 2023	March 2024
	October 2023	April 2024
	November 2023	May 2024
	December 2023	June 2024

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