Highly Effective Habits of Successful ODS Certified Professionals :

Tips for action, efficiency, organization, and beyond

Presented by: Heather Donohue, CCA, ODS-C

Adopt the Habits of Success!

- ❑ Data Workflow: From the registrar's desk and beyond
- ❑ Organization: Time, tasks, and resources
- ❑ Location: Manuals, change logs, and upcoming implementations
- ❑ Text: Who, what, when, where, and why
- ❑ RCRS Measures: What's new and what to look for
- ❑ Self-Quality Review: Tips for squeaky clean data
- ❑ Tips to avoid burnout
- ❑ Resources: Beyond the manuals

Where Does My Abstract Go?

At minimum, as required by Public Health Law 102-515

Facility

State Central Registry

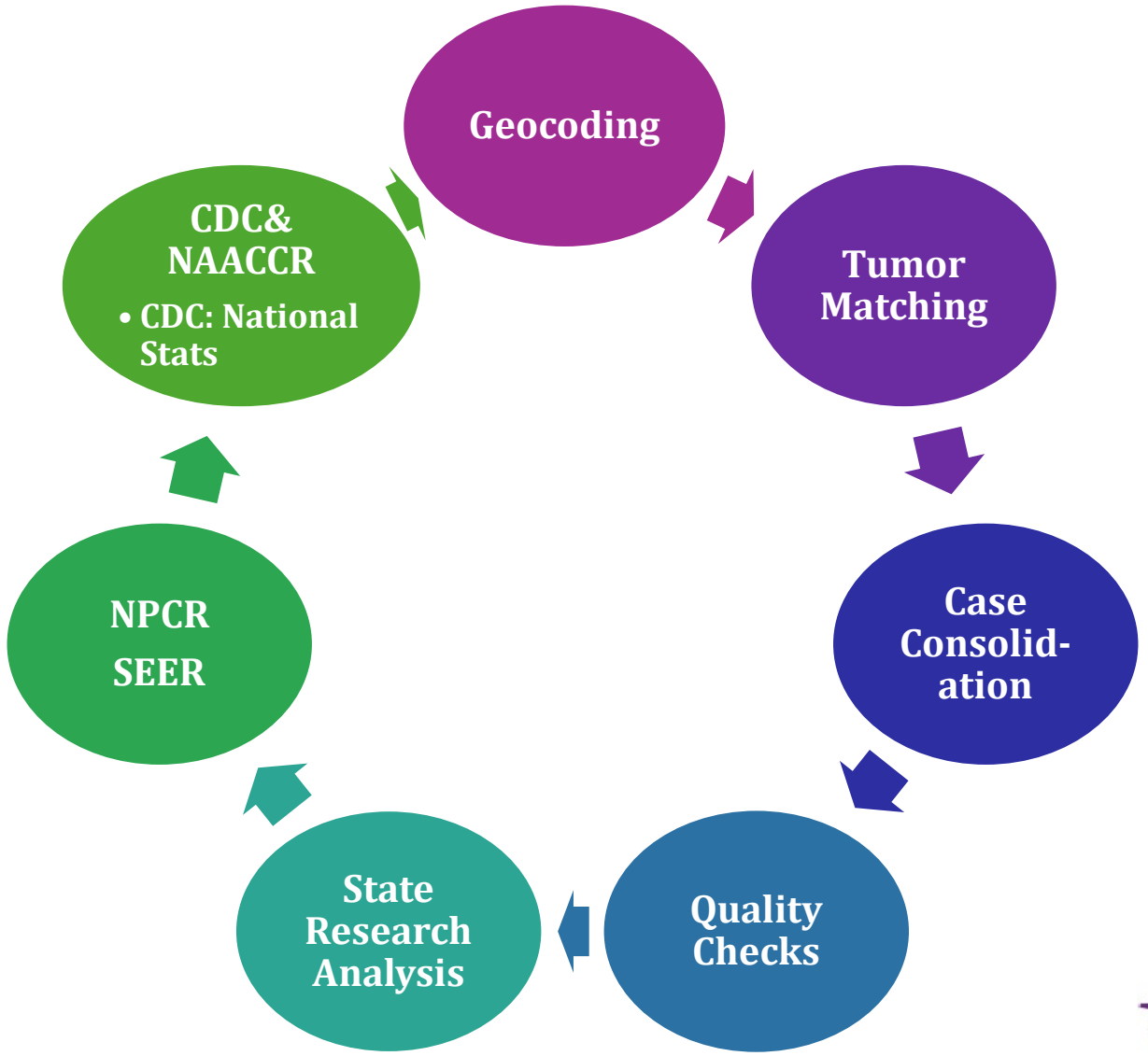
NPCR/SEER

States voluntarily submit their data to NAACCR; NAACCR produces CiNA data

State Central Registry (NPCR/SEER)

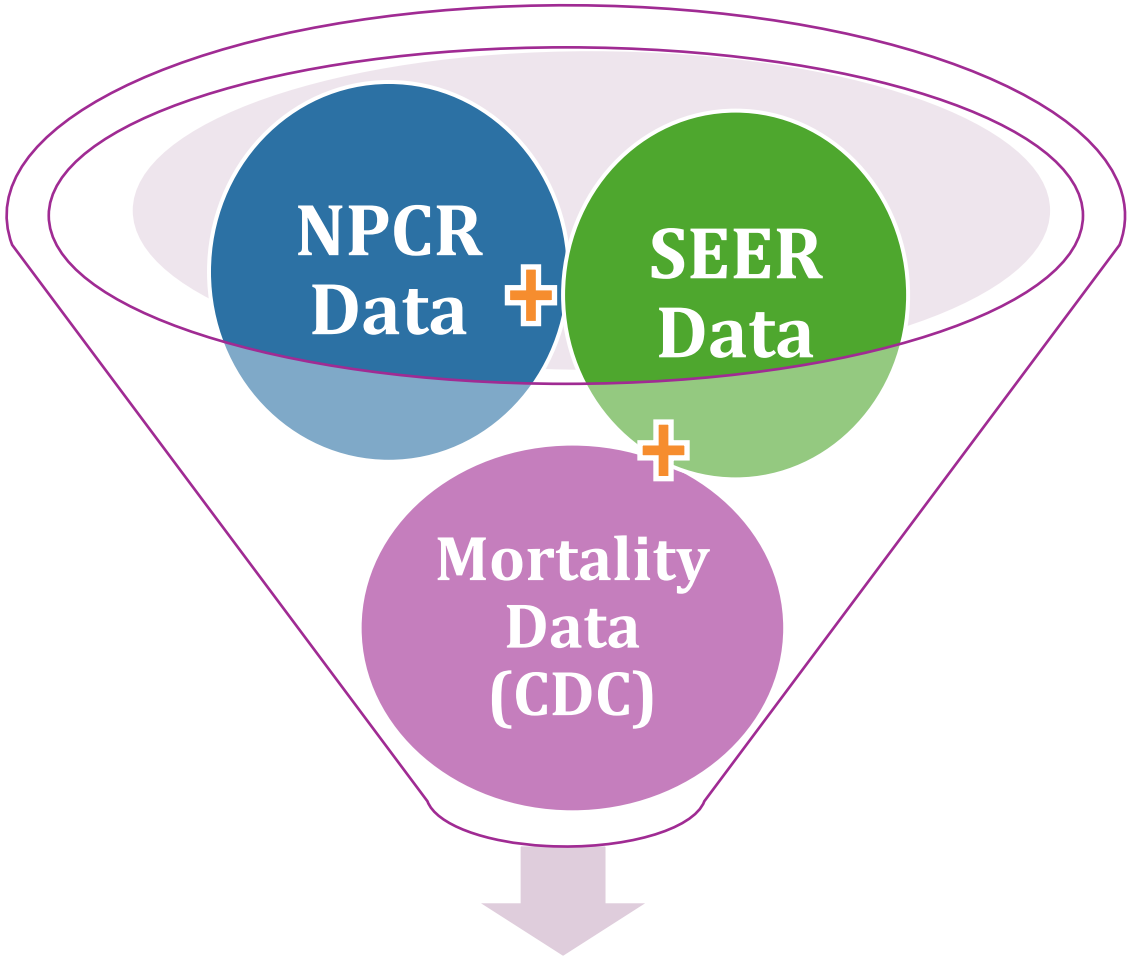
Other Central Registry Tasks

- ❑ Monitor facility caseload and submission
- ❑ Perform reabstraction QC
- ❑ Perform Quality Recodes
- ❑ Field and answer questions
- ❑ Provide education



CDC combines NPCR and SEER Data for National Stats

https://gis.cdc.gov/Cancer/USCS/#/AtAGlance/



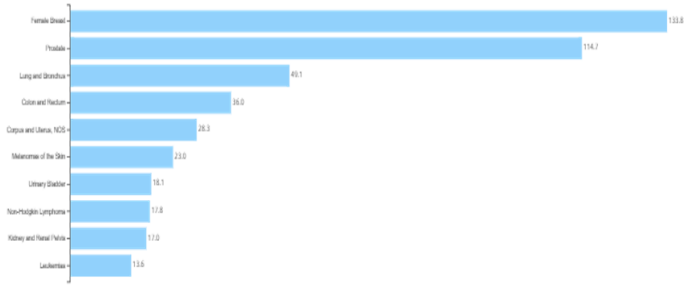
USCS
U.S. Cancer Statistics
The Official Federal Cancer Statistics

The United States Cancer Statistics:

- Official government statistics on cancer
- Information on newly diagnosed cancer cases and deaths for the United States and Puerto Rico

Stats for the United States

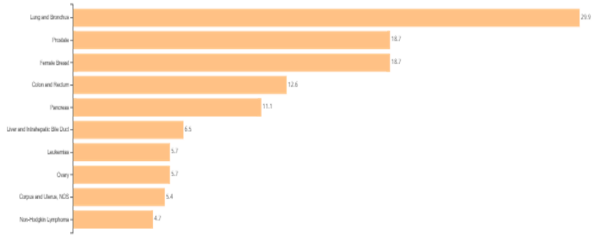
Top 10 Cancers by Rates of New Cancer Cases
United States, 2021, All Races and Ethnicities, Male and Female



Rate per 100,000 people

Source - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, released in June 2024.

Top 10 Cancers by Rates of Cancer Deaths
United States, 2022, All Races and Ethnicities, Male and Female



Rate per 100,000 people

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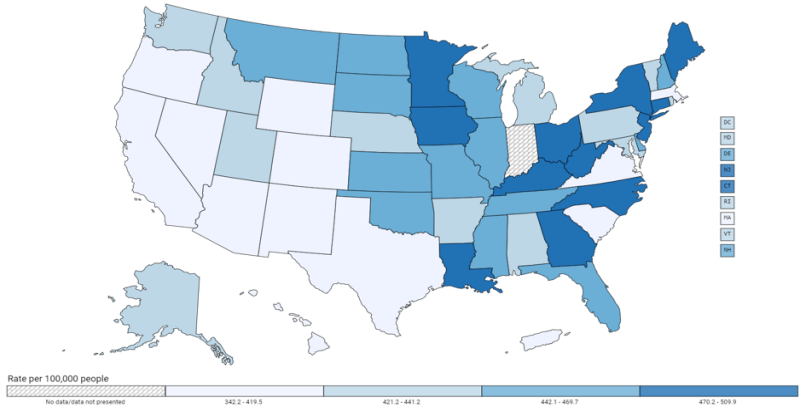
Rate of New Cancers in the United States, 2021
All Types of Cancer, All Ages, All Races and Ethnicities, Male and Female

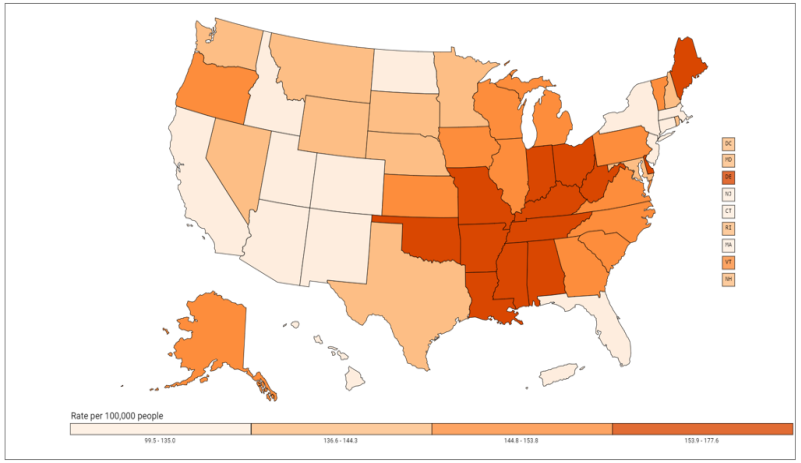


Source - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, released in June 2024.

USCS
U.S. Cancer Statistics
The Official Federal Cancer Statistics

https://gis.cdc.gov/Cancer/USCS/#/AtAGlance/

Rate of Cancer Deaths in the United States, 2022
All Types of Cancer, All Ages, All Races and Ethnicities, Male and Female



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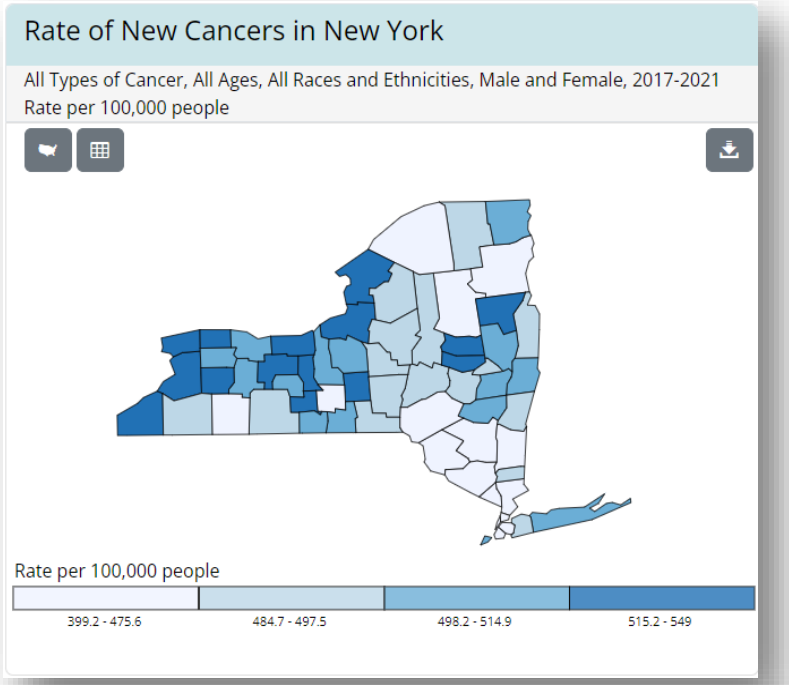
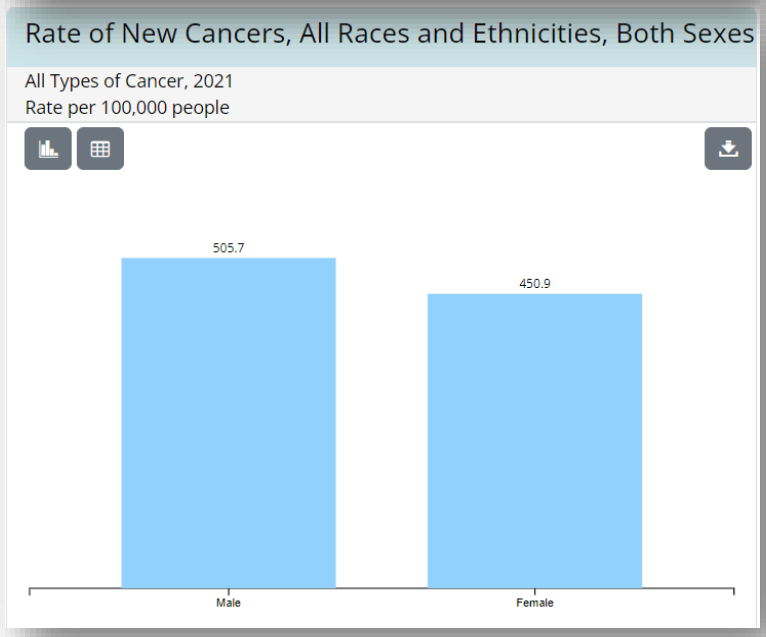
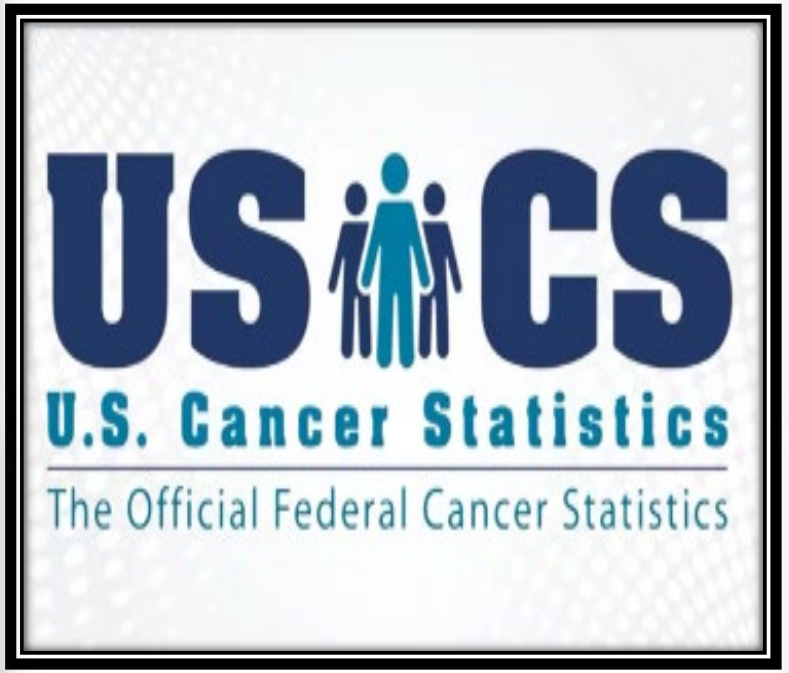
Statistics by Individual States

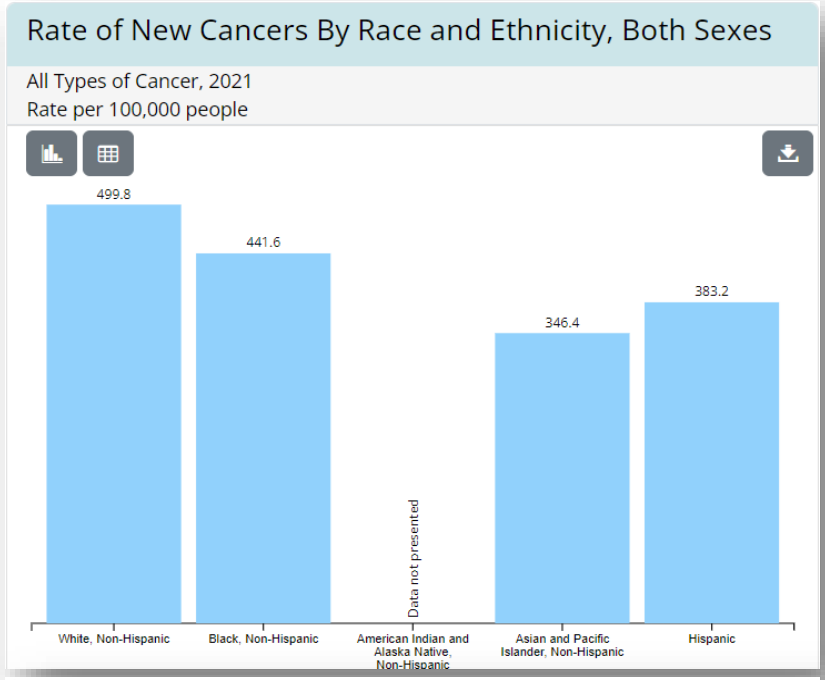


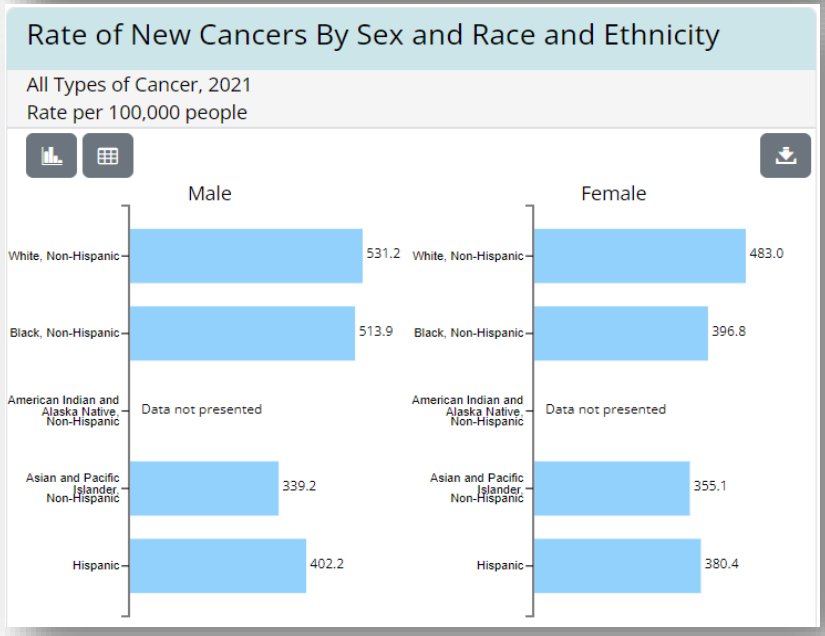




https://gis.cdc.gov/Cancer/USCS/#/AtAGlance/

The fruits of our labor!!





Where Does My Abstract Go?

Accredited Programs

- Facility
- State Central Registry
- NPCR SEER
- NAACCR
- NCDB RCRS
- NAPBC
- NAPRC

Additional voluntary accredited programs (breast and rectal)

NCDB/RCRS (CoC)

- ❑ Data is used to analyze and track malignancies, treatments, and outcomes
- ❑ Used to compare similar programs using benchmarks
- ❑ Used to ensure timeliness
- ❑ Used to ensure standard of care
- ❑ Used to ensure quality

RCRS Measures currently for:

- Breast
- Colon
- Lung
- Rectum
- Stomach
- Head and Neck
- Melanoma
- **Bladder**
- **Cervix**
- **Kidney**
- **Prostate**

New sites as of 8/15/2024

Who Receives Data and Who Receives Text?

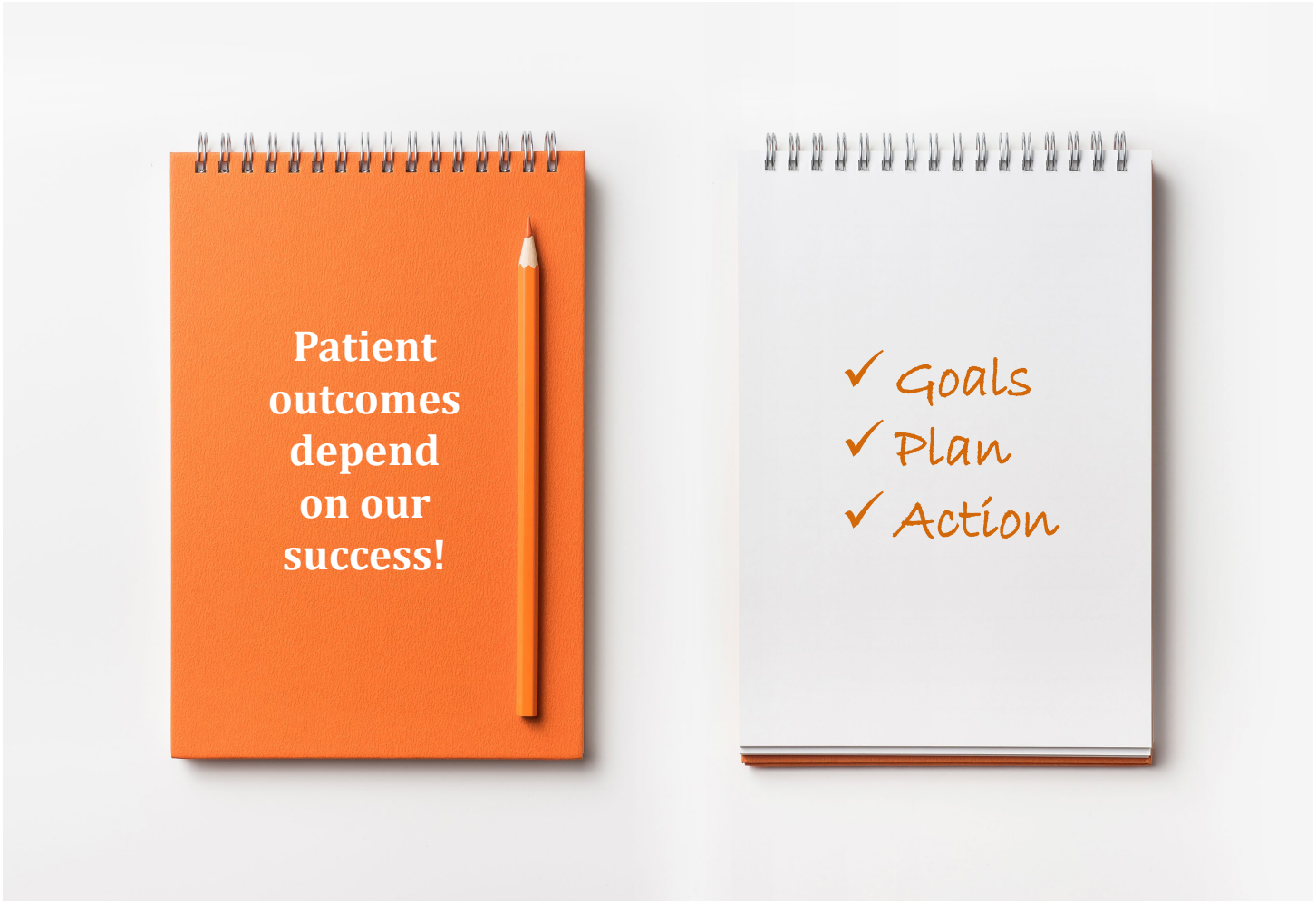
Data transmits to ***ALL***

- Facility
- State Central Registry
- NPCR SEER
- NAACCR
- NCDB RCRS
- NAPBC
- NAPCR

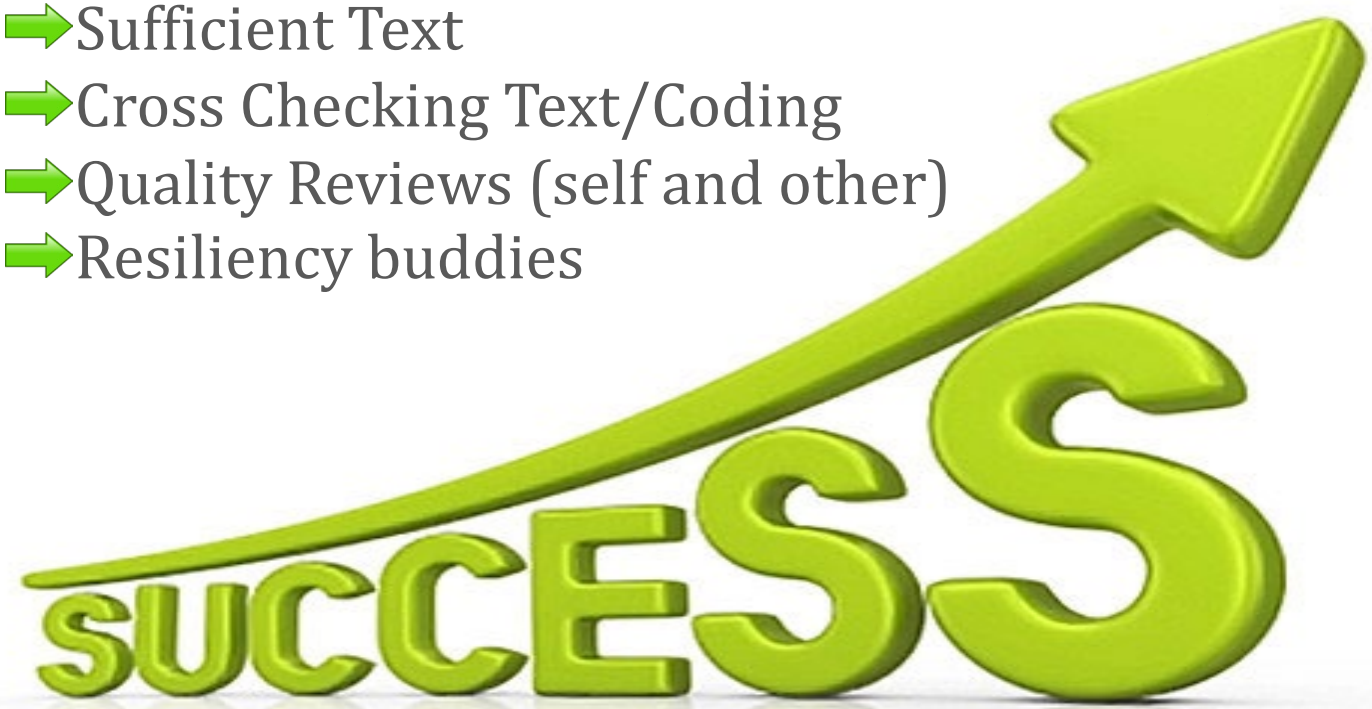
Text transmits to State Central Registry ONLY

How do we ensure the data is clean when submitting to the various organizations ?

Commit to Quality!!!



- Planning
- Organization
- Current Manuals
- Sufficient Text
- Cross Checking Text/Coding
- Quality Reviews (self and other)
- Resiliency buddies



Plan and Organize

Planning is ***essential*** to staying on task and meeting goals and deadlines

- Abstract 10 Cases/Wk @ 1.5 hrs/case. **Plan 15 Hours**
- Perform 2 QC reviews @ ~2 hours each. **Plan: 4 Hours**
- Cancer Conferences: 3 @ 1 hr each. **Plan: 3 Hours**
- Training Webinar @ 1 hour. **Plan: 1 Hour**
- Team Meeting: **Plan: 1 Hour**
- ***Lunch: 30 min x's 5 days. Plan: 2.5 Hours (unpaid)***

- Follow-up: Complete ~75 lines @ 3-5 min per line. **Plan: 6 Hours**
- Casefinding: Need to review ~30 cases @5-10 min/case. **Plan for 5 hours**
- Cancer Conference Planning: 2 cases each=6 cases to prep @15-20 min/case. **Plan: 1.5 Hours**
- State Submission: **Plan 30 min**
- Admin/Emails: **2.5 hours**
- Planning for following Week**: ~30 min**

Manuals and Resources

Are you using the most up to date manuals and resources?

Be sure you are using current manuals

STORE and SEER

- Year of Diagnosis
- STORE releases new versions often—be sure to check for updates!

When new version of SS2018, SSDI, Grade, and STR manuals are released, they are for use from 2018+

AJCC 8th Edition

AJCC 9th Version

Manuals and Resources

Be sure you are using current manuals

AJCC 8th Edition

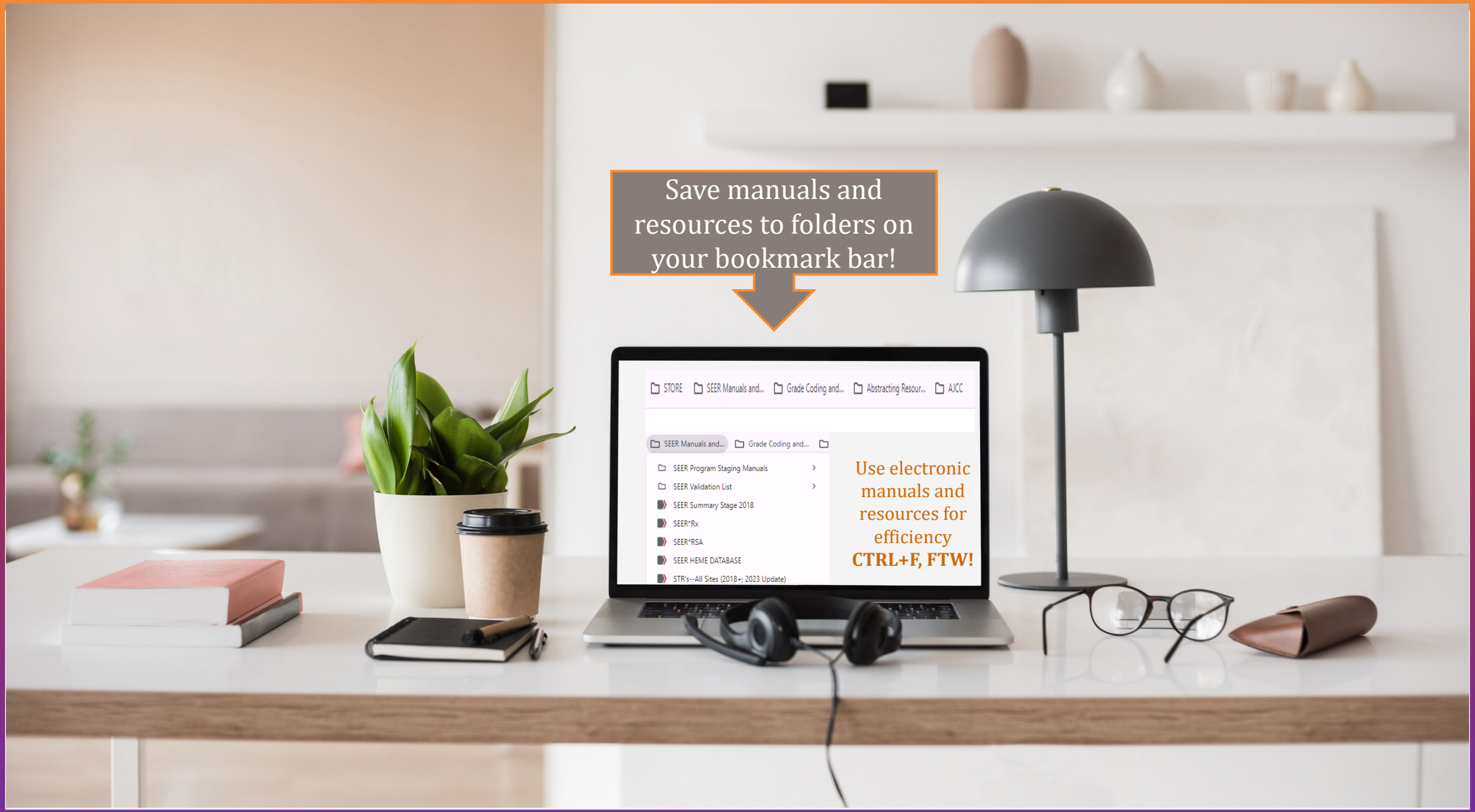
AJCC 9th Version

- **AJCC Staging Online**
- **Paperback/Hardcopy**
- **Kindle Version**

Chapter Title	9th Version Diagnosis Year Effective Date
Cervix Uteri	1/1/2021+
Brain & Spinal Cord	1/1/2023+
Appendix--Carcinoma	1/1/2023+
Anus	1/1/2023+
Neuroendocrine Tumors of the Stomach	1/1/2024+
Neuroendocrine Tumors of the Duodenum & Ampulla Vater	1/1/2024+
Neuroendocrine Tumors of the Jejunum & Ileum	1/1/2024+
Neuroendocrine Tumors of the Appendix	1/1/2024+
Neuroendocrine Tumors of the Colon & Rectum	1/1/2024+
Neuroendocrine Tumors of the Pancreas	1/1/2024+
Vulva	1/1/2024+
Thymus	1/1/2025+
Lung	1/1/2025+
Diffuse Plueral Mesothelioma	1/1/2025+
Nasopharynx	1/1/2025+

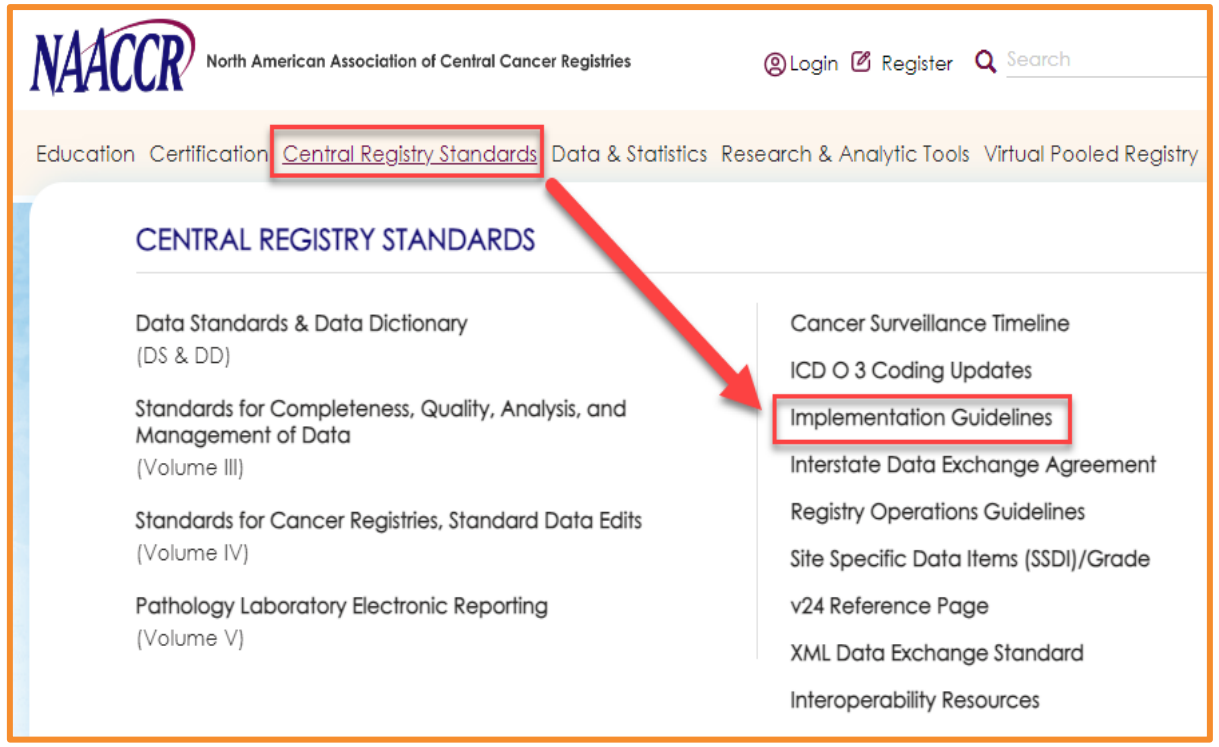
Where are the Manuals Located?

Manual	Location
STORE **See Summary of Changes (in manual)**	https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-call-for-data/registry-manuals/
SEER Program Manual **See Summary of Changes (in manual)**	https://seer.cancer.gov/tools/codingmanuals/index.html
SEER Summary Stage **See Revision History → Change Log on webpage**	https://seer.cancer.gov/tools/ssm/
SEER* RSA (EOD) **See changes and known issues for each version**	https://staging.seer.cancer.gov/eod_public/list/3.1/ https://staging.seer.cancer.gov/eod_public/home/3.1/
SEER Rx	https://seer.cancer.gov/seertools/seerrx/
Solid Tumor Rules **Revision History**	https://seer.cancer.gov/tools/solidtumor/ https://seer.cancer.gov/tools/solidtumor/revisions.html
Heme Database **See Revision History (in manual)**	https://seer.cancer.gov/seertools/hemelymph/
SSDI and Grade Coding Manuals **See change logs on webpage**	https://apps.naaccr.org/ssdi/list/?_gl=1*uy5bha*_ga*MTI3Mzg5NjE3OS4xNjg4NjU0MzIx*_ga_V7J8GWYK5P*MTY5NDAxOTE0My4xNS4wLjE2OTQwMTkxNDMuNjAuMC4w
AJCC Staging Online	https://ajccstaging.org/en


Save manuals and resources to folders on your bookmark bar!
STORE
SEER Manuals and...
Grade Coding and...
Abstracting Resour...
AJCC
SEER Manuals and...
Grade Coding and...
SEER Program Staging Manuals
SEER Validation List
SEER Summary Stage 2018
SEER*Rx
SEER*RSA
SEER HEME DATABASE
STR's--All Sites (2018+; 2023 Update)
Use electronic manuals and resources for efficiency
CTRL+F, FTW!

Annual Implementation Guidelines

https://www.naaccr.org/implementation-guidelines/



NAACCR Implementations Guidelines and Recommendations pdf:

- Provides details on major updates

2025 Implementation Guidelines *at a Glance*

Not all inclusive; see guidelines for more details

SSDIs

- NEW #1174: PD-L1
  - Lung
- NEW #1172: PTLD
  - Lymphoma/Plasma Cell Disorders
- Updated: BRAF: Code 3 added
  - Colorectal

Pediatric Data Collection System (PDCS)

- Tumor, Nodes Mets fields
- SSDIs
- Derived Toronto Stage

Reportable 2025+

- PTLD was 9971/1 for 2021-2024, will be 9971/3 again beginning 2025

AJCC v9

- Thymus
  - Soft Tissue of Abd/Thoracic C37.9/8980 moves to Thymus Chapter
- Lung
  - Soft Tissue of Abd/Thoracic: C34.9/8982 moves to lung chapter
- Diffuse Pleural Mesothelioma
- Nasopharynx

EOD Significant Changes

- Lung
  - LN and Mets
- Nasopharynx
  - Mets
- Pleural Mesothelioma
  - Primary Tumor

STORE

- Palliative Care
  - Updated to demonstrate hospice care is included

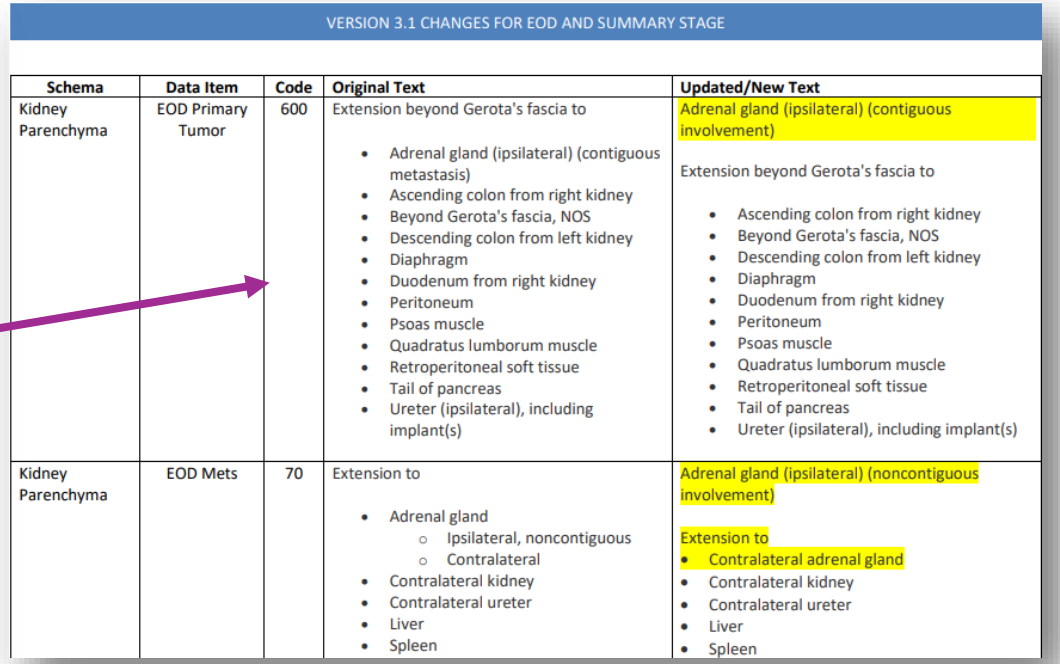
Key Resources For v24

https://www.naaccr.org/implementation-guidelines/

RESOURCES

BELOW ARE LINKS TO KEY RESOURCES REGISTRIES MAY FIND USEFUL AS THEY PLAN TO TRANSITION TO V24.

- NAACCR 2024 Implementation Guidelines
- NAACCR Data Standards and Data Dictionary (formerly Volume II)
- NAACCR XML Dictionaries
- NAACCR V24 Edits Metafile (including Changes Spreadsheet)
- SEER Program Coding and Staging Manual (includes Summary of Changes)
- Commission on Cancer STORE Manual
- Site Specific Data Items (SSDI) and Grade Manual v3.1 (includes change log)
- AJCC Cancer Staging System
- SEER RSA (EOD, Summary Stage, SSDI's, Grade) v3.1 also includes summary of changes)
- Summary Stage 2018 (includes revision history)
- Extent of Disease (EOD) 2018 (includes change log)
- Solid Tumor Rules (includes summary and changes)
- ICD O 3.2 (includes new codes, coding guidelines, and changes for 2023 implementation)
- SEER Site/Histology Validation List
- Hematopoietic Manual and Database (see revision history on the left)
- Surgery Codes and Surgery Code Crosswalks



VERSION 3.1 CHANGES FOR EOD AND SUMMARY STAGE

Schema	Data Item	Code	Original Text	Updated/New Text
Kidney Parenchyma	EOD Primary Tumor	600	Extension beyond Gerota's fascia to • Adrenal gland (ipsilateral) (contiguous metastasis) • Ascending colon from right kidney • Beyond Gerota's fascia, NOS • Descending colon from left kidney • Diaphragm • Duodenum from right kidney • Peritoneum • Psoas muscle • Quadratus lumborum muscle • Retroperitoneal soft tissue • Tail of pancreas • Ureter (ipsilateral), including implant(s)	Adrenal gland (ipsilateral) (contiguous involvement) Extension beyond Gerota's fascia to • Ascending colon from right kidney • Beyond Gerota's fascia, NOS • Descending colon from left kidney • Diaphragm • Duodenum from right kidney • Peritoneum • Psoas muscle • Quadratus lumborum muscle • Retroperitoneal soft tissue • Tail of pancreas • Ureter (ipsilateral), including implant(s)

Kidney Parenchyma	EOD Mets	70	Extension to
			• Adrenal gland
			  ○ Ipsilateral, noncontiguous
			  ○ Contralateral
			• Contralateral kidney
			• Contralateral ureter
			• Liver
			• Spleen
				Adrenal gland (ipsilateral) (noncontiguous involvement)
				Extension to
				• Contralateral adrenal gland
				• Contralateral kidney
				• Contralateral ureter
				• Liver
				• Spleen

Change logs
Revisions
Updated Notes
Surgery Code Crosswalk

Don't miss IMPORTANT updates to notes! Look at the revisions and change log to see what is new for the current year

Perfect the CRAFT of Text Documentation!

Perfect the Craft of Text Documentation!

Clean and accurate data for better patient outcomes is dependent on your text being sufficient!

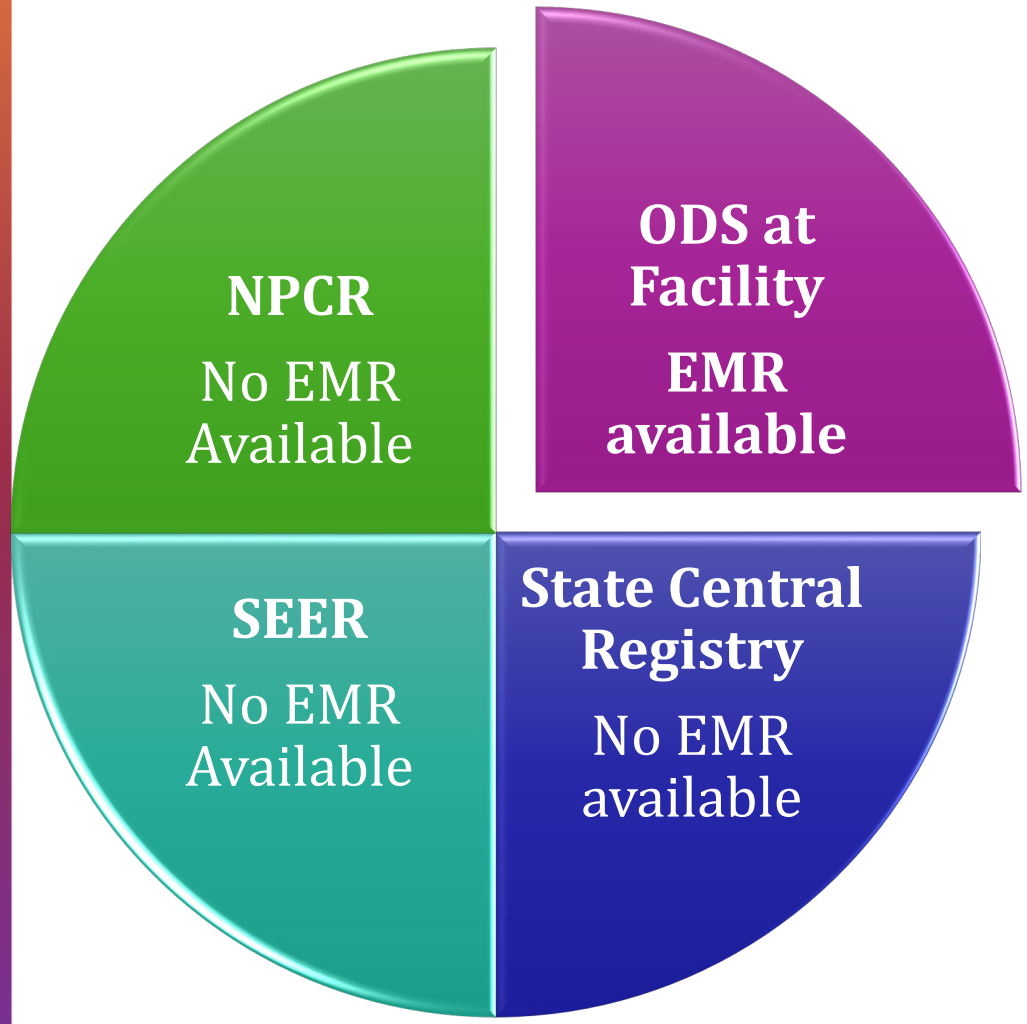
Who is responsible?

- Everyone abstracting cases is responsible for providing sufficient supporting text documentation in our abstracts!!
- Text also cross checks the abstractors coding:
  - **Abstractor should collect text first, and then use text to enter all codes and assign staging**
  - All codes should be supported in text. If abstractor cannot "plug in" a code from their text, the text is not sufficient

Who uses this text besides the abstractor?

- The next "reader" of your abstract most likely ***will not*** have the EMR available for coding verification
  - State Central Registries
  - Auditors (NPCR/SEER)

TEXT: Usage



Facility

- May be utilized by facility-based researchers to verify coding
- May be used for special quality related projects

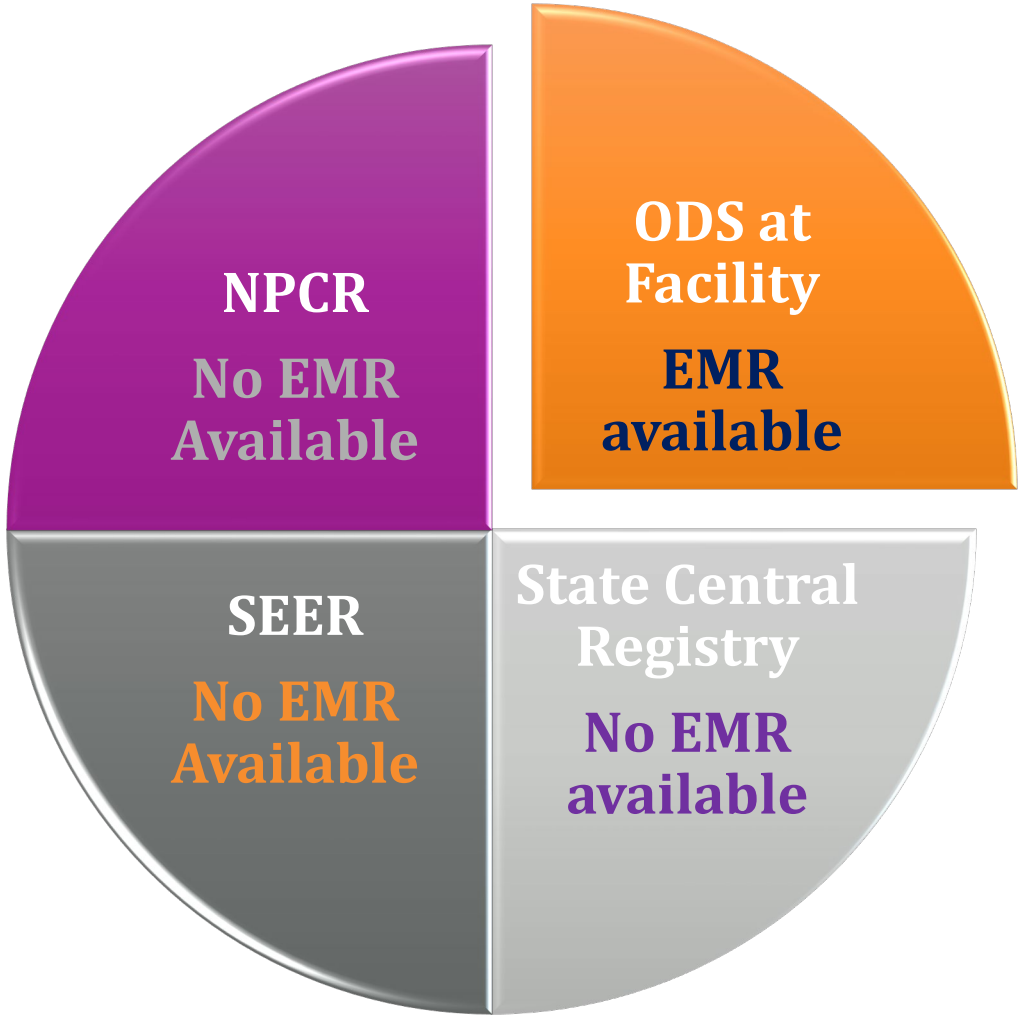
State Central Registries

- Used to verify coding
- Used to make decisions on final consolidated case for analysis

NPCR
SEER

- Central Registry Audits
- Recodes

TEXT: Best Practices



Your text should be fluent, clear and concise

Text should be in a logical order that makes it easy for the "reader" to follow the patient's story!

Include information from "this primary" ONLY!

Your text should be free of shorthand; use NAACCR approved abbreviations only

NAACCR Data Dictionary—All Text Fields

Description: Varies by text field

Rationale:
Text area for manual documentation from the history and physical examination about the history of the current tumor and the clinical description of the tumor.

Instructions
•Text automatically generated from coded data is not acceptable.
•NAACCR-approved abbreviations should be utilized (see Appendix G).
•Do not repeat information from other text fields.
•Additional comments can be continued in empty text fields, including Remarks. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
•If information is missing from the record, state that it is missing.
•Do not include irrelevant information.
•Do not include information that the registry is not authorized to collect.

Required Elements: Varies by Text Field

Code Notes: Varies by text field; gives you an idea of items that might be supported in that data item

Scopes Text #2540

Description: Text area for manual documentation from endoscopic examinations that provide information for staging and treatment.

Requirements for Scopes Text:

- Date(s) of endoscopic exam(s), facility, MD
- Primary site
- Histology (if given)
- Tumor location
- Tumor size
- If biopsy obtained: record site and type biopsy
- Record positive and negative clinical findings. Record positive results first

Items that can be verified based on Scopes Text:

- Date Dx
- Rx Summ Staging Procedure
- Dx Confirmation
- Site, laterality, histology
- Rx Surg 2023
- AJCC, EOD, SEER Summary Staging info
- SSDIs

Labs Text #2550

Description: Text area for manual documentation of information from laboratory examinations other than cytology or histopathology.

Requirements for Labs Text:

- Date and type of lab test/tissue specimen(s)
- Information can include tumor markers, serum and urine electrophoresis, special studies, etc.
- Record both positive and negative findings. Record positive test results first.

Record:

- Date(s) of lab test(s)
- Tumor markers included, but are *not limited to*:
  - Breast Cancer – Estrogen Receptor Assay (ERA), Progesterone Receptor Assay (PRA), Her2/neu.
  - Prostate Cancer – Prostatic Specific Antigen (PSA)
  - Testicular Cancer – Human Chorionic Gonadotropin (hCG), Alpha Fetoprotein (AFP), Lactate Dehydrogenase (LDH)

Items that can be verified based on Labs Text:

- SSDIs
- AJCC Stage Group (i.e. prostate)
- Date Dx/Dx Confirmation

Sufficient vs. Insufficient PE Text Examples

PE TEXT

Facility A	Facility B
INSUFFICIENT	SUFFICIENT
64 Y/O F previous smoker. Breast exam: (+) for breast mass.	64 Y/O Married Italian Female (born in Italy; immigrated to US at 9 yrs old), previous smoker, occasional ETOH, with no fm hx of ca.. Patient presented to Facility A for screening mammogram, noting a RT breast LIQ abnormality prompting diagnostic mammogram and u/s, followed by biopsy proving malignancy on 1/1/20XX at Facility A. Patient presented to MyFacility B for staging work up MRI only. Patient then returned to Facility A for surgery followed by chemo and is planned to start endocrine therapy once chemo is complete--all @ Facility A.
What's Missing?	
Missing: Marital status Race Social and family history Breast exam date/physician performing exam Breast laterality Possible stated tumor size Results of the axilla PE What lead the patient to being worked up for cancer Narration to support class of case	

Know what you are looking for

- Accuracy
- Completeness
- Efficiency

Colon Treatment Checklist

Stage 1
- ❑ Surgery

Stage 2
- ❑ Surgery
- ❑ ^risk? Adjuvant chemo

Stage 3
- ❑ Surgery
- ❑ Adjuvant chemo

Stage 4

Not Resectable:
- ❑ Obstructing—palliative surgery; systemic tx

Yes
- ❑ Surgery
- ❑ Systemic therapy

Don't waste your time looking for things that are not there!

NCCN Guidelines

Familiarize Yourself with Common Sites for Your Facility

Colon

Stage 1

- Surgery
  - Polypectomy
  - Partial colectomy
  - Hemicolectomy
  - Total Colectomy
  - Total Proctocolectomy

More likely

Stage 2

- Surgery
- T3 N0 M0, ***not high risk***: Could *consider* capecitabine or 5 FU
- High Risk→ Adjuvant chemo; usually FOLFOX
  - High Risk: Genetics, grade, family history, combination

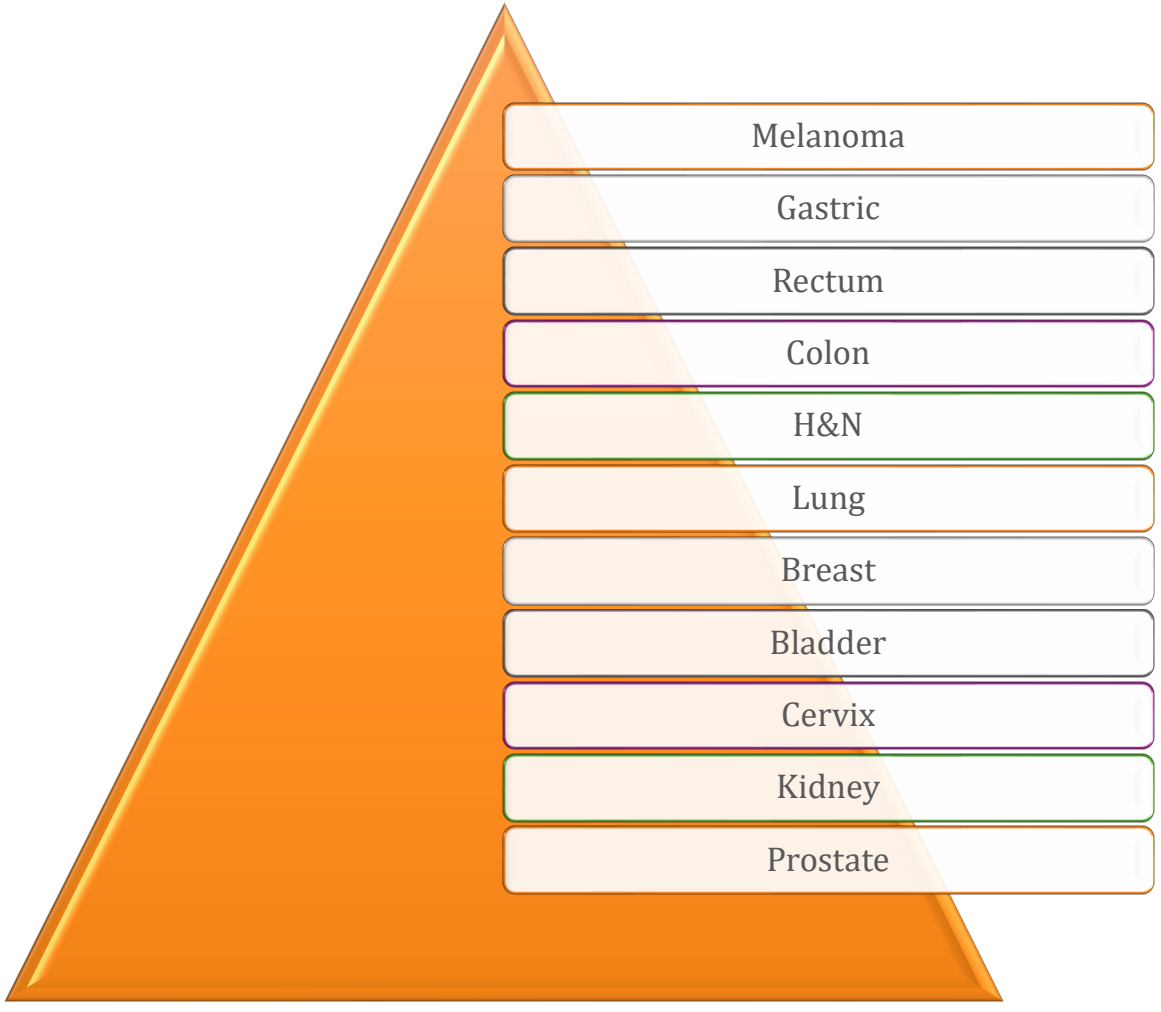
Stage 3

- Surgery
- Adjuvant chemo: CAPEOX or FOLFOX

Stage 4

- Resectable → Surgery
- Not resectable → Systemic Therapy (chemo +/- immunotherapy)
- Obstructing → Palliative resection/ diverting ostomy/bypass/stent

Know the RCRS Measures



RCRS Measures—Melanoma

Measure	Measure Abbreviation
For surgically managed pathologic stage IIIB-D melanoma patients, adjuvant systemic therapy was initiated within 6 months of surgery or recommended.	MadjRx

(MadjRx)

- ❑ Surgery
- ❑ Pathologic Stage IIIB-D
- ❑ **Adjuvant systemic therapy was initiated within 6 months of surgery or recommended.**

- Did patient have surgery at your facility?
- Did patient follow up with Med Onc at your facility?
- Did they go elsewhere?
- Do you need to submit a request for the chemo info to an outside facility?
- If chemo was recommended, but refused is there clear documentation?
- Did you need to add a User Defined Field?
- Did you code the Reason no Systemic Therapy correct?

RCRS Measures—Gastric

Measure	Measure Abbreviation
For surgically managed gastric adenocarcinoma cancer patients, at least 16 regional lymph nodes are removed and pathologically examined during resection for curative intent therapy.	G16RLN
For surgically managed patients age 18-79 with gastroesophageal junction or esophageal cancer cT2 with poor differentiation, or cT>3, or N>1, or gastric cancer cT>2 or N>0, neoadjuvant chemotherapy and/or chemo-radiation is administered within 120 days preoperatively, or recommended.	GCTRT

(G16RLN)

- ❑ Adenoca.
- ❑ Surgery
- ❑ Curative
- ❑ **At least 16 regional lymph nodes removed and pathologically examined**

(GCTRT)

- ❑ 18-79 Y/O
- ❑ Surgically
- ❑ Cancer at GE Junction or
- ❑ Esophagus cT2 and poorly differentiated or cT>3, or N>1 or Gastric cancer cT>2 or N>0
- ❑ **Neoadjuvant chemo or chemo-XRT within 120 days preoperatively**

Clearly document treatment refusals—ALWAYS!

RCRS Measures—Rectum

Measure	Measure Abbreviation
For patients undergoing surgical resection for rectal cancer, the Circumferential Margin is greater than 1 mm from the tumor to the inked, non-serosalized resection margin.	RCRM
For patients with surgically treated clinical T4NanyM0 or TanyN2M0 rectal cancer, neoadjuvant radiation therapy is initiated within 9 months prior to resection or recommended.	RneoRT

(RneoRT)

- ❑ cT4 ANY N M0 or Any T N2 M0
- ❑ Neoadjuvant radiation therapy initiated within 9 months prior to resection or recommended

New updated measure as of 8/15/2024

(RCRM)

- ❑ Surgical resection
- ❑ **Circumferential Margin is greater than 1 mm from the tumor to the inked, non-serosalized resection margin**

Check the gross description for the CRM and to determine if *non-serosalized.*
Clearly document the CRM and whether or not the margin was non-serosalized
See RP Oncology Coding Break on determining peritonealized aka serosal vs non-serosal surfaces

RCRS Measures—Colon

Measure	Measure Abbreviation
For patients under the age of 80 with surgically-managed pathologic stage III colon cancer (N>0), adjuvant chemotherapy is initiated within 4 months (120 days) of diagnosis, or recommended.	ACT
For patients undergoing a colon resection for colon cancer, at least 12 regional lymph nodes are removed and pathologically examined at time of resection.	C12RLN

(ACT)

- ❑ Under 80 Y/O
- ❑ Had Surgery
- ❑ Pathologic stage III colon cancer (N>0)
- ❑ **Adjuvant chemotherapy is initiated within 4 months/120 days of diagnosis or recommended**

Was there a contraindication?
Refusal?
Did you clearly document and use the correct "Reason No Chemo" code?

(C12RLN)

- ❑ Colon resection
- ❑ **At least 12 regional lymph nodes are removed and pathologically examined**

RCRS Measures—Head and Neck

Measure	Measure Abbreviation
For patients with surgically managed head and neck squamous cell cancer who received adjuvant radiation treatment, the radiation is initiated within 6 weeks of surgery.	HadjRT

(HadjRT)

- ❑ Surgery
- ❑ Squamous cell ca.
- ❑ Adjuvant radiation treatment? Yes?
- ❑ Initiated within 6 weeks of surgery.

RCRS Measures—Lung

Measure	Measure Abbreviation
For patients with surgically managed NSCLC, pathologically staged T2 and >4cm, or T>=3, or N>0, systemic therapy (chemotherapy, immunotherapy or targeted therapy) was initiated within the 3 months prior to surgery or after surgery, or was recommended.	LCT

(LCT)

- ❑ Surgery
- ❑ NSCLC
- ❑ Pathologically staged T2 and >4cm, or T>=3, or N>0
- ❑ Systemic therapy was initiated within the 3 months prior to surgery **or** after surgery **or** was recommended.

RCRS Measures—Breast

Measure	Measure Abbreviation
For patients with AJCC Clinical Stage I-III breast cancer, the first therapeutic surgery in a non-neoadjuvant setting is performed within and including 60 days of diagnosis.	BCSdx
For patients undergoing breast-conserving surgery without adjuvant chemo or immunotherapy for stage I-III breast cancer, radiation therapy, when administered, is initiated <= 60 days of definitive surgery.	BCSRT
For patients <=75 years old with HER2+ or triple negative breast cancer with any clinical N > 0 or clinical T > 1, neoadjuvant chemotherapy and/or immunotherapy is initiated within 60 days of diagnosis, or recommended.	BneoCT

Clearly document refusals or contra-indications in text

- (**BCSdx**)
  - Stage I-III,
  - No neoadjuvant therapy
  - **First Surgery performed within 60 days of diagnosis**

- (**BCSRT**)
  - Stage I-III
  - Breast conserving surgery
  - No adjuvant chemo/immunotherapy
  - **Radiation within 60 days (when applicable per guidelines)**

- **(BneoCT) :**
  - <=75 Y/O
  - cT>1 or cN>0
  - HER2+ or Triple Negative
  - **Neoadjuvant chemo and/or immunotherapy (HER2+) is recommended or administered within 60 days of diagnosis**

Slide correction!!!

RCRS Measures—NEW!!!

- Bladder
- Cervix
- Kidney
- Prostate

NCDB announcement on new measures can be found here!

- **BLCT1:** For patients with low grade Ta bladder cancer undergoing transurethral resection of bladder tumor, intravesical chemotherapy* is initiated within 24 hours of the procedure or recommended.

*chemotherapy within 24 hours of the transurethral resection assumed to be intravesical; however, the NCDB does not differentiate this from systemic chemotherapy.

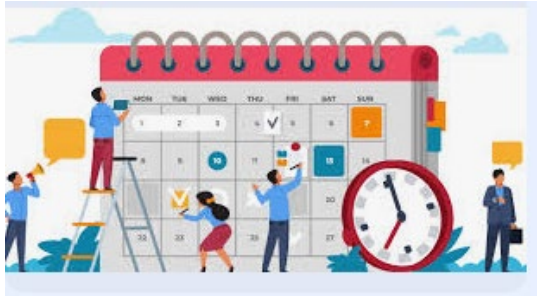
- **CBRRT:** For patients with any stage cervical cancer treated with primary radiation with curative intent, brachytherapy is used.
- **KPN:** For patients with surgically managed cT1a kidney tumors, partial nephrectomy is performed.
- **PTSRV:** For patients with low-risk prostate cancer (Gleason <= 6 and PSA < 10 and <= cT2), active surveillance is performed.

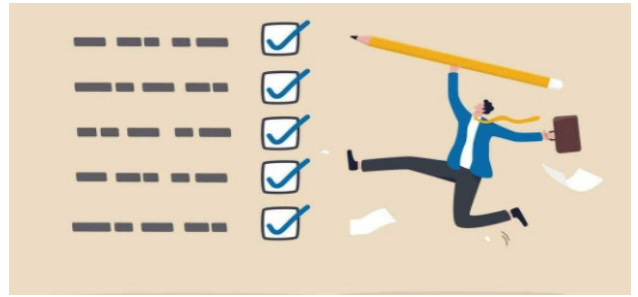
Concurrent Abstracting

- Completing the abstract as each treatment occurs rather than waiting up to 6 months for treatment completion

Have a clear plan in place for ensuring case completeness

- Consider adding a UDF for cases pending updates
- Document in text all future/expected treatment
- Set calendar reminders to check for surgery, chemo, XRT, hormone/endocrine therapy, etc.
- Request outside treatment information
- Consider setting up a means of communication between casefinder and abstractors to alert of new information available





Make a Checklist for Fields to Review for Each Site

Class of Case

- If 00, 10, 14: Are Date of Diagnosis and Date of First Contact equal?
- If 20, 21, 22: Is Date of First Contact greater than Date of Diagnosis? Is Date of First Contact equal to Date treatment began at my facility?

Review Primary Site

- Did you update the site from casefinding?
- Is there a better site than C__.9 or C__.8?
- RCRS Measures

Example QC Self- Review

Unknowns

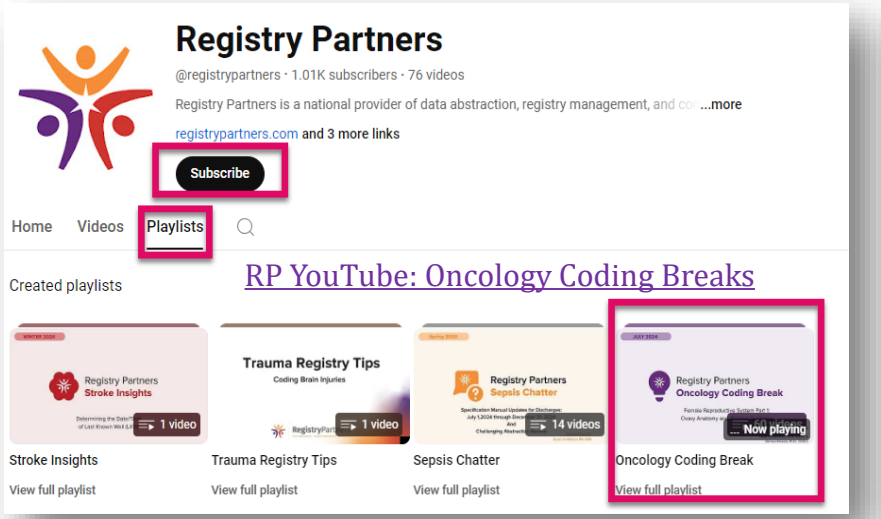
- Did you perform an **EMR** "**chart search**" for fields coded as 9, unknown or another NOS
- Can you use a better site code than C80.9? i.e. Colon, vs. small intestine, vs stomach →C26.9, Digestive, NOS

Staging

- Did you use the applicable edition/version for TNM Staging?
- Did you use the SEER Summary Stage Manual?
  - We cannot use AJCC Staging to dictate SEER Summary Stage

Tap Into Your Resources!!!

Registry Partners Resources



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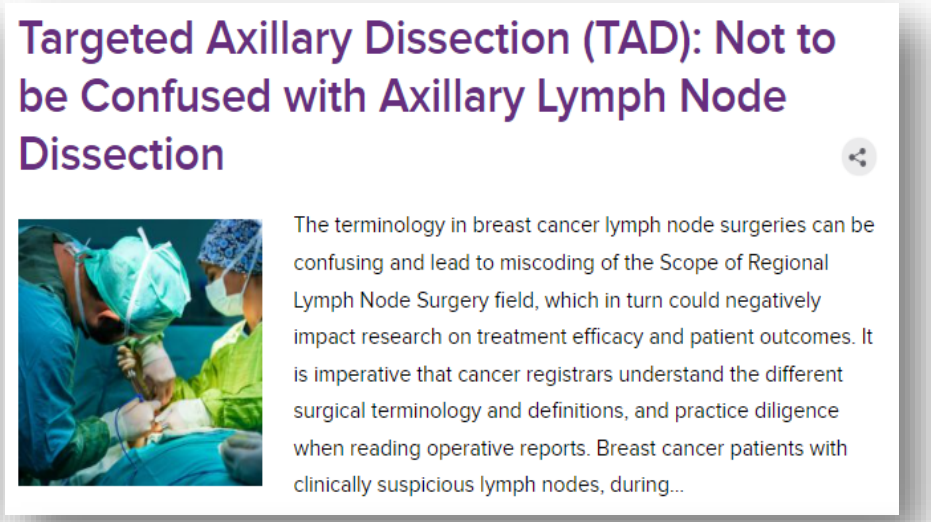
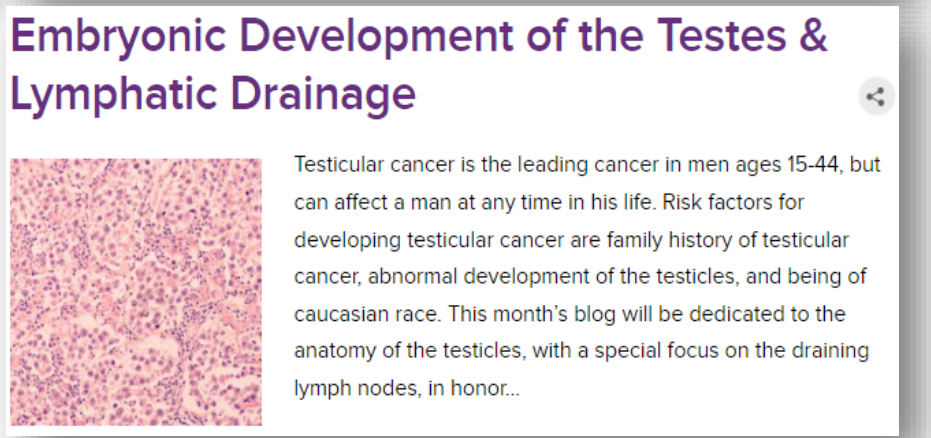




Subscribe to the RP Blog, here

Other Resources

SEER Educate

SEER Inquiry

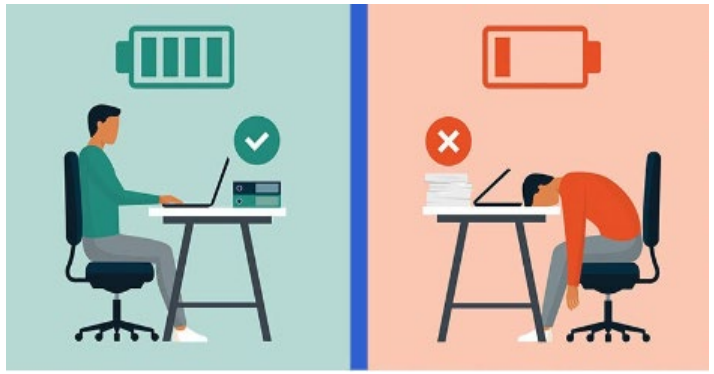
CAnswer Forum

AJCC Resources

FLccSC: Check with your State/State reporting data to

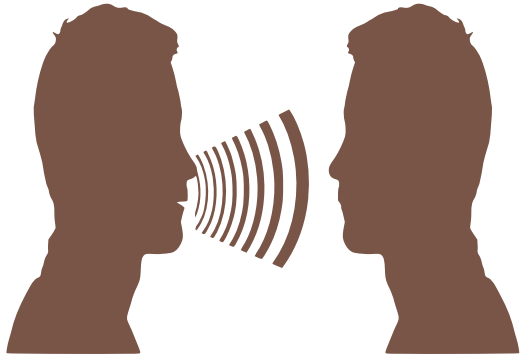
AVOID BURNOUT!!!!!

Create a work-life balance! Especially important in the remote setting!



Boundaries are important for YOURSELF and others!

When the goin' gets tough…. Have a resiliency buddy to pick you up!



Thank you!!!

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