MCR and WebPlus: Melanoma Reporting
Nancy Cole, Missouri Cancer Registry
Acknowledgements

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MCR’s Goal

• To increase the number of cases being submitted to the central registry while reducing MCR staff time. We hope to achieve this goal by offering a web-based reporting mechanism for physicians.
Background

• Physicians only required to report if otherwise not reported
• Urologists (> 160) – had not reported cases
• Dermatologists (> 160 + general surgeons, plastic surgeons, etc) - began reporting on paper in 2004
Lessons learned from prostate project

• Even if we ask for a minimal amount of information, the number of fields looks overwhelming to physicians and staff.
Lessons....

• Physicians are not aware that cancer registries have national standards for codes.
  – Why can’t you just change this look-up table?
Select a code from the table below:

- Include information from prostatectomy in this field and not in CS Extension - Clinical Extension. Use all histologic information including the prostatectomy if it was done within the first course of treatment. Code 097 if there was no prostatectomy performed within the first course of treatment.
- Limit information in this field to first course of treatment in the absence of disease progression.
- Involvement of the prostate urethra does not alter the extension code.
- When the apical margin, distal urethral margin, bladder base, or bladder neck margin is involved and there is no extracapsular extension, use code 040.
- CODES 031, 033 and 034 have been made OBSOLETE, CODES NO LONGER USED. Information about prostate apex involvement has been moved to Site-Specific Factor 4, Prostate Apex Involvement. AJCC does not use prostate apex involvement in the "T" classification.
- If prostate cancer is an incidental finding during a prostatectomy for other reasons (for example, a cystoprostatectomy for bladder cancer), use the appropriate code for the extent of disease found (for example, one lobe, or both lobes, or more).
- "Frozen points" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a more detailed statement of involvement, assign this to code 040.
- AUA stage. Some of the American Urological Association (AUA) stages A-D are provided as guidelines for coding in the absence of more specific information in the medical record. If physician-assigned AUA stage D1-D2 is based on involvement of lymph nodes only, code under CS Lymph Nodes or CS Mets at DX, not CS Extension - Pathologic Extension.
- For the extension fields for this site, the mapping values for TNM, SS77, and SS2000 and the associated c, p, y, or a indicator are assigned based on the values in CS Extension. CS TS/Est and Site-Specific Factor 3. If the value of Site-Specific Factor 3 (Pathologic Extension) is greater than 000 and less than 095 (i.e., prostatectomy was done, extension information is available for staging, and invasive tumor was present in the prostatectomy specimen), the mapping values are taken from the Site-Specific Factor 3 mapping, and the T category is identified as a T1c. If Site-Specific Factor 3 (Pathologic Extension) code is 095 or greater (meaning that prostatectomy was not performed, or it was performed but the information is not usable for staging), the mapping values are taken from the CS Extension (Clinical Extension) mapping, and the c, p, y, or a indicator is taken from the TS/Est Eval mapping. If Site-Specific Factor 3 (Pathologic Extension) code is 000 (in situ), and if CS Extension code (Clinical Extension) is greater than 00 and less than 95 (not in situ), the mapping values are taken from the CS Extension (Clinical Extension) mapping, and the c, p, y, or a indicator is taken from the TS/Est Eval mapping. If Site-Specific Factor 3 code is 000 (in situ) and CS Extension code is 00 (in situ) or greater than 95, the mapping values are taken from the Site-Specific Factor 3 mapping, and the T
Lessons....

- Training needs depend on the person who will be completing electronic forms (physician, RN, medical assistant, etc.)
  - Familiarity with cancer and cancer reporting terminology (e.g. histology)
  - Familiarity with chart
  - Physicians
Lessons.....

• Physicians and staff, though unfamiliar with collaborative staging, actually have enough information to stage cases for certain primary sites
  – CS fields (extension, lymph nodes, etc.)
  – CSSSF fields (PSA values, Gleason’s score, etc.)
Lessons.....

• Labels for items must be changed to plain English (e.g., “CSSSF1” to “PSA value”)
  – Field labels do not have to be NAACCR field names
  – Must have CS reference in case of edit errors
• Can select critical fields, including text fields
• Can customize boxes that offer instructions for completing fields
Lessons....the use of text fields

- Physician
  - REDUNDANT!!!!
  - Unnecessary
  - I won’t complete

- Staff
  - Way to QA (for CCR and for them)
  - Makes them think about the codes they’ve chosen
Lessons....

• Hospital cancer registrars can be your ally
  – Recruiting physicians
  – Training staff
  – Serving as ongoing resource to office staff for questions
Applying what we learned to web-based melanoma reporting
Project differences

PROSTATE
- One site
- 1-2 histologies
- Little diagnostic/treatment coding
  - Biopsy info
  - No surgery, radiation or chemo
- CS factors
- Case finding

MELANOMA
- Multiple sites
- Multiple histologies
- Confusion about codes for diagnostic procedure vs. surgical procedure
  - Excisional biopsy
- CS factors
- Case finding
Enter new abstract

CANCER IDENTIFICATION
- Diagnosis Date
- Age at Diagnosis
- Primary Site
- Histology ICD-O-3
- Text: Histology
- Text: Pathology
- Report Info
- Grade

STAGE/PROGNOSTIC FACTORS
- Text: Imaging Studies

Legend:
- Print Preview
- Context-sensitive help
- Special Lookups
- Calculate Field Value

Click to save the abstract and run data Edits. See the box to the right for Edits results each time the abstract is saved.
### Cancer Identification
- **Diagnosis Date**
- **Age at Diagnosis**
- **Primary Site**
- **Ext. primary site**
- **Laterality**
- **Histology ICD-0-3**
- **Ext. Histology**
- **Ext. Pathology Report info**

### Stage Prognostic Factors
- **Ext. Imaging Studies**
- **Ext. Physical Exam**
- **Tumor Size (CS 1)**
- **Extent of Disease (CS 2)**

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**Enter an Abstract and click on Save at the bottom of the page to save it to the database.**

The abstract is edited each time you save. Edit errors, if there are any, will be shown in this message area. All your changes will be saved to the database even if there are edit errors.

**Data Entry Help Icons**

- **Special Code Lookup** icon to the left of the data item links to a searchable listing of terms and coded values for the data item. When a specific code in the list is clicked, it is automatically filled into the abstract for the data item.

- **Calculate Field Value** icon to the left of a data item is clicked to automatically calculate the value for the data item from information that has been entered for other data items.

- **Context-Sensitive Help** icon to the right of each data item links to the NAACCR Standards for Cancer Registries Volume II: Data Standards and Data Dictionary for information regarding the coding of the data item.
### Enter new abstract

All data items marked with an asterisk (*) are required.

<table>
<thead>
<tr>
<th>Data Item</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name at diagnosis (CAS)</td>
<td></td>
</tr>
<tr>
<td>Number of Nodes Examined</td>
<td></td>
</tr>
<tr>
<td>Regional Nodes Positive</td>
<td></td>
</tr>
<tr>
<td>CSSSF 1 - Breslow's measurement</td>
<td></td>
</tr>
<tr>
<td>CSSSF 2 - Ulceration</td>
<td></td>
</tr>
<tr>
<td>CSSSF 3 - clinical lymph node involvement</td>
<td></td>
</tr>
<tr>
<td>Derived S2000</td>
<td></td>
</tr>
<tr>
<td>Text: Stage</td>
<td></td>
</tr>
</tbody>
</table>

### TREATMENT - 1ST COURSE

<table>
<thead>
<tr>
<th>Data Item</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of procedure</td>
<td></td>
</tr>
<tr>
<td>Text: procedure(s) performed</td>
<td></td>
</tr>
<tr>
<td>Treatment - other</td>
<td></td>
</tr>
<tr>
<td>Date Treatment - Other</td>
<td></td>
</tr>
<tr>
<td>Text - treatment other</td>
<td></td>
</tr>
</tbody>
</table>

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Decision

• What is the least amount of information we can accept?
• How can we make this as easy as possible?
• If it is too difficult/time-consuming, they may not report at all.
How many fields?

• Can we eliminate some?
• Default – make invisible
• Default – leave visible (in case they do need to use it)
Use of codes

• Can they do it?
  – All fields
  – Specific fields
  – Text
Screen – first way - codes
### Screen – 2nd way - text

#### Web Plus

**Enter new abstract**

All data items marked with an asterisk (*) are required.

<table>
<thead>
<tr>
<th><strong>TREATMENT - 1ST COURSE</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Procedure *</td>
<td></td>
</tr>
<tr>
<td>Text - diagnostic procedure(s) performed *</td>
<td></td>
</tr>
<tr>
<td>Date of diagnostic procedure</td>
<td></td>
</tr>
<tr>
<td>Surgical procedure(s) *</td>
<td></td>
</tr>
<tr>
<td>Text - surgery *</td>
<td></td>
</tr>
<tr>
<td>Date of surgical procedure</td>
<td></td>
</tr>
<tr>
<td>Reason No Surgery *</td>
<td></td>
</tr>
<tr>
<td>Treatment - other</td>
<td></td>
</tr>
<tr>
<td>Date Treatment - Other</td>
<td></td>
</tr>
<tr>
<td>Text - treatment other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>FOLLOW-UP/DEATH</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Last Contact</td>
<td></td>
</tr>
<tr>
<td>Vital Status</td>
<td></td>
</tr>
<tr>
<td>Cancer Status</td>
<td></td>
</tr>
<tr>
<td>Place of Death</td>
<td></td>
</tr>
</tbody>
</table>
Issues at MCR

• Training
• Passwords (practice vs. individual)
• Follow back: Melanoma – real time
• Follow back: Prostate – most likely 13-15 months after diagnosis on cases not reported by hospital registries, RT facilities
Web Plus Future Enhancements

- CCR can start the form on Web Plus
- Notify physician form is waiting to be completed
- Office staff can log on to Web Plus, complete and release form to CCR
Missouri

• [https://webplus.umh.edu/webplus](https://webplus.umh.edu/webplus)
  – Prostate
    • User ID: johndoe
    • Password: test
  – Melanoma
    • User ID: janedoe
    • Password: test
MCR Staff

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