Objective: To share a training method Missouri Cancer Registry (MCR) staff employed to illustrate to hospital registrars the importance of consulting manuals.

Background: Cancer registry data collection rules have been changing at a quick pace in recent years. As a result, keeping up to date with training has become both more important and more difficult. The complex rules cannot all be contained in one manual, let alone retained in one’s memory. Cancer registrars may leave a training session thinking “we’ve got it now”, but audits show that there is a learning curve as registrars let go of old ways, adapt and apply new codes.

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Method

At the 2010 annual meeting of the Missouri State Tumor Registrars Association, MCR presented a program entitled “Piece of Pie: Use of Memory over Modules.” Registrars were given a quiz (left panel) to take on the first day in which they were asked to answer data coding questions without benefit of manuals. Multiple choice questions had been formulated by Quality Assurance staff to illustrate common errors in coding. Aggregate results of the quiz were tabulated and inserted in a PowerPoint presentation given the next day (see four PowerPoint slides). The presentation had two purposes: 1) to illustrate with pie charts the proportion of answers that were correct (white) when registrars relied solely on memory, and 2) to teach the correct coding of the scenarios presented.

What We All Learned

Requiring active participation in the quiz stimulated interest in the presentation of the answers. There was a mood of eager anticipation for the presentation which we had not experienced when doing traditional “Common Pitfalls in Coding” talks in the past. Results for many questions showed that the majority of participants did not know the correct answer without the manuals. Several commented that they had thought they were right, but now knew better. The take-home message was “use those manuals”!

Memory vs. Modules Quiz

- Bilateral breast masses (infiltrating ductal carcinoma) diagnosed the same time.
  - How many primaries? _____ one _____ two
- Bilateral ovary with matching histologies diagnosed at the same time.
  - How many primaries? _____ one _____ two
- Bilateral kidneys with matching histologies diagnosed at the same time.
  - How many primaries? _____ one _____ two
- Mucinous adenocarcinoma in a polyp. Which is the correct histology code?
  - 8480 ______ 8210 ______ 8010
- Bladder diagnosed as 8130/3 in 1999. Bladder diagnosed as 8120/3 in 2010.
  - new primary _____ same primary
- Two lesions on right leg diagnosed simultaneously as melanoma (same histology).
  - How many primaries? _____ one _____ two
  - Is this? _____ recurrence _____ new primary
- Multiple enlarged lymph nodes on x-ray. Biopsy of axillary node positive for malignant small B cell, lymphocytic lymphoma.
  - Primary site code: _____ 77.0 _____ 77.9 _____ 77.8
- CT scan of brain demonstrates r frontal mass consistent with meningioma.
  - Primary site code: _____ C70.9 Meninges, NOS _____ C71.1 Right frontal lobe of brain _____ C70.0 Cerebral meninges.
  - What is the laterality code? _____ 0 Not a paired site
  - _9 Unknown _____ 1 Right
- Polypectomy 8/13/10: 1.8cm MO adenocarcinoma. Colectomy 9/1/10 residual 1 mm adenocarcinoma. What is the date of the first surgical procedure?
  - 8/13/10 _____ 9/1/10

Laterality & Primary Tumors

- Bilateral breast with infiltrating ductal CA diagnosed at the same time = TWO primaries
  - Breast Rule M7
- Bilateral ovaries with papillary serous adenocarcinoma diagnosed at the same time = ONE primary
  - Other Rule M7 if epithelial tumors
- Bilateral kidneys with renal cell CA diagnosed at the same time = TWO primaries
  - Kidney Rule M5

Melanoma Case

- One lesion at right knee, one lesion at right calf, both positive for malignant melanoma, NOS. = ONE primary
  - Melanoma Rule M8
- One primary because same subsite code and same laterality, same histology.
- Multiplicity counter would indicate the 2 separate lesions.