

Manager's Update Donald Shipley, MS



www.naacccr.org/certification

Oregon Cancer Data are Gold - OSCaR has recently received notification that the 2006 Oregon cancer data submitted to NAACCR for quality evaluation have met all requirements for gold certification. Local, state, and national cancer control efforts rely on high quality cancer data to achieve their goals. OSCaR relies on the diligent efforts of all our cancer reporting partners to supply high quality cancer data to support those efforts. Thank you for all you do to make it possible.

Statewide Audit - After months of planning and preparation, the statewide audit of the Oregon State Cancer Registry begins next week. There will be nine hospital visits in nine days. Independent auditors will

be scouring the state to assess the completeness and quality of Oregon's cancer registry data. We welcome this opportunity to highlight what is being done well and identify areas in which we can improve our processes. We want to thank those of you who have been so helpful and cooperative in preparing for the audit. We hope to have some preliminary results to share at the Fall Workshop, and the final report will be available in November.

2010 Changes - OSCaR staff continues to monitor activities on the national level regarding the changes for 2010 outlined in the last edition of *OSCaR Update*. There are still more questions than answers regarding the 2010 implementation process, but we will share any information we can as soon as it is available.

Analyst's Angle

Cathy Riddell; Joan Pliska, CTR; Alyssa Elting McGuire, MPA

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Unknown or Missing Race: 2007
Oregon hospitals reporting 100+ cases
(Range: 0% - 26%; National standard: <3%)



Special points of interest:

- SEER Program Coding and Staging Manual 2007 excerpt
- Test your knowledge : Race and ethnicity classification

Claudia's QA/Training Corner

Claudia Feight, RHIT, CTR

Greetings Registrars,

I finally feel like I am out of winter hibernation and looking forward to a wonderful summer. Summer to me (at least at OSCaR) means one season closer to the CDC-NPCR and NAACCR Call for Data, and with that, race coding is always a hot topic. Cancer cases submitted to OSCaR are required to have a race code, and only 3% or less can be coded to "unknown" race. This is the most difficult standard for OSCaR to meet, yet we must meet that requirement to receive our annual "gold" NAACCR certification and to have our statewide data included in national reports. Most registries have issues dealing with race classification and ethnicity coding. I am often asked why this is such an important data item when there are so many variables involved and there is room for interpretation.

Coding race and ethnicity data items, using standardized and consistent definitions, allows the data to be compared and aggregated. The US Office of Management and Budget (OMB) established race categorization to be used by all federal programs collecting data on race and ethnicity. Accordingly, race codes used by cancer registrars can be collapsed into the OMB categories. Cancer data for racial and ethnic groups are needed to identify and study health disparities in minority populations. Measuring outcomes for racial and ethnic groups help identify areas for intervention that may help eliminate disparities.

In this issue of the newsletter, the SEER Guidelines for race and ethnicity coding are enclosed. I find their instructions and the examples they list very helpful. The SEER Program Coding and Staging Manual 2007, is an underused race-coding reference. The reference is in *Appendix D, "Race and nationality descriptions from the 2000 Census and Bureau of Vital Statistics."* SEER's directive is to "use these lists only when race is not stated but other information is provided in the medical record." These lists are extremely useful when race is not stated but there are other clues in the medical record documentation. This will help in addressing the "unknown" race issue when there is additional patient information available.

We put a short "Test your Knowledge" quiz on race and ethnicity coding in the CTR section of this newsletter. I know, at least for myself, I learn something new every day in this field. That's why it is never boring!

If you have any questions, please feel free to give us a call. Thank you for all the work you do, which in turn, makes our work at the central level much easier! Have a safe and enjoyable summer- ☺

Claudia Feight, CTR, RHIT
Quality Assurance/Training Coordinator

Oregon Cancer Reporting Completeness

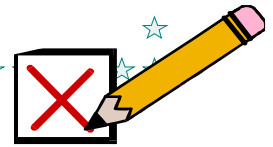
Diagnosis Year	Hospital cases	MD office cases	Path only cases	Death Cert only cases	Total Cases	% Complete
2006	19,955	2,092	89	495	22,631	101.3%
2007	19,433	1,693	210	Pending	21,336	95.5%
2008	10,724	24	1	Pending	10,749	48.1%



Test your knowledge



Race and Ethnicity classification



Using the SEER Program Coding and Staging Manual 2007 excerpt inserted in this newsletter, read the following scripted scenarios and code race and ethnicity.

- 1) Patient was born in Puerto Rico; the patient's mother is white and patient's father is black —
What is the correct race code?
What is the ethnicity of this patient?
- 2) Patient's medical record states that the patient is white. The patient expired in the hospital and the death certificate was available for review. DC states the patient is Hispanic and the birthplace is Los Angeles, California —
What is the correct race code?
What is the ethnicity of this patient?
- 3) Patient is noted on the face sheet to be Asian and the place of birth says Japan —
What is the correct race code?
What is the ethnicity of this patient?
- 4) Patient says he is Asian-American and he was born in Laos —
What is the correct race code?
What is the ethnicity of this patient?
- 5) Patient's name is Juan Carlos Cantu (fictitious name). Pt says he is Chicano per medical record documentation —
What is the correct race code?
What is the ethnicity of this patient?
- 6) MD notes that the patient is a native of the Warm Springs Tribe —
What is the correct race code?
What is the ethnicity of this patient?
- 7) H and P states patient has immigrated to the US from Ireland and is Caucasian —
What is the correct race code?
What is the ethnicity of this patient?
- 8) Patient is visiting from her home in Hawaii. Patient states she is part Hawaiian descent —
What is the correct race code?
What is the ethnicity of this patient?
- 9) Patient is a Kootenai tribal member —
What is the correct race code?
What is the ethnicity of this patient?
- 10) Chart documentation by MD notes 68 yr old white male named Luis Delarosa (fictitious name) and lives locally —
What is the correct race code?
What is the ethnicity of this patient?

Answers on page 4

Test your knowledge –Race and Ethnicity classification- preferred answers:

- 1) **Race code:** Code race 1 as “02” Black- and Race 2 as “01”- White, with subsequent Race 3-5 coded to “88” no further race documented- (if a person’s race is a combination of white and any other race, code the appropriate other race first and code White in the next race field)
Ethnicity code: Code as 2- Puerto Rican
- 2) **Race code:** Code Race 1 as “01” White, with subsequent Race 2-5 coded to “88” no further race documented-
Ethnicity code: Code as “6” Spanish, NOS, Hispanic NOS, Latino, NOS
(only documentation available is patient states he is Hispanic)
- 3) **Race code:** Code Race 1 as “05” Japanese, with subsequent Race 2-5 coded to “88” no further race documented- (if a patient’s race is recorded as Asian NOS and the place of birth is recorded as Japan, code to Japanese because it is more specific than code “96” Asian, NOS).
Ethnicity Code: Code as “0” Non-Spanish; non-Hispanic
- 4) **Race code:** Code Race 1 as “11” Laotian, with subsequent Race 2-5 coded to “88” no further race documented- (if a patient’s race is recorded as Asian NOS and there is more detailed information code to the more specific).
Ethnicity Code: Code as “0” Non-Spanish; non-Hispanic
- 5) **Race code:** Code Race 1 as “01” White, with subsequent Race 2-5 coded to “88” no further race documented.
Ethnicity Code: Code as “1” Mexican (includes Chicano)- patient self IDd
- 6) **Race code:** Code Race 1 as “03” American Indian, with subsequent Race 2-5 coded to “88” no further race documented.
(Refer to Appendix D, SEER Program Coding and Staging Manual 2007, for listing of “Indian Tribes of the United States, Canada and Mexico”)
Ethnicity Code: Code as “0” Non-Spanish; non-Hispanic
- 7) **Race code:** Code Race 1 as “01” White, with subsequent Race 2-5 coded to “88” no further race documented.
Ethnicity Code: Code as “0” Non-Spanish; non-Hispanic
- 8) **Race code:** Code Race 1 as “07” Hawaiian, with subsequent Race 2-5 coded to “88” no further race documented. (Hawaiian is the only race noted by physician statement per patient).
Ethnicity Code: Code as “0” Non-Spanish; non-Hispanic
- 9) **Race code:** Code Race 1 as “03” American Indian, with subsequent Race 2-5 coded to “88” no further race documented.
(Refer to Appendix D, SEER Program Coding and Staging Manual 2007, for listing of “Indian Tribes of the United States, Canada and Mexico”).
Ethnicity Code: Code as “0” Non-Spanish; non-Hispanic
- 10) **Race code:** Code Race 1 as “01” White, (per md documentation) with subsequent Race 2-5 coded to “88” no further race documented.
Ethnicity Code: Code as “7” Spanish Surname only (the only evidence of the persons Hispanic origin is the surname and there is no contrary evidence that the patient is not Hispanic) note- patient’s last name appears on the US Census Bureau, 1996, Appendix A, Technical Working Paper No. 13, titled “639 most frequently occurring heavily Hispanic surnames”.

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“The purpose of the registry shall be to provide information to design, target, monitor, facilitate, and evaluate efforts to determine the causes or sources of cancer among the residents of Oregon and to reduce the burden of cancer and benign brain tumors in Oregon.”