



California Cancer Registry

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**Educational Opportunities**

November 7-9, 2012: CCRA  
 39th Annual Educational  
 Meeting, Concord. Contact:  
 Patrick Lewis  
[patricklewis@cpic.org](mailto:patricklewis@cpic.org)

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**Meet Mark Cruz, CTR,  
 CCR Data Collection  
 Unit Chief**

**About This Issue**

Katheryne Vance, BA, CTR

June is associated with the end of the traditional school year. With great pride and mixed feelings we watch and attend high school and college graduations. Graduation is a "transition" for all whether they are graduating from high school or college. This June is marked with just such a "graduation or transition" for the California Cancer Registry (CCR). Since 1988, the Public Health Institute has been the contractor responsible for the administration of the CCR for the California Department of Public Health. For the past 24 years, the Public Health Institute has guided the CCR through infancy, growth, and into an internationally-known, premier cancer registry. All of us at the CCR are enormously proud of this accomplishment. Most importantly, we could not have done this without the support of California's cancer registrars. We know that you will continue to submit high quality data to the CCR. Please read Dr. Kurt Snipes' letter in this issue for information regarding CCR's "transition".

Also included are two articles centered on case reports and submitted data. The Cancer Prevention Institute of California provided *Occurrence of Breast Cancer Subtypes in Adolescent and Young Adult Women* by Theresa Keegan, Mindy DeRouen, David Press, Allison Kurian and Christina Clarke. Kyle Ziegler, CTR describes and discusses results of a recent audit performed by the CCR Data Standards and Quality Control Unit on prostate cancer cases.

The regional registries and the CCR have developed a policy for network facilities to submit a single abstract. This policy and application is available on the CCR website ([Please click here](#)).

The Criterion has been a personal goal fulfilled. Thirteen issues have affirmed my belief that communication with California's cancer registrars is a key element to education, high standards, quality data, and a successful central cancer registry.

The majority of cancer registrars are recruited from a hospital department such as medical information, pathology, or nursing. Mark's background is different than most cancer registrars; this allows him to add a different perspective to cancer registry operations. Originally from Puerto Rico, Mark's family lived in the Boston area moving to Fresno when he was a child. He served in the United States Army (active and reserve) as a squad/platoon leader in the medical corps for seventeen years. Additionally, Mark has experience in the private sector as an office supervisor for a medical practice. An opportunity at the Health Collaborative of California (Region 2) was Mark's entry into the cancer registry profession as a quality control specialist. In 2008, he moved his family to Sacramento and joined the CCR's Data Collection Unit. In addition to the routine activities of that unit, Mark managed the CDC Comparative Effectiveness Research (CER) contract. Upon the retirement of Cynthia Creech in late 2010, Mark became the Unit Chief of the Data Collection Unit responsible for Regions 3, 4, 7/10.

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## Occurrence of Breast Cancer Subtypes in Adolescent and Young Adult Women

Theresa Keegan MS, Ph D et al  
Cancer Prevention Institute of California

Breast cancers are increasingly recognized as heterogeneous based on expression of receptors for estrogen (ER), progesterone (PR), and human epidermal growth factor receptor 2 (HER2). Triple-negative tumors (ER-/PR-/HER2-) of breast cancer subtypes in adolescent and young adult (AYA) women aged between 15 and 39 years is otherwise poorly understood.

[To view entire article click here](#)

## Audit Corner - Prostate Audit Results

Kyle Ziegler, CTR  
California Cancer Registry

The Data Standards and Quality Control (DSQC) Unit of the California Cancer Registry (CCR) conducted a recoding audit of prostate cases diagnosed in 2011. The cases were recoded using CS version 02.03. There were a total of 180 cases audited. There were 29 data items audited in each case with a total of 5220 data items reviewed. There were 186 discrepancies identified. The major discrepancies discovered on the audit will be highlighted in this article.

[To view the entire article click here](#)

## Single Abstract Reporting By Network Facilities

In this era of Electronic Medical Records, several reporting facilities are now sharing a single, unified patient medical record, wherein each facility in the network has equal access to all components of the medical record. The question has been raised whether reporting facilities who share a single medical record can report cases in a single abstract for each tumor. The impact of submitting these cases as a single abstract reduces the work effort on the hospital registrar as well as the regional registry/CCR staff, since these cases do not need to be consolidated and will be visually edited once.

[To view the entire article click here](#)

[Click here for the Single Abstract Request Form](#)

## California Cancer Registry Update

Kurt Snipes, MS, Ph D, Chief  
Cancer Surveillance and Research Branch

I am writing to update you on news related to the California Cancer Registry(CCR). As you may know, the current contracting period for assisting the California Department of Public Health (CDPH) with the administration of the CCR expires June 30, 2012. This contract has been held and very ably executed by the Public Health Institute(PHI) for a number of years. Beginning July 1, 2012, this single contract will be replaced by nine competitively bid grants directly administered by CDPH. One of the nine grants will be for central statewide CCR functions; the remainder will be for regional registry activities.

[To view the entire letter click here](#)



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