REGISTRAR PIP

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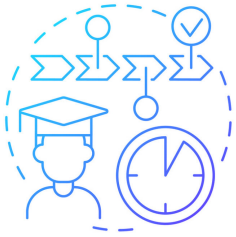
March 2024 Registrar PIP
Microlearning in the Coding Corner



Introduction

As registrars responsible for all the data collection, we need to make certain we are learning from and understand the standard setters' manuals. Some might believe that manuals, complete with their comprehensive instructions and guidelines, are enough to provide us with the necessary knowledge to complete our registry assignments accurately. One of the takeaway points for us after more than a decade of CSS staff beta testing SEER*Educate modules is that we need ***more*** than our manuals to learn all the casefinding and coding details of the profession.

In the January edition of the Registrar PIP, we highlighted the histologies that proved the most challenging for the experienced CSS staff to recognize as reportable. This was based on the SEER*Educate beta testing results from the ***2024 SEER Program Coding and Staging Manual*** module**.** In this edition, we will report on the primary site coding issues.

This edition will also serve as our follow-up training on primary site coding for our staff. Granted, many times we opt to discuss SEER*Educate findings during our staff meetings. Other times, we believe training might prove more impactful when a written summary is provided that focuses on only the issues found in SEER*Educate. This is especially true if we are able to rechallenge everyone on only the material initially presented that proved problematic. Why spend time reviewing the questions if the staff proved a high level of consistency and accuracy? While reading through this Registrar PIP, everyone will "retake" only those SEER*Educate primary site questions when the CSS staff demonstrated an average score of less than 70%.

Microlearning . . . the Basics

Who among us doesn't feel overwhelmed by all the things we should learn but have no idea how to dedicate time to it. Consider following Asha Pandey down the "microlearning" yellow brick road. According to her eLearning webpage, we have limited attention spans for learning new material. "Individuals are completely attentive and alert in the first 8 minutes and once 20 minutes are up, the attention level begins to dip. Once it reaches the 60–120-minute range, the alertness level entirely drops."

All microlearning-based training shares one key characteristic: brevity. CSS embraces short quizzes complete with written answers/rationales as one of our training strategies. It fits nicely into our "teach and confirm" approach to skills development for all staff, including our most experienced. Microlearning on an e-Training platform provides an opportunity for all of us to learn whenever we have a spare 5-15 minutes. While it's not the best solution for every training need, it's a surprisingly effective one for many areas in registry operations.

Have a Crack at Primary Site

In this section we'll cover some of the problematic questions by data item in SEER*Educate. As we asked in January, don't peek at the manuals before trying to answer. Time to assess whether the correct answers can be retrieved from the recesses of our mind! If you find yourself scratching your head on more than one of these questions, in the next section of the article the correct answers will be revealed. This is also an exercise to help us realize when and how often we should check our resources for an answer rather than try to code from memory.

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Primary Site

✦ **Questions**

1. In the absence of any additional information, what is the primary site code for a tumor that arises "at the anal margin"?

   A. C210 [Anus, NOS]
   B. C211 [Anal canal]
   C. C212 [Cloacogenic zone]
   D. C445 [Skin of the anus]

2. In the absence of any additional information, what is the primary site code for a tumor arising in the "back of the tongue?

   A. C019 [Base of the tongue]
   B. C020 [Dorsal surface of the tongue]
   C. C022 [Ventral surface of the tongue]
   D. C029 [Tongue, NOS]

3. When there is a choice of primary site for a patient who presents with disease involvement of the ovary, fallopian tube, and primary peritoneum without a designation of the site of origin, how should primary site be coded?

   A. C482 [Peritoneum]
   B. C569 [Ovary]
   C. C570 [Fallopian tube]
   D. C579 [Female genital tract]

4. In the absence of any additional information, what is the primary site code for a tumor arising in the "periclitoral" area?

   A. C511 [Labium minus]
   B. C519 [Vulva, NOS]
   C. C577 [Other specified parts of the female genital organs]
   D. C579 [Female genital tract, NOS]

5. Which of the following description(s) applies to a lung tumor coded to C349 [Lung, NOS] per Appendix C?

   A. Only description of the lung tumor location is "originates in the bronchus"
   B. Only description of the lung tumor location is "infrahilar area of the lung"
   C. Both (a) and (b)
   D. Neither (a) nor (b)

6. Which rule(s) applies when coding Primary Site?

   A. For all large tumors involving multiple adjacent sites, code the appropriate ill-defined "NOS" category suggested in the alphabetic index of the ICD-O.
   B. When a tumor involves more than one topographic category or subcategory, always use subcategory ".8" when a tumor overlaps the boundaries of two or more categories or subcategories and its point of origin cannot be determined.
   C. Both (a) and (b)
   D. Neither (a) nor (b)

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✦ **On to the answers . . .**

1. **Answer: D** (62% selected the correct response.)

   In the absence of any additional information, according to the Primary Site/Histology and Topography table in the SEER Program Coding and Staging Manual, the primary site code is C445 [Skin of the anus] for a tumor that arises "at the anal margin."

2. **Answer: A** (69% selected the correct response.)

   In the absence of any additional information, according to the ***Primary Site/Histology and Topography*** table in the SEER Program Coding and Staging Manual, the primary site code for a tumor arising in the "back of the tongue" is C019 [Base of the tongue].

3. **Answer: C** (19% selected the correct response.)

   When the choice is between ovary, fallopian tube, or primary peritoneal without designation of the site of origin, any indication of fallopian tube involvement indicates the primary tumor is a tubal primary. Fallopian tube primary carcinomas can be confirmed by reviewing the fallopian tube sections as described on the pathology report to document the presence of either serous tubal intraepithelial carcinoma (STIC) and/or tubal mucosal invasive serous carcinoma. In the absence of fallopian tube involvement, refer to the histology and look at the treatment plans for the patient. If all else fails, assign C579 as a last resort.

4. **Answer: A** (62% selected the correct response.)

   In the absence of any additional information, according to the ***Primary Site/Histology and Topography*** table in the SEER Program Coding and Staging Manual, the primary site code is C511 [Labium minus] for a tumor arising in the "periclitoral" area.

5. **Answer: C** (50% selected the correct response.)

   Per Appendix C, the definition of C349 includes the following tumor descriptions:

   - Lung, NOS
   - Bronchus, NOS
   - Infrahilar area of the lung, NOS

6. **Answer: B** (44% selected the correct response.)

   Per Rule C in the ICD-O-3, for a tumor that involves more than one topographic category or subcategory, always use subcategory ".8" when a tumor overlaps the boundaries of two or more categories or subcategories and its point of origin cannot be determined.

   Only code the primary site associated with the appropriate tissues suggested in the ICD-O alphabetic index for each ill-defined site in preference to the "NOS" category ***when the site of origin is not specified*** by the pathologist or healthcare provider.

Conclusion

Standard setter expectations are high when it comes to casefinding completeness and coding accuracy. Who hasn't sometimes felt frustration at their expectations as we grapple with trying to learn some of the more tedious coding details that seem designed to try our patience? It's easy for even experienced registrars to feel a bit overwhelmed with the

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amount of information coming at us all the time -- some of which can be difficult to grasp on the first pass through new material.

For some reason I felt a sense of relief and encouragement after reading Charlotte Grysoole's comment "making mistakes primes your brain for learning." I have to admit my knee-jerk questioning corollary to her comment was "I wonder how much priming is necessary?" especially after reading that ***other*** comment of hers "our brain's capacity for learning and adapting to new knowledge reduces after we hit a certain age (generally around 25)." Ugh! In spite of this, Grysoole claims it "doesn't mean that accessing our brain's ability to grow and expand is impossible." It all boils down to repetition and the use of multiple learning techniques. Supposedly, with enough repetition, a thought or action becomes automatic. Lucky us.

Bottomline . . . take heart and embrace a multi-pronged strategy to learning. We can use manuals, training meetings and workshops, registrar oriented Q&A online platforms and even these bi-monthly Registrar PIPs to reinforce content which will help us meet the standard setters' casefinding completeness and coding accuracy high expectations. Not to sound like a nag, but if you haven't already done so, consider doing a little SEER*Educate training if you find yourself with a few free minutes every day and you want to improve your casefinding and coding skills. It's available 24-7. SEER*Educate is a great microlearning tool because we can spend as little or as much time as we have available to learn bits of new information. The fact is, as humans, we are better at accumulating and retaining knowledge acquired using a routine and ongoing "bit" approach to learning!

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