New Casefinding Source Practicum Training Available
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Mary Potts, RHIA, CPA, CTR
Director, SEER*Educate
Fred Hutchinson Cancer Research Center, Cancer Surveillance System
Learn by Doing: Casefinding With Scans

The **Casefinding Twofer**

Casefinding using scans as sources documents will be released:

October – December 2020

As many of you are aware, there are currently 12 modules on the SEER*Educate training platform, which include 100 exercises each, using pathology reports to train everyone in the application of SEER's reportability rules found in the Solid Tumor Rules, Heme Rules, and ICD-O-3 codes reference materials. Trainers and college professors asked that we consider broadening the scope of casefinding education to include non-pathology sources. The SEER*Educate team is pleased to announce the first of three planned casefinding modules aimed at training students and registrars in the fundamentals of casefinding using scans as the source document. During the final months of 2020, we will release three practicums (50 exercises each) monthly from mid-October to mid-December.

This selection of scans is based on the **types of actual reports** that both trainees and sometimes experienced staff at our registry misclassified as potential new primaries and/or misclassified the primary site. These scans are not intended to be tricky cases but are intended to challenge people. After you declare whether the report is considered reportable, you are prompted to code the primary site, if applicable. These exercises provide many opportunities for students and registry staff to practice primary site coding in addition to learning casefinding fundamentals and how to apply the Solid Tumor Rules and Heme Rules.

Casefinding is always done in context of a facility's reporting requirements for State reporting, CoC reporting (if the facility is ACoS-approved), and per the facility's own Cancer Committee requests. For this purpose, we created SEER*Educate Memorial Hospital. This hospital registry uses a Casefinding Overview document and two procedures documents (Scans – Most Sites and Scans – Bone, Brain, CNS). These documents are available on the Casefinding Scans Page. Each user needs to read these documents before starting these exercises and then reference the documents as needed throughout the exercises.

We will be submitting a request to the National Cancer Registrars Association (NCRA) to recognize 3 practicum hours for the casefinding requirement for students who complete a set of 50 scan reports achieving 85% accuracy across the

cases. Although users can immediately repeat a test to improve one's score, we recommend cycling through all 50 exercises in a set before repeating any tests to improve your actual understanding of the casefinding guidelines, reportability rules and resources, and primary site coding. Immediately repeating exercises to improve performance only tests a person's short-term recall of the answer and rationale you just read.

The goal of both the pathology and scan casefinding modules is to learn how to perform casefinding using different sources. While immediately repeating an exercise will improve your training score, it will not accurately assess your ability to perform casefinding in the future or whether you can accurately recall and apply the casefinding rule(s) described in the rationale.

An example of the detail provided in the rationales is shown below. Reading the rationales and learning the concepts repeated throughout these exercises is the transferable skill students and registrars need to acquire to perform highly accurate casefinding.

Example Answer/Rationale for a Scan

CORRECT	(1.00/1.00)

Data Item:	**Reportable**
Response:	yes
Correct Answer:	**Yes**

Rationale:

This MRI is reportable. The radiologist's impression meets reportability requirements as outlined by the standard setters.

The MRI describes a skull-base mass that extends through the cortex (skull bone) and into cavernous sinus and prepontine cistern (both intracranial sites/spaces). The radiologist specifically noted the findings, "Favor a chordoma." The term "favor(s)" is a reportable ambiguous term that may be used to accession a case as reportable per the standard setters.

A chordoma is a rare malignant bone tumor that generally arises in the skull (including the skull base) or the spine. Chordoma (NOS) has a malignant morphology code per the ICD-O-3; the ICD-O-3 lists this as morphology code 9370/3. Therefore, this is a malignant tumor and would be considered reportable based on imaging alone.

Accession this scan as reportable based on the reportable ambiguous terminology provided in the MRI report.

CORRECT	(1.00/1.00)

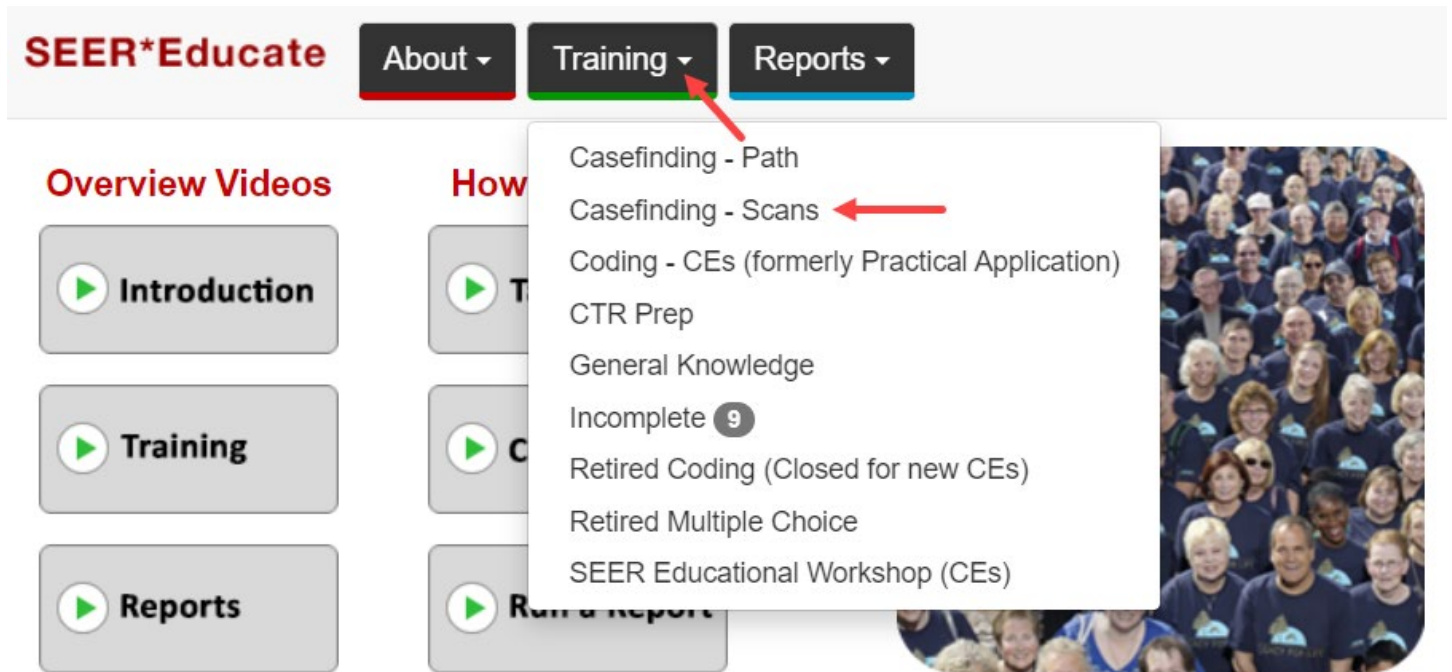| **Data Item:**	**Primary Site**
Response:	C410
Correct Answer:	**C410**

Rationale:

The patient's chordoma was located in the base of the skull, specifically involving the basisphenoid and clivus. The chordoma arose from two of the bones that make up the base of the skull. Both the clivus and the basisphenoid are skull bones; the basisphenoid is the portion of the sphenoid bone at the base of the skull and the clivus is the portion of the occipital bone at the base of the skull where the occipital and sphenoid meet.

Chordomas are rare bone tumors that usually arise from the skull or spine. In this case, the chordoma arose from the skull. Code the primary site to C410 (Bones of skull and face; Skull, NOS).
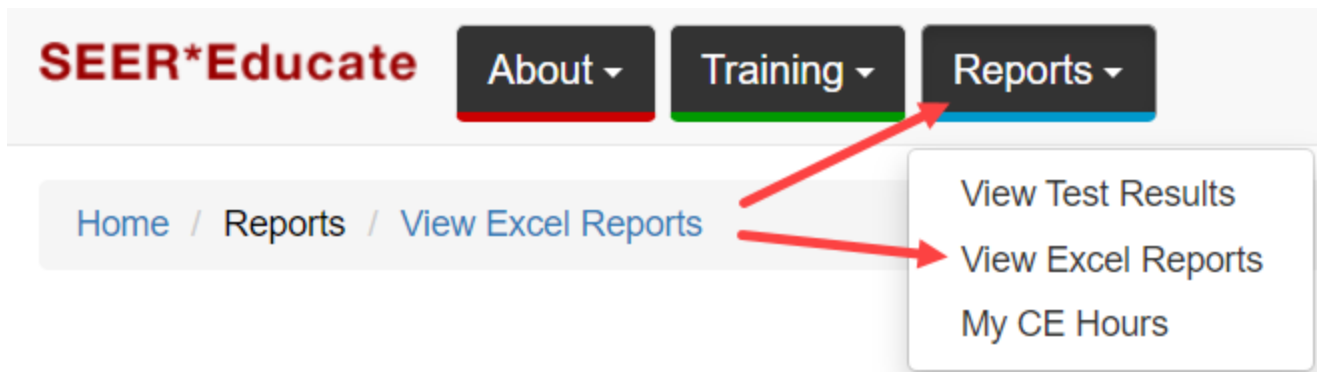
Note: The intracranial extension does not alter the primary site of the patient's chordoma. The mass arose within the skull base (bones) and extended intracranially. This was not a primary tumor arising in the brain parenchyma. Therefore, the primary site cannot be coded to a brain parenchymal site (C71_).

Where do I find them? Under Training -> Casefinding - Scans

Is there a report? Under Reports -> View Excel Reports

Are there CEs? No

No CEs are available for the scan practicum exercises; however, going through one set of 50 path reports can be beneficial even for experienced registrars if your schedules permit.

Log in or sign up at **SEER*Educate** today by visiting https://educate.fredhutch.org/ and **Learn by Doing**!

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