

ICRAbstract

August 2005

Computer Vision Syndrome

Submitted by Kari Suhr



Eyestrain, dry eyes, blurred vision and headaches are actually symptoms of computer vision syndrome (CVS), a medical condition

caused by prolonged computer use that impacts millions of Americans every year.

Some ways to deal with CVS:

Blink often. Blinking bathes your eyes in tears, and tears are naturally therapeutic for the eyes.

Give your eyes a rest. Look away from the screen at least every 20 minutes and focus on an object at least 20 feet away.

Reduce glare and reflections. Your eyes are forced to work harder because they are trying to ignore glare as well as see what's on your screen. Try a glare-reducing screen to place over your monitor.

Adjust your monitor. The screen should be at least an arm's length away from your eyes (be thankful you're not a

professional basketball player!), with the center about 4 to 6 inches below your eyes.

Consider **computer eyeglasses**. These eyeglasses may have variable-focus lenses, with part of the lens for computer viewing and part for keyboard and paper viewing. They can also have an anti-glare coating applied, specifically for computer users.

Consult **your eye doctor**. An eye doctor helps you find solutions, including adjustments to your office environment, special eyewear, eye drops or a combination approach.

Think you suffer from CVS? You can quickly find out. Go to www.doctorergo.com and take the CVS test. All you need is a ruler or a tape measure, and an acuity chart you can print from the site and use during the eight-step test.

ATTENTION:

Fall 2005 Educational Workshop
Hosted by the State Health Registry of Iowa
will be held in Iowa City
on **Wednesday, November 2nd,**
8:30am to 5:00pm

Tentative topics being planned include:
1) an update and overview of the New Histology and Multiple Primary Rules;
2) CS staging changes and practice on cases of Prostate, Lung, Colon and Breast staging;
and 3) Melanoma surgery codes.

NCI SEER Multiple Primary and Histology Coding Rules Initiative

Planning efforts for implementation of the new NCI SEER Multiple Primary and Histology Coding Rules have brought greater recognition of the complexities and impact on registry operations that are associated with system changes. Barring unforeseen challenges, the NCI and CDC anticipate recommending **full implementation for cases diagnosed in 2007**, and the CoC will coordinate its plans with them.

To assure a more smooth transition for the entire cancer surveillance community, the NCI SEER Program has announced plans for a 2006 field trial of material produced under the aegis of the Multiple Primary and Histology Coding Rules Project. Results of the field trial will be used to refine proposed rules and their implementation within registry operations. The study design will include use of new data items, coding and consolidation of a sample of cases based on the proposed rules, and comparison to results with those based on current rules. The protocol- defined field trial will be implemented by selected central and hospital registries.

Highlights from the NCRA/SEER Annual Meetings

By Judy Sebern Beachy

The national NCRA meeting and SEER workshop were held in New Orleans April 11-15. They were, in my opinion, well above average. I had, for the most part, a pleasant week in New Orleans; warm weather, no travel glitches, good roommate, and many informative topics presented at the meeting. Unfortunately, there wasn't much time for sight seeing, only eating dinner and walking along the river and French Quarter in the evenings for free time. Besides myself, the following

from Iowa were in attendance for the NCRA meeting: Cindi Dryer, Bobbi Matt, Theola Rarick, Kari Suhr from DM Mercy, Joe Krol from Council Bluffs, Deb Schulte and Julie Risinger from UIHC, Judy Sheehan from IMMC. Also, it was enjoyable to see a few old familiar faces- Ryan Intlekofer and Shannon Vann.

Listed below are some brief high points for me:

1. Cindi Dryer gave two presentations at the NCRA meeting, "Lymphoma Training Module" and "Designing an In-House Training Program". I was so proud of Cindi! She did a great job. How lucky we are in Iowa to have such a hard working individual who is willing to step up to a challenge and present at a national meeting with about 1200 people in attendance.
2. Several Registry Management topics were presented at NCRA which inspired Theola and me with ideas to revamp the Field Staff Monthly Report to assist with the monitoring and planning of abstracting work flow. My favorite quote of the week was contributed to Carol Johnson- "Insanity is doing things the same way and expecting different results"!
3. Collaborative Staging breakout secessions (Prostate, Breast, Ovary, Melanoma, Colon, Head and Neck) where held with review of key points about site specific factors and upcoming changes in a few of the sites (coming out this summer). Don't panic, the changes are improvements and shouldn't be hard to adopt.
4. During of SEER Workshop several hours were dedicated to new site-specific Multiple Primary and Histology rules which will go into effect DX date 1-1-2006. Several of us in Iowa (hospital and state abstractors) were part of the beta testing for these rules over the last year via the internet. The beta

testing was a little overwhelming at times, but with the presentation at the SEER meeting, this all started to make sense to me. This will be a great improvement to have rules for determining the number of primaries and histology coding to be laid out depending on the specific site you are trying to abstract. I look forward to using these new rules to make the training of new abstractors easier and more straight forward.

5. At the SEER Workshop, April Fritz demonstrated the new drug look up software, called SEER RX, which will sit on our computer desktop and can be used without being connected to the Internet. This replaces and updates the SEER Book 8 Reference for drugs. This looks wonderful and is due out this spring or summer. There will be a change in the way we code some drugs, and SEER RX will define where the agent is to be coded (chemotherapy verses immunotherapy verses hormone tx).

6. Shoe shopping with Shannon Vann followed by dinner with Dr. Platz and the SHRI group on our last night in New Orleans. We were told the signature dessert of New Orleans is Banana Fosters- we had it twice during the week! (Dr. Platz attended the SEER workshop and was available to handle the difficult questions.)

7. View from 24th floor of hotel room overlooking the river. Thanks Sandy Gay! I am witness to the fact that Theola seemed to sleep little at night- she's always thinking about ways to improve data collection of cancer in Iowa. (She deserves a real vacation this summer- away from work totally!)

QC CORNER

As everyone is aware there have been QC activities disseminated every month this

year. These activities are planned by the trainers and me to address a question and/or concern raised by either a registrar submitting data or an editor reviewing the data as it comes in.

For all SHRI employees it is a mandatory activity. Shared service participants are encouraged to participate. Because not all COC program participants are able to due to COC responsibilities the exercises and answers are still sent and hopefully reviewed.

These activities are done to provide:

- Positive reinforcement of the topic being covered.
- Provide an opportunity to learn and exchange concerns
- Provide explanations for concepts that are not clear based on the activity results.

If anyone has a suggestion or request for a future activities please send me the topic or concern. Providing consistent and quality data in today's everchanging medical environment is a challenge.

On the national front a Histology Task Force has been working on revising the Complex Coding Guidelines disseminated in 2001. Representatives from SEER, NPCR, COC and Canadian registries have been working for two years to present guidelines that are clear and enable registrars to collect consistent codes. This same committee was also asked to address the guidelines for coding multiple primaries. New guidelines and data items have been designed to address the identified concerns.

During the past six months beta tests have been conducted. The new guidelines were to be implemented beginning with 2006 diagnosed cases. This month an announcement was made and supported by

SEER, NPCR, COC and Canadian registries to delay implementation of the new guidelines and data items until 2007 diagnosed cases. The delay will allow time to complete the evaluation of the proposed changes on historic data, optimal time for education and training, and time for vendors to change, test and implement software.

Change is never ending but all registrars have experienced changes that were implemented to early or rapidly. The goal in delaying until 2007 diagnosed cases was made to make these changes in a positive manner. During the next year as training is provided please take an active part by asking questions and making suggestions. Cooperation and communication is key to positive implementation of change.

In November there again will be a SEER Abstracting Reliability Study. The study will cover the coding of collaborative staging for the primary sites of Breast, Colon, Lung and Prostate only. The study protocol has not yet been received and as information is learned it will be disseminated.

I want to thank everyone for their continued input and cooperation. I welcome suggestions, concerns and am always available for questions. Enjoy the rest of your summer, travel, laugh, love and live your life to the fullest.

Cindi Dryer

ICRA Spring Business Meeting
Thursday, April 7, 2005
11:15 a.m.
Ames, IA

MINUTES APPROVAL: Minutes from the informal meeting of the board on February 24, 2005 were distributed and a motion was

made to accept them by Kathy Larson and the motion was seconded by Liz Ostrander.

REPORTS

TREASURER: Balance of \$4842.94

SECRETARY: No Report

MEMBERSHIP: No Report

BYLAWS: No Report

NEWSLETTER: Kari Suhr will be taking over the responsibilities of Carolyn Hemesath as the newsletter coordinator/editor. All information is to be sent to her at ksuhr@mercydesmoines.org or send paper copies and other materials to 417 NW Scott Street, Ankeny, IA 50023.

OLD BUSINESS

Special thanks goes out to Carolyn Hemesath for her previous commitment to the ICRA Newsletter.

NEW BUSINESS

Bylaws Proposed Additions/Changes: Liz Ostrander is to look into the bylaws for how to go about making a change to always give ICRA members \$100.00 in reimbursement for passing the CTR examination.

Web Page Updates/Changes—Freda: A change of Internet providers was requested and approved.

Basket for NCRA: Kari Suhr to take a basket of Iowa products to the National Conference in New Orleans.

CTR Recognition (if anyone took the March exam): Results not in at time of meeting.

Fall Meeting Planning: Volunteers to host the Spring 2006 meeting were requested. Please contact Kathy Larson if interested in hosting

Newsletter: **Newsletter information to be submitted Kari Suhr by July 22, 2005.**

ICRA Delegation to National Meeting: Previous President Cindi Dryer and Secretary Kari Suhr to be going to the National Meeting in New Orleans.

Kathy Larson made a motion to adjourn the meeting and Liz Ostrander seconded the motion and the meeting was adjourned at 12:15 p.m.

Respectfully submitted,

Kari Suhr, CTR
ICRA Secretary

ICRA Treasures Report
Sheila Janda, Treasurer

SPRING MEETING 2005

12-18-2004	Balance	4025.79
	Paid outs (Dec-Mar)	1412.85
	Balance	2612.94
	Plus deposits (Dec-Mar)	+2230.00
3-31-2003	Balance	4842.94

*****Congratulations*****

***KARLA STORK AND HER HUSBAND
"LUMPY" HAD A BABY GIRL, JORDAN!***



Renee Hoyt turned 50 and found out she's going to be a grandma!!!

Leanne Haiwick is leaving the cancer registry profession to pursue a degree in Exercise Science at Iowa State University. We wish her the best of luck in all of her future endeavors. We will miss you!

