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**CENTRAL REGISTRY UPDATE**

Once again, the ASCR has achieved GOLD certification from NAACCR (2006 data). This could not have been accomplished without the hard work from abstractors all over the state. Currently, our completeness rate for 2007 data is 96% and for 2008 is 77% (based on projected cases load for 2007). Please keep in mind that we will need to reach 90% completeness for 2008 data by next January.

With the closing out of 2008 data submissions and beginning of 2009 data submissions, the summer time may be a little bit hectic. We are expecting some changes with the software update, but it should be kept to a minimum since there are no new data items. We added a few new edits from Collaborative Staging.

The following information for 2009 data is available on **Download page** of our website

- Reportable list
- Reporting schedule
- Data acquisition manual
- Required data fields
- Edit reference guide (V113A)
- Metafile and configuration file for GenEdit Plus)

An issue we have recently identified is the lack of physician information in some cases. ASCR requires that all the physician fields be populated with an 8 digit **STATE LICENSE** number. If a physician is unknown, the fields should be filled with 9s. You can look up the number from a pdf Physician List on the Download page at our website, if your software does not allow you to query it. An edit has been added to ensure all cases have a managing physician, primary surgeon and follow up physician license number in at least one of the fields and additional edits may be added later.

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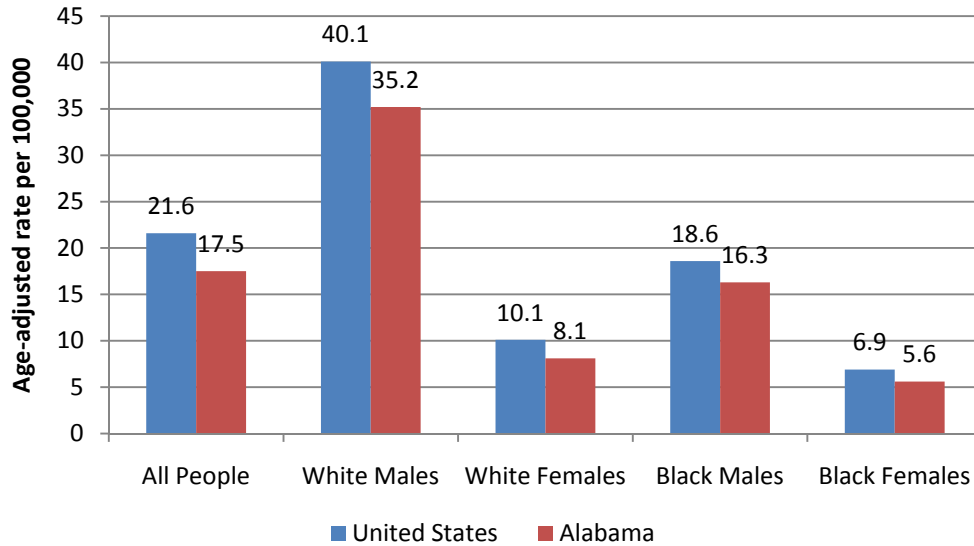
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**CANCER SITE ON FOCUS – URINARY BLADDER CANCER**

Urinary bladder cancer is one of the top cancer sites (number 6) in Alabama, with a projected 890 new cases for 2008. There is evidence of significant gender and racial/ethnic disparities for bladder cancer. It is three to four times more common in men than in woman, and about twice more common in white men than in black men.

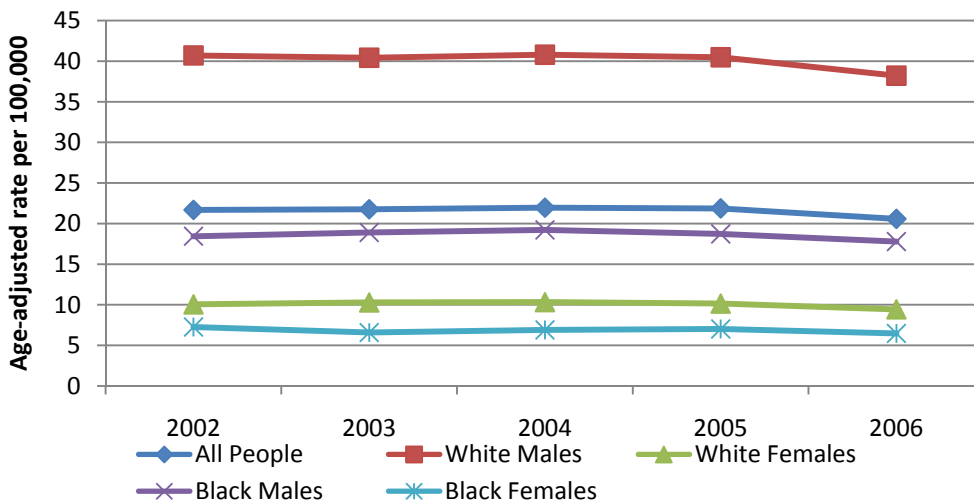
While we are doing great in overall cancer reporting, the completeness for bladder cancer is low for both black men and women. In this issue of our newsletter, we present various information about bladder cancer to bring more attention to it. We hope this can increase bladder cancer reporting, which will give us a more accurate picture on its impact on Alabamians, and help with research and other activities to fight this cancer.

### Bladder Cancer Incidence Rates 2002-2006 for Alabama and the United States by Race and Gender



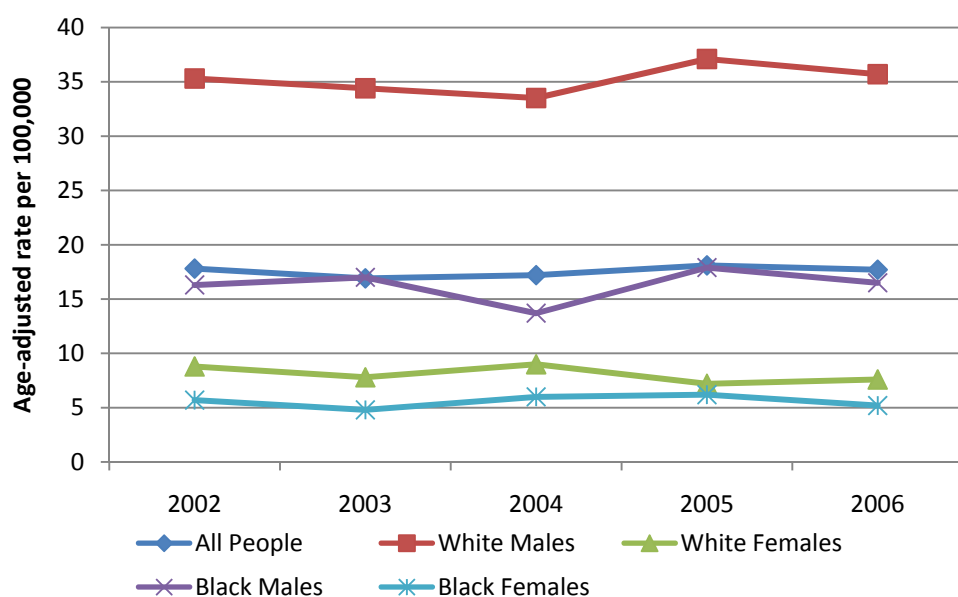
All rates are age-adjusted to the 2000 U.S. (19 age group) standard.  
 Source for Alabama Data: Alabama Statewide Cancer Registry, July 2009  
 Source for U.S Data: CiNA+ Online [www.cancer-rates.info/naaccr](http://www.cancer-rates.info/naaccr) July 2009

### Bladder Cancer Incidence Rate Trends 2002-2006 for the United States by Race and Gender



All rates are age-adjusted to the 2000 U.S. (19 age group) standard.  
 Source: CiNA+ Online [www.cancer-rates.info/naaccr](http://www.cancer-rates.info/naaccr) July 2009

**Bladder Cancer Incidence Rate Trends 2002-2006 for  
Alabama by Race and Gender**



All rates are age-adjusted to the 2000 U.S. (19 age group) standard.  
Source for Alabama Data: Alabama Statewide Cancer Registry, July 2009

**Q & A (Q2 & Q3 are from CoC's Inquiry and Response)**

**Q 1: What is the timeframe for reporting recurrent bladder cancer?**

**A 1:** Abstractor should always use the Multiple Primary and Histology rules in hierarchical order and not skip the rules.

- Rule M5 - If an invasive tumor occurs more than 60 days after a non-invasive or in-situ tumor, it is a multiple primary.
- Rule M6 - Bladder tumor with any combination of papillary carcinoma (8050); transitional cell carcinoma (8120-8124) or papillary transitional cell carcinoma (8130-8131) is a single primary.
- Rule M7 should never be used for a papillary/transitional cell tumor of the bladder

(Source: Multiple Primary and Histology Coding Rules, Urinary page 314 and SEER Inquiry System (SINQ) ID 20071016)

**Q 2: A physician said a bladder cancer dxed in 1989 was, "Recurrent small superficial transitional cell carcinoma" on 6/12/07. Is this a new primary or do the new rules start with cases dx in 2007?**

**A 2:** The 6/12/07 case would fall under the MP/H rules. Rule M6 says all other papillary/transitional cell tumors that recur are a single primary. (I & R Team).

**Q 3: Pt diagnosed with pap TCC of bladder 7/7/04 invading lamina propria; had TURBT. Had recurrent noninvas pap TCC 8/31/05 txed with TURBT. 9/22/08 they had noninvas pap TCC of rt distal ureter treated with distal ureterectomy. MD said, "Pt has hx of bladder cancer with recurrence on rt distal ureter." Is this a single primary by M6 or second by M7?**

**A 3:** Because the distal ureter of 2008 occurred more than 3 years after the last bladder recurrence, follow Rule M7 and make the ureter a second primary. We cannot use M6 because not all of the tumors occur in the bladder. Curator (I & R Team).

## BLADDER CANCER: WHO'S AT RISK?

No one knows the exact causes of bladder cancer. However, it is clear that this disease is not contagious. No one can "catch" cancer from another person.

People who get bladder cancer are more likely than other people to have certain risk factors. A risk factor is something that increases a person's chance of developing the disease.

Still, most people with known risk factors do not get bladder cancer, and many who do get this disease have none of these factors. Doctors can seldom explain why one person gets this cancer and another does not.

Studies have found the following risk factors for bladder cancer:

- **Age.** The chance of getting bladder cancer goes up as people get older. People under 40 rarely get this disease.
- **Tobacco.** The use of tobacco is a major risk factor. Cigarette smokers are two to three times more likely than nonsmokers to get bladder cancer. Pipe and cigar smokers are also at increased risk.
- **Occupation.** Some workers have a higher risk of getting bladder cancer because of carcinogens in the workplace. Workers in the rubber, chemical, and leather industries are at risk. So are hairdressers, machinists, metal workers, printers, painters, textile workers, and truck drivers.
- **Infections.** Being infected with certain parasites increases the risk of bladder cancer. These parasites are common in tropical areas but not in the United States.
- **Treatment with cyclophosphamide or arsenic.** These drugs are used to treat cancer and some other conditions. They raise the risk of bladder cancer.
- **Race.** Whites get bladder cancer twice as often as African Americans and Hispanics. The lowest rates are among Asians.
- **Being a man.** Men are two to three times more likely than women to get bladder cancer.
- **Family history.** People with family members who have bladder cancer are more likely to get the disease. Researchers are studying changes in certain genes that may increase the risk of bladder cancer.
- **Personal history of bladder cancer.** People who have had bladder cancer have an increased chance of getting the disease again.

Chlorine is added to water to make it safe to drink. It kills deadly bacteria. However, chlorine by-products sometimes can form in chlorinated water. Researchers have been studying chlorine by-products for more than 25 years. So far, there is no proof that chlorinated water causes bladder cancer in people. Studies continue to look at this question.

Some studies have found that saccharin, an artificial sweetener, causes bladder cancer in animals. However, research does not show that saccharin causes cancer in people.

People who think they may be at risk for bladder cancer should discuss this concern with their doctor. The doctor may suggest ways to reduce the risk and can plan an appropriate schedule for checkups.

## BLADDER CANCER: STAGING

These are the main features of each stage of the disease:

- Stage 0 -- The cancer cells are found only on the surface of the inner lining of the bladder. The doctor may call this superficial cancer or carcinoma in situ.
- Stage I -- The cancer cells are found deep in the inner lining of the bladder. They have not spread to the muscle of the bladder.
- Stage II -- The cancer cells have spread to the muscle of the bladder.
- Stage III -- The cancer cells have spread through the muscular wall of the bladder to the layer of tissue surrounding the bladder. The cancer cells may have spread to the prostate (in men) or to the uterus or vagina (in women).
- Stage IV -- The cancer extends to the wall of the abdomen or to the wall of the pelvis. The cancer cells may have spread to lymph nodes and other parts of the body far away from the bladder, such as the lungs.

(Source: What you need to know about bladder cancer? <http://www.cancer.gov/cancertopics/wyntk/bladder>)

## EVENT CALENDAR

### 2009 CTR Exam

September 12-26, 2009; Application Due by: 7/31/2009

### NCRA CTR Exam Prep Workshop

August 8-9, 2009  
Baltimore, Maryland

### NCRA CTR Exam Readiness Webinar Series

August 13, 20, 27, 2009

(<http://www.ncra-usa.org/i4a/pages/Index.cfm?pageID=3281#webinars>)

### NAACCR CTR Exam Readiness Webinar Series-

#### September 2009

Tuesday, 07/ 21/2009 - Tuesday, 09/08/2009

(<http://www.regonline.com/builder/site/default.aspx?EventID=722109>)

### ACRA Fall Meeting

October 1-2, 2009

### ACRA CELEBRATES 30 YEARS GROWTH AND EXPERIENCE

Hilton Garden Inn, Liberty Park, Alabama

### NCRA's 36th Annual Education Conference

April 20-23, 2010, Palm Springs, California

## CANCER AWARENESS CALENDAR

### September 2009

- National Ovarian Cancer Month
- Childhood Cancer Month
- Gynecologic Cancer Awareness Month
- National Prostate Cancer Awareness Month
- Prostate Cancer Awareness Week (Sept. 10-16)
- Leukemia and Lymphoma Awareness Month
- Take a Loved One for a Check-up Day (Sept. 22)
- Health Literacy Month

### October 2009

- National Breast Cancer Awareness Month
- National Mammography Day (Oct. 16)

### November 2009

- Great American Smokeout (Nov. 19)
- Lung Cancer Awareness Month
- Pancreatic Cancer Awareness Month

## MOST FREQUENTLY ASKED QUESTIONS FOR CS VERSION 2

### Q: What year of diagnosis should CSv2 coding start with?

A: CSv2 will be required for cases diagnosed January 1, 2010 and later. Once CSv2 is installed, it will be used for all new cases with diagnosis year of 2004 and forward.

### Q: With all the changes, are materials going to be available in time to appropriately train registrars, staff, etc.?

A: CSv2 training materials will be available in August 2009.

### Q: What is the timeframe for the release of Hematopoietic MP rules?

A: The Hematopoietic rules will go into effect for cases diagnosed on or after January 1, 2010. The *Hematopoietic and Lymphoid Neoplasms Case Reportability and Coding Manual* and the Hematopoietic Lymphoid Neoplasms Database (Hematopoietic DB) database will be released in fall 2009.

### Q: What is the scheduled publication date of the new AJCC 7th ed. manual?

A: 7<sup>th</sup> edition will be published in August 2009.

## MOST FREQUENTLY ASKED QUESTIONS FOR CS VERSION 2 (continued)

**Q: Will Her2neu fields be collected? If so, would it be collected in the SSF for breast cancer?**

A: Yes, it will be a site specific factor for breast.

**Q: What is the reason for changing the date format?**

A: The date field was reviewed as part of the NAACCR interoperability activities. In order to be compatible with national standards it was determined to change the date format.

New Date Fields – Year – Month – Day

Example – May 1, 2010 will be 20100501

If you have an unknown day or month then the field will be left blank.

Example – May 2010 will be 201005\_\_if you don't know the day. (last two digits blank)

**Q: On the date format changes, has any consideration been made to converting existing data?**

A: The 2010 Implementation Work Group has a taskforce reviewing the date format changes and conversion rules will be included in the implementation guidelines.

**Q: Has any analysis been done on how much additional time per abstract that a registrar will need to meet the needs of all the additional fields?**

A: Yes, consideration has been given as to the impact on the cancer registrars. Registrars from central registries and institutions have been involved at every level of CSv2 development and have served on the AJCC 7th Edition site-specific task forces. NCRA also has official representation on the CSv2 Project Management Team and their Board of Directors has met with Commission on Cancer representatives to discuss the proposed changes and their impact on registrars.

While an exact analysis of the additional time per abstract to complete the new CSv2 data items has not been done, a survey is being conducted to see if the additional information is readily available from the hospital medical record. The CAP Cancer Committee had liaisons with the AJCC site groups ensuring that new site-specific factors recommended by AJCC would be included in revised CAP protocols. While it will take additional time to abstract a case, the amount of time may decrease as registrars get used to the new site-specific factors. There will doubtless be a learning curve as registrars become familiar with the new data elements. To this end, the CS Education and Training Team has set up education and training for cancer registrars including "Train the Trainers" in Chicago, Illinois, July 30-31, 2009 and will add training and education materials to the CS/AJCC website for the registry community.

CSv2 teams have been careful in adding new CS Site-Specific Factors (SSFs), such as HER2 for breast cancer. These are prognostic or predictive factors that the AJCC believes are important in addition to anatomic staging. While all of these factors have been added to CSv2, the standard setters are only going to require a small subset of the new SSFs. The standard setters are concerned with overburdening the cancer registrars, and therefore are only going to require SSFs which are needed for the derivation of stage or are needed to make the data more valuable to cancer researchers.



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Capturing Cancer Data in Alabama  
Find us on the web at  
[Http://www.adph.org/cancer\\_registry](http://www.adph.org/cancer_registry)

ASCR News is published for those involved in cancer data collection in Alabama. Contact us to submit articles for publication.

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### ONLINE DATA TRANSFER SYSTEM TIPS

- The file name should have less than 60 characters, and not contain any special characters, like &, #.
  - a good example is ascr0608.txt (facility initials+abstract Period+extension)
- Bookmark the page so you can get to it easier next time.
- Update your information at my account page.
- Download/view your edit report in a timely manner.

### ASCR COMPLETENESS SCHEDULE

Current Month	Completeness %	Timeliness
Jul 08	8	January 09
Aug 08	17	February 09
Sep 08	28	March 09
Oct 08	33	April 09
Nov 08	42	May 09
Dec 08	50	June 09
Jan 09	58	July 09
Feb 09	67	August 09
Mar 09	75	September 09
Apr 09	83	October 09
May 09	92	November 09
June 09	100	December 09

### SHARE YOUR EXPERIENCE

Calling all ACRA members! - Share your experience with other members! We have many members who have years of experience and could share their wealth of knowledge with others. We had two displays at the last fall meeting. Hopefully there will have more at our coming fall meeting.

Before the next meeting of the Alabama Cancer Registrars Association in the fall, please think of some ideas to share with others of what has been successful to you in being able to make your 'job' easier. This can include how to write policies and procedures, how to manage Tumor Board or Cancer Committee, what to do to prepare for survey, etc. These can be in the form of any type of display you wish to do (handouts with instructions and/or storyboards with handouts to share with others).

If you are interested in participating, please let me know so I can have enough tables to set up for displays. I think this could be very educational for other registrars and a wonderful way to network.

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### New Law Expands Medicaid to Cover Treatment for Women Diagnosed with Breast or Cervical Cancer

The new 2009 Breast and Cervical Cancer Prevention and Treatment Act expands coverage to eligible women who were diagnosed with breast or cervical cancer by a licensed physician who was not a contracted provider for the ABCCEDP program. However, the diagnosed patient must be referred to ABCCEDP in order to verify that she meets eligibility criteria, including diagnosis and citizenship. The ABCCEDP then refers the woman to Medicaid.

In order for a patient to be enrolled in ABCCEDP program and receive free services, or be referred to ABCCEDP program due to a breast and cervical cancer diagnosis, the patient must meet the following eligibility guidelines: 1) female, 2) under 64 years of age, 3) income at or below 200% of the poverty level, and 4) be underinsured or have no insurance. "Underinsured" is insurance that does not cover cancer screening (i.e. mammograms) or has a high deductible that the woman is unable to pay.

For more information, please call 1-877-252-3324 or visit ABCCEDP at <http://www.adph.org/earlydetection/>.