



Program Director

Xuejun Shen 334-206-5557

xuejun.shen@adph.state.al.us

Assistant Director/Epidemiologist

Justin George 334-206-3962

justin.george@adph.state.al.us

Data Completeness Manager

Diane Hadley 256-775-8970

diane.hadley@adph.state.al.us

South Region /Quality Assurance Coordinator

Mark Jackson 251-433-7809

mark.jackson2@adph.state.al.us

Non-Hospital Reporting Coordinator

Teisha Robertson 334-206-7068

teisha.robertson@adph.state.al.us

Information System Coordinator

Rhonda Morgan 334-206-5918

rhonda.morgan2@adph.state.al.us

Casefinding Auditor

Shirley Williams 334-206-7072

shirley.williams@adph.state.al.us

Casefinding Auditor

Bobbie Bailey 205-554-4516

bobbie.bailey@adph.state.al.us

Path Report Coordinator

Errica Hunter 334-206-5918

errica.hunter@adph.state.al.us

Death Clearance Coordinator

MisChele White 334-206-7035

mischele.white@adph.state.al.us

CENTRAL REGISTRY UPDATE

2011 data Submission Updates: The ASCR is expecting the Centers for Disease Control and Prevention (CDC) to release V12.1 software (for 2011 Data submissions) in the next few weeks and will work to get the state specific installation ready as soon as possible. For facilities that use other types of software, please complete your 2010 data in the current version and transmit those cases to the ASCR. You will then update your software to V12.1 to abstract 2011 data. The ASCR will only accept 2011 data in V12.1.

GenEDITS Plus 1.2.4 has been updated for use with NAACCR version 12.1 records. The installation file, metafile, and configuration file can be downloaded from the ASCR webpage—Hospital Resources page. V12 (2010) data can be run in this version of GenEdits Plus also.

With all the challenges of the 2010 data submission, and significant staff changes inside the ASCR and at some of the facilities, the rest of 2009 data and large portions of 2010 data will continue to pose a challenge over the next few years. If there are any staff changes made at your facility, this should be reported to the ASCR as soon as possible. The ASCR staff will work with each facility to make sure that cancer reporting is not interrupted. Please do not hesitate to contact the ASCR staff if you need any help.

Changes to the ASCR webpage: The menu bar of our webpage has been updated for easier navigation. The changes are as follows:

- a. "Data Transfer" is changed to "Web Plus Access"
- b. With increasing reporting from non-hospital resources, "Download" page is separated into two pages – "Hospital Resources" and "Non-Hospital Resources." More information will be added to the "Non-Hospital Resources" page.

New Edits: As we prepare for the 2011 data submission, several edits were added in a few areas (see page 8). We will officially add the edits for 2011 data. However, since those edits are not specific for 2011 data, the ASCR is checking your 2010 data with those edits too. The metafile for GenEdit Plus on our webpage (Hospital Resource) contains the edits. We encourage all GenEdit Plus users to use this metafile for your current data submission so you'll be ready for your 2011 data. For Abs Plus users, since the auto-update feature is not available for Version 3 Abs Plus, we encourage you to copy the same metafile from our webpage to update your Abs Plus. You need to unzip the metafile from our webpage to C:\RegPlus\AbstractPlus3\Edits. The edits – Physician—Follow-up, Date of Diagnosis (ASCR) and Physician—Managing, and Date of Diagnosis (ASCR) are our continued effort to get good valid physician license information.

- a. Neither field can be left blank.
- b. Neither field will allow 0s anymore – 00000000 is not a valid code for both fields. You still use 00000000 in physician 3, 4 and surgeon if no information is available.
- c. The license number has to be 8 digits with leading 0s since most license numbers are 3-5 digits.
- d. For physician license numbers use the Search List in the ASCR's website under "Hospital Resources" and "Non-Hospital Resources" or search online at Alabama State Board of Medical Examiners (<http://www.albme.org/>). If you still could not find the license number, please use 9s, and then put the physician(s) name in text fields, under "Remarks" for example.

As always, please feel free to contact us if there are any problems or to make suggestions. The 2010 data has been a tough challenge for all of us. This will affect the 2011 data as well.

Thanks everyone for your hard work and I wish you a wonderful summer. XJ

TABLE OF CONTENT

Central Registry Update	1
How We Are Doing	2
Q&A	4
Things to Remember	5
Education Corner	6
Registry in the News	6
Recent Publications	7
Meetings in 2011	7
Completeness Schedule	7
The Puzzle Corner	7
Edits	8

How Are We Doing at the ASCR?



Gold Again!

The Alabama Statewide Cancer Registry (ASCR) is pleased to announce that our annual call for data to the North American Association of Central Cancer Registries (NAACCR) for 2008 data received gold certification again. This is the fifth consecutive year that the ASCR has received the Gold certificate. For the National Program of Cancer Registries (NPCR) call for data, the ASCR met all three program standards – Advanced National Data Quality and Completeness Program (for 12 month data – 2009 data), National Data Quality and Completeness Program (for 23 month data – 2008 data) and USCS Publication Standard. This is our second consecutive year to meet all three standards since NPCR established the certificate program in 2010. The ASCR would like to thank all the facilities and physicians for their contribution to our continued success.

National Program of Cancer Registries Re-abstracting Audit Result

A “Data Quality Audit” of all reportable neoplasms to evaluate central cancer registry cases for data quality was performed at nine hospitals across the state during the month of January 2011. The audits were used to evaluate the quality of the data, including correctness and completeness of coding. 297 records were re-abstracted during the audit for the diagnosis year 2008. A total of 7,455 data elements were reviewed during the audit (297 re-abstracted cases * 25 data elements, plus 30 *CS Site-Specific Factor 3* data elements). The overall data accuracy rate for the ASCR was 91.50 percent for the diagnosis year of 2008. A detailed report will be presented at the Alabama Cancer Registrar Association annual meeting this fall. Below are the recommendations from the Data Quality Audits Program.

- a. Reviewing all surgical procedure reports, pathology reports, and the coding rules that apply to *RX Summary Surgery Primary Site* and *RX Summary Scope Regional Lymph Node Surgery*, especially for breast and digestive system cancer cases
- b. Reviewing Collaborative Staging rules, with emphasis on *CS Extension*, *CS Lymph Nodes*, and *CS Metastasis at Diagnosis*, especially for digestive and respiratory system cancer cases
- c. Reviewing the FORDS manual rules to correctly code treatment information, particularly *Radiation Regional RX Modality*, *RX Summary Chemotherapy*, and *RX Summary Hormone*, especially for breast and respiratory system cancer cases
- d. Reviewing all medical record treatment documentation, particularly pathology and operative reports, inpatient and outpatient oncology consults and clinic records, radiation treatment summaries, physician progress notes, and discharge summaries, with careful attention to dates and first course treatment procedures. A review of the coding rules that apply to *Date of First Course RX (CoC)*, especially for breast cancer cases, would be beneficial.
- e. Reviewing the MP/H manual rules to correctly code *Histology*, with particular attention to digestive and urinary system cancer cases
- f. Reviewing all medical record documentation, particularly radiology reports, to assign *Subsite*, with an emphasis on use of the breast clock diagram for breast cancer cases
- g. Reviewing the FORDS manual rules to correctly code *Laterality*, with particular emphasis on digestive system cases
- h. Reviewing the FORDS manual rules and conversion charts in coding the correct *Grade*, with an emphasis on breast cancer cases.
- i. Data collection errors accounted for 99.2% of the total errors (629/634). Data conversion errors were insignificant.

The ASCR would like to thank all the facilities that took part in the audit process and very much appreciate all your work and preparation for the audit.

How Are We Doing ... Our Success is Your Success!

From NPCR 2011 Program Success Stories

Name of the NPCR Program: *Alabama Statewide Cancer Registry (ASCR)*

Title of the Initiative, project or type of data use: *County Cancer Profiles*

General timeframe (year(s) or months) during which the initiative/project/data use occurred:

The initiative was first rolled out to the ASCR website in late 2007, and the data is continuously available. Midway through 2010 the ASCR website was updated to include a direct link on the navigation window to the profiles. The profiles are updated each year to reflect the latest Alabama Cancer Facts and Figures (ACFF) as it is released.

Statement of public health issue, concern or problem:

One of the most frequent requests for cancer registry data involves county level incidence rates. Although county level incidence rates are available on the ASCR website for the major cancer sites by race and gender in the ACFF, prior to the creation of the County Cancer Profiles that information was spread across six tables near the end of a large .pdf document. The county Cancer Profiles effectively summarize the incidence rates for each county into a simple one page document.

Evidence that the use of registry data was effective in addressing the issue, concern or problem:

To date the County Cancer Profiles have been utilized by many state health agencies including the Comprehensive Cancer Program, Alabama Breast and Cervical Early Detection Program, FITway, the Department of Minority Health, and the Bureau of Health Promotion and Chronic Disease. In addition to being utilized by state agencies, these profiles have been used by public health area coordinators, county health departments, physicians, hospital administrators, students, and private citizens. The ASCR has received positive feedback via e-mail and phone conversations pertaining to these profiles. The only critical feedback is the difficulty in finding these profiles on the ASCR website. Based on a user suggestion, the ASCR website was modified in 2010 to give the County Cancer Profiles their own navigation link to make it easier for website visitors to access the data.

Implications regarding this successful use of cancer registry data:

The ASCR has been encouraged by the successful use of the County Cancer Profiles as well as the use of the State Cancer Maps (statewide thematic maps based on the same information from the ACFF). Based on the success of this initiative the ASCR is exploring new avenues for making data available through the ASCR website including the creation of dynamic maps that would allow users to generate their own maps based on ACFF data.

1. If a breast mass is described as both 12:00 & subareolar, which subsite takes precedence; C501 or C508?
 - Subareolar tumors can appear at any position of the breast "clock". Code to C50.1 as the more specific information.
2. Please verify the primary site code for pharyngeal tumor and plasmacytoma.
 - Solitary plasmacytomas can occur throughout the body. If this is the only site, code to Pharynx, NOS (C14.0) and code histology 9731/3 (Other Rule H11).
3. Pathology report states well differentiated pancreatic endocrine neoplasm 6.0 cm mass adherent to splenic capsule 8/20 metastatic nodes. Since there are metastatic nodes could this be considered neoplasm 8000/3 and the term endocrine refer to the pancreas as an endocrine gland rather than a morphology?
 - There is no code in ICD-O-3 for endocrine neoplasm. We agree that metastatic lymph nodes indicate this is a malignancy and, with no further definition, 8000/3 would be the easiest answer. If possible, discuss with pathologist whether a type of adenocarcinoma for this glandular carcinoma would be a better description.
4. Path report said left ovary was majority mature cystic teratoma, however, there were 4 foci consistent with immature teratoma grade one. Is this coded 9080/3 for the foci or 9080/0?
 - Because the immature teratoma areas are considered malignant, code to 9080/3 per Other Site Rule H11 (one type).
5. Patient had a FNA on 6/19/08 of right kidney which was positive for renal cell carcinoma. Patient then had a partial Nephrectomy on 8/5/08, pathology showed only oncocytoma. Is this case reportable?
 - Managing physician if this is a malignant or benign oncocytoma and then decide reportability based on FORDS rules.
6. What are the guidelines for reporting GIST tumors? Our pathology department frequently uses the phrases "high malignant potential" and "low malignant potential"... We can't seem to find any documentation supporting or denying picking up Gastrointestinal Stromal Tumors (GIST), NOS have the histology code 8936/1 and are not reportable (this includes low Malignant potential). If the pathologist confirms that this is malignant (8936/3), the case is reportable?
 - Gastrointestinal Stromal Tumors (GIST), NOS have the histology code 8936/1 and are not reportable (this includes low malignant potential). If the pathologist confirms that this is malignant (8936/3), the case is reportable.
7. Is an intradural extramedullary Schwannoma of the spinal canal reportable?
 - Schwannomas are reportable when they are found in cranial nerves or intradural intramedullary (nerves within spinal cord). Extramedullary schwannomas occur in nerves outside the spinal cord and would not be reportable.

Things To Remember



Application Deadline for Upcoming CTR Exam is August 1

The CTR Exam dates are September 10-24, 2011.

The application deadline is August 1.



Filling Out Your Abstract Form

Be sure to fill out your abstract form in its entirety. Please provide TEXT information when patient is a twin or some other type multiple-birth. Also, the text information should be as detailed as possible. Please include dates of surgeries, treatments, etc. For example, if a patient has a biopsy, we need the date, location, and physician information when possible. The ASCR encourages electronic reporting to reduce cost and error. Our online abstraction software, Web Plus, is customized for low case load facilities. [Teisha](#) will be glad to assist you with setting up a Web Plus account. Please note that Web Plus V3 is scheduled for release soon. The new version contains several new fields that pertain to collaborative staging. Please provide supporting text information. The capture of this additional information will lead to more complete and accurate abstracts.



Cancer Awareness

Every day is a day to be aware. The cancer of the month feature provides information for a particular cancer and raises the awareness by providing information on the site, and offering external links for additional campaign information. Information appearing in this document does not represent endorsement by the Alabama Department of Public Health or the Alabama Statewide Cancer Registry, which are not responsible for naming or approving national health observances. For more information about an observance, please contact the sponsoring organization directly.

Cancer of the Month

September is Ovarian Cancer Awareness month. Each year in the United States, more than 21,000 women are diagnosed with ovarian cancer and about 15,000 women die of the disease. The American Cancer Society estimated that about 21,550 new cases of ovarian cancer were diagnosed in the United States during 2009. Out of this estimate, 14,600 deaths were expected to be caused by ovarian cancer in the United States in 2009. Ovarian Cancer is the deadliest of all gynecological cancers (cervical, ovarian, uterine, vaginal, and vulvar). Ovarian cancer accounts for approximately three percent of cancers in women. While the ninth most common cancer among women, ovarian cancer is the fifth leading cause of cancer-related death among women. Mortality rates are slightly higher for Caucasian women than for minority women. More information on this campaign can be found at the [National Ovarian Cancer Coalition](#).

[Leukemia and Lymphoma Society](#) will raise awareness for Leukemia and Lymphoma during the month of September. Prostate Cancer Awareness is also recognized in September. [ZERO](#)-The Project to End Prostate Cancer will support this event.

Source: *Ovarian Cancer National Alliance* retrieved from <http://www.ovariancancer.org/about-ovarian-cancer/statistics/>



The Education Corner

Training Opportunities

- July 19, 2011 1:00 PM-September 6, 2011 3:00 PM (GMT-5:00) Eastern Time (US & Canada)— The North American Association of Central Cancer Registries (NAACCR) Exam Preparation and Review Webinar Series-September 2011 offers online interactive instruction with live instructors. The course includes eight 2-hour sessions carefully prepared to reflect the changes to the 2011 CTR exam as well as a short follow-up post exam session. Please contact Jim Hofferkamp jhofferkamp@naaccr.org or Shannon Vann svann@naaccr.org for more information or if you have any questions.
- August 6-7, 2011 in Baltimore, Maryland—The National Cancer Registrars Association (NCRA) is offering a **CTR Prep Exam Workshop**. This special 1.5-day workshop taught by instructors Donna Gress, RHIT, CTR and Louise Schuman, MA, CTR is designed to prepare candidates for the Certified Tumor Registrars Exam (CTR Exam). Our panel of knowledgeable and experienced instructors has developed an agenda that provides comprehensive and thorough review of all exam topics, including the new multiple primary and histology rules, as well as designated time throughout the program to address attendees' questions and concerns.
- Online registration is now open for the NCRA **CTR Exam Prep Webinar Series**. The one-hour webinars will focus on computers, statistics and epidemiology, and CTR exam tips and will take place August 11th, 18th, and 25th at 2:00 p.m. EDT. Register for one webinar or all three.
- September 2, 2011—Coding Pitfalls. Please contact Diane Hadley at 256-775-8970 for the dates and times for Cullman County Health Department.

Cancer Registry in the News

From Maxwell Air Force Base, Alabama: Cancer Registrars Bring Vital Data to Cancer Fight

While active-duty cancer patients may continue on to other bases across the globe, their association with the Maxwell 42nd Medical Group will continue for the rest of their lives through the efforts of the tumor registrar. Working behind the scenes of the war against cancer, cancer or tumor registrars chronicle each patient's medical history, diagnosis, treatment and disease status. They help fight and prevent cancer by providing raw data to researchers and other health care professionals, which they will employ in improving cancer treatment, cancer research, cancer prevention and screening programs.

The 42nd Medical Group diagnoses about one new cancer patient a week, for an average of 55 new cases a year of various types of cancer, said Wanda Newby, tumor registrar and HIPAA privacy officer. "These are all young, healthy active-duty and dependents," she said. "These are the cream of the crop." Ms. Newby, who has been a certified tumor registrar since 1981, tracks Maxwell's cancer patients, contacting them annually to better assess the long-term results of their treatment. "You can't have statistics if you have an unknown," she said.

The Maxwell tumor registry has been officially active since 1976, with cases dating back to the 1950s. More than 1,600 patients are registered at Maxwell. When someone on the registry dies, Ms. Newby must find out the cause of death and the case is reviewed. According to the American Cancer Society, cancer is the second most common cause of death in the U.S., surpassed only by heart disease. Cancer causes nearly one out of every four U.S. deaths.

To highlight the important work of cancer registrars, the National Cancer Registrars Association designated the week of April 12-16 as National Cancer Registrars Week. The National Cancer Registrars Association is a nonprofit organization chartered in May 1974 that represents more than 5,000 cancer registry professionals and certified tumor registrars.

Source: Wright, K. (2010, April 15) *Cancer registrars bring vital data to cancer fight. Maxwell Air Force Base. Retrieved from <http://www.maxwell.af.mil/news/story.asp?id=123200073>*



ALABAMA DEPARTMENT OF PUBLIC HEALTH

Alabama Statewide Cancer Registry
The RSA Tower
201 Monroe Street, Suite 1490
Montgomery, Alabama 36130-3017
Phone: 334-206-5557
Fax: 334-206-3823



Capturing Cancer Data in Alabama
Find us at 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.

MisChele White, MPA, Editor
Xuejun Shen, Ph. D., Editor

Editorial Reviewer: **Nancy Wright, MPH**

**ACRA Meeting
October 6-7, 2011**

**St. Vincent's Hospital Bruno Conference Center
806 St. Vincent's Drive,
Birmingham, AL 35205**

Thank you to Nancy Rold and Brenda Lee of the Missouri Cancer Registry for allowing the ASCR to be your mentor as part of the NAACCR Mentor Fellowship Program.

ASCR COMPLETENESS SCHEDULE (Data Year 2010)

Current Month	Completeness %	Cases Due
July 10	8	January 10
August 10	17	February 10
September 10	25	March 10
October 10	33	April 10
November 10	42	May 10
December 10	50	June 10
January 11	8	July 10
February 11	17	August 10
March 11	25	September 10
April 11	33	October 10
May 11	42	November 10
June 11	50	December 10

*2010 Cases Close-out date was June 30, 2011. Please abstract and transmit all 2010 cases as soon as possible. The 2010 Close-out letter will be mailed to all facilities before the end of July 2011.

The Importance of Cancer Registry

Recent publication in the scientific literature use information collected from cancer registries:

Gomez SL, Clarke CA, Shema S, Chang ET, Keegan THM, Glaser SL. **Disparities in breast cancer survival among Asian women by ethnicity and immigrant status: a population-based study.** Am J Public Health 2010; 100(5):861-869.

Gomez SL, Quach T, Horn-Ross PL, Pham JT, Cockburn M, Chang ET, Keegan THM, Clarke CA. **Hidden breast cancer disparities in Asian Women: disaggregating incidence rates by ethnicity and migrant status.** Am J Public Health 2010; 100(S1):S125-S131.

Keegan TH, Milne RL, Andrulis IL, Chang ET, Sangaramoorthy M, Phillips KA, Giles GG, Goodwin PJ, Apicella C, Hopper JL, Whittemore AS, John EM. **Past recreational physical activity, body size, and all-cause mortality following breast cancer diagnosis: results from the Breast Cancer Family Registry.** Epublished ahead of print. Breast Cancer Res Treat 2010.

Schmandt, R.E., Iglesias, D.A., Co, N.N., &Lu, K.H. **Understanding Obesity and Endometrial Cancer Risk: Opportunities for Prevention.** American Journal of Obstetrics and Gynecology. doi:10.1016/j.ajog.2011.05.042

Torio, C.M., Klassen, A.C., Curriero, F.C., Caballero, B. and Helzlsouer, K. **The Modifying Effect of Social Class on the Relationship Between Body Mass Index and Breast Cancer Incidence** Am J Public Health 100: 146-151.

The Puzzle Corner



1. Who was the primary author of the Declaration of Independence?
2. What happened on July 4, 1776?
3. According to legend, who sewed together the first American flag?
4. Which of the following European powers did not fight on the side of the colonists in the Revolutionary War? (Spain, France, The Netherlands, or Germany)
5. The Second Continental Congress met in which city to draft The Declaration of Independence?
6. Who wrote The Star-Spangled Banner?
7. Who did not sign the Declaration of Independence?
8. In 1773, what was thrown into Boston Harbor as a protest against taxes?
9. After losing New York City to the British, which river did George Washington and his men cross on Christmas Day in 1776 in a prelude to a surprise attack on the Hessian Garrison?

New Edit Description

- Date of Diagnosis (ASCR)

This edit sends warning if Date of Diagnosis is empty.

- Class of Case, Date of DX (ASCR)

If Class of Case equals 00-22 (analytical cases), then Date of Diagnosis can't be blank.

- Class of Case, Prim Site, Hist, Beh, DX (ASCR)

This edit checks that the types of cancer not required to be collected by ASCR are not coded to analytic Class of Case 00-22. Modified from Class of Case, Prim Site, Hist, Beh, DX (COC) to allow C51., C529, and C210.

Cases excluded from ASCR abstracting requirements, and therefore not analytic, include:

Skin primary (C44.) with histologies 8000-8110

Cervix primary (C53.) with behavior 2 (in situ)

Intra-epithelial neoplasms of the cervix, prostate

Primary sites C53., C619

Histologies 8077, 8148

Benign and borderline tumors of intracranial or CNS sites diagnosed prior to 2004

DX < 2004

Behavior 0, 1

Primary sites C70., C71., C72., C75.1-3

Benign and borderline tumors of any other site for any diagnosis year

Behavior 0, 1

All primary sites except: C70., C71., C72., C75.1-3

- Date of 1st Crs RX--COC, Date Flag (COC)

General information on the inter-field editing of date and date flag fields:

The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected.

Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires Date of 1st Crs RX--COC; that is, it must always be populated OR its corresponding flag must indicate the reason the field is blank.

1. If Date of 1st Crs RX--COC is populated, then Date of 1st Crs RX Flag must be blank.

2. If Date of 1st Crs RX--COC is blank, then Date of 1st Crs RX Flag must = 10 (unknown whether treatment was administered), 11 (autopsy only case), or 12 (treatment administered but date is unknown).

- Laterality, Primary Site (COC)

This edit differs from the SEER edit "Laterality, Primary Site, Date of Diag (SEER IF24)" in that:

1. Except for the CNS sites, it does not use the Date of Diagnosis when requiring a laterality code other than zero for paired organ sites.

2. Laterality code 5 (Paired site: midline tumor) is allowed for all years of diagnosis.

- Physician--Follow-up, Date of Diagnosis (ASCR)

If year of Date of Diagnosis is greater than 1995 and not equal 9999, then Physician--Follow-Up cannot be blank and cannot be 00000000. The number must be 8 digits.

- Physician--Managing, Date of Diagnosis (ASCR)

If year of Date of Diagnosis is greater than 1995 and not equal 9999, then Physician--Managing cannot be blank and cannot be 00000000. The number must be 8 digits.