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TABLE OF CONTENT

Cancer Registry Update	1
Getting Started with Tumor Registry	1
The Oncology on Canvas	2
Excess Body Fat and Cancer	3
Collaborative Stage Version 2: What's New?	4
Breast Cancer in AL	4
Event Calendar	5
CTR Exam in 2010	5
Q & A	5
Journal of Registry Management	6
ASCR new staff	6
New Online Training from SEER	6
ASCR Completeness Schedule	6

CENTRAL REGISTRY UPDATE

It was really nice to see many of you at the Alabama Cancer Registrars Association annual fall meeting. We are looking forward to another great and productive year.

The staff at the ASCR has been working hard throughout the year and we are now ready to submit 2007 data for the 2009 NPCR/NAACCR call for data. Coming up in January 2010, we will submit 2008 data for the 2010 NPCR call for data.

Regarding the issue about the state license numbers in physician fields, it is important for everyone to use the standard license number. While the commercial software does not give the user the option to automatically update the physician information, it is possible to manually update the correct information over a period of time. Most hospitals have only a limited number of physicians, so it should not take too long to put the corrected information into the system. We do not ask hospitals to go back



and correct the old cases, but we can get the corrected information updated in the ASCR database, if hospitals choose to resend those cases.

As we are approaching the end of 2009, we would like to extend warm wishes for a Happy Thanksgiving and a Merry Christmas. Thank you all for a great 2009, and best wishes for an exciting 2010.

GETTING STARTED WITH TUMOR REGISTRY

We were delighted to launch our online training webcasts at the ACRA annual fall meeting. For those not attending the meeting, you can explore this from the following link -<http://www.adph.org/ALPHTN/index.asp?id=3777> or at our Training page of the ASCR web site.

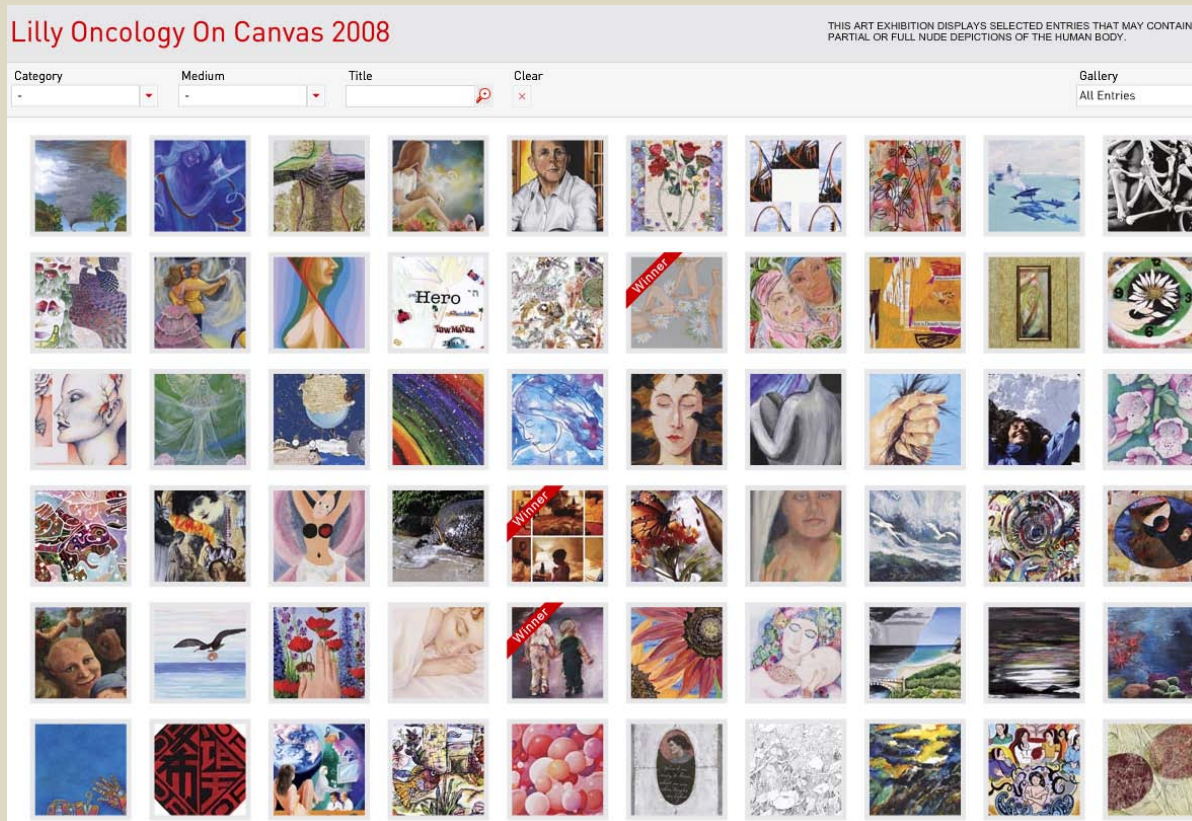
Ms. Briana McCants, our Education Coordinator, presented three online modules, Cancer as a Disease, Reporting Requirements, and Casefinding Techniques. The modules are suitable for cancer registry reporting staff with less than two years experience. Please provide feedback and let Briana know if they are helpful to you, and how she can better address any of your needs in the future.

If you would like to attend the on-site training for Basic Abstracting, or for upcoming changes in CS version 2.0 and AJCC 7th Edition, please contact Briana at 334-206-7068 or email her at briana.mccants@adph.state.al.us, so she can plan the training classes as needed.

THE ONCOLOGY on CANVASSM

Expressions of a Cancer Journey Art Competition and Exhibition was developed by Lilly in 2004 as a way to honor those who are impacted by cancer — as a patient, caregiver, friend or family member.

The website (<http://www.lillyoncologyoncanvas.com>) displays the images and narratives received by Lilly in the 2006 and 2008 Lilly Oncology On Canvas Art Competition.



The 2009 exhibition schedule can be found in the website. The tour locations for Alabama are DCH, UAB Kirklin Clinic, Northeast Alabama Regional Medical Center in Anniston, and Northwest Alabama Cancer Center in Florence.

During the week of November 9-13, 50 pieces of artwork at Northeast Alabama Regional Medical Center were in exhibition, everything from vivid paintings of flowers to a drawing of a man fighting the devil. RMC hosted a preview party at the Tyler Center for the exhibits from 6-8pm. Admission was \$25.00 per person. All proceeds went to the Thomas Twele, MD Foundation. The paintings are available to the public and can be viewed for free at the Cancer Resource Center in the physician office building.

The 2010 competition kicks off November 1, 2009, and Registration Forms will be accepted as late as June 30, 2010. Completed Art Entries and Submission Forms should be postmarked by June 30, 2010.

(A big thanks to Silvia Ramsey for providing information on this wonderful exhibition.)

New Estimate: Excess Body Fat Alone Causes Over 100,000 Cancers in US Each Year

Approximately 100,500 cancers occurring in the US every year can be attributed to excess body fat, according to estimates released November 12, 2009 by the American Institute for Cancer Research (AICR). The figure underscores the central role that overweight and obesity are now understood to play both in the development of cancer and in cancer survivorship, said researchers.

According to AICR, the estimated number of cancers that are linked to excess body fat include:

	Estimated Cases (Nationwide)	Estimated Cases (Alabama)***
49% endometrial cancers*	20,700 cases/year**	376 cases/year
35% esophageal cancers	5,800 cases/year	94 cases/year
28% pancreatic cancers	11,900 cases/year	159 cases/year
24% kidney cancers	13,900 cases/year	182 cases/year
21% gallbladder cancers	2,000 cases/year	12 cases/year
17% breast cancers	33,000 cases/year	679 cases/year
9% colorectal cancers	13,200 cases/year	237 cases/year
Total	100,500 cases/year	1,739 cases/year

*Percentages from AICR/WCRF's Policy and Action for Cancer Prevention, 2009

** Calculated from total estimated incidence, Cancer Facts and Figures 2009, ACS

*** Calculated from 2007 incidence, Alabama Cancer Facts and Figures 2009, ACS

Excess Body Fat Now Seen as Major Cause of Cancer

Laurence Kolonel, MD, PhD, Deputy Director of the Cancer Research Center of Hawaii and AICR/WCRF expert panel member, presented the new preventability estimates and reviewed the evidence linking obesity to cancer risk.

"We now know that carrying excess body fat plays a central role in many of the most common cancers," he said. "And it's clearer than ever that obesity's impact is felt before, during and after cancer - it increases risk, makes treatment more difficult and shortens survival."

Dr. Kolonel also highlighted the conclusions of a recent AICR/WCRF expert report which found cancers of the endometrium, esophagus, pancreas, kidney, breast (post-menopausal) and colorectum to be convincingly linked to excess body fat, while the link between body fatness and gallbladder cancer was judged probable. This report is continuously updated; the new evidence on breast cancer was released in September, with updates on colorectal cancer and prostate cancer due in the coming months.

Dr. Kolonel also highlighted the emerging evidence that is revealing the nature of the link between excess body fat and cancer. Some of the strongest evidence, he noted, suggests that excess body fat increases the body's level of sex steroids and other hormones that are linked to cancer growth. For example, fat tissue produces estrogen; studies have shown that estrogen promotes cell proliferation in breast tumors that contain receptors for the hormone, the so-called ER positive tumors.

Recent findings also suggest that excess body fat lowers immune function and increases oxidative stress, which can lead to DNA damage.

- Source: American Institute for Cancer Research (AICR) – November 11, 2009

Collaborative Stage Version 2: What's New?

- New name: Collaborative Stage Data Collection System (CS)
- Based on the AJCC Staging Manual 7th edition
- Compatible with the new 2010 pathology CAP Protocols.
- More **Site-Specific Factors** - 25 total Site-Specific Factors available for each site. But if information regarding SSF is not in path report or medical record, Registrar is not required to go looking for it.
 - ✘ Breast uses 22
 - ✘ Ocular lymphoma uses 12
 - ✘ Head & Neck sites uses up to 11
 - ✘ Prostate uses 10
 - ✘ Colon & Rectum uses 10
 - ✘ CNS – 9
- **CS Extension/Lymph Nodes codes now have 3 digits.**
- **New Data Fields** – based on pathology report or information available
 - ✘ Grade Path Value
 - ✘ Grade Path System
 - ✘ Lymph-Vascular Invasion

In the new Collaborative Stage manual Part I, there will be more examples with rules and a section for the Site-specific factors with lab values and tumor markers. There are also more notes to look up any problematic data items. As always pay close attention to table notes before and after the table in the coding and mapping guidelines.

Breast Cancer Incidence in Alabama, Females, Ages 40-49

	Rate*	# of Cases
2003-2007	182.0	3,205
2003	172.1	605
2004	182.7	643
2005	169.9	599
2006	192.3	678
2007	193.1	680



*Rates are per 100,000 and age-adjusted to the 2000 U.S. (19 age groups) standard.

For the past 5 years, there has been an average of 641 women between the ages of 40 and 49 diagnosed with breast cancer in Alabama. This number is higher than all other types of cancer for females of any age except lung and colorectal cancers.

EVENT CALENDAR

CTR Exam Prep Workshop

NCRA January 30-31, 2010 Baltimore, Maryland	NCCRRA (webinar series) 01/12/ 2010 1:00 PM - 03/02/2010 3:00 PM (ET)
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NCRA's 36th Annual Education Conference

An Oasis of Information and Education for Cancer Registry Professionals
April 20-23, 2010
Palm Springs, California

NAACCR Annual Meeting

Renewed Collaboration: A Modern Paradigm for Cancer Surveillance
June 19-26, 2010
Québec City, QC, Canada

CTR EXAM in 2010

March 6-20, 2010

Application Due by: **January 31, 2010**

September 11-25, 2010

Application due by **July 31, 2010**

You can send email to lhefner@ncra-usa.org to request an exam handbook.

The passing score is 175 questions (out of 250 questions).

All questions are multiple-choice.

Coding Rules of MP/H will be tested within the open-book portion of the exam.

CS Manual Version 01.04.00 will be tested

(Check NCRA website for more details)

Q & A:

Q: A colon cancer diagnosed in 2004 had a recurrence at "anastomotic site". No comparison with previous specimen. Is this a new primary?

A: Yes, according to the rules this is a new primary site (Rule M4). The section of colon that had the original tumor was removed, so this tumor is in a different section. The tumors also occurred more than one year apart (Rule M5). Without a pathologic diagnosis of metastases or a comparison of slides this is a separate primary. Curator (I & R Team)

Q: A patient diagnosed at another facility in 2005 with colon cancer was treated with chemotherapy and was in remission until 2007. They came to our facility for stenting with a bowel obstruction and liver and lung metastasis. Is this a new primary? Do we abstract the case?

A: The MP/H Rules do not apply to tumors described as metastasis. A metastasis is never a new primary. State laws may require abstracting this case as a Class of Case "3" for the palliative treatment of the patient. **Review with your central registry.** Curator (I & R Team)

Q: Patient was diagnosed with Kaposi's sarcoma. The Kaposi's appeared in various sites within a couple of days, tongue, LE, face, groin and hard palate. Do we need to have a separate accession on each site or can we use the first site?

A: Using the MP/H rules for other sites, use rule M5 and report all of these occurrences of Kaposi's sarcoma as a single primary. When Kaposi's appears in multiple sites the default primary site is skin, NOS (c44.9). Curator (I & R Team)



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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.

Xuejun Shen, Ph. D, MSHI, Editor
Diane Hadley, BS, RHIT, CTR, Editor

Editorial Reviewers: **Janice Cook, MBA**

Journal of Registry Management (JRM)

JRM is the office journal of NCRA. This peer-reviewed journal publishes papers on topics related to the management of health registries and the collection, management and use of cancer, trauma, AIDS and other health registry data. JRM is published 4 times a year.

All NCRA members receive a complimentary subscription. Current issues can be viewed online without NCRA membership.

ASCR COMPLETENESS SCHEDULE

Current Month	Completeness %	Cases Due
October 09	33	April 09
November 09	42	May 09
December 09	50	June 09
January 10	58	July 09
February 10	67	August 09
March 10	75	September 09
April 10	83	October 09
May 10	92	November 09
June 10	100	December 09
July 10	8	January 10
August 10	17	February 10
September 10	25	March 10

NEW STAFF MEMBER at the ALABAMA STATEWIDE CANCER REGISTRY

The Alabama Statewide Cancer Registry welcomed two new members – Ms. Tara Freeman and Ms. Errica Hunter.

Ms. Tara Freeman will serve as Death Clearance and Research Project Coordinator. Tara had previously worked with the ASCR as a student volunteer in 2005 when she was a student at Alabama State University.

Tara has an MSM in Public Management and a BS degree in Health Information Management. She comes to us from the Department of Mental Health where she worked for Greil Memorial Hospital. Tara can be reached at 334-206-7022 or tara.freeman@adph.state.al.us.

Ms. Errica Hunter is our new student aide. She is finishing her BS in Health Information Management at Alabama State University. Errica can be reached at 334-206-5918 or erica.hunter@adph.state.al.us.

NEW ONLINE TRAINING FROM SEER

SEER is working on a 13-part series of educational presentations on the Hematopoietic and Lymphoid Neoplasm Project. The first five presentations are available now on the SEER website <http://seer.cancer.gov/tools/heme/>.

1. Background
2. Disease Presentations and Diagnostic Process
3. Lineages Part I
4. Lineages Part II
5. Moving through the Rules

Registrars are strongly encouraged to view these presentations in the order they are listed. Presentations 1-5 contain important information that will prepare you for the next set of presentations on how to use the rules. A printable PDF version of the slides has been posted with each presentation.

NCRA has approved these presentations for continuing education units. There is an associated quiz to test key concepts for presentations 1, 2, 4 and 5. The quiz for presentation 4 covers presentations 3 and 4. A CEU certificate is available for those who successfully complete each quiz.