



DIRECTOR'S CORNER ~ Xuejun Shen, PhD, MS

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It's hard to believe that we are almost half way through year 2013. While most of the reporting facilities have wrapped up reporting year 2012 data and getting ready to begin submission of 2013 data, the ASCR is working hard to get our 2011 cancer data submission ready for NAACCR and NPCR call-for-data by November 2013. As usual, the biggest challenge is to reach the goal of 95% and above in completeness. As of May, we have reached the 90% mark. Please assist the ASCR in achieving the 95% program requirement by responding to our pathology and death certificate follow-back requests. Additionally, if you come across any 2011 cases, please submit these cases to our office as soon as possible.

If you are unaware of the updated *Meaningful Use (MU)* guidelines, I wanted to briefly discuss the new *MU Stage 2* phase, and its impact on cancer registry reporting. Cancer reporting is one of the new objectives in *Meaningful Use Stage 2 (MU2)* for eligible providers (EPs). This will be a great opportunity for the *ASCR* and EPs to work together to automate cancer reporting from the providers' settings. The *ASCR* is diligently working with CDC and our very own Bureau of Information Technology to

streamline *MU2* processes.

Want to learn more on how to include *MU2* cancer reporting in your current electronic submittal practices? Go to our website, Alabama Department of Public Health Meaningful Use page at <http://www.adph.org/epi/>. You may contact us directly as well. Even if you are unsure of your eligibility status or the use of a vendor for data reporting, please give us a call or visit our website for more information. Additionally, we have a brief *MU* questionnaire for you to complete by going to <https://webplus.adph.state.al.us/> and select 'ASCR Meaningful Use Survey'.

Last but not least, the *ASCR* is proud that we received a 2010 NAACCR Gold Certificate and a NPCR certificate for meeting year 2010 data submission requirements. We cannot achieve this without your due diligence. Let us work harder to do this again for 2011 data submission. Congratulations for another successful year!



INFORMATION SYSTEMS CORNER



NAACCR Version 13 Conversion

The **ASCR** has converted its database to NAACCR Version 13.0. The conversion is done to meet the data transmission standards set by the North American Association of Central Registries (NAACCR) and Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR).

The major difference from earlier versions of NAACCR to Version 13.0 is the ability to move to interoperable geographic area codes. The new country and state data items will be utilized from this point forward. See the table below for detailed information.

**Standards Volume II, Version 13
New Country and State Data Items**

Data Item Name	Item #	Column	Source of Standard
Addr at DX--Country	102	436-438	NAACCR
Addr Current--Country	1832	439-441	NAACCR
Birthplace--Country	254	444-446	NAACCR
Birthplace--State	252	442-443	NAACCR
Followup Contact--Country	1847	447-449	NAACCR
Place of Death--Country	1944	452-454	NAACCR
Place of Death--State	1942	450-451	NAACCR

Users may need to work with their facility to make necessary changes to capture the country information. If no information is available for the country field, the ASCR would recommend the facility use **USA (USA,NOS)**, not ‘ZZU (Unknown)’ for **Place of Death - Country**, **Addr at DX-Country**, and **Addr Current Country**.

It’s a bit harder to recommend this same code for **Birthplace-Country**, since the number of immigrants is increasing every year. Please check the patient records for the correct country birthplace. The **ASCR** would like to obtain the most accurate information as feasibly possible.

Please check the **ASCR** website regularly for cancer registry updates.

ABSTRACT PLUS UPDATE

If any user is still using a version other than **Abstract Plus 3.2.1.0**, please contact the ASCR immediately.

Did You Know??

Q: Did you know the NPCR **requires** central registries to collect all reportable cancer cases?

A: In 1995, the Alabama Board of Health mandated cancer as a reportable disease to the ASCR in January 1, 1996.

PRIMARY SITE CODE WHEN ABSTRACTING

A recent edit check of the ASCR’s 2011 thru 2012 data revealed an area of concern. We had many cases where the edit check was asking for an over-ride flag review when the primary sub-site was coded to “9,” and the extension code was coded as “localized”. In reading the text of several of the cases, the sub-site was mentioned, and the Quality Coordinator was able to recode the primary site to a specific sub-site, instead of coding the override flag. This may be due to facilities not changing the primary site code listed in their suspense database to a more specific code when they abstract the case. Please be more attentive to the primary site when you initiate an abstract from your suspense system. For more information, please contact Mark Jackson at 251-341-6247 or by email at mark.jackson2@adph.state.al.us.

MORE ON INFORMATION SYSTEMS

2013 Data Submission from Reporting Facilities

- **Web Plus Upload**

NAACCR v13.0 for *Web Plus* will be available by mid-June 2013. For reporting facilities using NAACCR v12.2 software for 2013 cases, please still choose NAACCR v12.x file. For reporting facilities using NAACCR v13.0 software, please choose Non-NAACCR format.

- **Abstract Plus**

NAACCR v13.0 for *Abstract Plus* will be available mid-June 2013. Users can utilize the current version *Abstract Plus* (3.2.1.0) for 2013 cases when you have finished all 2012. However, when the ASCR distributes the NAACCR v13.0 for *Abstract Plus* installation CD, all users should immediately update their *Abstract Plus* software to reflect v13.0 update.

- **GenEDITS**

GenEDITS Plus software for 2013 data is available on our website, including updated installation instructions. The metafile and configuration file are available for both v12.2 and v13.0.



The *Web Plus* website address has been changed to

<https://webplus.adph.state.al.us>



Resourceful Website Links regarding Meaningful Use

Centers for Disease Control and Prevention

<http://www.cdc.gov/ehrmeaningfuluse/>

phConnet, Collaboration for Public Health

<http://www.phconnect.org/group/public-health-ehr-meaningful-use>

Alabama Department of Public Health

<http://adph.org/epi/>

Alabama Cancer Registration Association (ACRA)

34th Annual Education Conference

September 26 and 27, 2013

“Taming the Jungle of Data”

Conference Location and Host Hotel:

Hilton Garden Inn Mobile East Bay/Daphne

For more information contact:

Connie Jensen, connie.jensen@hhsys.org

Belinda Limbaugh, belinda.limbaugh@bhsala.com

EDUCATION CORNER

Webinars

Montgomery County

The **ASCR** will be hosting live NAACCR webinars in the RSA Tower in Montgomery at 1:00 pm on the following dates:

- **June 6, 2013** - *Collecting Cancer Data: Kidneys*
- **August 1, 2013** - *Cancer Registry Quality Control*
- **September 5, 2013** - *Coding Pitfalls*

If you plan to attend, please contact Tara at (334)206-7035 or by email at tara.freeman@adph.state.al.us.

Webinars

Cullman County

The **ASCR** will be hosting live NAACCR webinars to be held at the Cullman County Health Department. Exact dates/times to be announced.

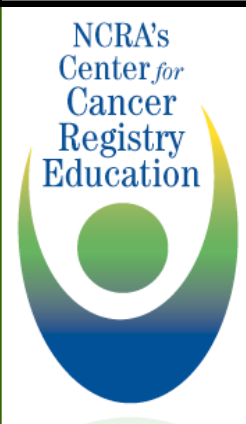
- **June 2013** - *Collecting Cancer Data: Bladder & Renal Pelvis*
- **July 2013** - *Collecting Cancer Data: Kidneys*
- **September 2013** - *Cancer Registry Quality Control*
- **October 2013** - *Coding Pitfalls*

If you plan to attend, please contact Diane at (256)775-8970 or by email at diane.hadley.freeman@adph.state.al.us.

For more information regarding other locations where the **ASCR** will be hosting NAACCR webinars:

In Birmingham -
Person to contact:
Judy Lang
judy.lang@bhsala.com

In Mobile -
Person to contact:
Mark Jackson
mark.jackson2@adph.state.al.us



National Cancer Registrars Association (NCRA)

NCRA has launched a new center for cancer registry education. This center hosts an array of resources for seasoned CTRs as well as those new to the profession. Information on becoming a CTR, ways to obtain continuing education credits and various videos are available. For more information, please visit <http://www.cancerregistryeducation.org/>.

IMPORTANT FACT

Make sure you include **DATE OF LAST CONTACT** in your abstracts. Record the last date in which the patient was known to be alive or the date of death.

Skin Surgery Codes Reminders

Pay attention to margins when coding biopsies vs. surgery

- Codes 20-27:** Include shave, wedge, punch, incisional, or biopsy, NOS with MACROscopically clear margins (with specimen) and no further procedure
- Codes 30-33:** Include "wide" excision with unknown margins or ANY margin < 1 cm
- Code 45:** Wide excision/reexcision with > 1 cm negative margins
 - For MICROscopically clear margins > 1 cm, code as follows:
 - Code 46:** with margins more than 1 cm and less than or equal to 2 cm
 - Code 47:** with margins greater than 2 cm
- Codes 20-36:** If the excision does not have microscopically negative margins > 1 cm
 - All margins should be based on information from Path Reports:
 - Do not code excisional biopsies with clear or microscopic margins in surgical diagnostic and staging procedure fields. Use surgical procedure of primary site to code these.



MORE ON EDUCATION

ASCR has Great News for YOU!

If you are planning to take the CTR exam in September 2013, we have great news for you!

The *ASCR* has purchased the *NAACCR CTR Exam Preparation and Review Webinar Series*. Abstractors in our reporting facilities will be able to log into a secure site and view the webinars at their leisure. If you plan to register, please contact Tara at (334)206-7035 or by email at tara.freeman@adph.state.al.us.

CTR Exam Application Deadline Date: July 31, 2013

CTR Exam Testing Dates: Sept.7th thru 21st, 2013



CTR Exam Update



Exam Revisions	2007 to 2013 CTR Exam	2014 CTR Exam
Number of Questions	250	225
Number of Questions/ Closed-Book Portion	200	180
Number of Questions/ Open-Book Portion	50	45 (Open book questions focused on coding and staging)
Exam Content and Weighting	Domains of Practice <ul style="list-style-type: none"> • Registry Organization & Operations (25%) • Data Management & Analysis (20%) • Concepts of Abstracting, Coding & Follow up (35%) • Application of Coding & Staging (20%) 	Domains of Practice <ul style="list-style-type: none"> • Data Collection (53-57%) <ul style="list-style-type: none"> ○ Case Finding ○ Abstracting ○ Follow-up, Survivorship & Outcomes • Data Quality Assurance (10%) • Analysis and Data Usage (10-14%) • Operations & Management (8%) • Cancer Committee and Conference (10%) • Activities Unique to Centralized Registries (5%)

Source: <http://www.ncra-usa.org/files/public/PressRelease2012JobAnalysis.pdf>



ICD-10 Diagnosis Codes

Did you know...

Nationally, all cancer registries use ICD-0-3 to code primary site and histology. Currently, there are no upcoming major changes to the codes. Registries do however use ICD-10 for case finding purposes and state cancer registries record ICD-10 for the death cause. The ASCR has already updated the case finding list for registrars to include ICD-10 codes.

The list can be found on our website at <http://www.adph.org/ascr/assets/ReportableList.pdf>.

EVEN MORE ON EDUCATION

Cancer Registrar's Case Study



Question

Recurrence/MP/H Rules--Ovary: Patient was diagnosed with ovarian serous carcinoma 4 years ago and currently has sacral and pelvic masses positive for serous carcinoma on biopsy. Is this disease progression (i.e., metastatic disease) or considered recurrent disease?

Answer

This is a single primary. In this case, the sacral and pelvic masses are distant metastasis. Metastases: When cancer cells appear in other nodes or organs that are not the primary site, they are metastatic cells. Discontinuous (separate from the primary tumor) masses or cells in regional lymph nodes, distant lymph nodes, or distant sites are always metastases. In this case, the sacral and pelvic masses are distant metastasis. The pathologist does not have to compare cells to the original tumor slides; the discontinuous tumor mass/cells in any site other than the primary site are metastases.

Recurrence: For a disease to recur there are several criteria that must be met. First and most important, the patient must have had a disease-free interval (a tumor cannot recur if it has always been present). The other criteria are: the "new tumor" has to occur in the original primary site; it must be the same histology as the original tumor; AND, must meet the timing requirements in the MPH rules for that organ/site.

SEER*Rx Summary of Changes - Important Updates (January 2013 Release)

A comprehensive review of chemotherapeutic drugs currently found in SEER*RX has been completed and in keeping with the FDA, the following drugs listed in the table below have changed categories from Chemotherapy to BRM/Immunotherapy. This change is effective with diagnosis date January 1, 2013 forward. For cases diagnosed prior to January 1, 2013 continue coding these six drugs as chemotherapy. Coding instructions related to this change have been added to the remarks field for the applicable.

Drug Name(s)	Previous Category	New Category	Effective Date
Alemtuzumab/Campath	Chemotherapy	BRM/Immuno	1/1/2013
Bevacizumab/Avastin	Chemotherapy	BRM/Immuno	1/1/2013
Rituximab	Chemotherapy	BRM/Immuno	1/1/2013
Trastuzumab/Herceptin	Chemotherapy	BRM/Immuno	1/1/2013
Pertuzumab/Perjeta	Chemotherapy	BRM/Immuno	1/1/2013
Cetuximab/Erbitux	Chemotherapy	BRM/Immuno	1/1/2013

Summary Report:

- ◇ Total # of drugs listed in SEER*RX: 1,825
- ◇ Total # of Regimens listed in SEER*RX: 853
- ◇ # of drugs added: 12
- ◇ # of drugs modified: 71 (includes spelling & grammar corrections, updated remarks)
- ◇ # of regimens added: 3
- ◇ #of regimens deleted: 1 (duplicate)
- ◇ # of regimens modified: 255 drugs

Note: When SEER*RX was moved to the new format, an ancillary drug, which is not coded, was inadvertently added to 255 regimens. The drug in question has been deleted from these regimens.

Source: <http://seer.cancer.gov/tools/seerrx/revisions.html>

TIDBITS

How a Cancer Registrar Identifies Reportable Cancer Cases

To complete an **Active Casefinding** audit, a cancer registrar would review pathology, cytology, radiology reports as well as disease index generated from the ICD – 9CM coding system to code diagnosis and procedures for reimbursement. Additional source documents to be reviewed according to the cancer registrar's assigned facilities reporting source specialties include – surgery schedule, medical oncology, radiation oncology logs, nuclear medicine and admission and discharge summaries. It is very important to review as many sources as possible to be sure that complete casefinding has been performed.

The most common way to identify a reportable case is by pathologic diagnosis which is made on tissue specimens removed during biopsies,

surgical procedures or autopsies as well as bone marrow exams. Examination of fluids such as sputum, peritoneal washings, fine needle aspirations or cells in pleural fluid can be used to identify a reportable diagnosis.

Cases may be identified clinically – a physician says that the patient has cancer, and there has been no histological confirmed diagnosis made. Additionally, cases may be found through diagnostic work-up, such as radiographic scans, imaging, lab work or direct visualization during exploratory surgery or noted on the face sheet or in the medical record.

In order to determine if a case is reportable, a registrar must know the ambiguous terms that constitute a diagnosis and review the ASCR's

Reportable List. The Alabama Data Acquisition Manual provides information regarding the **ASCR** Rules for Operation regarding casefinding process and Alabama's Cancer Reporting Principles. This information is located under Hospital and Non-Hospital Resources on the **ASCR** website <http://www.adph.org/ascr>.

Also, located on the **ASCR**'s website are training videos called “*Getting Started with the Tumor Registry*” that go into great detail explaining reporting requirements and casefinding techniques. These training videos can be found at <http://www.adph.org/ascr/>, and select ‘Training’.

For more information, contact Diane Hadley at 256-775-8970 or by email at diane.hadley@adph.state.al.us.



POINTS TO REMEMBER

Every patient that is an inpatient or outpatient with a reportable diagnosis, who is diagnosed and/or treated within six months after date of diagnosis or admission, including patients whose primary admission is for a reportable diagnosis that was not diagnosed or treated at the reporting facility **is reportable to the ASCR.**

Every reportable case is very important to the **ASCR** as well as to the reporting sources Administration Division. This allows assessing trends that may show the increases and decreases in cases and helps to identify a change or loss of services in order to resolve and monitor potential problems.

Importance of Non-Hospital Reporting

The **ASCR** makes every effort to ensure no case goes unreported. Non-Hospital reporting settings (e.g., primary physicians, oncologists, etc.) are extremely important because of the increase in services provided in outpatient settings, technological advancements and the vitality of cancer research. The treatment information collected from non-hospital settings assist cancer registrars in evaluating patients' complete medical history resulting in a comprehensive cancer reporting medical record. To learn more about non-hospital cancer reporting, please contact Teisha Robertson, ASCR Non-Hospital Coordinator at 334-206-7068 or by e-mail at teisha.robertson@adph.state.al.us.

NEW ASCR STAFF MEMBERS

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Elaine Wooden



*I am the new **Casefinding Auditor**. I officially joined the ASCR staff on February 1, 2013, after being trained by Shirley Williams before she retired. I worked with the Alabama Breast and Cervical Cancer Early Detection Program for six years prior to joining the ASCR team. I am looking forward to this new job venture and learning all that I can to help the citizens of this great state to get the help needed in the prevention and treatment of cancer diseases.*



Teresa Trailer

*I began my employment at ASCR as the **Information Systems Manager** about 4 months ago. I love working with data analytics and statistics. I have been employed with the State for almost 3 years. In my current role, I will be responsible for the administration of ASCR information systems, providing technical support and overseeing software upgrades. I hope to make your job a little easier and look forward to working with you!*



Sherry Attaway

*I began my career in the cancer registry field in 2002 and passed the CTR examination in 2004. From the beginning, I was drawn to the detail and research oriented-type work processes cancer registrars perform regularly. I am so pleased now to have the opportunity to serve the ASCR. My goal is to be supportive and effective in my role as **Small Hospital Reporting Coordinator** in order to enable a consistent and accurate flow of cancer incidence reporting for the many smaller hospitals in our state. I wish good blessings for all, and have a wonderful Summer!*

EVENTS CORNER



Celebrate National Cancer Survivors Day on June 2

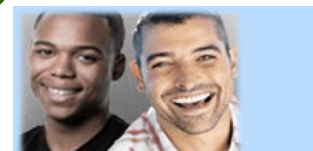
NCSD is a CELEBRATION for those who have survived cancer, an inspiration for those recently diagnosed, a gathering of support for families, and an outreach to the community. Participants unite in this symbolic event to show the world that life after a cancer diagnosis can be meaningful, productive, and even inspiring!



June is Men's Health/Cancer Awareness Month

June is a month also designated to raise *Men's Cancer Awareness* and encourage early detection and treatment of disease among men and boys.

The cancers that most frequently affect men are prostate, colon, lung, and skin cancers. Knowing about these cancers and how they can be prevented or found early can save men's lives.



September is National Childhood Cancer Month

In 2009, U.S. Congress and governors have proclaimed September 12th as *National Childhood Cancer Awareness Day*. September is also National Childhood Cancer Awareness Month marked by the thousands of families, survivors and caregivers touched by childhood cancer



National Breast Cancer Month celebrated in October

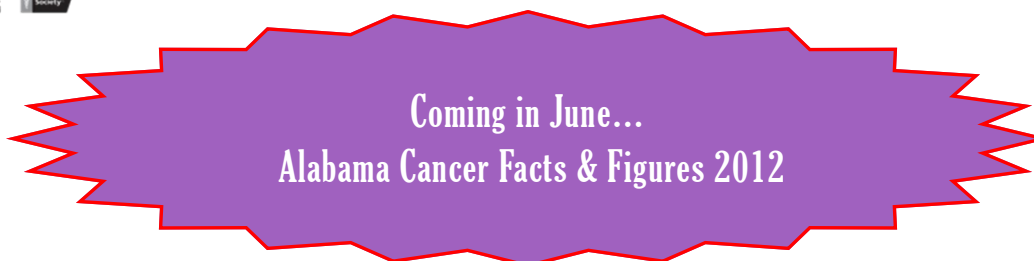
The *National Breast Cancer Awareness Month* (NBCAM) is celebrated in October in an effort to collaborate with public service organizations, professional medical associations, and government agencies in order to bring awareness of breast cancer by sharing information and provide greater access to services.



Coaches vs. Cancer Classic hosted in November 2013



On November 22 and 23, 2013 *Coaches vs. Cancer* Classic semi-finals will begin. This program is an annual basketball event facilitated by a nationwide collaboration between the American Cancer Society® and the National Association of Basketball Coaches. The event will benefit the American Cancer Society to support their mission to save lives from the disease of cancer.



Coming in June...
Alabama Cancer Facts & Figures 2012

AROUND & ABOUT WITH ASCR

**ASCR Advanced Training
in Birmingham, AL**



**BOBBIE BAILEY
RETIRED
ON APRIL 30TH**



**ASCR
Advanced Training
in Montgomery, AL**

ASCR Staff Information



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The ASCR was established in 1995 by the Alabama Department of Public Health in response to state law (Act 95-275) that made cancer a reportable condition. Data collection began in January 1, 1996.

The ASCR is a member of the North American Association of Central Cancer Registries (NAACCR) which sets standards for completeness, timeliness, and data quality. Registries that meet the highest standards receive NAACCR Gold Certification. Alabama has achieved the highest NAACCR standards and received the Gold Certification since data year 2004.



Check us out at

<http://www.adph.org/ascr/>



Non-Registry Hospitals Reporting Schedule

To obtain a copy of the Reporting Schedule, you may contact our office or visit our website at www.adph.org/ascr/. The Non-Registry Hospital Reporting Schedule is provided by selecting 'Hospital Resources', then, select 'Schedules for Non-Registry Hospitals'.

We look forward to working with you!

Registry Hospital Reporting Schedule (2013/2014 Cases)	
Current Case Date	Case Due (Timeliness)
Jul 2013	Jan 2014
Aug 2013	Feb 2014
Sep 2013	Mar 2014
Oct 2013	Apr 2014
Nov 2013	May 2014
Dec 2013	Jun 2014
Jan 2014	Jul 2014
Feb 2014	Aug 2014
Mar 2014	Sep 2014
Apr 2014	Oct 2014
May 2014	Nov 2014
Jun 2014	Dec 2014