

# ASCR NEWS

## DIRECTOR'S CORNER ~ Xuejun Shen, PhD, MS

*Greetings from the Alabama Statewide Cancer Registry. We wish you and your family a Merry Christmas and Happy New Year!*

### Completeness Rate for 2012 Data

Right before the Thanksgiving holiday, the ASCR completed the Call for Data for both the North American Association of Central Cancer Registries (NAACCR) and the National Program of Cancer Registries (NPCR). The total incidence number for cases diagnosed in 2011 was slightly lower than the number of cases diagnosed in 2010 that submitted last year. While we appreciate your hard work submitting cases in a timely fashion, there are still areas in which the central registry and facilities can work together to increase the number of cancer cases being reported. One such opportunity to report cancer cases more efficiently is electronic health record (EHR) system implementation. We are excited that many facilities have moved forward with this process. In addition, the ASCR can provide a report for all facilities with the number of cases by month and year, or by site and year, in the last 5-year reporting period. This report can help identify areas of possible underreporting. If you have not received this report yet, please contact your regional coordinator.

With the completion of Call for Data of 2011 data, our focus has now shifted to 2012 diagnosis year cases. Our goal is to reach at least 90% completeness by January 31, 2014, and 95% or above by November 30, 2014. Currently, our 2012 completeness percentage is around 75%. Both the death clearance and pathology follow-back processes are currently underway for 2012 cases. Your prompt responses to these requests are greatly appreciated.

### Cancer Reporting through Meaningful Use Stage 2

The ASCR is also diligently working with our Bureau of Information Technology so cancer reports can be submitted through Meaningful Use Stage 2, starting January 1, 2014. Only eligible providers (EPs) are required to do so in order to receive incentive payment from CMS. To help the ASCR reach more providers, we have a brief Meaningful Use survey for you to complete by going to <https://webplus.adph.state.al.us> and select 'ASCR Meaningful Use Survey'. You may also send provider information to Teresa Trailer at [teresa.trailer@adph.state.al.us](mailto:teresa.trailer@adph.state.al.us). She will follow up and work out the details with the providers.

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Alabama Statewide Cancer Registry





## 2013 Data Submission from Reporting Facilities

### Abstract Plus

NAACCR v13.0 update for Abstract Plus 3.3.1.2 is available. Please make sure you have updated Abstract Plus to the current version.

### Web Plus

NAACCR v13.0 update for Web Plus has been delayed. We are hopeful that Web Plus v13.0 will be available by January 2014.



Please check the ASCR website regularly for cancer registry updates.

## Meaningful Use Stage 2 - Cancer Reporting

Eligible Providers (EPs) may receive incentive payments for implementing electronic health record reporting based on Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs requirements. For detailed information regarding the EHR Incentive Program, please visit our website at [www.adph.org/ascr](http://www.adph.org/ascr).

Alabama Department of Public Health (ADPH) is currently accepting electronic cancer reporting from EPs for Meaningful Use Stage 2. EPs are required to generate and transmit reports to the state of Alabama in a valid Health Level 7, Clinical Document Architecture, Release 1.0 (HL7 CDA) format. Software vendors and EPs interested in cancer reporting may register at <https://dph.state.al.us/adphsec/>.

For more information, please contact Teresa Trailer by phone at 334-206-5918 or by email at [teresa.trailer@adph.state.al.us](mailto:teresa.trailer@adph.state.al.us).

### Resourceful Meaningful Use Website Links

Centers for Disease Control and Prevention  
phConnect, Collaboration for Public Health

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

Alabama Department of Public Health

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

### **ABSTRACT PLUS UPDATE**

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

### Having Problems with Abstract Plus or Web Plus Software?

We can provide technical support not just by phone, but by facilitating live-meetings, (i.e., being able to fix the issues by using screen sharing function). ASCR live-meetings are absolutely within a secured environment.

For Information Systems issues, please contact Teresa Trailer at 334-206-5918 or at [teresa.trailer@adph.state.al.us](mailto:teresa.trailer@adph.state.al.us). For cancer abstraction concerns, please contact Tara Freeman at 334-206-7035 or at [tara.freeman@adph.state.al.us](mailto:tara.freeman@adph.state.al.us). We will be glad to assist you!

## EDUCATION CORNER



### Webinars

#### Montgomery County

The ASCR host live NAACCR webinars at the RSA Tower in Montgomery beginning at 1 p.m. on the following dates:

**January 9, 2014** - *Collecting Cancer Data:*  
*Gastrointestinal Stromal Tumors (GIST)*

**February 6, 2014** - *Collecting Cancer Data:*  
*Treatment Data*

**March 6, 2014** - *Abstracting and Coding Boot Camp:*  
*Cancer Case Scenarios*

All live webinars will be held in the 13th floor Conference Room# 1366 in the RSA Tower. Please contact Tara Freeman at tara.freeman@adph.state.al.us or 334-206-7035 if you plan to attend.

### Webinars

#### Cullman County

The ASCR will host the NAACCR webinars at the Cullman County Health Department from 9 a.m. to noon on the following dates:

**December 11, 2013** - *Collecting Cancer Data:*  
*Lip and Oral Cavity*

**January\* 2014** - *Collecting Cancer Data:*  
*Prostate*

**February\* 2014** - *Collecting Cancer Data:*  
*Ovary*

All webinars will be held at the Cullman County Health Department, Community Room. Please contact Diane Hadley at diane.hadley@adph.state.al.us or 256-775-8970, if you plan to attend. \*January and February dates will be announced at a later time.

## Cancer Data Abstraction - Text Fields

Please include dates in all of the text fields. It is important for the ASCR to collect these data items to ensure that we are receiving the most accurate data possible. Examples are listed below.

Example 1: 2/15/05 (OSH) Right Breast Radical Mastectomy w/axillary node dissection

**For Text-Dx Proc Scopes:** Enter text information from endoscopic examinations. Date, site, positive and negative clinical findings (record positive results first).

Example 2: 4/12/05 EGD: gastric mucosa showed evidence of large tumor occupying half of the stomach. Numerous satellite tumors seen on opposite wall of the stomach.

### Occupation & Industry Display Fields

CDC & NPCR requires if a person is under the age of 14, we should code in both occupation and industry fields as follows:

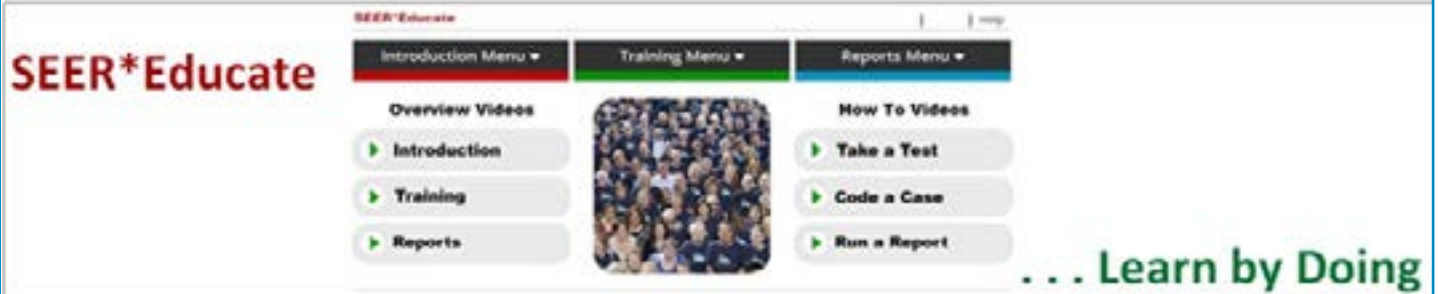
CHILD: (1-14)  
INFANT: (Less than 1 year)

## TEXT DOCUMENTING TIPS

1. Include patient race, age, and sex in Physical Exam field (Ex. 65Y/OWF WHO NOTICED A MASS IN HER RT BREAST AT THE END OF NOV. MAMMO, BX, SURGERY WAS DONE AND PT PRESENTED AT HOSP FOR CHEMO TX.).
2. Indicate patient vital status in documentation (place/date of death).
3. For Path Report, include final diagnosis, lymph node removal, tumor size, and margins (helpful to copy entire report into path field of abstract).
4. Identify sub-site in documentation (ex. Breast RUQ, 3 o'clock position, etc.).
5. Document laterality and grade.
6. Document and code CS extension based on pathology report rather than just assigning "T" staging code.
7. For CS Lymph Nodes, document specific lymph node chain.
8. For Treatment Codes, be specific on date first course of therapy began, type of survey/treatment done, number of nodes resected, single vs. multi-agent chemo.
9. Laboratory Findings: document date, type and results (e.g., ER,PR, CEA, etc.) and/or (e.g., negative, positive, etc.).
10. Make sure your text information supports your assigned code.

\*\*\*\*\* BE SPECIFIC\*\*\*\*\*

## MORE ON EDUCATION



The Fred Hutchinson Cancer Research Center, Cancer Surveillance System is pleased to announce the release of SEER\*Educate, an online training platform for people in the cancer registry profession or interested in working at a registry. This program is funded by Surveillance, Epidemiology and End Results (SEER) of the National Cancer Institute (NCI) and the Fred Hutchinson Cancer Research Center.

You learn cancer registry work by doing cancer registry work. Currently available on SEER\*Educate are 295 practice cases across the 12 largest primary site groups available for coding using Collaborative Stage version 02.04 and the 2013 SEER Program Coding and Staging Manual. Not only are you presented with the correct values for each of the 60+ data items, you also are presented with rationales explaining how to arrive at the correct code. It's exactly like having a registry trainer reviewing 100% of your work. No matter where you are on the registrar career path, experienced or inexperienced, certified or not certified, hospital-based or population-based, this tool offers the training you need to:

- Prepare for the CTR exam
- Earn Continuing Education credits for free
- Train on real-life case scenarios when learning new coding schemes and guidelines

What do you need to get started? A computer using the web browser Mozilla Firefox® and a desire to learn from mistakes! SEER\*Educate is freely available to everyone.

Everyone who signs up will be notified quarterly about the release of new content. Sign up at SEER\*Educate today by visiting <https://educate.fhcr.org/>. Learn by doing. Get started now!

## CANCER REGISTRAR'S CASE STUDY

**Question:** MP/H Rules/Multiple primaries--Breast: How many primaries are accessioned, if the patient has two tumors in the left breast, one that is ductal carcinoma with mucinous differentiation and the other is ductal carcinoma, NOS?

**Answer:** For cases diagnosed 2007-2014, accession two primaries, ductal carcinoma with mucinous differentiation [8523/3] and ductal carcinoma, NOS [8500/3]. The steps used to arrive at this decision are:

**Step 1:** Open the Multiple Primary and Histology Coding Rules Manual. Choose one of the three formats (i.e., flowchart, matrix or text). Go to the Breast MP rules because site specific rules have been developed for this primary.

**Step 2:** Start at the Multiple Tumors module, rule M4. The rules are intended to be reviewed in consecutive order within a module. Stop at Rule M12. These tumors have ICD-O-3 histology codes that are different at the third (xxxx) digit and are, therefore, considered multiple primaries.

**NOTE:** Ductal carcinoma with mucinous differentiation is not a specific type of ductal carcinoma identified in either Table 1 or 2. (To locate Tables 1 and 2, go to Breast under the Terms & Definitions section of the manual.) It is ductal carcinoma mixed with another type of carcinoma (mucinous carcinoma in this case) – see Table 3. Rule M11 does not apply.



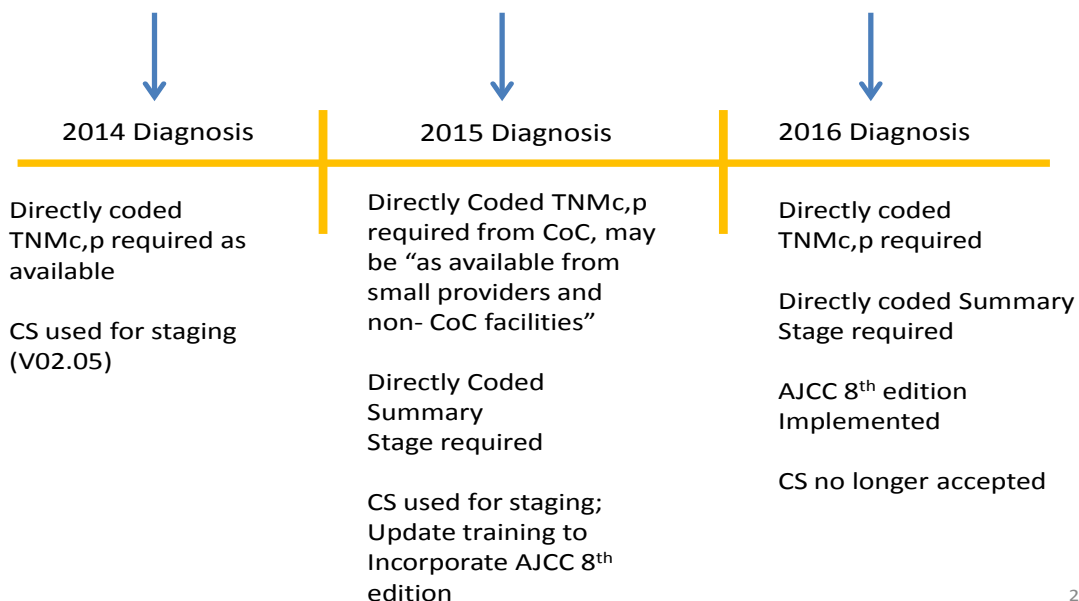
## Overview of the Transition from Collaborative Staging to TNM Staging

- The use of Collaborative Staging for new cases will end after cancer diagnosis in 2015
- The Commission on Cancer (CoC), American Joint Committee on Cancer (AJCC), and the Centers for Disease Control and Prevention (CDC) will transition to the direct coding of AJCC staging in 2016
- Why discontinue CS?
  - Very complex to collect, manage, create
  - Expensive
  - Accuracy
  - Burden to consolidate
- Why choose AJCC?
  - Desirable for research and evaluating quality of care

Certain SSFs will remain in order to collect tumor markers for various sites (i.e. CEA, ER, PR, PSA)

1

## Transition Timeline from Collaborative Staging to TNM Staging



2

## JUST A LITTLE BIT MORE ON EDUCATION



**To:** The Cancer Registry Community

**From:** CoC-SEER-NPCR Technical Working Group

**Subject:** Grade coding instructions to be implemented for cases diagnosed 1 January 2014+

The coding of grade (GRADE, DIFFERENTIATION OR CELL INDICATOR [NAACCR Item #: 440]) has become complicated over time by the introduction of specialized site-specific grading systems. In addition, the coding instructions listed in CoC's FORDS Manual and SEER's Coding Manual differed. Therefore, a small group has been meeting to see if a consensus on grade could be reached among CoC, SEER and NPCR. The consensus decision was to draft a set of instructions that were simpler, the same among all 3 groups, and, in the end, were different from CoC's or SEER's previous instructions. Separate documentation will be produced later to outline these differences.

The "Instructions for Coding Grade" can be found at <http://seer.cancer.gov/tools/grade/> and are to be implemented for cases diagnosed January 1, 2014, and forward for CoC, SEER, and NPCR. CoC and SEER will incorporate these instructions into their respective coding manuals for 2014. CoC, SEER and NPCR will notify their respective constituents of their general coding instructions for 2014 including grade.

No codes have been added or deleted. Vendors will not be required to make any changes to software. However, vendors may be able to implement some of the grading instructions electronically to aid cancer registrars in coding the grade field.

Educational materials/presentations will be developed. Short articles/announcements are being developed to highlight some of the changes.

The impact of these new instructions on the analysis of grade trends over time may be substantial for some sites, especially prostate. It was difficult to balance changing rules with a desire to keep grade trends intact. For prostate, however, earlier changes based on 'current at the time' AJCC/UICC rules had already wreaked havoc on trying to analyze prostate grade trends.

Many thanks to those who reviewed the instructions. Your comments and questions were very helpful.

The members of the CoC-SEER-NPCR Technical Working Group who drafted this document were Margaret Adamo (NCI-SEER), Mary Lewis (CDC-NPCR), Jerri Linn Phillips (CoC), Joan Phillips (CDC-NPCR), Lynn Ries (NCI contractor), Jennifer Ruhl (NCI-SEER) and Shannon Vann (NAACCR).

Source: [www.seer.cancer.gov](http://www.seer.cancer.gov)

CONGRATULATIONS!

**Chad Brown**, Regional Medical Center Anniston

**Paula Wyatt**, Gadsden Regional Medical Center

FOR RECEIVING YOUR CTR CERTIFICATION!



**CHAD BROWN & FAMILY**



**PAULA WYATT**

# AROUND & ABOUT WITH ASCR



Ashley Collins was married on November 1, 2013

CAN YOU GUESS ASHLEY'S COLOR THEME FOR HER BRIDAL SHOWER & WEDDING?



While at the ACRA Conference...  
Celebrating Mark's Birthday



DEEP THOUGHT OR SLEPPING?



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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.*



**Congratulations to East Alabama Medical Center  
for receiving accreditation  
as a CoC-Accredited program!**

**Merry Christmas & Happy New Year  
from the ASCR Staff**



### Registry Hospital Reporting Schedule (2013/2014 Cases)

Current Case Date	Case Due Date (Timeliness)
July 2013	January 2014
August 2013	February 2014
September 2013	March 2014
October 2013	April 2014
November 2013	May 2014
December 2013	June 2014
January 2014	July 2014
February 2014	August 2014
March 2014	September 2014
April 2014	October 2014
May 2014	November 2014
June 2014	December 2014