ASCR news

FALL

WINTER 2015

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Inside this Issue:

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Acting Director's corner

This year has been filled with challenges for the ASCR. As many of you know, we have experienced quite a few staff change due to promotions and a staff member moving away. These changes have left a void in the registry, but we are in the process of replacing those positions. I'm optimistic that those challenges will allow us to refocus and bring in new staff members who are eager to learn our processes as well as contribute new and fresh ideas that will allow us to operate more efficiently.

The annual Call for Data for 2013 has been submitted and now we are moving on to prepare our data for January's 2014 data submission. I am very confident about the data we submitted for 2013 and that is only because of the hard work you all have put forth in submitting the data to us. I truly appreciate the responses to death clearance, Medicaid cases, as well as your regular data submissions. We could not do it without your help. Currently our completeness rate for 2014 is around 75% and the goal is for it to be 90% by the end of January. Please make sure you are submitting your cases in a timely manner and that you respond to all follow back requests on pathology reports and death clearance when they are sent to you.

I appreciate your patience during this time of transition. I'm sure many of you are experiencing the same. I do believe that challenges make us better individuals and afford us the opportunity to pull together and work harder as a team. In the midst of all of this change, I wish each and every one of you a Merry Christmas and a Happy and Prosperous New Year!

Important Notes

The ASCR has been ready to accept ICD-10 diagnosis for comorbidities and complications. Per 2015 FORDS manual pg. 76:

Comorbidities and Complications

Instructions for Coding

- **Use this item to record ICD-9 CM codes. Use Secondary Diagnosis #1 (NAACCR Item #3780) to record ICD-10-CM codes.** During the adoption of ICD010-CM codes, it is possible both will appear in the same patient record.

Coding Secondary Diagnosis is on pg 87 of Fords and this is where you would put your ICD-10 codes.

Directly coded AJCC cancer stage and summary stage will be required in United States cancer registries beginning with cases diagnosed January 1, 2016 and after.

SEER & Reportability

ICD-O-3 IMPLEMENTATION AND REPORTABILITY

In 2014 and 2015 SEER added new reportable histology terms to their Program and Coding Manual. These terms had not been included in any ICD-O-3 errata or implementation guide and therefore were not addressed throughout the cancer surveillance community. CDC has reviewed the terms (reportable according to SEER) and made the following decisions:

1. Non-invasive mucinous cystic neoplasm of the pancreas with high-grade dysplasia replaces mucinous cystadenocarcinoma, non-invasive (8470/2) and is **REPORTABLE.**
2. Solid pseudopapillary neoplasm of pancreas (8452/3) is synonymous with solid pseudopapillary carcinoma (C25._) and is **REPORTABLE.**
3. Based on expert pathologist consultation, metastases have been reported in some CPEN cases. With all other pancreatic endocrine tumors now considered malignant, CPEN will also be considered malignant, until proven otherwise. Most CPEN cases are non-functioning and are **REPORTABLE** using histology code 8150/3, unless the tumor is specified as a neuroendocrine tumor, grade 1 (assign code 8240/3) or neuroendocrine tumor, grade 2 (assign code 8249/3)
4. Laryngeal intraepithelial neoplasia, grade III (LINIII) (8077/2), C320-C329) is **REPORTABLE.**
5. Squamous intraepithelial neoplasia, grade III (SINIII) (8077/2), except Cervix and Skin, is **REPORTABLE.**
6. Mature teratoma of the testes in adults is malignant and **REPORTABLE** as 9080/3, but continues to be non-reportable in prepubescent children (9080/0). The following provides additional guidance:
    - Adult is defined as post puberty
    - Pubescence can take place over a number of years
    - Do not rely solely on age to indicate pre or post puberty status. Review all information (physical history, etc.) for documentation of pubertal status. When testicular teratomas occur in adult males, pubescent status is likely to be stated in the medical record because it is an important factor of the diagnosis.
    - Do not report if unknown whether patient is pre or post pubescence. When testicular teratoma occurs in a male and there is no mention of pubescence, it is likely that the patient is a child, or pre-pubescent, and the tumor is benign.

While there has not been an official errata to address these histology terms, CDC recommends adding them to your ICD-O-3 Manuals.

Death Clearance Zone

A huge thanks to all facilities for your hard work, and timely responses to the death clearance follow-back. I know that it is a great challenge for everyone to return the forms in a timely manner. The ASCR acknowledge and appreciates your hard work very much. You are still encouraged to send data on the death clearance follow-back list even if your facility has not previously completed the list. Happy Holi-days!

A. Casefinding **B.** Abstracting **C.** Follow-up **D.** CTR **E..** AJCC Staging

Quiz

1. The Commission on Cancer requires physicians to assign _____ when applicable.

2. _____ involves capturing all patients diagnosed and and/or treated at the facility.

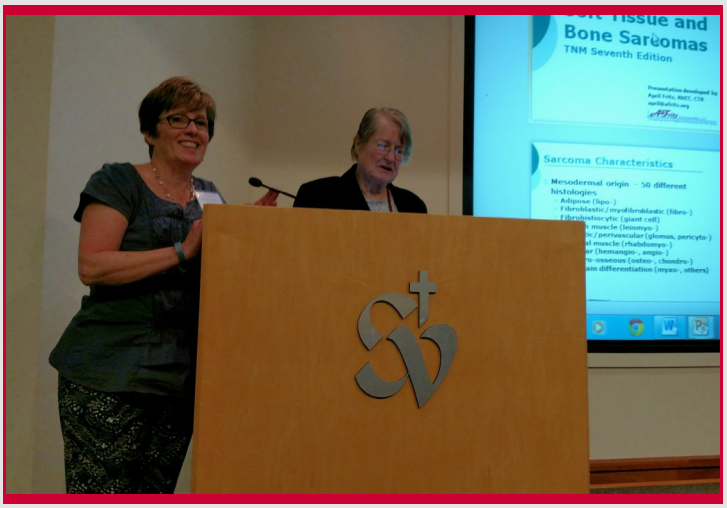
3. In hospitals, abstracting is performed/reviewed by_____.

4. _____involves monitoring patients annually throughout their lifetime.

5. _____involves obtaining data about patients' diagnosis and treatment as well as coding and entering in a database.

1. E 2. A 3. D 4. C 5. B

Education Corner



TIP

Complete the text of your abstract first. If you are unable to complete the abstract from the text only, you have not documented thorough information.

The ASCR was able to provide a wonderful opportunity to the annual Alabama Cancer Registrars Association (ACRA) this year by sponsoring a visit from April Fritz. April provided a wealth of information during two days of Intermediate to Advanced training on AJCC and Summary Staging.

Test Your Knowledge

Cancer Question Trivia

Question: MP/H Rules/Multiple primaries--Breast: How many primaries are accessioned if a patient has a history of breast cancer in 2006 treated with bilateral mastectomies and in 2011 is found to have invasive carcinoma in breast tissue, right lumpectomy?

Answer: **For cases diagnosed 2007 or later, accession two primaries, right breast cancer diagnosed in June 2006 and a subsequent right breast primary diagnosed in December 2011.**

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 exist 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 M5.** Accession two primaries, tumors diagnosed more than five (5) years apart are multiple primaries.

NOTE: If the pathology report stated the tumor originated in residual breast tissue, then this is a new tumor and, therefore, a new primary per rule M5. If the pathology report stated the tumor arose in the chest wall and/or there is no designation of residual breast tissue, then this is a regional metastasis and not a new primary.

Quality Assurance - Coding a Breast Case

CSSSF fields must correlate with each other so that you will not receive an edit. Remember that CSSSF16 is coded in conjunction with the results of CSSSF1, CSSSF2, CSSSF8, CSSSF9, CSSSF10,

Epidemiology Corner

The ASCR has once again completed the annual Call for Data for both the North American Association of Central Cancer Registries (NAACCR) and the National Program of Cancer Registries (NPCR). Although participation in the Call for Data is a grant requirement, the Call for Data is also an opportunity for the ASCR to certify the quality and completeness of its data. In order to achieve Gold Certification, the highest level possible, a registry must submit data that passes the following criteria: 95% complete based on expected caseload, passes 100% of NAACCR/NPCR Core edits, passes 100% of inter-record edits, contains no unresolved duplicates, contains less than 3% death certificate only cases, contains less than 3% cases with unknown county, and contains less than 2% cases with unknown race, gender, or age. As always, the hardest criterion to pass is achieving at least 95% of expected caseload. It is for this reason the ASCR utilizes different follow back procedures to help identify unreported cases. These follow-back procedures include the following: Death Certificate follow-back, Pathology Report follow-back, and the somewhat new Medicaid Report follow-back. Your participation in these follow-back processes is both vital and appreciated. Additionally, the ASCR utilizes Web Plus to target cancer cases in physicians offices, dermatology clinics, urology centers, etc. that may never go to a hospital.

Thankfully, the ASCR anticipates achieving Gold Certification for 2013 data from both NAACCR and NPCR. Achieving Gold Certification ensures that Alabama data will be included in NAACCR's *Cancer in North America* publication as well as NPCR's *United States Cancer Statistics* publication. The registry would like to thank the all the hospital registrars throughout the state for helping us achieve this goal. Without your hard work and dedication none of this would be possible.

2016 CTR EXAM

Dates

February 27 – March 19; application deadline = January 29
June 18 – July 9; application deadline = May 20
October 15 – November 5; application deadline = September 16

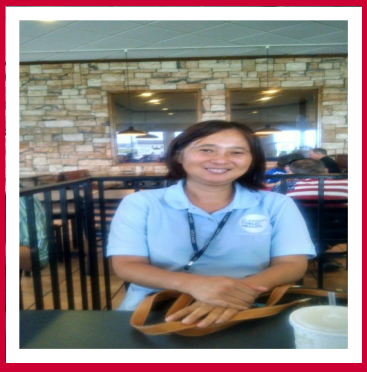
2016 CTR Exam Hand Book coming soon!

ASCR will be offering the NAACCR CTR Prep and Review Webinar Series in the RSA Tower here in Montgomery.

We will meet for two hours every Friday afternoon for eight weeks beginning January 8, 2016 at 1:00 pm. The final session will be February 26, 2016 (the day before the testing window opens). Each week NAACCR will cover a different topic from the exam. There will be reading assignments, quizzes, and a final timed test. Participants are encouraged to interact with the instructors and/or other participants through the Causeway worksite.

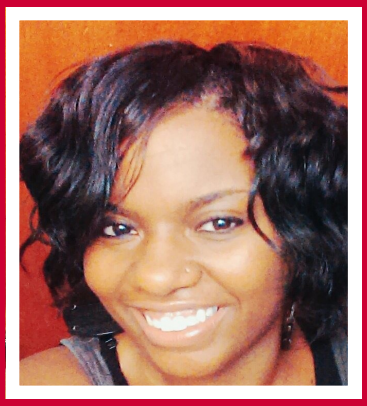
If you are an individual interested in taking the CTR exam and are unable to come to the RSA Tower, please contact Mrs. Tara Freeman at 334-206-7035 so that she can provide you with the recordings.

Around & About



Farewell 告别 ,

The cancer registry will miss XJ tremendously. She has been a great teacher, leader, and boss– all in one. We will always treasure and respect the support and guidance that she presented to us throughout our careers. We hope that there is nothing but success and promotions in her career path.



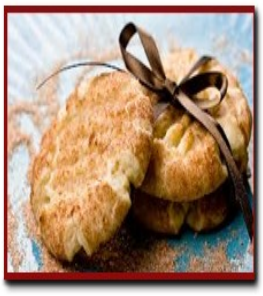
Jonella Logan (Student Aide)

My name is Jonella Logan and I was born in Cleveland, Ohio. I moved to Montgomery for college in 2004. My original major was Biology because I wanted to be a nurse. I spend most of my free time with my daughter Ja'Niyah who keeps me on my toes. I also enjoy physical exercise, movies, spending time with family, cooking, and watching Alabama roll over other teams in football. My goals include being a great mom and role model to my daughter and advancing my career in the health care field .

Fun Zone!

Can you help the elf find his way back to Santa?

Snickerdoodles {Simply Sweet}



ingredients

1/2 cup butter, softened
1/2 cup shortening
1 1/2 cups white sugar
2 eggs
2 teaspoons vanilla extract
2 3/4 cups all-purpose flour
2 teaspoons cream of tartar
1 teaspoon baking soda
1/4 teaspoon salt
2 tablespoons white sugar

directions

Preheat oven to 400 degrees F (200 degrees C).
Cream together butter, shortening, 1 1/2 cups sugar, the eggs and the vanilla.
Blend in the flour, cream of tartar, soda and salt.
Shape dough by rounded spoonfuls into balls.
Mix the 2 tablespoons sugar and the cinnamon.
Roll balls of dough in mixture.
Place 2 inches apart on ungreased baking sheets.
Bake 8 to 10 minutes, or until set but not too hard.
Remove immediately from baking sheets.