ALABAMA DEPARTMENT OF PUBLIC HEALTH

ASCR News

Winter 2006

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REGISTRY UPDATE

Recently, the Alabama Statewide Cancer Registry re-assigned some reporting facilities to different regions within the state. This temporary re-distribution is expected to last for about a year. The move was undertaken to more efficiently address areas of need within the ASCR and allow for an expanded role of the regional coordinators. In addition to coordinator duties each will be taking on other areas of responsibilities. Regina Dillard will be assuming responsibility for education and training needs; Diane Hadley will manage case completeness and Mark Jackson will address data quality issues. Shri Walker, our former student aide who recently graduated from Alabama State University will transition in the coming months to a Regional Coordinator's position serving the Central Region. Vicki Nelson will continue in the role of program manager.

As you can see the ASCR has its plate full. We thank you for your cooperation and patience as we continue to fine tune our organization.

Central Region—Shri Walker

Baptist Medical Center—Citizens
Baptist Medical Center—Coosa Valley
Baptist Medical Center—East
Baptist Medical Center—South
Bibb Medical Center
Carraway Medical Center
Chilton Medical Center
Clay County Hospital
Community Hospital
Cooper Green Hospital
DCH Regional Medical Center
East Alabama Medical Center
Elmore Community Hospital
Eye Foundation Hospital
Greene County Hospital and Nursing Home
Hale County Hospital
Healthsouth Medical Center
Hill Hospital of Sumter County
Jackson Hospital & Clinics
Lake Martin Community Hospital
Lanier Memorial
Maxwell
Montgomery Cancer Center
Northport Hospital—DCH
Pickens County Hospital
Prattville Baptist Hospital
Randolph County Hospital
Russell Hospital
Shelby Baptist Medical Center
St. Clair Regional Hospital
VA Hospital (Tuskegee)
VA Medical Center Montgomery
Wedowee Hospital Clinic

Jefferson County—Regina Dillard

Princeton Baptist Medical Center
St. Vincent's Hospital
UAB Medical Center

North Region—Diane Hadley

Athens Limeston Hospital
Brookwood Medical Center
Cherokee Baptist Medical Center
Crestwood Medical Center
Cullman Regional Medical Center
Decatur General Hospital
Dekalb Baptist Medical Center
Eliza Coffee Memorial Hospital
Fayette Medical Center

THE 16TH ALABAMA CANCER CONGRESS

April 21 –23, 2006—The Village at Baytowne Wharf
Sandestin, Florida

Accommodations & Rates

Village Hotel Room	**$165.00**	**Grand Sandestin 1 Bedroom**	**$209**
Village 1 Bed Room	**$189.00**	**Grand Sandestin 2 Bedroom**	**$259**
Village 2 Bed Room	**$249.00**	**Dockside 3 Bedroom**	**$279**
Grand Sandestin Hotel Room	**$175.00**		

To make reservations 1-800-320-8115
Group Code #20U4PL

Did you know that

50%

of your facility's 2005 cases should already have been submitted?

Staff

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REPORTING FACILITIES CONTINUED

Gadsden Regional Medical Center
Hartselle Medical Center
Helen Keller Memorial Hospital
Huntsville Hospital
Jackson County Hospital
Jacksonville Hospital
Lakeland Community Hospital
Lawrence Medical Center
Marshall Medical Center North
Marshall Medical Center South
Medical Center Blount
Medical Center East
North Mississippi Medical Center
Northwest Medical Center
Parkway Medical Center Hospital
Red Bay Hospital
Regional Medical Center Anniston
Riverview Regional Medical Center
Russellville Hospital
Shoals Hospital
Stringfellow Memorial Hospital
Walker Baptist Medical Center
UAB Medical West
VA Medical Center Birmingham
Walker Baptist Medical Center
Woodland Community Hospital

South Region—Mark Jackson

Andalusia Hospital
Atmore Community Hospital
Bryan Whitfield Memorial Hospital
Bullock County Hospital
Children's Hospital
Crenshaw Community Hospital
DW McMillan Memorial Hospital
Dale Medical Center
Elba General Hospital
Evergreen Hospital
Florala Memorial Hospital
Flowers Hospital
Georgiana Hospital
Grove Hill Memorial Hospital
J Paul Jones Hospital
Jackson Medical Center
Lakeview Community Hospital
LV Stabler Hospital
Lyster Army Community Hospital
Medical Center Enterprise
Mizell Memorial Hospital
Mobile Infirmary Medical Center
Monroe County Hospital
Montclair Baptist
North Baldwin Hospital
Providence Hospital
South Baldwin Hospital
Southeast Alabama Medical Center
Springhill Memorial Hospital
Thomas Hospital
Thomasville Infirmary
Troy Regional Medical Center
University of South Alabama
Vaughn Regional Medical Center
Washington County Infirmary
Wiregrass Medical Center

FORDS Errata 2005

The COC has posted an errata for FORDS: The changes will be effective cases diagnosed on or after January 1, 2006. The most notable changes for the Errata include:

Primary Payer at Diagnosis
The allowable values, codes and definitions have been revised for consistency with Centers for Medicare and Medicaid

Comorbidites and complications #7, #8, #9 and #10
The four data items have been added to expand information collected about secondary diagnoses present at diagnosis.

Systemic/ Surgery Sequence
This data item has been added to more precisely evaluate the timing of delivery of treatment to a patient. It document the sequence of systemic therapy and surgical procedures given as part of the first course of treatment.

Types of First Recurrence
The instructions for coding have been expanded to clarify that follow-up of cases for recurrence should continue until he first recurrence is recorded following a disease-free period, even if that is long after the first course of treatment is complete.

COMPLETENESS SCHEDULE

Current Date	Level of Completeness	Case Submission—Timeliness
December	50%	June 2005
January 2006	**58%**	**July 2005**
February	66%	Aug 2005
March	75%	Sept 2005
April	83%	Oct 2005
May	91%	Nov 2005
June	100%	Dec 2005

EDIT REVIEW

The following edits were identified during the past months:

Comorbidities and Complications

Remember that these are secondary diagnoses.

- **Do not** record any neoplasm(ICD-9-CM codes 140-239.9) listed as secondary diagnoses for this data item.
- If no secondary diagnoses were documented, then **code 00000** in the field and leave the remaining "Comorbidities and Complications "data items **blank.**
- Make sure that you are using a valid ICD-9 code.
- These codes must be five digits in length and zeros must be added to the end of the code. Example:428.0 recorded as 42800

Reason, No Surgery

- This field is used to record reason why no surgery was performed on the primary site.
- Some registrars are recording that "no surgery was performed"; when in fact it was at another facility.
- When coding this field , consideration must be given for those procedures that were performed at other facilities and recorded in the abstract.

Unknown Race

- Please exhaust every effort to determine the race code for patients to refrain from using 99's in these fields. Do however, remember that if the first race code field is coded as unknown, all subsequent race fields must be coded as unknown also.
- If race codes have been an issue for your facility, enlist the aid of your department head or administrator to address and rectify this situation

Recording Text Information

- Please remember to include dates when recording text information. Dates of service should be included with path reports, operative information, biopsy text and any other information recorded. This aids the central registry staff in the consolidation process.

Address At Diagnosis

- Please be careful to include the correct state in the address field. Zip codes in Alabama range from 35004 - 36925. Therefore, you would know if the first two digits of the zip code are 37...there is a more than good possibility that your patient is a residence of another state or the number has been transposed.

NEW DELINQUENT LETTER GUIDELINES

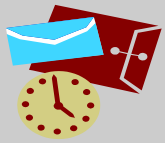
Case delinquent guidelines were recently revised to address the ASCR's new focus on case completeness. Written letters will be utilized to inform facilities of compliance status. Diane Hadley will direct these efforts for the Central Registry.

All cases of cancer treated and or diagnosed in Alabama must be reported to the ASCR on a monthly basis. Cases should be sent within six months or (180) days of diagnosis. We monitor closely the timeliness your data submissions.

Letters will be sent in accordance to the following guidelines:

- **1 month late**– to Cancer Registry
- **3 months late**–to Department Director
- **4 months late**– to Hospital Administrator
- **5 months late**–letter will be sent from State Health Officer, Dr. Donald Williamson to administration.

FIRST COURSE TREATMENT



SEER and COC have historically defined first course treatment differently. The differences affect representation of the date first course treatment begins and the instructions for determining what constitutes first course treatment. The NAACCR record layout contains a data item, First Course Calc Method [1500], to record which organization's definition was used.

The NAACCR record layout provides two data items that indicate the date of the start of the first course treatment. Date of 1st CRS RX—COC [1270] as defined COC, and Date of Initial RX—SEER [1260] as defined by SEER. **The difference between these two definitions is that COC defines the date the physician decides not to treat the patient as the date of initial treatment, while SEER considers such a decision to be no treatment and the date is recorded as zeros.**

What does this means for Alabama Registries?

For cases diagnosed 2003 and forward the ASCR will require the collection of first course of treatment data items when available and will require the same codes as COC FORDS.

- For some registries this will represent a change and for others it will not. Contact your vendor to ensure that First Course Treatment; data item [1270] is auto coded for this field if applicable. If this information is being manually entered, please take care to key the appropriate code.
- Remember that First Course Calc Method [1500], has to be revised to indicate the method used in the First Course treatment field.
- Code 00000000 should be used if the case was diagnosed at autopsy.
- 99999999 should be used when it is unknown whether treatment was administered to the patient, the date is unknown or the case was identified by death certificate

ACRA'S 2006 OFFICERS

PresidentBarbara- Roberts

President Elect- Donna Burkett

Vice President- Patricia Moriarty

Secretary-Cynthia Dixon

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Historian –DeLavallade Lee

Past President- Stella Seagle

RECORDING TUMOR MARKERS FOR TESTES PRIMARY

In Collaborative Staging System Site Specific Factors

April Fritz created a Collaborative Staging Training Guide to address tumor markers of various primary sites. To view the complete Training Guide log on at: http://www.cancerstaging.org/cstage/tumormarkers.pdf

Listed below are excerpts from the Guide addressing Tumor Markers for Testicular Cancer.

IMPORTANT NOTES

- This information is intended as a guide to help the registry locate the test in the medical record and to identify which lab test/tumor marker results should be coded the Collaborative Staging site-specific factors.
- The supplemental normal reference range and notes are included as **background information only and should not be used by the registrar to assign a code of normal or elevated.** The results of many tumor markers and laboratory test vary according to the laboratory conducting the test. When ever possible code the clinician's/pathologist's interpretation of the lab test, if the reference range for the lab is listed on the test report, the registrar can use that information to assign the appropriate code.
- In the "Record" section, only the codes pertaining to coding the test are listed. Refer to the Collaborative Staging Manual for additional code choices (,000.080,999) when the test results are not in the medical record.

AFP (SSF1) - Alpha Fetoprotein

Record the range of the highest value **after orchiectomy** and prior to treatment, based on the reference range used by the lab.

020 Within normal limits
040 Range 1: less than 1,000ng/ml
050 Range 2: 1,000—10,000 ng/ml
060 Range 3: >10,000 ng/ml

It should be noted the lab values are recorded in different formats. Sometimes a conversion of values is necessary. (Consult complete Tumor Marker Guide for details)

HGC (SSF2) - Human Chorionic Gonadotropin

Record the range of the highest value **after orchiectomy** and prior to treatment based on the reference range used by the labs.

020 Within normal limits
040 Range 1: less than 5,000 mIU/ml
050 Range 2: 5,000—50,000 mIU/ml
060 Range 3 > 50,000 mIU/ml

Notes: Used with HCG to identify specific cell type of testicular cancer. Secreted by some nonseminomatous germ cell tumors and mixed tumors. Undectable by 5 to 8 days after orchiectomy.

LDH (SSF3) - Lactate Dehydrogenase

Record the clinician's interpretation of the highest **value prior to treatment based on the reference range used by the lab.**

020 Within normal limits
040 Range 1: less than 1.5 times the upper limit of normal for that lab.
050 Range 2: 1.5 to 10 times the upper limit of normal for that lab.
060 Range 3: more than 10 times the upper limit of normal for that lab.

Please note that normal reference range varies widely by laboratory, patient age, and the units of measurement.

Notes: Not a screening test. Not diagnostic of testicular cancer. Elevated LDH is an indicator of possible tumor burden, such as metastatic involvement of liver or lung, and is elevated in 60% of patients with nonseminomatous germ cell tumors.

For testis, multiply the **lab's upper limit of normal times 1.5** If the test result is with normal limits, code as 002. If the test result is elevated, determine whether it is **less than 1.5 times** the upper of normal (Code 004), **between 1.5 and 10 times** the upper limit of normal (code005) or **more that 10 times** the upper limit of normal (code 006)

Remember that normal reference range varies.
Some SSF were updated 4/25/2005

ABOUT TESTICULAR TUMORS

A testicular tumor is considered as a germ cell tumor. This is a type of tumor that begins in the cells that give rise to sperm or eggs. Germ cell tumors can occur almost anywhere in the body and can be either benign or malignant.

There are two types of cancer of the testicles. **Seminomas** may spread to the lung, bone, liver, or brain. Nonseminoma this group of testicular cancers begin in the germ cells. **Nonseminomas** are identified by the type of cell in which they begin and include embryonal carcinoma, teratoma, choriocarcinoma, and yolk sac carcinoma
These two types grow and spread differently and are treated differently. Nonseminomas tend to grow and spread more quickly than seminomas. Seminomas are more sensitive to radiation. A testicular tumor that contains both seminoma and nonseminoma cells is treated as a nonseminoma

Testicular cancer is most common in men 20 to 35 years of age.

CODING PRACTICE

Physical Examination

This is a 40 year old male with 2-3 month history of increasing R scrotal size, pain during urination x 2 weeks. No hematuria. PE: Firm, tender enlarged R scrotum. Palpable abdominal node.

Diagnostics

Ultrasound revealed a 5.9 R testicular heterogenous mass, likely neoplastic. CT Abd/Plevis: enlarged hypodense paraortic nodes to level of renal vessels. Chest x-Ray negative. CT thorax/abd/pelvis: right periaortic lymphadenopathy.

Labs

Alpha-Fetoprotein 1.7ng/ml (normal) LDH total 344 U/L (range 150-250) From clinic notes HCG normal <2.0.

Operative Findings

Radical inguinal orchiectomy of undescended testicle – large mass in R inguinal canal, hydrocele removed, then right testis removed. No obvious mass, testicle infarcted.

Pathology

R testis 8cm embryonal carcinoma, tumor, polyembroynal type extending through tunica albuginea, multiple foci throughout testis and extends adjacent to but does not invade epididymis. Sections of spermatic cord positive.
Para-aortic lymph node dissection: 8/60 lymph nodes positive. Largest metastasis 6 cm LN replaced by embryonal carcinoma, extending into peri-nodal adipose tissue with extensive necrosis.

Treatment

Right inguinal exploration, Right radical orchiectomy, Right hernia repair

Para-aortic lymph node dissection

Chemotheraphy started; BEP (Cisplatin, etopside, bleomycin).

Code The Case

Site Code _____

Histology Code _____/____

SSS2K _____

Surgery Code _____

TNM

Path T____N____M____ S__Stage Group ____

Clin T___ N____M____ S__Stage Group ____

Collaborative Stage

CS Tumor Size _____

CS Extension _____

CS TS/Ext-Eval _____

CS Lymph Nodes _____

CS Reg Nodes Eval _____

Reg LN Pos _____

Reg LN Exam _____

CS Mets at DX _____

CS Mets Eval _____

SSF 1 _____

SSF 2 _____

SSF 3 _____

SSF 4 _____

SSF 5 _____

SSF 6 _____

Click the link to check answers http:\\www.adph.org/cancer_registry/CodingPracticeAnswers2.pdf

REGISTRA NEWS

Announcements

- Congratulations to new CTR **Tracey Flannagan** of UAB Medical Center
- Welcome **Pat Caldwell,** Cancer Registry Coordinator, Gadsden Regional
- Carol Kennemur of Medical Center East was awarded the ASCR 2005 Educational Scholarship

Employment Opportunities

- Providence Hospital in Mobile has an opening for a Cancer Registrar

2006 CTR EXAM

Application Deadline:
January 31, 2006

Testing Begins
March 4, 2006

Testing Ends:
March 18, 2006

Exam Application Fees:
NCRA Members: $225.00
All other Candidates: $325. 00

Please Note:
The 2006 exams are finalized the year before the exams are offered. Therefore errata published in 2006 will not be tested exam content. Only errata published prior to 2006 will be tested.

ASCR
Alabama Statewide Cancer Registry

ASCR
CTR Exam Prep Workshop

February 16 & 17, 2006

American Cancer Society
Montgomery, Alabama

Topics Include:
2004 Cancer Program Standards
2004 FORDS 2004
ICD-0-3
Collaborative Staging
AJCC Cancer Staging, 6th Edition
Case Ascertainment, abstracting, and follow up
Anatomy, physiology & Histology

Statistics and epidemiology
Computer principles

Alabama Department of Public Health

Alabama Statewide Cancer Registry
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Capturing Cancer Data in Alabama

Find us on the web

Http://www.adph.org/cancer_registry

ASCR News is published quarterly for those involved in cancer data collection in Alabama. Contact us to submit articles for publication

Regina T. Dillard, RHIT, CTR
Editor:

Vicki Nelson, RHIT CTR ,
Editorial Review

CONVERTING CENTIMETERS TO MILLIMETERS

When converting from centimeters to millimeters, it important to remember the ratio between the two.

Every centimeter contains 10 millimeters.

Example: Convert 15 centimeters to millimeters. Since every centimeter contains 10 millimeters, you multiply the number of centimeters by 10.

Answer: 15 x 10 = 150 millimeters

NPCR WORKGROUP RECOGNIZED

At the 2005 CDC and ATSDR Honor Award Ceremony, the CSS-Data Qualily Indicator workgroup (Lyn Almon, Cheryll Cardinez, Gayle G. Clutter, Ryan Intlekofer, Jessica King, Karen Ledford, **Alabama's Project Manager, Mary Lewis,** Frances Michaud, Janie Nichols, Joe Rogers and Hannah K. Weir) were nominated by the National Center for Chronic Disease Prevention and Health Promotion for the Excellence in Systems for Program Operations Award.

The nomination recognized the group's effort in providing expert technical assistance in the area of data quality control and improvement to state and territorial cancer registries participating in the National Program of Cancer Registries (NPCR). This effort has resulted in the sustained growth in the number of central registries providing timely, complete and high quality data for inclusion in the United States Cancer Statistics report.