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As we near the end of 2019, we extend a heartfelt thank you to everyone for all you do. The 2016 ASCR data submission was awarded the gold certificate in NAACCR Call for Data. The ASCR was recognized as a CDC National Program of Cancer Registries (NPCR) Registry of Distinction. The ASCR met all three NPCR standards – National Data Quality and Completeness Standard (previously 24 month standard), Advanced National Data Quality and Completeness Standard (previously 12 month standard), and USCS publication standard. Meeting these standards allows ASCR's data to be included in this year's *United States Cancer Statistics* report and other analytic data sets.

Although data changes for 2018 have definitely been a challenge, reporting facilities have begun to abstract and submit 2018 and 2019 diagnosed cases to the ASCR. Thanks to all the reporting facilities for your patience and timely submissions and to the ASCR staff for your hard work in processing all cases.

The ASCR's new required fields for cases diagnosed 2018 and forward are as follows:

- **Grade - Clinical Grade, Pathological Grade and Post Therapy Grade**
- **Directly Coded Summary Stage 2018**
- **Site Specific Data Items**

The ASCR is committed to keeping you informed and working with you to lessen the burden by posting updates as soon as they are available. Please let me know if I can assist you in any way.



Aretha Bracy
Director

In loving memory of Ms. Barbara Yarber and Mr. Curtis Brown, dedicated members of the cancer registry family.

2018 ICD-O-3 Update

Cases diagnosed 01/01/2018 and forward:

For cases diagnosed 1/1/2018 and forward, please check the 2018 ICD-O-3 Update Table to determine if the histology is listed. If the histology is not included in the update, then review ICD-O-3 and/or Hematopoietic and Lymphoid Database and/or Solid Tumor Rules (MP/H).

Beginning with cases diagnosed 1/1/2018 forward, bronchioloalveolar carcinoma (BAC) is no longer the preferred term.

<https://www.naaccr.org/2018-implementation/#Histology>

Papillary Carcinoma of Thyroid

8260/3: Papillary Carcinoma of Thyroid

8050/3: Papillary Carcinoma, NOS

Please see page 75 of the ICD-O-3 manual and Rule H14 of the Other Sites in the MPH Manual

Grade

Beginning with cases diagnosed in 2018, grade information will be collected in three fields:

1. Clinical Grade,
2. Pathological Grade, and
3. Post- Therapy Grade.

Within the Grade Manual you will find definitions for the three new grade data items, coding instructions, and the site/histology specific grade tables.

<https://www.naaccr.org/SSDI/Grade-Manual.pdf>

Site Specific Data Items (SSDI) cases diagnosed 2018 and forward

Site Specific Data Items (SSDI) are similar to the Site Specific Factors (SSF) collected with Collaborative Stage. These data items are specific to certain site/histology combinations. For example, the SSDI's for breast will be used to collect information such as estrogen receptor status, progesterone receptor status, Her2 status, Nottingham grade, and additional information related to primary tumors of the breast. The information collected in these data items are specific to breast.

<https://apps.naaccr.org/ssdi/list/>

2018 Solid Tumor Coding Rules Cases Diagnosed 2018 and forward

For complete information, and to download the Solid Tumor Coding Rules, follow this link:

<https://seer.cancer.gov/tools/solidtumor/>

Use the 2018 Solid Tumor Coding Rules to determine the number of primaries to abstract and the histology to code for cases diagnosed 1/1/2018 and forward. The Solid Tumor Coding Rules and the 2018 General Instructions replace the 2007 Multiple Primary & Histology (MP/H) Rules for the following sites **ONLY**:

All sections were updated on July 17, 2019.

- Complete 2018 Solid Tumor Manual (PDF, 5.6 MB)
- General Instructions (PDF, 674 KB)
- Head & Neck (PDF, 1.1 MB)
- Colon (PDF, 972 KB)
- Lung (PDF, 958 KB)
- Breast (PDF, 1.3 MB)
- Kidney (PDF, 894 KB)
- Urinary Sites (PDF, 1.8 MB)
- Malignant CNS and Peripheral Nerves (PDF, 1.1 MB)
- Non-Malignant CNS Tumors (PDF, 1.2 MB)



Use the 2007 General Instructions, **Other Sites** and **Cutaneous Melanoma** for cases diagnosed 2007-2020.

- 2007 General Instructions (PDF, 516 KB)
- 2007 Other Sites (PDF, 644 KB)
- 2007 Cutaneous Melanoma (PDF, 666 KB)

Anticipated release date of Cutaneous Melanoma and Other Sites Rules has changed to 2021. Use the MPH 2007 General Instructions for melanoma and other sites cases diagnosed 1/1/2007-12/31/2020.

The National Cancer Registrars Association conference was held in Denver, Colorado. Alabama Basket Winner: Melissa Meyer from Oklahoma! Thanks to the Alabama Cancer Registrars Association for providing a wonderful basket.



QA CORNER

Meningioma site code:

Performing my quality assurance checks for mis-codes, I am seeing cases where the site code is coded to brain site codes. Meningioma's are almost always coded to "meninges" C70.9, C70.0, & C70.1. There are some rare cases when a meningioma will occur in the skull bones.

Mark Jackson
QA coordinator

Very Important Information

2018 and forward diagnosed cases

New - STORE Manual **Standards for Oncology Registry Entry** (formerly FORDS):

https://www.facs.org/-/media/files/quality-programs/cancer/ncdb/store_manual_2018.ashx?la=en

SEER Hematopoietic and Lymphoid Neoplasm Manual and Database

<https://seer.cancer.gov/seertools/hemelymph/>

2018 Updates - Hematopoietic and Lymphoid Neoplasms

Grade no longer applicable for cases diagnosed 2018 and forward

- ⇒ Grade fields coded to 8. (Exception: for follicular lymphomas (9690, 9691, 99695, 9698) with ocular primary sites (C441, C690, C695-C696), grade is still applicable.)
- ⇒ Grade is still applicable for cases diagnosed 2010-2017.

2018 cases diagnosed 1/1/2018 and forward

- ⇒ Clinical Grade 8
- ⇒ Pathological Grade 8
- ⇒ Post Therapy Grade Blank

Hematopoietic and Lymphoid Database:

Make sure correct diagnosis year is chosen.

[Diagnosis Year Box and Grade Field for 2018](#)

Help me code for diagnosis year :

2018

[Coding Manual: Hematopoietic Coding Manual \(PDF\)](#)

Grade

Not Applicable

[Diagnosis Year Box and Grade Field for 2017](#)

Help me code for diagnosis year :

2017

[Coding Manual: Hematopoietic Coding Manual \(PDF\)](#)

Grade

6 - B-cell

Hematopoietic and Lymphoid Neoplasms

2018 cases diagnosed 1/1/2018 and forward:

Waldenstrom Macroglobulinemia (9761/3) now has primary site of C421 (bone marrow).

Diagnostic Confirmation Coding Instructions for Hematopoietic and Lymphoid Neoplasms (9590/3-9992/3).

Note 1: Other than microscopic confirmation (1-4) taking priority over clinical diagnosis only (5-8), there is no priority order or hierarchy for coding the Diagnostic Confirmation for hematopoietic or lymphoid neoplasms. Most commonly, the bone marrow provides several provisional diagnoses and the specific histologic type is determined through immunophenotyping or genetic testing.

Note 2: Use code 1 when ONLY the tissue, bone marrow, or blood was used to diagnose the specific histology. Do not use code 1 if the provisional diagnosis was based on tissue, bone marrow, or blood and the immunophenotyping or genetic testing on that same tissue, bone marrow, or blood identified the specific disease (see Code 3).

Note 3: If a neoplasm is originally confirmed by histology (code 1), and later has immunophenotyping, genetic testing, or JAK2, which confirms a more specific neoplasm and there is no evidence of transformation, change the histology code to the more specific neoplasm and change the diagnostic confirmation to code 3.

⇒ Do **not** use diagnostic confirmation code 3 for cases diagnosed prior to 1/1/2010.

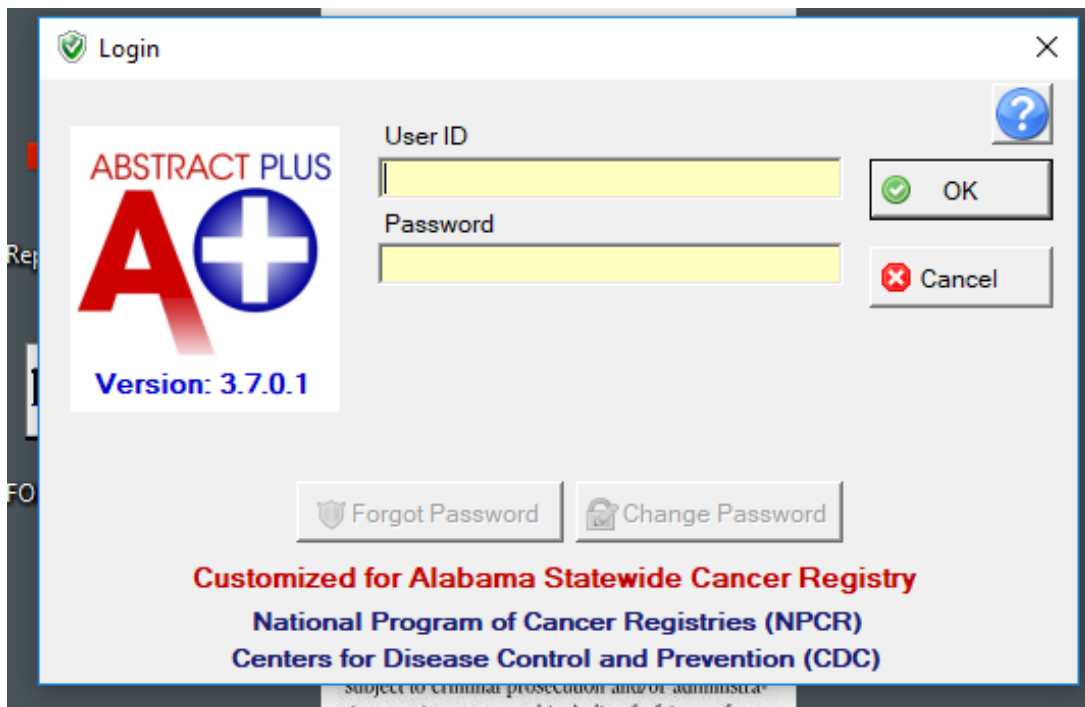
NAACCR Webinar: Collecting Cancer Data: Hematopoietic and Lymphoid Neoplasms

Q: It may be helpful to remember, the **Hematopoietic and Lymphoid Neoplasms manual has its own set of reportability instructions**. Although "possible" it is not a diagnostic ambiguous terminology, case Reportability Rule #5 - report case when patient is treated for reportable neoplasm.

A: Yes, always review the allowable ambiguous terminology. Even if a physician reports something with non-allowed ambiguous terminology for the registry, if they are treating the patient as though they have the disease, you would report it.

Please make sure your facility has upgraded to the most recent version of Abstract Plus prior to abstracting 2018 and forward diagnosed cases.

Abstract Plus version 3.7 includes **V18c NAACCR edits**.



Download and install Abstract Plus V3.7 using the link below:

<https://ftp.cdc.gov/pub/NPCR-AP-UPDATES/AbstractPlus/customizations/V180/Index.html>

When you open the link, you will see the following to download instructions and manuals:

Please read instructions, manuals from the link below **(Applicable for any Sate/Region)**

[Instructions/Manuals](#)

[Instructions:](#)

Instruction for installing Abstract Plus

[Click here for Abstract Plus Setup Instruction](#)

Instruction for upgrading existing Abstract Plus from Version 3.6 to Version 3.7 with NAACCR 18.0

[Click here for Abstract Plus Updater Tool Instruction](#)

Instruction for applying patch to Abstract Plus 3.7

[Click here for Abstract Plus Patch Tool Instruction](#)

[Training Manuals:](#)

Administrators' Training Manual

[Click here for Administrators Training Manual](#)

Abstractors' Training Manual

[Click here for Abstractors Training Manual](#)

[Frequently Asked Questions](#)

[Click here for Frequently Asked question](#)

Scroll down the page and locate the State/Region Specific Customization for the Alabama Statewide Cancer Registry.

If you are currently on V3.6 please download the **Updater Tool** to upgrade to V3.7 with NAACCR 18.0.

If you are installing Abstract Plus for the first time, please download **Abstract Plus Setup File**.

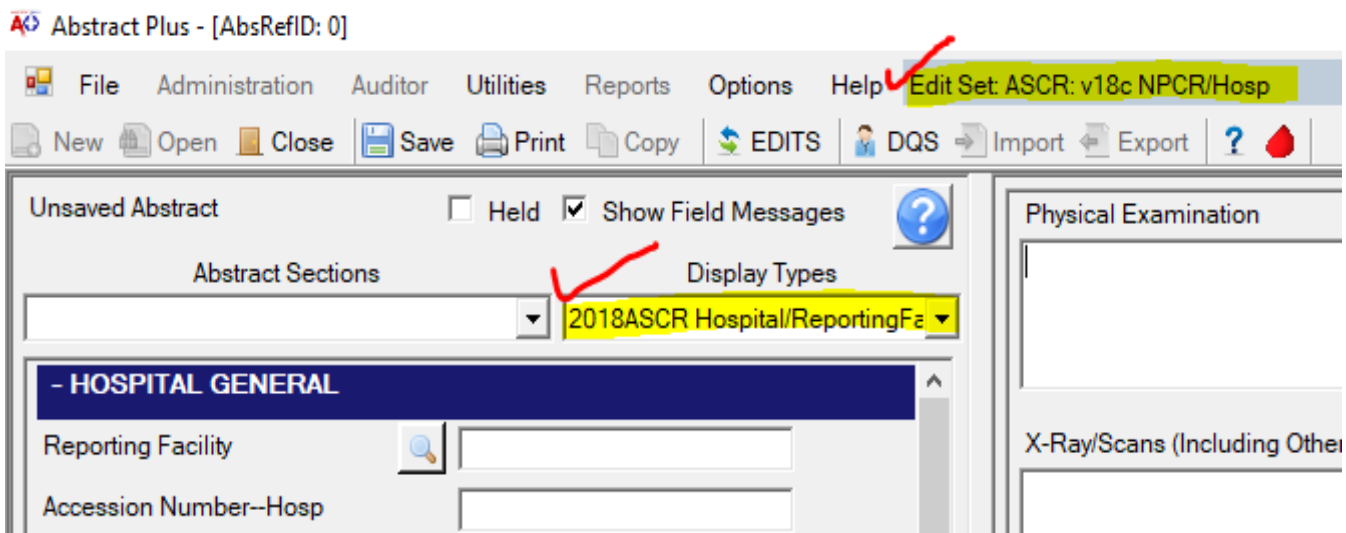
If you have upgraded Abstract Plus to the new version **prior to May 16, 2019**, please download the **Abstract Plus Patch**.

State/Region Specific Customization - Download your State/Region specific customization from below.	
State/Region	Download Link
Alabama Statewide Cancer Registry	Installing Abstract Plus Version 3.7 with NAACCR 18.0 from scratch Click here to download Abstract Plus Setup File
	Upgrading existing Abstract Plus from version 3.6 to 3.7 with NAACCR 18.0 Click here to download Abstract Plus Updater Tool
	If you have upgraded or clean installed before 5/16/2019, please apply patch below
	Patch for Abstract Plus 3.7 with NAACCR 18.0 Click here to download Abstract Plus Patch
	Click here for Abstract Plus Patch Tool Instruction Click here to see what is included in this patch Please read Instructions/Manuals

After upgrading Abstract Plus to Version 3.7, please make sure you are using the correct Edit Set:

“ASCR:v18cNPCR/Hosp;” and display type, “2018 ASCR Hospital/Reporting Facility.”

Example:



DISPLAY TYPES

If you need to abstract 2017 and prior diagnosed cases, please use the other two displays which are **ASCR-All Fields** and **2017-2016 ASCR hospital/Rep Facility**.

Abstract Plus - [AbsRefID: 0]

The screenshot shows the 'Abstract Plus' application window. The menu bar includes 'File', 'Administration', 'Auditor', 'Utilities', 'Reports', 'Options', and 'Help'. The toolbar contains icons for 'New', 'Open', 'Close', 'Save', 'Print', 'Copy', 'EDITS', 'DQS', and 'Import'. Below the toolbar, there are checkboxes for 'Held' (unchecked) and 'Show Field Messages' (checked). The 'Abstract Sections' dropdown is empty, and the 'Display Types' dropdown is set to 'ASCR-All Fields'. A blue bar at the bottom indicates '- HOSPITAL GENERAL'.

The screenshot shows the 'Abstract Plus' application window with the 'Administration' menu highlighted. The toolbar and checkboxes are the same as in the previous screenshot. The 'Display Types' dropdown is now set to '2017-2016 ASCR Hosp/Rep Facility'. The blue bar at the bottom still indicates '- HOSPITAL GENERAL'.

HOSPITAL CODE for Reporting Facility

Please make sure you are using the correct hospital code. You can find your hospital code by using the search icon (magnifying glass).

Abstract Plus - [AbsRefID: 0]

The screenshot shows the 'Abstract Plus' application window with the 'Administration' menu highlighted. The toolbar includes an 'Export' icon. The 'Display Types' dropdown is set to '2018 ASCR Hospital/Reporting Facility'. In the 'Reporting Facility' field, there is a magnifying glass icon and a red checkmark. Below it are fields for 'Accession Number--Hosp' and 'Sequence Number--Hosp...'. The right-hand pane shows 'Physical Examination' and 'X-Ray/Scans (Including Other Imaging Examination)'.

Then you can start typing the name of your facility in the search box; it will bring up the code and facility name.

CODE	DESCRIPTION
0000000000	None
0000999994	Non-Hosp. NOS
0000999996	Physician Only
0006530010	Shelby Baptist Medical Center
0006530030	Russell Medical Center

If you need assistance, please contact Farzana Salimi at 334-206-5557 or Farzana.salimi@adph.state.al.us. You may also contact Katelynn Thompson at 334-206-5430 or Katelynn.thompson@adph.state.al.us. We'll be happy to assist you in getting version 3.7 ready.

Non-Malignant CNS

These changes are effective with cases diagnosed 01/01/2018 and later.

Previously, benign intraosseous and sphenoid wing meningiomas were not reportable. This has changed with the new solid tumor rules for non-malignant CNS. Now the clarifications on page 3 states "The following meningiomas are reportable: intraosseous, cavernous sinus, and sphenoid wing."

I want to thank all small hospitals for their hard work and timely responses.

Reminders:

- Text is required for tumor data, procedures and treatment, including dates
- Please format dates in text field as mm/dd/yyyy. Example: 06/15/2018
- Please note in text, the age, sex, and race of patient, and if they had a history of cancer or other diagnosis.
- Please fill out all text fields with detailed information from the pathology or cytology report.

If you have any questions or concerns, please contact Kandice Abernathy via telephone 334-206-2088 or via email Kandice.Abernathy@adph.state.al.us .

Kandice Abernathy
Small Hospital Coordinator

As Follow-Back Coordinator, I want to thank all of my facilities for your hard work and timely response when reporting cancer cases.

Just a reminder, the 2017 Death Clearance form was due August 26, 2019. If you have not done so, please complete the form as soon as possible. The form can be mailed, faxed, 334-206-3724 or emailed to Cassandra.Glaze@adph.state.al.us.

Important fields that need to be completed on the forms are:

- Fields that have the (*) are required, such as the **date of diagnosis, primary site, and histology**.
- If the patient was referred to your facility from another facility, please include the information under the demographic section on the form.
- If there is no more information on the patient, please write that on the form. **PLEASE DO NOT RETURN THE FORM BLANK.**
- If you will abstract the case, please circle "YES" on the form. If you will not abstract the case, please select "NO" and then explain why.

Cassandra Glaze
Follow-Back Coordinator

Ask a SEER Registrar

<https://seer.cancer.gov/registrars/contact.html>

Question:

The patient had a bx of a right abdominal mass. The path came back as Spiradenocylindrocarcinoma, fragmented. What is the histology code for this? Would you code the site as abdomen, NOS?

Answer:

Spiradenocylindrocarcinoma is a very rare malignant cutaneous neoplasm of the folliculosebaceous-apocrine unit, with features of both cylindrocarcinoma and low-grade spiradenocarcinoma. The best available histology code is 8403/3, malignant eccrine spiroadenoma, which usually codes to skin (C44._).

If possible, investigate further to determine if there is any documentation of skin lesion or skin involvement.



NAACCR Webinar: Solid Tumor Rules

Do **NOT** use the Solid Tumor Rules to determine:

- Case Reportability
- Stage
- Grade

Changes from 2007 MPH Rules Lung

Bronchioloalveolar Carcinoma (BAC)

For cases diagnosed on or after 1/1/2018, the preferred term is Mucinous Adenocarcinoma 8253).

Code the most specific histology from biopsy or resection.

When there is a discrepancy between the biopsy and resection (two distinctly different histologies/different rows), code the histology from the most representative specimen.

Important Note

- Code the histology diagnosed prior to neoadjuvant treatment.

New terms and codes for lung only

- Adenocarcinomas (CAP Terminology)
- Adenocarcinoma, acinar predominant 8551
- Adenocarcinoma, lepidic predominant 8250
- Adenocarcinoma, micropapillary predominant 8265
- Adenocarcinoma, papillary predominant 8260
- Adenocarcinoma, solid predominant 8230

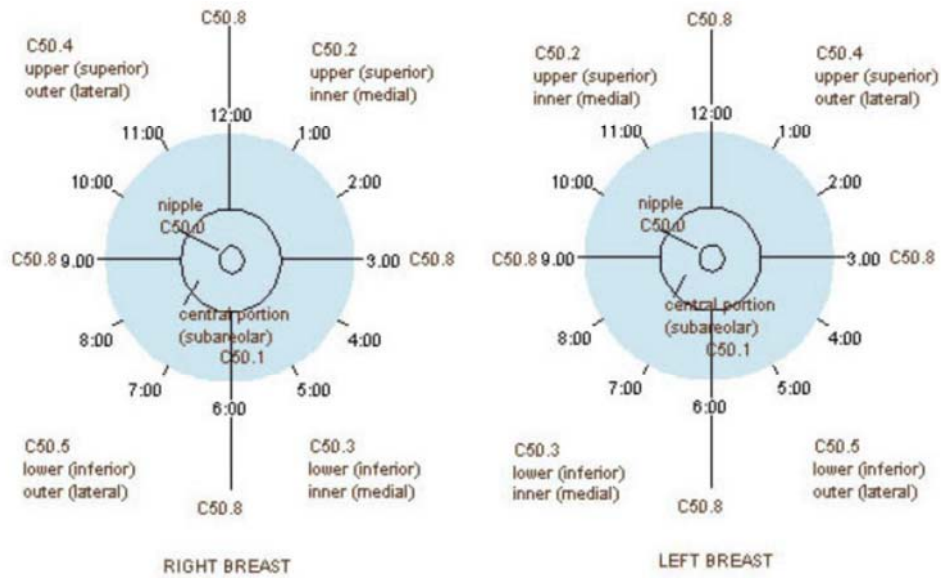
Histology Rules: Lung

H7 Code the histology that comprises the greatest percentage of tumor when two or more of the following histologies are present:

- Acinar adenocarcinoma / adenocarcinoma, acinar predominant 8551
- Lepidic adenocarcinoma / adenocarcinoma, lepidic predominant 8250
- Micropapillary adenocarcinoma / adenocarcinoma, micropapillary predominant 8265
- Papillary adenocarcinoma / adenocarcinoma, papillary predominant 8260
- Solid adenocarcinoma / adenocarcinoma, solid predominant 8230

Solid Tumor Rules – Breast

"Clock" Positions, Quadrants and ICD-O Codes of the Breast



Tables

TABLE 1: PRIMARY SITE CODES

TABLE 2: HISTOLOGY COMBINATION CODES

TABLE 3: SPECIFIC HISTOLOGIES, NOS/ NST, AND SUBTYPES/VARIANTS

Just for Fun

CANCER, the CRAB

Find the words in the grid. Words can go across, up, down and in three diagonals.

R K M L T N U N D E R S T A N D I N G
 Z D S L I N S T I N C T U A L T X N L
 D W E Y K Y Y K D E W R H N E N E J U
 N O J P M R Y W C M M B K N K E V Y F
 R K M Z E P R T V P R M D B D H H F L
 W F F E X N A K M A F E T Y L G F M U
 Q C W D S H D T T T R N T F D R V C O
 Y I N H K T M E H H M F K N J Y N T S
 K T M K L T I R N E S E N S I T I V E
 H N N P B F N C P T T C D L W R P I K
 R A R Z K R L G R I W I Z Z B V L V I
 Y M B V B R N L O C L M C Z R L A C L
 H O M F J I U B T L T T T V O Y N L D
 S R T Y L F Y X E L L C C G T L O I L
 G N F F R D P Q C B N Y I H A C I N I
 L F I A O X K B T N F C K B D M T G H
 M T E O K N M G I M A C I L P R O Y C
 S F M G C R N B V L B R T N J P M N F
 D K V R Q L M H E Y T T N R V L E R G

- | | | |
|------------|-------------|---------------|
| CHILDLIKE | ILLOGICAL | SHY |
| CLINGY | INSTINCTUAL | SOULFUL |
| DEPENDENT | MOODY | STIFLING |
| DOMESTIC | NEEDY | SYMPATHETIC |
| EMOTIONAL | PROTECTIVE | TENDER |
| EMPATHETIC | ROMANTIC | TRIBAL |
| FEARFUL | SENSITIVE | UNDERSTANDING |

SOLUTION

R K M L T N U N D E R S T A N D I N G
 Z D S L I N S T I N C T U A L T X N L
 D W E Y K Y Y K D E W R H N E N E J U
 N O J P M R Y W C M M B K N K E V Y F
 R K M Z E P R T V P R M D B D H H F L
 W F F E X N A K M A F E T Y L G F M U
 Q C W D S H D T T T R N T F D R V C O
 Y I N H K T M E H H M F K N J Y N T S
 K T M K L T I R N E S E N S I T I V E
 H N N P B F N C P T T C D L W R P I K
 R A R Z K R L G R I W I Z Z B V L V I
 Y M B V B R N L O C L M C Z R L A C L
 H O M F J I U B T L T T T V O Y N L D
 S R T Y L F Y X E L L C C G T L O I L
 G N F F R D P Q C B N Y I H A C I N I
 L F I A O X K B T N F C K B D M T G H
 M T E O K N M G I M A C I L P R O Y C
 S F M G C R N B V L B R T N J P M N F
 D K V R Q L M H E Y T T N R V L E R G