

Alabama Statewide Cancer Registry

Director's *Message*

Embracing 2024, we look back over the successes of 2023. ASCR achieved Gold certification for the 2020 cancer data year. Our staff attended NCRA, NAACCR, and ACRA educational conferences. For the past several months, we have worked tirelessly to get Alabama cancer data submitted to CDC and NAACCR. The ASCR Team is most appreciative for the cancer data reporting sources including hospitals, physicians, surgery centers, pathology laboratories, and partner states where Alabama residents are diagnosed or treated for cancer. **We anticipate Gold certification for the 2021 cancer data year.**

Early 2024, ASCR staff will complete the 12-month data submission. The CDC sponsored Data Quality Evaluation (DQE) Audit is well underway and conducted by Westat, Inc. The ASCR staff works closely with Westat, Inc. and provides requested data throughout the audit. The purpose of the DQE audit is to assess and recommend activities that could be implemented to improve and enhance the quality of ASCR data. Audit results provide educational opportunities through our newsletter, Webex trainings, and conference presentations.

Thank you for your efforts to support our mission to reduce the burden of cancer in Alabama.

~Aretha Bracy

National Program of Cancer Registries *2022 Registry of Distinction*



The Key to Cancer Control

Awarded to

ALABAMA STATEWIDE CANCER REGISTRY

*In recognition of providing complete and timely
National Program of Cancer Registries data in*

2022

Vicki Benard

May 16, 2023

Vicki Benard, PhD
Chief, Cancer Surveillance Branch
Division of Cancer Prevention and Control

Date



Please join us in *welcoming* our newest member to the team, Eunetha Boykin. Eunetha is from a small town in Mississippi. She is a recent graduate of Alabama State University with a Bachelor's Degree in Health Information Management. In her spare time, she likes to cook and spend time with family. Eunetha is honored to be a part of the Cancer Registry team; and excited to learn and grow. Her dynamic and vibrant personality is invaluable to the registry.



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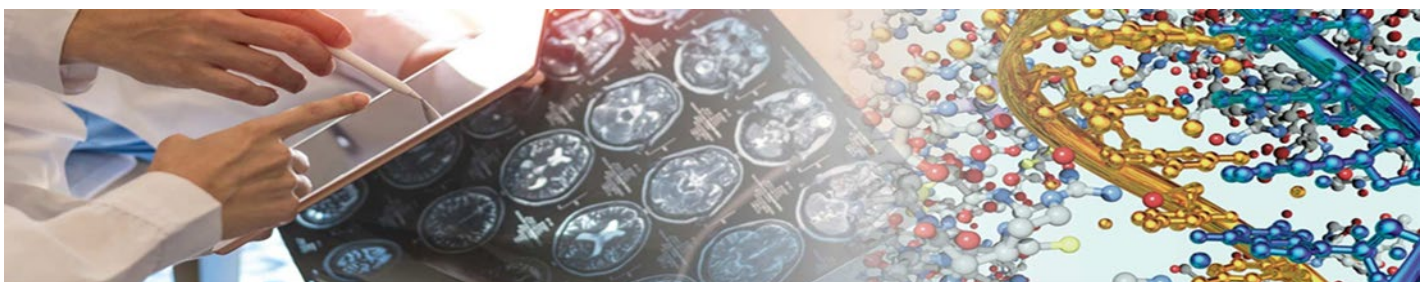
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UPCOMING EVENTS



Registration for the NCRA 50th Annual Educational Conference, taking place April 24-27, 2024, will open in December 2023.

NCRA's Annual Educational Conference will celebrate its golden anniversary in Indianapolis! The Crossroads of America is the perfect destination for attendees traveling from all corners of the United States. Indianapolis is within a day's drive for over half of the country's population. The 2024 conference will feature high-quality educational sessions and fantastic opportunities to connect and network with the cancer registry professional community. Be sure to join us for an incredible program and celebrate 50 years of the NCRA Annual Educational Conference.

For more conference information, please visit: <https://www.ncra-usa.org/Conference/2024-NCRA-Annual-Conference>.



NAACCR
Annual Conference
June 25-27, 2024

Cancer Data Registry of Idaho (CDRI) welcomes NAACCR to the 2024 Annual Conference in Boise! Idaho is known as the Gem State, and the theme for this year is "Discovering Gems Using Cancer Surveillance Data."

For more conference information, please visit: naaccr24boise.org.

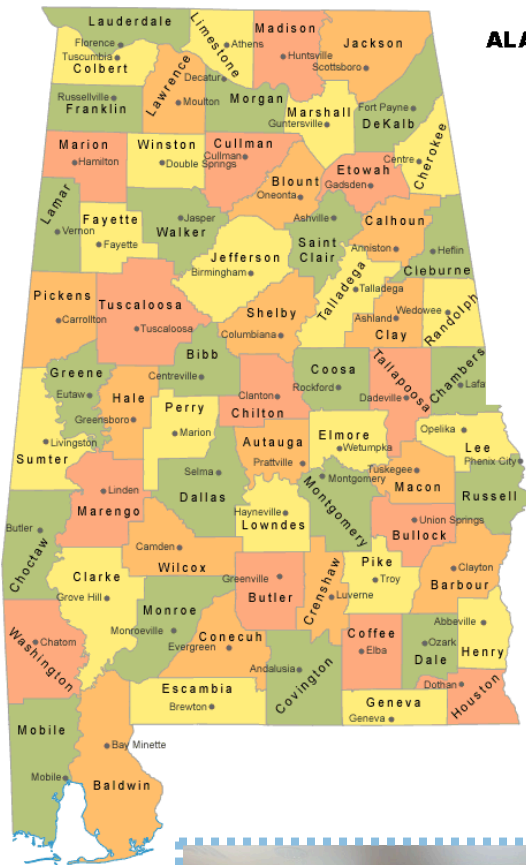
ACRA's 44th ANNUAL EDUCATIONAL CONFERENCE

"Cancer Registrars - Portraits of Success"

The Alabama Cancer Registrars Association (ACRA) was held in Mobile, Alabama, October 5-6, 2023. ACRA is a non-profit professional organization made up of cancer registrars all over the state of Alabama and surrounding states. The focus of ACRA's members is to collect and provide consistent, accurate data for physicians to help ensure proper care through treatment and research. ACRA takes pride in what they do and how data is collected. ACRA has been providing educational meetings for continuing education to its members for 40 years. One of the main goals of ACRA is to educate, mentor and support cancer registrars all over the state.

ACRA is open to all individuals employed, previously employed, or interested in the cancer registry profession. No person, otherwise qualified for membership in this association, will be denied membership in this association because of race, religion, sex, origin, or political affiliation.

For more information, please contact:
Wendy Culp, Membership Chair at wculp52@gmail.com.



**ALABAMA
CANCER
REGISTRAR
ASSOCIATION**



ASCR REPORTING REQUIREMENTS

All healthcare facilities and/or providers diagnosing or providing treatment to cancer patients shall report complete abstracts on each case of confirmed cancer on a monthly basis in the prescribed format and within 180 days of admission or diagnosis. You are provided a 10-day grace period into the following month to complete your data submission.

Example: January cases can be reported by July 1st, February cases reported by August 10th, etc.

Data submission schedules are shown in the chart. Facilities with more than 50 cases a year should follow the schedule.

Casefinding Information - Pathology Reports, Cytology Reports, Disease Index, X-rays/Scans, Radiation Oncology Logs, Medical Oncology Logs and Surgery Schedule as this pertains to your facility.

ASCR 2023-24 DX cases Hospital Reporting Schedule		
Current Month/YR	Cases Due DX Month/YR	Completeness Level
Jan 2024	Jul 2023	58%
Feb 2024	Aug 2023	67%
Mar 2024	Sept 2023	75%
Apr 2024	Oct 2023	83%
May 2024	Nov 2023	92%
June 2024	Dec 2023	100%
July 2024	Jan 2024	8%
Aug 2024	Feb 2024	17%
Sept 2024	Mar 2024	25%
Oct 2024	Apr 2024	33%
Nov 2024	May 2024	42%
Dec 2024	June 2024	50%

FLccSC Education Collaborative for the Cancer Surveillance Community



The Fundamental Learning Collaborative for the Cancer Surveillance Community (FLccSC) is a web-based learning management system developed by the Florida Cancer Data System in collaboration with the South Carolina Central Cancer Registry to address the growing need for providing essential education to registrars statewide.

This website was created to meet the specific needs of Alabama. If you are an Alabama FLccSC member, please click below to watch the educational NAACCR Webinars and other webinars/presentations that are available. Alabama FLccSC now has 475 active members.

https://als.fcslms.med.miami.edu/ords/f?p=105:LOGIN_DESKTOP:13616223498240::::

If you are not a member, you can use the same link to register as a New User and begin the webinars.

The 2022-2023 NAACCR Webinar recordings are available for all Cancer Registrars.

The most recent webinars posted in this series is the recording of the Lung Part 1 and Part 2, Lower GI 2023 Part 1 and Part 2, Radiology and Radiation (R&R), and IT worked for Me: In "FUN" matics in the Cancer Registry.

Please contact Angela Gaston at Angela.Gaston@adph.state.al.us or 334-206-7068 if you have questions about upcoming webinars.



North American Association of Central Cancer Registries

2023-2024 Webinar Series

Lung 2023 Part 1	10/05/2023
Lung 2023 Part 2	11/02/2023
Radiology and Radiation (R&R)	12/07/2023
Liver and Bile Ducts 2024	01/11/2024
Pancreas 2024	02/01/2024
Boot Camp 1 2024	03/07/2024
Boot Camp 2 2024	04/04/2024
Ovary 2024	05/02/2024
Thyroid 2024	06/06/2024
Life in a CoC Accredited Facility in 2024	07/11/2024
CNS 2024	08/01/2024
Coding Pitfalls 2024	09/05/2024



REGISTRY PLUS SOFTWARE UPDATES

Registry Plus Software Updates

ASCR provides software support via Web Ex for Abstract Plus, Web Plus, and GenEdits Plus. Please feel free to contact LaTunya.Scott@adph.state.al.us or Farzana.Salimi@adph.state.al.us for assistance.

The Alabama V23B metafile is posted on the ASCR website:

Most recent Update (08/04/23)-<https://www.alabamapublichealth.gov/ascr/hospital-resources.html>

Use the following files for NAACCR Layout Version 23B:

- [Metafile](#) (.zip file) (08/04/23)
- [Configuration File](#) (.zip file) (08/04/23)
- Unzip both files after download - [Instructions](#)

The current version of Abstract Plus is V 6.0.0.1 and can be used to abstract 2023 diagnosed cases. Abstract Plus update was available on June 21, 2023.



- Link for the Updater Tool and File to Import for Upgrade:
<https://centersfordiseasecontrol.sharefile.com/share/view/s5d88eb50968a4ca9993c1402d52ced92>
- Link for the most recent customization (update was available on August 7, 2023):
<https://centersfordiseasecontrol.sharefile.com/share/view/s6c4d95090a6740c498a9fa06544485dc>
- Link for Fresh Install and File to Import:
<https://centersfordiseasecontrol.sharefile.com/share/view/s31e753bf7ffe413c91f878736e61b590>



Web Plus has been updated in June 2023. The current version of Web Plus is V 3.1.1.0 and should be used to abstract and upload 2023 diagnosed cases.

GenEdits Plus was updated in May 2023. The current version of GenEdits Plus is 5.1.1.4 can be used to run edits on 2023 diagnosed cases. [Centers for Disease Control \(sharefile.com\)](https://sharefile.com)



NAACCR V23B EDIT UPDATE

- Edit tag number 3170 “SSDI for Brain, CNS, Blank for Other Schemas (Subm)”
- Edit tag number 0227 “Rx Summ–Surgery Type, Radiation (SEER IF44)”

Both edits are not applicable to NPCR/CDC state registries and will be removed in the NAACCR/ASCR V24 edit set.

Abstract Plus Users - If you receive these edits, please contact LaTunya Scott, Farzana Salimi or Mark Jackson for assistance suppressing the edit.

Commercial Software Users - If you receive these edits, please contact your vendor and you can ignore both edits for file submissions to state.

Hospital Resources Updated

- Resources for coding 2023 Diagnosed Cases are available:
<https://www.alabamapublichealth.gov/ascr/hospital-resources.html>

Alabama Statewide Cancer Registry

ASCR Home

Events

Cancer Basics

Related Links

Laws and Rules

Web Plus Access

Newsletters

Publications

County Cancer Profiles

State Cancer Maps

Training

Hospital Resources

Non-Hospital Resources

Research

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Hospital Resources

Alabama Data Acquisition Manual (12/04/2020)

Hospital Reporting Schedule (07/12/2023)

Small Hospital Reporting Schedule (07/12/2023)

Text Documenting Tips (02/09/15)

ASCR Reportable List ICD-10 Version (12/14/2022)

2023 Solid Tumor Coding Rules - Includes the 2007 Multiple Primary and Histology Coding Rules. (08/02/23)

National Cancer Database Standards for Oncology Registry Entry (STORE) 2023 (07/12/23)

2023 ICD-O-3 Implementation Guidelines (07/12/23)

Site-Specific Data Items (SSDI) / Cancer Schema List Diagnosed 2018 forward V3.0 includes the Grade Manual for 2018 cases forward (08/02/23)

Summary Stage 2018+ V 3.0 (08/02/23)

Instructions for Coding Grade for 2014-2017 (02/10/14)

Grade Coding Instructions and Tables - Diagnosed 2018 forward (V 3.0) (08/02/23)

ICD-10 Cause of Death List -- CDC (08/02/23)



THE IMPORTANCE OF PROPER TEXT FOR ABSTRACTING

Understanding the critical importance of good documentation is the key for accurate abstracts.

Good documentation promotes continuity of care through clear communication between all parties involved in patient care.

Let's all take an extra minute or so to proofread what we are documenting for typos. Let us all make sure we are entering the correct social security numbers when available and that the names are spelled correctly. Put yourselves in the position of the patients for a second, and you would want all of your info entered correctly.

Always keep in mind that poor text field documenting techniques can negatively impact clinical decision-making and delivery of care.

Also minimize the edit errors; more than 20 is too many.

Thank you for all you do.

TEXT DOCUMENTATION

Prostate abstracting reminder - Please be observant to record "all" prostate lab values.

Coding Pitfalls in Context of Text Documentation:

- Text documentation is a requirement for abstracting.
- We all make abstracting and coding mistakes.
- Our abstracts are not just a bunch of codes.
- It explains the continuum of cancer care.
- It helps identify missing information, improve abstract quality; and improves overall data quality.
- Text documentation is a valuable resource, as not everything gets coded.

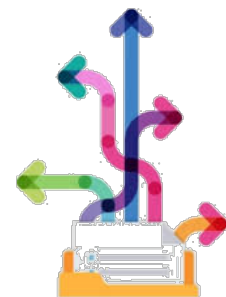
Purpose and Use of Text Documentation:

Purpose: Describe the patient's continuum of cancer care from presentation symptoms to diagnosis, from workup to staging, from treatment to progression and any care post treatment until the end of life whether due to cancer or not.

Use: Text documentation helps reinforce critical data items and helps identify where abstractors and coders have problems or do not understand certain new (and older) concepts, instructions, etc. Your text documentation should tell a story.

Who uses text and how do they use it?

- New Registrar Learning to Abstract
- Hospital Registrar and Physicians
- Central Registry and Data Quality
- Clinical Research and Other Data Users
- Epidemiologist and Use of Text
- Feedback to Individual and for Training



Text documentation should always include the following components:

- Date(s) - include date(s) references -this allows the reviewer to determine event chronology.
- Date(s) - note when date(s) are estimated [i.e. Date of DX 3/15/2014 (est.)].
- Location - include facility/physician/other location where the event occurred (test, study, treatment, or other).
- Description - include description of the event (test/lab values/study/treatment/other); include positive/negative results.
- Details - include as much detail as possible.
- Document treatment plan even if treatment is initiated as planned.
- Include “relevant-to-this-person/cancer” information only.
- DO EDIT your text documentation.
- DO NOT REPEAT INFORMATION from section to section.
- DO USE NAACCR Standard Abbreviations.
- DO NOT USE non-standard or stylistic shorthand.

* When pertinent information is missing or incomplete in the medical record, document “UNK.”

~Angela L Gaston, MHA, MSM
Small Hospital Coordinator

UNDERSTANDING DEATH CLEARANCE

Death clearance is an essential function of the ASCR. This process catches overlooked cancer incidents and updates the registry database with accurate death information. Death clearance refers to the procedure of comparing recorded deaths in a population with reportable conditions in the ASCR database. This serves two main objectives:

- confirming the accuracy of death information for individuals in the ASCR (death clearance match); and
- identifying all deaths where a reportable condition is mentioned as a cause of death but is not recorded in the ASCR database (death clearance follow-back).

With the use of vital status data and other pertinent death information shared by both cancer and death registration systems, death clearance aims to improve population-based cancer registration by:

- improving data quality and usefulness; and
- improving completeness by adding previously unreported cancer cases.

There are two steps in the death clearance process:

- 1) Death Clearance Match involves linking deaths recorded in the official mortality file from the state vital records office with the ASCR database. This process helps identify records that are a match and those that do not match. Upon finding a match for each patient, the registry record is modified to include information on the patient's death and other pertinent data from the mortality file.
- 2) Death Clearance Follow-Back is a review to identify probable instances of cancer that were not recorded in the mortality file. If there is no more information apart from the death certificate, the case is recorded in the registry database as a DCO (Death Certificate Only).

~Cassandra Glaze, MSIT, MHA
Follow-Back Coordinator

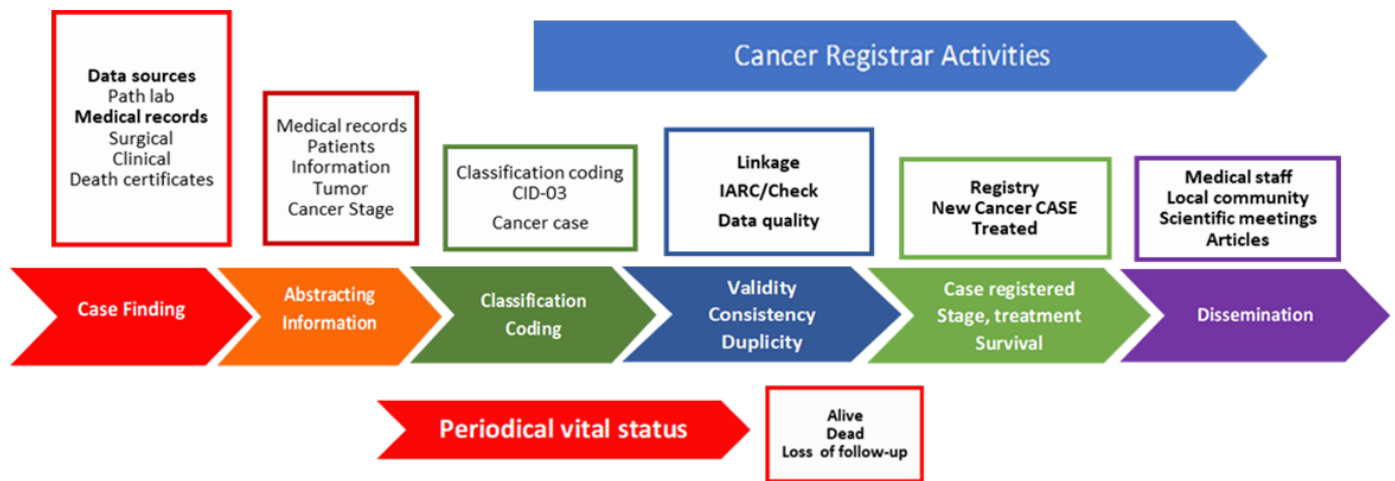
THE IMPORTANCE OF CASEFINDING

The process of cancer data collection starts with identifying individuals who have received a clinical or pathological diagnosis of cancer. Through diagnostic procedures such as imaging tests, radiological scans, tumor markers, laboratory testing, tumor visibility during an exploratory laparoscopic surgery, etc., a cancer diagnosis may be established. According to the clinical diagnosis per a qualified healthcare provider, that clinical diagnosis must be reported.

Casefinding is a crucial component of the ASCR. It is an organized approach used to find and recognize all patients receiving care as an inpatient or outpatient that have been diagnosed and/or treated for a specific kind of cancer that requires reporting. Adequate casefinding guarantees the identification of cancers that need reporting. [The National Cancer Institute](#) requires every registry to conduct casefinding, which include both hospital-specific registries and centralized or population-based registries. The ASCR’s cancer eligibility requirements adhere to the reportable list established by the Commission on Cancer¹ (COC) of the American College of Surgeons²(ACoS).

The ASCR *actively*³ casefinds as staff systematically obtains all source documents, i.e. disease indexes and pathology reports. These documents undergo a thorough examination to detect incidents that meet the criteria for reporting. The advantage of active casefinding methods lies in its enhanced comprehensiveness and precision.

~ Elaine Wooden, BBA
Non-Hospital Coordinator



¹ A division of the American College of Surgeons (ACoS) that consists of more than 100 representatives from professional organizations involved in cancer control. The standing committees of the CoC are 1. Accreditation 2. Quality integration 3. Cancer Liaison 4. Education 5. Executive For more information, see <https://www.facs.org/quality-programs/cancer>

² A professional organization of surgeons and physicians founded in 1913. In addition to surgical issues, the ACoS has supported cancer and trauma registries and standards for hospitals. For more information, see <https://www.facs.org/quality-programs/cancer>

³ The systematic process of identifying all cases of a disease eligible to be included in the registry database for a defined population, such as patients of a hospital or residents of a state. There are several types of casefinding 1. Active casefinding is performed by registry personnel who screen the source documents themselves.

CASEFINDING-DETERMINING ELIGIBILITY

Ambiguous Terms at Diagnosis

As part of the registry casefinding activities, all diagnostic reports should be reviewed to confirm whether a case is required. If the terminology is ambiguous, use the following guidelines to determine whether a particular case should be included. Words or phrases that appear to be synonyms of these terms do not constitute a diagnosis.

For example, "likely" alone does not constitute a diagnosis.

Ambiguous Terms that Constitute a Diagnosis	
Apparent(ly)	Presumed
Appears	Probable
Comparable with	Suspect(ed)
Compatible with	Suspicious (for)
Consistent with	Tumor* (beginning with 2004 diagnoses and only for C70.0-C72.9, C75.1-75.3)
Favors	Typical of
Malignant appearing	
Most likely	
Neoplasm* (beginning with 2004 diagnoses and only for C70.0-C72.9, C75.1-75.3)	

*Additional terms for nonmalignant primary intracranial and central nervous system tumors only

EXCEPTION: If cytology is identified only with an ambiguous term, do not interpret it as a diagnosis of cancer.

NOTE: Abstract the case only if a positive biopsy or a physician's clinical impression of cancer supports the cytology findings.

Examples of Diagnostic Terms:

- The inpatient discharge summary documents a chest x-ray *consistent with carcinoma* of the right upper lobe. The patient refused further work-up or treatment. *Consistent with carcinoma* is indicative of cancer.
- The pathology report states *suspicious for malignancy*. *Suspicious for malignancy* is indicative of cancer.

Ambiguous Terms That <i>Do Not</i> Constitute a Diagnosis <i>without additional information</i>	
Cannot be ruled out	Questionable
Equivocal	Rule out
Possible	Suggests
Potentially malignant	Worrisome




























Examples of Nondiagnostic Terms:

- The inpatient discharge summary documents a chest x-ray consistent with neoplasm of the right upper lobe. The patient refused further work-up treatment. Consistent with neoplasm is not indicative of cancer. While “consistent with” can indicate involvement, “neoplasm” without specification of malignancy is not diagnostic except for non-malignant primary intracranial and central nervous system tumors.
- Final diagnosis is reported as possible carcinoma of the breast. Possible is not a diagnostic term for cancer.

Genetic findings in the absence of pathologic or clinical evidence of reportable disease are indicative of risk only and do not constitute diagnosis.



Calendar of Cancer Awareness Months

January	February	March	April
 Cervical Cancer	National Cancer Prevention Month  Gallbladder/Bile Duct Cancer	 Colorectal Cancer  Kidney Cancer  Multiple Myeloma	 Testicular Cancer  Esophageal Cancer  Head & Neck Cancer
May	June	July	August
 Melanoma and Skin Cancer  Brain Cancer  Bladder Cancer	 National Cancer Survivor Month	 Sarcoma/ Bone Cancer	
September	October	November	December
 Childhood Cancer  Uterine Cancer  Leukemia  Lymphoma  Ovarian Cancer  Prostate Cancer Thyroid Cancer	 Breast Cancer  Liver Cancer	 Pancreatic Cancer  Lung Cancer  Stomach Cancer  Carcinoid Cancer  Honoring Caregivers	 CHOOSE HOPE [®] WE'RE IN BUSINESS TO END CANCER 1-888-348-HOPE www.choosehope.com