The Alabama Statewide Cancer Registry (ASCR) recently achieved the North America Association of Central Cancer Registry's (NAACCR) Silver Certification for its’ 2005 submission, which consisted of 2003 data. While gold was the aim, silver is greatly appreciated.

NAACCR’s recognition program was started in 1997. The program annually reviews member registries for their ability to produce complete, accurate, and timely data. The registry certification program recognizes those registries meeting the highest standards of data quality with Gold or Silver recognition certificates for each data year.

NAACCR reviews seven data elements. They are:
- Completeness
- % Passing Edits
- Death Certificate Only Cases
- Timeliness
- Duplicate Records
- Missing Data Field (Sex, Age, County)
- Missing Data Field (Race)

The ASCR achieved gold status in every criterion except completeness. That’s where you come in. It is vitally important that every reportable case of cancer in Alabama is reported to the central registry.

We need these cases not only to have a completed report, but, to paint the most accurate picture of cancer in Alabama that can be created. This is necessary for resource allocation which consists of funding, screening services, education, and direct patient care.

We invite you to join us in partnership as we prepare to achieve gold certification for Alabama’s 2006 data submission which will consist of 2004 data. Here is how you can help:
- Resubmit 2004 cases
- Enhance casefinding efforts
- Submit data in a timely manner
- Avoid using unknown
- Exhaust efforts to identify sex and race

Remember, the only data that the ASCR has to submit comes from you.
The Collaborative Staging (CS) Steering Committee has released an Excel file containing the site-specific values for “Unknown” and “Not applicable” for all CS data items. This table was requested by CS users because the use of incorrect default codes has led to edit errors. The file can be used to correctly populate CS items for cases with no information about staging; for example, death-certificate-only cases. The Excel file is available on the AJCC Web site http://www.cancerstaging.org/csstage/index.html.

Registry Plus Online Help (RHOP) provides online versions of current editions of FORDS, the SEER coding manual, the Collaborative Staging and Coding Manual, ICD-O-3, and other resources in an easy-to-use package provided free for download by the Centers for Disease Control and Prevention (CDC) division of Cancer Prevention and Control, Cancer Surveillance Branch. An updated version has just been released.

RPOH is an integrated and user-friendly, Window-based Help system for abstractors, and others who work with cancer data. The manuals with RPOH are cross-reference, indexed, and hyper-linked, making the information quickly and readily available to the user. The use of RPOH can reduce or actually eliminate the need to reference the manuals in hard copy form.

This new version can be accessed from http://www.cdc.gov/cancer/registryplus/rpoh.htm. If you have an earlier version of the program installed, follow the instructions on the page for updating it. If you do not have it installed, scroll down to “Download Online Help” and follow the instructions. When you have installed the program, a shortcut icon will be placed on your desktop to access the program.

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COC Clarifies Date of First Contact

1. The Date of First Contact is the date the patient reported to the facility for treatment or pre-treatment work-up. Clarifying language was added to the FORDS Manual that permitted updating of both the Class of Case and the Date of First Contact if a patient was originally abstracted as a class (7) and was subsequently admitted to the facility as part of the first course treatment. The Date of First Contact is modified to the date the patient came to the facility.

2. If a patient is diagnosed at a staff physician’s office and comes to the reporting facility, the Date of First Contact is the date the patient physically presented.

3. A patient is admitted for a diagnosis that is not cancer. During the course of the hospital stay, the patient is diagnosed with cancer. The date of first contact is the date the patient was diagnosed with cancer, not the first admission.

CONGRATULATIONS!
New CTR
YOLANDA TOPIN
February 2006
SPRINGHILL MEDICAL CENTER
Mobile, Alabama
The Alabama Statewide Cancer Registry (ASCR) is maintained for the purpose of providing accurate and up-to-date information about cancer in Alabama. It is designed to make possible the assessment and enhancement of cancer prevention, screening, diagnosis, and community care activities for the citizens of Alabama. Historically, research has played an integral role in improving the quality of cancer care and the reduction of healthcare costs for cancer patients and providers. The ASCR now has the capacity to collaborate in such research activities by providing a whole new dimension of data availability. This participation in research activities fulfills the purpose of cancer registry data collection at its grass roots level.

Many provisions are in place to protect the privacy of the individual patient and the reporting facility. Strict compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 is followed. The Alabama Statewide Cancer Registry Act provides public assurances that data will be protected and outlines very specific rules for release of information. Research requests for data may be grouped into the following categories generally in an ascending order of sensitivity:

1. No person-specific information included in the data provided to the researcher.

2. Patient-specific or case-specific or event-specific information is included in the data provided to the researcher, but all individual identifiers are first removed.

3. Person-specific information with identifiers are included in the data provided to the researcher, but there is no subsequent contact with these subjects, and they are not expected to be directly affected in any way by the research.

4. Person-specific information and personal identifiers are included in the data provided to the researcher, who intends to use the information for subsequent contact with subjects or their families.

Initial contact with these individuals must, in all instances, be made by the ASCR staff who would obtain written physician consent prior to any information-gathering or contact by non-ASCR investigators. ASCR Advisory Committee and ADPH IRB approval is required.

Depending upon the category of data needed, requests may be reviewed by the Program Manager, the ASCR Advisory Committee and/or the Alabama Department of Health (ADPH) Institutional Review Board (IRB). The ASCR will ensure that personal health information will only be disclosed for research purposes if the following conditions are met:

- The objective of the research project cannot be reasonably accomplished using other non-personal information.
- The research project is not contrary to the public interest.
- The approval of an IRB has been obtained, if the approval is required by law or by the research funding agency or by the ASCR.
- The person to whom the personal health information is to be disclosed has entered into an agreement with the ASCR, according to the terms and conditions set forth in the Research Application/Agreement and the Confidentiality Agreement.

All publications and papers must acknowledge the Alabama Statewide Cancer Registry for supplying the investigated information. The release of information by the researcher to a third party may not be made without prior written permission of the ASCR.

### UPCOMING EVENTS

**PRINCIPLES OF ONCOLOGY FOR CANCER REGISTRY PROFESSIONALS**
July 17-21, 2006—Little Rock, Arkansas
Http://www.afritz.org/courses.htm

**NAACCR ANNUAL MEETING**
JUNE 10-17, 2006
Regina, Saskatchewan
Http://www.naaccr.org

**CTR EXAM**
Testing Begins: September 16, 2006
Testing Ends: September 30, 2006
$225.00—NCRCA Member
$325.00—All other candidates

### EDUCATION SURVEY RESULTS

Recently, the ASCR sent out an informal survey to identify training needs for Alabama registrars. Listed below are the identified areas.

- Coding and abstracting Lymphomas
- Prostate CS and Mela-noma CS.
- No evidence of Disease
- Advance abstracting
- Multiple Myelomas
- New multiple primaries & histology coding rules
- New treatment options
- Organ transplants
- Food & nutrition regarding cancer patients
- Abstracting, reporting, and follow-up procedures.
- CAP guidelines
- Sites are being ablated
- Radiation oncology
- prostate Collaborative Staging on Factor 4
- Lung Cancer
Understanding the lymphatic system can help you to understand lymphoma.

The lymphatic system consists of organs, ducts, and nodes. It transports a watery clear fluid called lymph. This fluid distributes immune cells and other factors throughout the body. It also interacts with the blood circulatory system to drain fluid from cells and tissues. The lymphatic system contains immune cells called lymphocytes, which protect the body against antigens (viruses, bacteria, etc.) that invade the body. See more on lymphocytes below.

**Main functions of lymphatic system:**

- "to collect and return interstitial fluid, including plasma protein to the blood, and thus help maintain fluid balance,
- to defend the body against disease by producing lymphocytes,
- to absorb lipids from the intestine and transport them to the blood."

Source: jdaross.mcmail.com

**Lymph organs** include the bone marrow, lymph nodes, spleen, and thymus. Precursor cells in the bone marrow produce lymphocytes. B-lymphocytes (B-cells) mature in the bone marrow. T-lymphocytes (T-cells) mature in the thymus gland. Besides providing a home for lymphocytes (B-cells and T-cells), the ducts of the lymphatic system provide transportation for proteins, fats, and other substances in a medium called lymph.

"Lymph means clear water and it is basically the fluid and protein that has been squeezed out of the blood (i.e. blood plasma). The lymph is drained from the tissue in microscopic blind-ended vessels called lymph capillaries. These lymph capillaries are very permeable, and because they are not pressurized the lymph fluid can drain easily from the tissue into the lymph capillaries. As with the blood network the lymph vessels form a network throughout the body, unlike the blood the lymph system is a one-way street draining lymph from the tissue and returning it to the blood." - Source: bbc.co.uk

"Secondary lymphatic tissues" control the quality of immune responses. Differences among the various lymphatic tissues significantly affect the form of immunity and relate to how antigens (bacteria, virus, fungus, etc.) are acquired by these organs.

- **Lymph nodes** are filters of lymph,

**Lymphoma** is not one cancer, but a name for a group of related cancers that arise when a lymphocyte (a blood cell) becomes malignant.

The normal function of lymphocytes is to defend the body against pathogens and infected cells: germs, viruses, fungi, even cancer. There are many subtypes and maturation stages of lymphocytes and therefore there are many kinds of lymphomas. When a lymphocyte becomes malignant (goes bad), its biologic behavior is arrested at that stage.

**Lymph Nodes Above the Diaphragm**

Waldeyer_ring
Tonsils, adenoids (nasopharynx), lingual tonsils
Cervical[neck] (occipital, submental, preauricular, submandibular, internal jugular)
Infraclavicular
Supraclavicular (scalen)  
Axillary, pectoral
Mediastinal (peritracheal, thymic region)
Hilar
Epitrochlear, brachial

**Lymph Nodes Below the Diaphragm**

Upper abdomen (splenic hilar, celiac, porta hepatis)
Lower abdomen (iliac, paraaortic, retroperitoneal, mesenteric, abdominal, NOS)
Iliac
Inguinal
Femoral
Popliteal
Spleen
The 2007 Multiple Primary and Histology Coding Rules

The final version of the rules will be available for cases diagnosed starting in 2007.

The 2007 Multiple Primary and Histology Coding Rules present the first site-specific multiple primary and histology rules developed to promote consistent and standardized coding by cancer registrars. This project was sponsored by the National Cancer Institute's SEER Program. In January 2003, the Multiple Primary and Histology Coding Committee (Histology Committee) was formed to tackle problems identified in existing rules. The Histology Committee was a diverse group with membership from all but two SEER regions, the American College of Surgeons (ACoS) Commission on Cancer (CoC), the American Joint Committee on Cancer (AJCC), the Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR), the National Cancer Registrars Association (NCRA), North American Association of Central Cancer Registries (NAACCR), 15 central registry representatives, and Statistics Canada. Physician guidance by specialty pathologists and clinicians was integral to the review and revision process. Regular consultation with the editors of ICD-O-3 clarified ICD-O-3 codes and ensured that the new rules accurately reflect the ICD-O-3 intent and purpose.

The 2007 Multiple Primary and Histology Coding Rules contain site-specific rules for lung, breast, colon, melanoma of the skin, head and neck, kidney, renal pelvis/ureter/bladder, and malignant brain. A separate set of rules addresses the specific and general rules for all other sites. The multiple primary rules guide and standardize the process of determining the number of primaries. The histology rules contain detailed histology coding instructions. For example, grouping histologic terms, differentiating between general (NOS) terms and specific histologic types and subtypes, and identifying mixed and combination codes are covered. The Histology Committee also developed three new data items that complement these rules.

The rules will be available in three formats: flowchart, matrix and text. The different formats were developed to meet the needs of different learning styles. The rules are identical in each of the three formats. Using all three formats is not recommended. It is best to choose one format. Do not combine old rules with the new.

Web-based cancer registrar education will be available on the SEER training website. Multiple primary and histology issues are covered in several modules, and continuing education units can be requested from the National Cancer Registrars Association. Recorded training webcasts will be available for viewing and provide another option for mass training of registrars who cannot attend an in-person workshop. The rules will be available in a stand-alone manual and also in the 2007 SEER Coding and Staging Manual.

Source: SEER Website

NEW TREATMENT FOR MYELODYSPLASTIC SYNDROME

The Food and Drug Administration (FDA) May 3 approved Dacogen (decitabine) injection for the treatment of myelodysplastic syndromes (MDS). Dacogen is a new molecular entity that received orphan drug status. Orphan products are developed to treat rare diseases or conditions that affect fewer than 200,000 people in the U.S. The Orphan Drug Act provides a seven-year period of exclusive marketing to the first sponsor who obtains marketing approval for a designated orphan drug.

MDS can develop following treatment with drugs or radiation therapy for other diseases or it can develop without any known cause. Some forms of MDS can progress to acute myeloid leukemia (AML), a type of cancer in which too many white blood cells are made.

An estimated 7,000 to 12,000 new cases of MDS are diagnosed yearly in the United States. Although MDS occurs in all age groups, the highest prevalence is in people over 60 years of age. Typical symptoms include weakness, fatigue, infections, easy bruising, bleeding, and fever.
ALABAMA DEPARTMENT OF PUBLIC HEALTH
ALABAMA STATEWIDE CANCER REGISTRY

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Capturing Cancer Data in Alabama
Find us on the web

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

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CONGRATULATIONS 2005 CERTIFIED CANCER REGISTRIES
High Quality 2003 Incidence Data

Gold
Alaska Cancer Registry
California Cancer Registry
Cancer Registry of Central California
Cancer Surveillance Program, Region 3
Tri-Counties Regional Cancer Registry
Cancer Registry of Northern California
Cancer Surveillance Program of Los Angeles
Northern California Cancer Center
Cancer Surveillance Program of Orange County
Colorado Central Cancer Registry
Connecticut Tumor Registry
Delaware Cancer Registry
District of Columbia Cancer Registry
Florida Cancer Data System
Georgia Comprehensive Cancer Registry
Metropolitan Atlanta & Rural Georgia SEER Registry
Hawaii Tumor Registry
Cancer Data Registry of Idaho
Illinois State Cancer Registry
State Health Registry of Iowa
Kansas Cancer Registry
Kentucky Cancer Registry
Louisiana Tumor Registry
Maine Cancer Registry
Maryland Cancer Registry
Massachusetts Cancer Registry
Michigan Cancer Surveillance System
Metropolitan Detroit Cancer Surveillance System
Minnesota Cancer Surveillance System
Missouri Cancer Registry
Montana Central Tumor Registry
Nebraska Cancer Registry
Nevada Statewide Cancer Registry
New Jersey State Cancer Registry
New York State Cancer Registry
North Dakota Cancer Registry
Oklahoma State Department of Health
Oregon State Cancer Registry
Pennsylvania Cancer Registry
Rhode Island Cancer Registry
South Carolina Central Cancer Registry
South Dakota Cancer Registry
Texas Cancer Registry
Washington State Cancer Registry
Fred Hutchinson Cancer Research Ctr.
West Virginia Cancer Registry
Wisconsin Cancer Reporting System

Silver
Alabama Statewide Cancer Registry
Arkansas Cancer Registry
Desert Sierra Cancer Surveillance Program
Indiana State Cancer Registry
New Hampshire State Cancer Registry
North Carolina Central Cancer Registry
Utah Cancer Registry
Vermont Cancer Registry
Virginia Cancer Registry