

**Getting Started with  
Cancer Registry**

Identification & Reportability  
Of Cancer Cases

The ASCR is supported by Cooperative Agreement  
Number 1U5EDP001854-02 from the Centers  
for Disease Control and Prevention (CDC).

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**Objectives**

Section One

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- ASCR Governing Bodies
- ASCR's General Principles

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**Objectives**

Section One

- Health Insurance Portability  
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- ASCR Reporting Requirements

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**Section One**

Alabama Law 95-275

ASCR Governing Bodies

ASCR's General Principles

Health Insurance Portability Accountability Act

ASCR Reporting Requirements

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## Alabama Law 95-275

- Alabama Statewide Cancer Registry Act.” (Acts 1995, No. 95-275, § 1.)
- ASCR is established within the Department of Public Health

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## Alabama Law 95-275

### ASCR collects

- Cancers diagnosed and or treated on or after January 1, 1996
- Benign brain tumors diagnosed and or treated on or after January 1, 2004

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## Alabama Law 95-275

### Alabama Reporting Sources

- Hospitals
- Clinical laboratory
- Cancer treatment center
- Physician’s office

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## Alabama Law 95-275

- Rules of the State Board of Health (Chapter 4 20-7-3)
- Alabama Data Acquisition Manual <http://adph.org/ASCR> under Hospital and Non-Hospital Resources

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## ASCR Governing Bodies

- State Committee of Public Health
- Centers for Disease Control and Prevention (CDC) - National Program of Cancer Registries
- North American Association of Central Cancer Registries (NAACCR).

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## ASCR Governing Bodies

### State Committee of Public Health

- Adopted rules necessary to enforce the reporting of cancer cases to the ASCR
- Established an effective date after which reporting shall be required

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## ASCR Governing Bodies

(CDC) National Program of Cancer Registries

- ASCR is funded through the CDC’s National Program of Cancer Registries
- Established national standards to ensure the completeness, timeliness and quality of cancer registry data

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## ASCR Governing Bodies

North American Association of Central Cancer Registries (NAACCR)

- CDC recommends the ASCR use NAACCR standards for data quality and format
- Once a year NAACRR reviews the ASCR ability to produce complete, accurate, and timely data
- Registries that meet the highest standards receive NAACCR certification

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## The ASCR has Achieved the following standard/certificate since 2004 data

NAACCR Gold



NPCR Certification on 24 month Data –

USCS Publication Standard


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## ASCR’s General Principles

- Adopted coding principles and case eligibility
  - Facility Oncology Registry Data Standards (FORDS) published by the Commission on Cancer, American College of Surgeons
  - Coding rules, codes, and definitions

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## ASCR’s General Principles



- Down load a free copy at [www.facs.org/cancer](http://www.facs.org/cancer)
- <http://www.facs.org/cancer/coc/fordsmanual.html>
  - Publications and Resources
  - COC publications and products
  - Download free copy of FORDS

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## Health Insurance Portability Accountability Act

- HIPAA does not affect surveillance programs such as the ASCR
- HIPAA does not affect hospital- cancer registries
- HIPAA does not supersede existing state law.

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### HIPAA Permissible Disclosures

- Disclosure is permissible to the ASCR
- Public health activities
- Public health surveillance activities such as cancer registries

### HIPAA Permissible Disclosures

- Cancer reporting to the ASCR is required by public health law
- ASCR is given full access to all cancer patients medical records.
- ASCR is permitted access death certificates

### HIPAA Permissible Disclosures

- Reporting facilities and providers act as representatives of the ADPH in collecting and reporting cancer information.
- As a representative, they have full access to the medical records
- Defined in Alabama Act 95-275.

### ASCR Reporting Requirements

- Report complete abstracts on each case of confirmed cancer on a monthly basis
- Cancer cases are due on a monthly basis, by the last date of each month
- Report cancer cases within 6 months of the date of diagnosis



Current Date	Level of Completeness	Cases Due (Timeliness)
Jul 2012	8 %	Jan 2013
Aug 2012	17 %	Feb 2013
Sep 2012	25 %	Mar 2013
Oct 2012	33 %	Apr 2013
Nov 2012	42 %	May 2013
Dec 2012	50 %	June 2013
Jan 2013	58 %	Jul 2013
Feb 2013	67 %	Aug 2013
Mar 2013	75 %	Sept 2013
Apr 2013	83 %	Oct 2013
May 2013	92 %	Nov 2013
June 2013	100 %	Dec 2013

### ASCR Reporting Requirements

#### Format

- Report each case of cancer in the NAACCR Record Layout utilizing the software program of your choice.
- ASCR uses 128-bit encryption, the highest security available for data transfer

## ASCR Reporting Requirements

### Software

- Abstract Plus
- Webplus
- Commercial software

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## ASCR Reporting Requirements

### Data Elements

- NAACCR data items
- Demographic, diagnostic, treatment or follow-up information is to be provided in abstracts
- Usage of the text data boxes -Text documenting tips located at Hospital or Non-Hospital Resources

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## Section Two

Reportable Diagnoses

ASCR Specific Requirements

ASCR Exclusions

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## Reportable Diagnoses

- The reference date is the start date after which all eligible cases must be included in the registry
- The ASCR reference date is January 1, 1996
- Benign brain tumors diagnosed on or after January 1, 2004 are reported to the ASCR

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## Reportable Diagnoses



- [www.seer.cancer.gov](http://www.seer.cancer.gov)
  - Information for Cancer Registrars Tab
  - Data submission requirements

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## Reportable Diagnoses

- Malignant cancers
- Malignant lymphoma
- Hodgkin's disease, leukemia
- Benign brain tumors

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## Reportable Diagnoses

### Criteria

- Patients diagnosed with a behavior code of 2 or higher as defined in the International Classification of Diseases for Oncology, third edition
- Patients diagnosed with CNS and benign brain tumors with a behavior code of 0 or 1 – See CNS Manual at the link below  
<http://www.cdc.gov/cancer/npcr/training/btr/index.htm>
- Patients treated at a staff physician's office

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## Reportable Diagnoses

### Criteria

- Patients diagnosed or receiving cancer-directed care in the institution's inpatient, or outpatient department, ambulatory care center, surgery center or cancer center
- Clinically diagnosed patients

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## Reportable Diagnoses

### Criteria

- Patients diagnosed with basal and squamous cell cancers originating in mucoepidermoid sites:
  - lip (C00.0-C00.0)
  - anus (C21.0)
  - vulva (C51.0-C51.9)
  - vagina (C52.9)
  - penis (C60.0-C 6 0.9)
  - scrotum (C 6 3 . 2)

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## Reportable Diagnoses

All skin melanoma and merkel cell carcinoma regardless of site

All in situ cancer cases of the vagina, vulva, and anus – VAIN III, VIN III, AIN III

Carcinoid tumors with the exception of the appendix

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## Reportable Diagnoses

### Criteria

- If the medical record is the property of the reporting institution, the case must be included in the database

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## ASCR Specific Requirements

- Analytic (class of case 00, 10, 11, 12, 13, 14, 20, 21, 22)
- Non-analytic cases (class of case 32, 42, 35, 37, 38, 40, 41, 43, 49, 99)
- Refer to Fords manual for detailed class of case descriptions  
(<http://www.facs.org/cancer/coc/fordsmanual.html>)

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### ASCR Specific Requirements

#### Registry Functions by Type of Case

	Accession	Index	Abstract	Follow
Analytic (class of case 00, 10, 11, 12, 13, 14, 20, 21, 22)	X	X	X	X
Non-analytic (class of case 32, 42, 35, 37, 38, 49, 99)	X	X	X	
CIS and Intraepithelial neoplasia	Do not collect			
Basal or squamous cell carcinoma of a mucocutaneous site	X	X	X	X
Foreign residents	X	X	X	X

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### ASCR Specific Requirements

• Required TEXT

- - Diagnostic
- - PE
- - X ray/Scan
- - Scopes
- - Lab Tests
- - Operative Reports
- - Path Reports
- - Primary Site
- - Histology
- - Staging
- - Treatment
- - Surgery

• Supplemental TEXT

- Radiation
- Chemo
- Hormones
- B RM
- Other

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### ASCR Exclusions

- Facilities are not required to accession, abstract, or conduct follow-up for cases that meet the following criteria:

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### ASCR Exclusions

Not reportable to the ASCR

- Basal cell carcinoma of the skin
- Squamous cell carcinoma of the skin
- Carcinoma in situ of the cervix (CIS)

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### ASCR Exclusions

- Patients seen in consultation only
- Patients receiving transient care at your facility
- Patients with active, previously diagnosed cancer who are admitted to the reporting institution for unrelated medical conditions.

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### ASCR Exclusions

- Patients with precancerous conditions or benign tumors
- Patients with an intraepithelial neoplasia
  - PIN III
  - CIN III
  - CIS of the cervix

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### ASCR Exclusions

- Patients with a history of malignancy who are clinically free of disease
- Patients admitted for terminal supportive care, including home care service
- Patients admitted to a designated hospice
- Patients who are diagnosed at a staff physician's office & treated in another facility

### Section Three

- Delinquent Reporting
- Purpose of Reporting

### Delinquent Reporting

- All cases of cancer diagnosed and/or treated after January 1, 1996 must be reported to the ASCR on a monthly basis within six (6) months (or 180 days) of diagnosis.

### Delinquent Reporting

- 1 month late - Mail Abstractor Memo
- 3 months late - Mail Director Letter
- 4 months late - Mail Administrator Letter
- 5 months late - Dr. Williamson, State Health Officer will be notified.

### Purpose of Reporting

- Provide accurate and up-to-date information
- Facilitate evaluation and improvement of cancer
- Tumor prevention
- Screening

### Purpose of Reporting

- Diagnosis
- Therapy
- Rehabilitation activities
- Community care activities
- For the citizens of Alabama



## Summary

### Source Document

- 2012 Alabama Data Acquisition Manual
  - [www.adph.org/ASCR](http://www.adph.org/ASCR)
  - Under Hospital and Non-Hospital Resources

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