

Program Director

Xuejun Shen 334-206-5557
xuejun.shen@adph.state.al.us

Data Completeness Manager

Diane Hadley 256-775-8970
diane.hadley@adph.state.al.us

Assistant Director/Epidemiologist

Justin George 334-206-3962
justin.george@adph.state.al.us

South Region /Quality Assurance Coordinator

Mark Jackson 251-433-7809
mark.jackson2@adph.state.al.us

Non-Hospital Reporting Coordinator

Teisha Robertson 334-206-7068
teisha.robertson@adph.state.al.us

Death Clearance Coordinator

Ashley Grunewald 334-206-2088
ashley.grunewald@adph.state.al.us

Information System Coordinator

Vacant

Casefinding Auditor

Shirley Williams 334-206-7072
shirley.williams@adph.state.al.us

Casefinding Auditor

Bobbie Bailey 205-554-4516
bobbie.bailey@adph.state.al.us

Path Report Coordinator

Crystal Morton 334-206-5430
crystal.morton@adph.state.al.us

Data/Education Manager

Tara Freeman 334-206-7035
tara.freeman@adph.state.al.us

CENTRAL REGISTRY UPDATE - from Xuejun Shen

I hope everyone had a wonderful Thanksgiving and are looking forward to a joyful Christmas and New Year.

The ASCR submitted the 2010 data to NAACCR and NPCR at the end of November. We want to thank all the facilities and providers for helping us get this accomplished.

Collecting 2010 data has been very challenging since there were major changes in coding and software updates. This will also have an impact on 2011 data submission. Although 2011 is much better than 2010, it's still difficult compared to 2008 and 2009. In the next few months, you will be contacted by the ASCR for 2011 pathology report and death clearance follow back activities. Please respond promptly to those inquiries and transmit any missed cases as soon as possible.

The ASCR will soon begin working on updating the 2013 required data items and reportable list and it will be posted to our website around March.

The ASCR will host a two-day advanced training - **Advanced Concepts in Abstracting and Coding** in March 2013. While the Birmingham location is full, there are still some spaces in the Montgomery location. Please contact our Education Manager – Ms. Tara Freeman if you want to register for this training. If your schedule changes and you are unable to attend, please contact Tara as soon as possible so she may let someone else on the waiting list attend.

- Montgomery Location – March 18-19
- Birmingham Location – March 20-21

TABLE OF CONTENTS

Central Registry Update/ Greeting	1
Coding Systemic/Surgery Sequence	2
Multiple Primary-Lymphoid Neoplasm	3
Change in Chemo Definition	3
Bladder Cancer	4
Words from Ashley	4
Training Opportunities	5
CR Recruitment Presentations	5
ASU Award/FHS Christmas	5
CTR Exam Schedule	6
ASCR Completeness Schedule	6
Holiday Tip/Recipe	6
Website for NPI Numbers	6
Farewell Shirley	6



Greetings for ASCR past and present staff!!

Coding Systemic/Surgery Sequence (from FORD Manual 2013)

SYSTEMIC/SURGERY SEQUENCE (RX SUMM--SYSTEMIC/SUR SEQ)

Item Length: 1
NAACCR Item #1639

Allowable Values: 0, 2–6, 9
Revised 01/10, 01/11, 01/12

Description

Records the sequencing of systemic therapy and surgical procedures given as part of the first course of treatment.

Rationale

The sequence of systemic therapy and surgical procedures given as part of the first course of treatment cannot always be determined using the date on which each modality was started or performed. This data item can be used to more precisely evaluate the timing of delivery of treatment to the patient.

Instructions for Coding

- *Systemic/Surgery Sequence* is to be used for patients diagnosed on or after January 1, 2006.
- Code the administration of systemic therapy in sequence with the first surgery performed, described in the item *Date of First Surgical Procedure* (NAACCR Item #1200).
- If none of the following surgical procedures was performed, then this item should be coded 0.
Surgical Procedure of Primary Site (NAACCR Item #1290),
Scope of Regional Lymph Node Surgery (NAACCR Item #1292),
Surgical Procedure/Other Site (NAACCR Item #1294)
- If the patient received both systemic therapy and any one or a combination of the following surgical procedures, then code this item 2-9, as appropriate.
Surgical Procedure of Primary Site (NAACCR Item #1290),
Scope of Regional Lymph Node Surgery (NAACCR Item #1292),
Surgical Procedure/Other Site (NAACCR Item #1294)
- If multiple first course treatment episodes were given such that both codes 4 and 7 seem to apply, use the code that defines the first sequence that applies. For example: the sequence, chemo then surgery then hormone therapy then surgery is coded 4 for “chemo then surgery then hormone”.

Code	Label	Definition
0	No systemic therapy and/or surgical procedures	No systemic therapy was given; and/or no surgical procedure of primary site; no scope of regional lymph node surgery; no surgery to other regional site(s), distant site(s), or distant lymph node(s); or no reconstructive surgery was performed. It is unknown whether both surgery and systemic treatment were provided.
2	Systemic therapy before surgery	Systemic therapy was given before surgical procedure of primary site; scope of regional lymph node surgery; surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed.
3	Systemic therapy after surgery	Systemic therapy was given after surgical procedure of primary site; scope of regional lymph node surgery; surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed.
4	Systemic therapy both before and after surgery	At least two courses of systemic therapy were given before and at least two more after a surgical procedure of primary site; scope of regional lymph node surgery; surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed.
5	Intraoperative systemic therapy	Intraoperative systemic therapy was given during surgical procedure of primary site; scope of regional lymph node surgery; surgery to other regional site(s), distant site(s), or distant lymph node(s).
6	Intraoperative systemic therapy with other systemic therapy administered before or after surgery	Intraoperative systemic therapy was given during surgical procedure of primary site; scope of regional lymph node surgery; surgery to other regional site(s), distant site(s), or distant lymph node(s) with other systemic therapy administered before or after surgical procedure of primary site; scope of regional lymph node surgery; surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed.
7	Surgery both before and after systemic therapy	Systemic therapy was administered between two separate surgical procedures to the primary site; regional lymph nodes; surgery to other regional site(s), distant site(s), or distant lymph node(s).
9	Sequence unknown	Both surgery and systemic therapy were provided, but the sequence is unknown.

Multiple Primaries/Histology—Heme & Lymphoid Neoplasms

Question

Multiple primaries/Histology--Heme & Lymphoid Neoplasms: How many primaries are to be abstracted when a skin (right thigh) biopsy is consistent with mycosis fungoides (cutaneous T-cell lymphoma)?

Answer

For cases diagnosed 2012 and forward, access the Hematopoietic Database at <http://seer.cancer.gov/tools/heme/>. Click on Hematopoietic Project. Click on Hematopoietic and Lymphoid Database. For 2012-2013 diagnoses, click on the "use the 2012 database" label in the upper right corner of the screen. The 2012 Hematopoietic Coding Manual (PDF) button will appear to indicate the correct version of the program is available now for query.

This is a single primary. The histology is 9700/3 [mycosis fungoides] with a primary site of skin. The pathologist wrote in parentheses that this was cutaneous (i.e. primary site is skin) and that it is a T-cell lymphoma (mycosis fungoides is a T-cell lineage). So the parenthetical statement was not a separate diagnosis; rather a further classification of the mycosis fungoides. The steps used to arrive at this decision are as follows:

Step 1: Enter **mycosis fungoides** in the Heme DB to find the histology. Click on the SEARCH button. The term "mycosis fungoides" [9700/3] is highlighted on the screen under the RESULTS FOR ALL TERMS area.

Step 2: Check the ALTERNATIVE NAMES section. Notice that "CTCL" is listed. CTCL is an abbreviation for cutaneous T-cell lymphoma. Therefore, these are the same histology, with CTCL being another term for mycosis fungoides.

Step 3: Click on the 2012 HEMATOPOIETIC CODING MANUAL (PDF) button. Once in the manual, locate one of the three formats (i.e., flowchart, matrix or text) to check the Multiple Primary Rules. The rules are intended to be reviewed in consecutive order from Rule M1 to Rule M13. Stop at the first rule that applies to the case you are processing.

Step 4: Stop at Rule M2. Abstract as a single primary when there is a single histology.

Slight change in Chemotherapy Treatment definition

The SEER, CoC, StatCan and NPCR group had a discussion about whether chemotherapy that controls cancer can be handled as rendering the patient "cancer free" for the purpose of coding Recurrence (for example, Gleevec for CML). CoC questioned Dr. Winchester and the upshot of the discussion was the following CoC updated instructions for *Type of First Recurrence* (the second sentence in the next-to-last bullet was added, the only change). CoC has indicated that we can consider this new statement as retrospective; the action of the drug didn't change.

Instructions for Coding

- Code the type of first recurrence. First recurrence may occur well after completion of the first course of treatment or after subsequent treatment.
- Check the SEER *Multiple Primary and Histology Coding Rules Manual* to determine which subsequent tumors should be coded as recurrences.
- If the patient has never been disease-free (code 70), continue to track for disease-free status which may occur after subsequent treatment has been completed.
- If the patient is disease-free (code 00), continue to track until a recurrence occurs. First recurrence may occur well after completion of the first course of treatment.
- Once a recurrence has been recorded (code 04-62 or 88), subsequent recurrences are NOT to be recorded. Codes 00 through 70 are hierarchical. Record the highest-numbered applicable response.
- If the tumor was originally diagnosed as in situ, code recurrence to 06, 16, 17,26,27,36, or 46 only. Do not use those codes for any other tumors. Codes 00, 88, or 99 may apply to any tumor.
- Codes 51-59 (organ or organ system of distant recurrence) apply only if all first occurrences were in a single category. There may be multiple metastases (or "seeding") within the distant location.
- Code lymphomas or leukemias that are in remission 00. If the patient relapses, then code recurrence as 59. If one of these is controlled by drugs (for example, Gleevec for CML), the patient is in remission.
- If there is more than one primary tumor and the physician is unable to decide which has recurred, code the recurrent disease for each tumor. If the recurrent primary is identified later, revise the codes appropriately.

Bladder Cancer

Distinguishing noninvasive and invasive bladder cancer: The two main types of bladder cancer are the flat (sessile) variety and the papillary type. The flat (sessile) variety is called in situ when tumor has not penetrated the basement membrane. **Papillary tumor that has not penetrated the basement membrane is called noninvasive.**

Noninvasive papillary transitional carcinoma: Pathologists use many different descriptive terms for noninvasive papillary transitional cell carcinoma. Frequently, the pathology report does not contain a definite statement of noninvasion; however, noninvasion can be inferred from the microscopic description.

Definite statements of noninvasion for papillary transitional cell carcinomas include:

Code CS Extension to 010

- Noninfiltrating
- Noninvasive
- No evidence of invasion
- No extension into lamina propria
- No stromal invasion
- No extension into underlying supporting tissue
- Negative lamina propria and superficial muscle
- Negative muscle and (subepithelial) connective tissue
- No infiltrative behavior/component

Inferred descriptions of noninvasion for papillary transitional cell carcinomas include:

Code CS Extension to 030

- No involvement of muscularis propria and no mention of subepithelium/submucosa
- No statement of invasion (microscopic description present)
- (Underlying) Tissue insufficient to judge depth of invasion
- No invasion of bladder wall
- No involvement of muscularis propria
- Benign deeper tissue
- Microscopic description problematic (noninvasion versus superficial invasion)
- Frond surfaced by transitional cell
- No mural infiltration
- No evidence of invasion (no sampled stroma)
- Confined to mucosa

Noninvasive (in situ) flat transitional cell carcinoma:

Careful attention must be given to the use of the term "confined to mucosa" for flat bladder carcinomas. Historically, carcinomas described as "confined to mucosa" were coded as localized. However, pathologists use this designation for noninvasion as well. Pathologists also vary in their use of the terms "invasion of mucosa, grade 1" and "invasion of mucosa, grade 2" to distinguish between noninvasive and invasive carcinomas.

NPCR Education Conference Histology Note

Endometrial adenocarcinoma – histology coded to 8140

Endometrioid adenocarcinoma – histology coded to 8380

Words from Death Clearance Coordinator Ashley Grunewald

I want to thank all facilities for their hard work, and timely responses. If a case is requested and you have already abstracted that case, please resubmit that case. When a patient only has a history of cancer please list the primary physician if available.

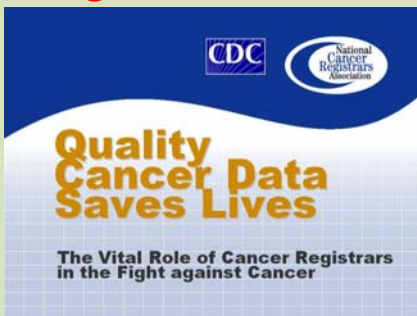
Training Opportunities

Webinars for the Montgomery area are held at the RSA Tower, 201 Monroe St. Montgomery, AL on the 13th floor at 1:00 pm on the dates listed below. For more information please contact Tara Freeman at (334) 206-7035.

- January 10, 2013, Bone and Soft Tissue
- February 7, 2013, Central Nervous System
- March 7, 2013, Cancer Case Scenarios
- April 4, 2013, Breast

A recording of these webinars can be viewed at the Cullman and Mobile County Health Departments (Date-TBA). Contact Diane Hadley (256) 775-8790 in Cullman County or Mark Jackson (251) 433-7809 in Mobile if you would like to attend meetings in those areas. If you reside in the Birmingham area, please contact Judy Lang at (205) 783-7222 for more information on webinars in your area.

Cancer Registrar Recruitment PowerPoint Presentations



The CDC-NPCR Certified Tumor Registrar Recruitment PowerPoint presentations have been updated and are available for download. The presentations are entitled “Quality Cancer Data Saves Lives: The Vital Role of Cancer Registrars in the Fight against Cancer” and can be used as a recruitment tool at schools, career days, and events that provide a forum for the recruitment of cancer registrars. The presentations are available in three timed sessions of 30, 60, and 90 minutes. There are notes with each slide to assist with your presentation.



ASCR receives appreciation award from ASU

Alabama State University expressed their appreciation to the ASCR for accepting Summer and Spring interns by hosting a luncheon and awards ceremony on November 2, 2012. ASCR’s Data/Education Manager, Tara Freeman was on hand to accept the award.

FHS Celebrates Christmas with a wonderful lunch filled with all of the traditional holiday trimmings. The staff enjoyed games, food, and wonderful fellowship. Santa even made an appearance to thank FHS for all of their hard work throughout the year.





ALABAMA DEPARTMENT OF PUBLIC HEALTH

Alabama Statewide Cancer Registry
The RSA Tower
201 Monroe Street, Suite 1490
Montgomery, Alabama 36130-3017
Phone: 334-206-5557
Fax: 334-206-3757



Capturing Cancer Data in Alabama
Find us at http://www.adph.org/cancer_registry

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

Tara Freeman, MSM, CTR, Editor
Xuejun Shen, Ph. D, Editor

Editorial Reviewer: **Nancy Wright, MPH**

CTR EXAM for 2013

March 9-23, 2013

Application due by January 31, 2013

September 7-21, 2013

Application due by July 31, 2013

Download the 2012 CTR Exam Handbook & Application
<http://www.ncra-usa.org/handbook>

15-Minute Chicken Gumbo

8 Weight Watcher Points Plus Value per serving

Prep: 7 min - cook: 10 min Serves 4

- 1 spray cooking spray
- 16 oz frozen gumbo-style vegetables (okra, pepper, and onion)
- 1 Tbsp all-purpose flour
- 29 oz canned diced tomatoes with mild chilies
- 3 cups cubed, roasted skinless chicken breast
- 1 tsp Creole seasoning

Coat a large skillet with nonstick cooking spray. Add vegetables and sauté over high heat, stirring frequently, for 2 minutes. Stir in flour and cook 1 minute more.

Stir in tomatoes, chicken, and Creole seasoning. Cook over medium heat, stirring frequently, until hot, about 6 minutes. Yields about 1 ½ cups per serving.

Notes: For a soupier consistency, add a little water or broth to the recipe.

Holiday Challenge Daily Tip

Don't eat an entire entrée if you are eating out. If you are not going home after the meal, share the entree with a friend or order an appetizer as an entrée. Otherwise you can order an entrée and ask the server to bring out a to-go box with it. Pack half of it up before you start eating. You'll have one less thing to do tomorrow because your lunch will already be packed.

Helpful Website for NPI Number Lookup of Provider and Facilities

www.hipaaspace.com

Click on Lookups for NPI number



REPORTING SCHEDULE (2012 Cases)

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

Farewell Shirley



ASCR will soon lose a veteran worker who has worked for ADPH for 33 years. Shirley Williams - Case Finding Auditor will retire January 31, 2013. Although we are saddened to see her leave us, we wish her much success in her retirement. We'll miss you Shirley!