

ASCR CERTIFIED GOLD!!!!

In our last edition of ASCR News the Alabama Statewide Cancer Registry was in “hot” pursuit of achieving the North American Association of Central Cancer Registries’ gold seal of approval. We are so very proud that the pursuit has resulted in golden success. The ASCR joined the ranks of other elite central registries when the North American Association Central Cancer Registries (NAACCR) awarded our state registry with gold certification for its’ 2002 data submission. This is a most prestigious honor for the Alabama. The staff of the ASCR would like to thank all of our data providers for their contribution to this successful effort. We could never have achieved this honor without you.

While we are enjoying our current success, we are preparing for the future. NAACCR annually reviews member registries for their ability to produce complete, accurate and timely data. Recognition is given to those registries meeting the highest standards of data with “gold” or “silver” award certificates for each data year. The Alabama Statewide Cancer Registry had previously enjoyed silver certification.

Again, we say thank you to the registrars and other data providers around the state. Remember, the only data that we have, is that which you provide. *Keep that data flowing!*

CANCER REGISTRY MANAGEMENT

The American Health Information Management Association (AHIMA) is developing a cancer information registry education program in a collaborative partnership with the National Cancer Registry Association. The program consist of four (4) prerequisite courses :

- Anatomy & Physiology
- Computer Basics in Healthcare
- Medical Terminology
- Patho physiology/Pharmacology

Six specialty classes consist of:

- Cancer Registry Structure and Management
- Cancer Registry Operations
- Cancer Disease Coding and Staging
- Abstracting Methods
- Follow-up, Data Quality and Utilization

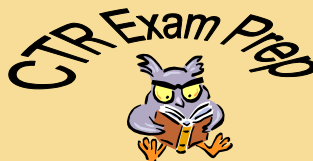
Each class is 15 weeks in duration. Previous coursework can be used to satisfy prerequisite courses.

Log on to <http://www.ahima.org> for details.

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If you are preparing to take the upcoming CTR Exam, contact your Regional Coordinator for some valuable information



Did you know that

all 2004 cases should be submitted by now?

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ASCR Update

Collaborative Stage Update

If your registry software has been updated to accommodate the 2005 changes for collaborative stage, please submit these cases in the normal manner.

If you have not received the CS update for 2005 changes please **do not transmit** these cases until data is complete. Be sure to include the year of the data in the submission description.

EOD

The ASCR continues to receive telephone calls concerning the collecting of EOD and SS2000 data items. These items do not have to be collected for 2004 and forward. These items are now incorporated in the Collaborative Stage process. We are aware that some Cancer Committees have mandated that these items continue to be collected by their respective registries. If this applies to your facility, these items will continue to be reflected on your edit report, but will not be counted as an error.

Managing Physician Field

Please don't forget to include physician information in the abstract. This is a requirement of the ASCR. The Alabama license number assigned to the physician is the only code that should be used in this field. If your hospital is a teaching facility who experience rotating residents, fellows and other non-staff physicians please remember to identify a following physician of record; this could be a surgeon, referring physician or primary care physician. The abstract should always have someone listed as "managing physician". This is the only field that is displayed in the summary record created by the central registry software. The physician number is a crucial element in the research process. Most license numbers

should be 8 digit numbers. Only a few numbers contains DO (Not D0), L or SP. No other letters are allowed for state license numbers.

Cause of Death Code

Cause of death code can now be reflected with a valid ICD9 or ICD10 code. The rule was relaxed to accommodate registries who collect the ICD9 data for statistical analysis for Cancer Program Annual Reports. While the ACS no longer require annual reports to be published as a component of the survey process; some Cancer Committees continue to require their registries to create and distribute this document.

Over Ride Codes

The ASCR continue to receive inquiries about the use of over ride codes. The override is reflected with a numerical value of (1). In the edit listed below, all values are equal between the old value and the new value, with the exception of the one.

Old Value: ,C541,8460

New Value: 1,C541,8460

The override edit simply requires visual review of the data before moving to the next edit item. A value, which in this case is (1) is assigned to indicate to the system that the data has been reviewed and the process can continue .

Unknown Primary

Old Value: C809,8140,3,01,01,1,11082002

New Value: C809,8140,3,99,99,1,11082002

If the primary is unknown, lymph nodes examined and lymph nodes positive must be 99 to reflect the unknown status

ALABAMA CANCER REGISTRARS FALL EDUCATION MEETING

Friday, September 30, 2005

American Cancer Society
1100 Ireland Way
Birmingham, Alabama 35205

Stella Steagle—President

COMPLETENESS SCHEDULE

Current Date	Level of Completeness	Case Submission -Timeline
July 2005	8%	January 2005
August	16%	Feb 2005
September	25%	March 2005
October	33%	April 2005
November	42%	May 2005
December	50%	June 2005
January 2005	58%	July 2005
February	66%	Aug 2005
March	75%	Sept 2005
April	83%	Oct 2005
May	91%	Nov 2005
June	100%	Dec 2005

ASCR News

Multiple Primary and Histology

Planning efforts for implementation of the new NCI SEER Multiple Primary and Histology Coding Rules have brought greater complexities and impact on registry operations that are associated with system changes. NCI and CDC anticipate recommending full implementation for cases diagnosed in 2007, and will continue to work with other cancer registry surveillance partners to facilitate and coordinated use of the new SEER Multiple Primary and Histology Coding Rules. To assure a more smooth transition for the entire cancer surveillance community, the NIC SEER Program has announced plans for a 2006 field trial of material produced under the aegis of the Multiple Primary and Histology Coding Rules Project. Results of the field trial will be used to refine proposed rules and their implementation within registry operations. The study de-

sign will include the use of new data items, coding and consolidation of a sample of cases based on the proposed rules, and comparison to results with those based on current rules. The protocol-defined field trial will be implemented by 4-8 SEER registries, as well as in selective hospital facilities, in early 2006. CDC expects to engage participation by several NPCR registries.

Educational training materials and venues are being developed, such as a Histology-Multiple module on the SEER training website, 10 recorded web cast, and printed materials, including a manual. SEER staff are currently developing analytical approaches to determine the potential impact of the proposed new multiple primary rules on reporting U.S. cancer rates.

2005 CTR EXAM

Application Deadline:
July 31, 2005

Testing Begins
September 10, 2005

Testing Ends:
September 24, 2005

Exam Application Fees:
NCRA Members: \$200.00
All other Candidates: \$275.00

WELCOME

New Registrars



Ruby Gladney
East Alabama Medical Center

Judy Smith
Tanisha Dixon
UAB Medical Center

Current ASCR Research Projects

- **Analyzing the Gap: Breast Cancer In White and Black Women**
The purpose of the study to determine whether the treatment received for breast cancer differs by race, socioeconomic status, or rural vs. urban locale, and to determine factors contributing to the observed differences.
- **Racial Disparities in Breast Cancer Treatment in Alabama**
ASCR is working with a doctoral student at UAB School of Public Health to examine why African American women bear such a high burden of breast cancer. The study also evaluates completeness of breast cancer treatment data to determine data reliability.
- **What Accounts for Racial Disparities in Colon Cancer?**
The primary objective is to isolate the unique effect of race/ethnicity and SES as determinants of differences in incidence, treatment modalities and disease outcomes between blacks and whites diagnosed with colorectal cancer.
- **Colorectal Study**
The purpose of this study is to examine the behavioral and psychosocial treatment and support factors that influence the quality of life and survival of colorectal cancer survivors in the United States.
- **NCI/ADPH Social Marketing Project**
In collaboration with the NCI, the ASCR and other departmental cancer programs began the process of developing detailed profiles of Alabama Communities at high risk for cancer.

NAACCR
CTR Exam Readiness
Institute
August 25 & 26 2005
Nashville, TN

Topics Include:
2004 Cancer Program Standards
2004 FORDS 2004
ICD-0-3
Collaborative Staging
AJCC Cancer Staging, 6th Edition
Case Ascertainment, abstracting,
and follow up
Anatomy, physiology, and histology
Statistics and epidemiology
Computer principles

Registration \$300.00
Registration fee includes
continental breakfast,
breaks, and lunch buffet each day.



Alabama Department
of Public Health

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Capturing Cancer Data in Alabama
Find us on the web
[Http://www.adph.org/cancer_registry](http://www.adph.org/cancer_registry)

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

Regina T. Dillard, RHIT, CTR
Editor:

Vicki Nelson, RHIT CTR,
Editorial Review

Annual Educational Scholarships

Please nominate a deserving individual that you know to receive the "Alabama Cancer Registrar Award" in the form of an Educational Scholarship. The recipients may choose to travel to the 2006 National Cancer Registrar's Annual Meeting or Alabama Cancer Congress. Eligibility for this award requires contribution to this profession in **one or more of the following areas:**

- Service to the profession
- Professional Achievement
- Conducting research and publication activities
- Educational leadership
- Contributions to society
- Other

It is not required that the nominee be a Certified Tumor Registrar. You can only receive this scholarship once. Nomination forms will be mailed soon and the deadline will be August 15, 2005. Begin now considering the individual you would like to nominate for this award.

A FINAL NOTE

- Please do not resubmit an abstract to the ASCR. If updated treatment information, correction to staging data, or any changes need to be made to a case please contact your regional coordinator by phone or email so that changes can be made to the central database manually. A second submission of the same case requires extensive analysis and consolidation by our staff. The case is ultimately voided and only the updated information is retained. **This rule does not apply to subsequent primary cancers.**
- Data submission are required monthly from most facilities. When a facility holds data and submits a large number of cases at one time, it creates an extreme work backlog and prohibits the efficient processing of data. When submitting data be sure to include the number of cases being submitted and the abstracting period. **Please keep your submission timely!**