



## Alabama Statewide Cancer Registry

From the Director:

We're almost there. Changes in 2018 have definitely had us all eagerly anticipating the release of manuals, metafiles, erratas, etc. Since we are still waiting for the final metafile release, I continue to ask that you do not transmit any 2018 diagnosed cases until your software has been updated to V18. You may still abstract 2018 diagnosed cases in V16, but please leave the following fields blank until the software updates are complete:

- **Grade:**  
**The current grade data item will be replaced by three separate data items for grade assessed during the clinical and pathologic timeframes or for cases that had neoadjuvant therapy administered.**
- **AJCC T, N, M Stage groups and Descriptors**
- **CS Site Specific Factors 1-25**
- **Radiation Treatment**

In order to assist you with completing the cases after the upgrade, please be sure to include in your abstract as much textual documentation as possible to facilitate completion of new and changed data items.

Other changes that will occur in the Fall of 2018 include:

- The ASCR will provide access to recorded NAACCR webinars to be viewed via the abstractor's desktop if you abstract for an ASCR reporting facility. Instructions on how to sign up for the webinar recordings will be sent out via email at a later date. You should expect the recordings to be available in October.
- There are future plans to make the death list available to you via your WebPlus login rather than the generic user name and password. Each facility that is in need of the death list will be able to view it once you log into your individual facility account. Expect more information on this process in the coming months.

ASCR is committed to keeping you informed and working with you to lessen the burden by posting updates as soon as they are available.

Please let me know if I can assist you in any way.

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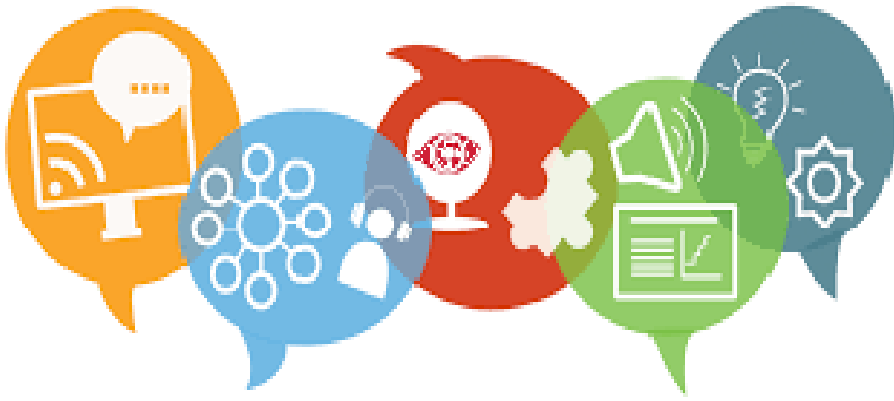
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# W • E • B • I • N • A • R

The Alabama Statewide Cancer Registry will be hosting the following webinars at 9:00 a.m. at the Cullman County Health Department in Cullman, Alabama. Please contact Diane Hadley as soon as possible if you plan to attend any webinar in Cullman. The exact dates of these webinars are to be determined.

- July 2018 - Collecting Cancer Data: Thyroid and Adrenal Gland
- August 2018 - Multiple Primary and Histology Rules
- September 2018 - Coding Pitfalls

*“CANCER hurts the HEARTS of those who FIGHT from the sidelines.”*

“Success is no accident. It is hard work, perseverance, learning, studying, sacrifice and most of all,

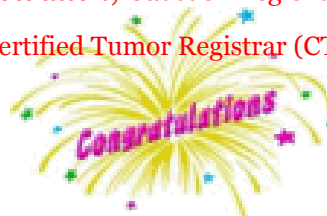
LOVE OF WHAT YOU ARE DOING AND LEARNING TO DO!”

*Fantastic*  
**Fabulous**  
*Exceptional* CONGRATULATIONS  
**CONGRATULATIONS**  
*Fantastic* **Fabulous**  
**Terrific** **OUTSTANDING**  
*Fabulous* **OUTSTANDING** *Exceptional*  
**Terrific**

~Pele



The ASCR would like to recognize *Sonya Lewallen*, Gadsden Regional Medical Center, for taking and passing the Certified Tumor Registrar (CTR) exam.



National Cancer Registrars Week  
April 9-13, 2018

# Cancer Registrars:

Hidden Jewels  
of Cancer Care

National Cancer Registrars Week (NCRW) was established as an annual celebration to promote the work of cancer registry professionals. Founded by National Cancer Registrars Association (NCRA), NCRW is officially celebrated the second full week in April; however, by the nature of their work, cancer registrars should be celebrated year-round for their incredible dedication toward quality cancer data management.



The North Region cancer registrars celebrated National Cancer Registrars Week following the NAACCR Webinar with a delicious lunch at Carlton's Italian restaurant. From left to right: Susan Elam, Brandi Davis, Emily Fausz, Katherine Wolfson, Sara McGraw, Barbara Roberts, Sonya Lewallen and Diane Hadley.

## FOLLOW-BACK COORDINATOR

As Follow-Back Coordinator,

I want to thank all of my facilities for your hard work and timely response when reporting cancer cases.

The deadline for the 2016 Death Clearance form was May 3, 2018. If you have not done so, please complete the form as soon as possible. The form can be returned via mail, fax, or emailed to me at [Cassandra.Reynolds@adph.state.al.us](mailto:Cassandra.Reynolds@adph.state.al.us).

Important fields that need to be completed on the forms are:

- Fields that have the (\*) are required such as the **date of diagnosis, primary site, and histology.**
- If the patient was referred to your facility from another facility, please include the information under the demographic section on the form.
- If there is no more information on the patient, please write that on the form. **PLEASE DO NOT RETURN THE FORM BLANK.**
- If you will abstract the case, please circle YES. If you will not abstract the case please select NO and explain the reason why.



# Coding Grade for cases with Diagnosis Date of January 1, 2018 and forward

## GRADE MANUAL LOCATED:

<https://www.naaccr.org/SSDI/Grade-Manual.pdf>

### **Classification now varies by tumor site and/or histology Grade will have three different data items or fields**

- **Grade Clinical** - Before any treatment whether surgical resection or neoadjuvant therapy
- **Grade Pathological** - Tumor has been resected and no neoadjuvant therapy was administered
- **Grade Post-Therapy** - Tumor has been resected following neoadjuvant therapy

## Question from CoC Forum:

### **Pathological Grade**

**Question:** For the following scenario, the clinical grade would be a 1, but would the pathological grade be a 1 or a 9?

Biopsy of the right lung showed a well-differentiated lepidic adenocarcinoma. Wedge resection was performed showing a lepidic adenocarcinoma with clear margins.

Is the pathological grade a 1 because this is a grade from the primary tumor (although from the biopsy specimen and not from the primary resection). Our rules instruct us to use the highest grade reported from the primary specimen. Or is the pathological grade a 9 because no grade was reported from the resection of the primary site?

**Answer:** For pathological grade, like pathological staging, this includes all clinical information + operative findings + pathology report of resected specimen. Since there is no grade provided from the wedge resection (surgical resection of primary site), assign grade based on the clinical findings. G1.

## Question from NAACCR Webinar:

### **Pathological Grade**

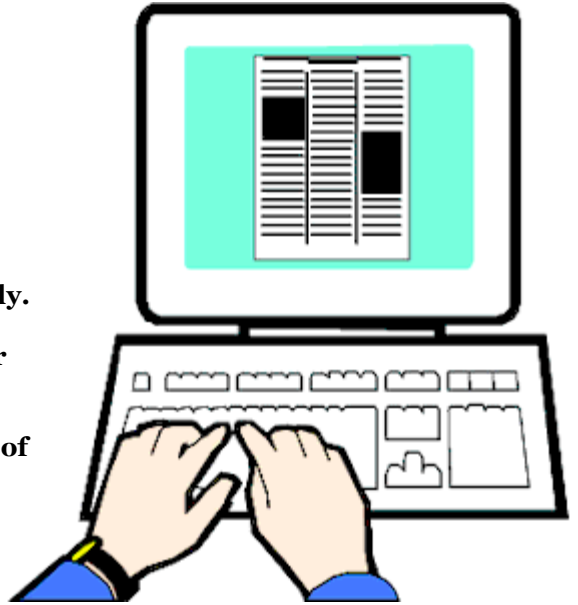
**Question:** Can you explain if you are to take the clinical grade for path if higher - what is the reason behind splitting out the clinical and path grade for 2018?

**Answer:** You are trying to show the grade information the physician had to work with prior to any treatment (clinical grade) and what they had to work with after surgical resection, but before adjuvant treatment (pathologic grade). The physician wouldn't "forget" the grade from the initial biopsy so information from the clinical grade can be used to assign the pathological grade value.

## SENTINEL Lymph Node Data Items or Fields

NEW DATA ITEMS required for **Breast** and **Melanoma** cases only.

- **Date of Sentinel Lymph Node Biopsy** – Record SLN biopsy only. Do not record the date of lymph node aspiration, fine needle aspiration, fine needle aspiration biopsy, core needle biopsy or core biopsy
- **Sentinel Lymph Nodes Examined** – Record the exact number of sentinel lymph nodes biopsied by the pathologist and found to contain metastasis.
- **Sentinel Lymph Nodes Positive** – Record the total number of positive nodes from the sentinel lymph node biopsy procedure regardless of sentinel node status.



## REGIONAL LYMPH NODE Data Items or Fields

- **Date Regional Lymph Node Dissection** – Record the date Regional Lymph Node dissection was performed.
- **Breast** and **Melanoma** cases only. If **Sentinel Lymph Node dissection** done and then subsequent separate **Regional Lymph Node dissection** done - **Record Separately**.

## SOLID TUMOR RULES

- Must review the histology rules to make sure you are using the correct histology code.
- <https://seer.cancer.gov/tools/solidtumor/>
- Adenocarcinoma arising in an adenomatous polyp (8210)
- 8210 is not a histology eligible for AJCC Staging
- Solid tumor rules instruct us to code adenocarcinoma arising in a polyp to 8140!

*If you are working on 2018 cases, make sure you review the Solid Tumor rules, especially for colon and breast.*





The ASCR would like to

# Welcome



**Katelynn Thompson**

Katelynn is currently a clerical aide, previously serving as a student intern with the ASCR. She is a graduate of Alabama State University with a degree in Health Information Management. In her spare time, she enjoys spending time with family and doing lots of shopping. Katelynn is very excited to be starting her new journey with the ASCR.



**Farzana Salimi**

Farzana will be working as a Public Health Research Analyst I. She resides in Montgomery County with her husband, Mirwais and son, Arash. For the previous 3 years, Farzana worked as Public Health Research Deputy Director in Afghanistan. She completed her degree in Medicine in Afghanistan; also holds a post graduate certificate in Clinical Research from the University of London. Farzana enjoys spending time with family, especially her son who is now six years old. She loves to cook, learn new things and exercise in her free time. She is honored to be a part of the Cancer Registry team and excited to begin the work!



FROM THE 2018 NCRA 44TH ANNUAL EDUCATIONAL CONFERENCE

## AJCC 8<sup>th</sup> Edition Chapter 1 Principles of Cancer Staging: **Node Status**

All **chapter** exceptions where cNo may be used for cN & pN category

- 38 Bone
- 40 Soft Tissue Sarcoma of Head and Neck
- 41 Soft Tissue Sarcoma of Trunk and Extremities
- 42 Soft Tissue Sarcoma of Abdomen and Thoracic Visceral Organs
- 43 Gastrointestinal Stromal Tumor
- 44 Soft Tissue Sarcoma of Retroperitoneum
- 53 Corpus Uteri Carcinoma and Carcinosarcoma
- 54 Corpus Uteri Sarcoma
- 67 Uveal Melanoma
- 68 Retinoblastoma

Limited exception where cNo may be used for pN category

- 47 Melanoma: only used for pT1

## **Clinical Nodes in Pathological Staging from CANSWER Forum**

**Question:** Is there ever an instance where you could use cNo in pathological staging? If there is could you site an example and refer to where this information is found?

<http://cancerbulletin.facs.org/forums/member/10-dgressdgress> replied

There are 2 exceptions:

First exception is for in situ disease when the primary site resection meets the pathological staging criteria. The pathological staging is pTis cNo cMo stage 0 when no nodes are removed with the primary site surgical resection.

Second exception is for sites identified as having rare nodal involvement. These exceptions are noted in the applicable chapters in the 7th edition. This is explained in a document for the 8th edition, but was also the rule in earlier editions such as the 7th edition. **That list for the 8th edition may be used for the 7th edition, and is located on the AJCC website under Education/Registrars. It is a section entitled Critical Clarifications for the 8th edition, so that registrars had an easy list to refer to.**

## SMALL HOSPITAL COORDINATOR

I want to thank all small hospitals for their hard work, and timely responses.

Reminders:

- Text is required for tumor data, procedures, and treatment including dates.
- Please format dates in text field's mm/dd/yyyy. Example: 06/15/2018
- Please note in text: age, sex, and race of patient as well if they had a history of cancer or other diagnosis.
- Please fill out all text fields with detailed information from the pathology or cytology report.

If you have any questions or concerns, please contact Kandice Abernathy via telephone 334-206-2088 or via email [Kandice.Abernathy@adph.state.al.us](mailto:Kandice.Abernathy@adph.state.al.us).

Question:

Biopsy of Gastric mass: Mixed epithelioid and spindle cell neoplasm with features consistent with gastrointestinal stromal tumor (GIST).

Would this case be reportable? \_\_\_\_\_ Yes \_\_\_\_\_ No

Primary Site \_\_\_\_\_

Histology Code \_\_\_\_\_

Answers: Reportable: Yes, Primary Site: C16.9, Histology: 8936/3

## Resources

New manuals, education, and updates are available for 2018. For a complete and accurate list of what is available, refer to <https://www.naaccr.org/2018-implementation/#Education>.



We have received The Registry of Distinction and Gold Certification award for our 2015 data submission. Thank you for assisting us in achieving this goal. If you have not submitted all files for 2016 and are not up to date on 2017 submissions, please transmit those cases as soon as possible as we prepare for our next data submission.



# Just for Fun



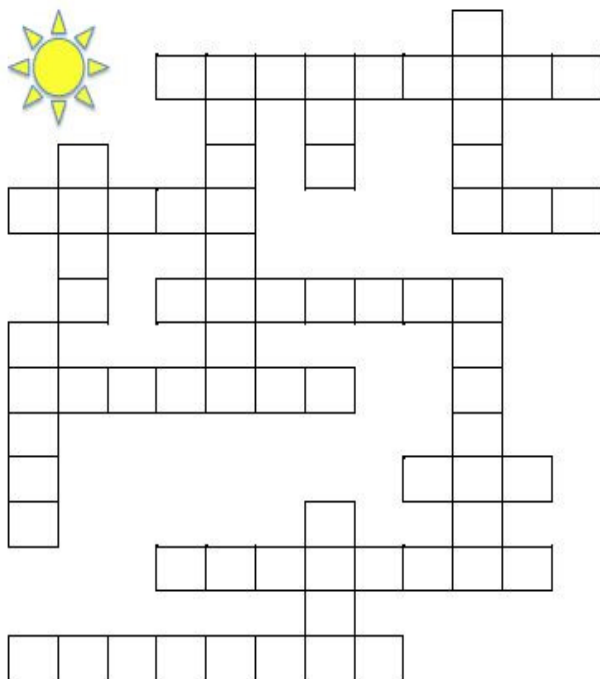
## Sparkling Pear Punch

- 2 cups of pear juice
- Juice of one lemon
- 1/2 cup of sugar
- 2 liters of ginger ale
- Sliced fresh pear

1. Pour pear juice into large punch bowl.
2. Add lemon juice
3. Stir in sugar
4. Mix ginger ale and top with fresh sliced pear.

## Relay For Life

### Framework Puzzle for Summer and Sun Safety



Words are listed in alphabetical order and by the number of letters in the word. Figure out where the words go in the puzzle. Good luck!

#### 3 Letter Words:

Hat  
SPF  
Sun

#### 5 Letter Words:

Beach  
Shade  
Water

#### 8 Letter Words:

Overcast  
Umbrella  
Vitamin D

#### 4 Letter Words:

Rays  
Sand

#### 7 Letter Words:

Glasses  
Hydrate  
Sunburn

#### 9 Letter Word:

Sunscreen



ACS

ACTIVITIES

ARK

AMARADERIE

AMP

CANCER

CANDLES

CARE GIVERS

CELEBRATE

COMMITMENT

COMMUNITY

DINNER

DISEASE

DOGS

DONATIONS

EVENTS

FAIRGROUNDS

FAMILY

FIGHT

FUND RAISING

GAMES

HONOR

HOPE

LUMINARIA

OPENING LAP

OVERCOME

OVERNIGHT

PARKS

PARTNERS

PATIENTS

REMEMBER

RESEARCH

RUN

SUPPORT

SURVIVORS

TEAMS

TREATMENT

TRIBUTE

UNITE

VICTORY

VOLUNTEER

WALK