ACRA 2013 1st quarter NEWSLETTER

Alabama Cancer Registrars Association 2012-2013 Officers and Committee Chairs

President-Lou Ellen Marchman President Elect-Joanne Powers Vice President-Paula Wyatt Secretary-Wendy Richardson Treasurer-Belinda Limbaugh Treasurer-Elect-Kelly Evers Historian/Parliamentarian-DeeAnn Harris Immediate Past President-Priscilla Foster Education-Pamela Tillman Bylaws-Judy Smith Ways & Means-Joanne Powers Membership-Connie Jensen Donation-Priscilla Foster Nominating-Sheila Grant Ballot-Diane Hadley

A Message from our President.....

Greeting from Lou Ellen Marchman, ACRA President 2012-13

I hope you all had a blessed holiday season. I would like to take this opportunity to wish you a happy, healthy, peaceful 2013! I feel honored to serve as the ACRA president for this year.

So much of what we talk about in newsletters and meetings is related to work. Be sure to take some time to relax and enjoy yourselves also. One of my personal resolutions for this year is to be healthier. I have plans to eat healthy, exercise regularly and lose weight. I encourage you all to take care of your health also. It is so easy to get caught up in work and not take care of ourselves like we should.

We had our first Board of Directors meeting in November with a total of 12 members in attendance. It was great to have such excellent participation in our first meeting. This year's board has a good mix of experienced and new members. It is especially good to have new members on the board who are so enthusiastic and ready to work.

Our education chairman, Pam Tillman, already has a group of Mobile area registrars working with her on ideas for our 2013 annual meeting. Pam has experience as education chairman in the past. I know Pam and her committee will put together an excellent 2013 meeting.

We will be watching our expenses closely as we prepare for the 2013 meeting. Priscilla ran into some issues with last year's meeting site. The hotel expenses were unexpectedly high. Three thousand dollars was transferred from our money market account to checking in an attempt to cover the charges. Our checking account balance is much lower than normal. Expect to see cut backs in things like food this year.

I have had emails and calls offering support and assistance from non-board members as well as those on the board. It makes me really appreciate this organization and its' wonderful members. I have faith that this is going to be a great year!

Please feel free to contact me if you have any suggestions, questions or would like to volunteer to help out. You can email me at: lemarchman@hotmail.com

Sincere Regards,

Lou Ellen Marchman BS, CTR

A note from your Vice President.....

I am very thrilled and honored to be serving ACRA as Vice President this year and will do my best to assist our president and all our members. I've never produced a newsletter and it can be quite intimidating. I hope you enjoy this newsletter and find that I did my job well.

Please feel free to email me at <u>paula_wyatt@gadsdenregional.com</u> with any information about your facility you would like to share or any ideas of what you would like to see in the newsletters and I will try my best to include them. A couple of important dates to remember are:

- NCRA's 2013 Annual Conference will be May 30-June 2, 2013 in San Francisco CA
- National Cancer Registrars Week is April 8-13 2013 "Cancer Registrars: Cornerstones of Care"

The NCRA has published the "Workbook for the Staging of Cancer: A companion guide to the AJCC Cancer Staging Manual Seventh Edition".

Please visit their site for more information on ordering and pricing.

www.ncra-usa.org

Alabama Cancer Registrars Association 2012 Annual Education Conference "Cancer Registrars United for the Cause"

Installation of officers













Basket raffles had another successful year

Mingling with our fellow members









Lots of attentive listeners

NAACCR Webinars

Princeton Baptist Medical Center will be hosting recorded NAACCR Webinars. The webinars are not live therefore it will not be on the scheduled date. If anyone would like to attend please contact Judy Lang via e-mail at Judy.Lang@BHSALA.com 1/29-Collecting Cancer Data on Stomach and Esophagus 12:30-3:30 pm 2/21-Collecting Cancer Data on Uterus 9:00-12:00 and then Pharynx 1:00-4:00 pm All others will be scheduled once a month.

Diane Hadley and Mark Jackson will also be hosting NAACCR webinars in their region. If you would like to be added to their contact list for notifications on upcoming webinars, please email them at:

Diane.Hadley@adph.state.al.us Mark.jackson2@adph.state.al.us

ASK A SEER REGISTRAR:

Question

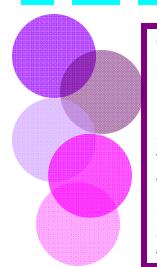
Reportability--Brain and CNS: In addition to Schwannoma, are there additional types of benign tumors that arise in peripheral nerves along the spinal cord that are not reportable? Please see discussion.

Answer

Reportability depends on the location of the tumor. Tumors in the following sites are reportable:

- C700 C709
- C710 C719
- C720 C729
- C751 C753

Benign and borderline tumors of the peripheral nerves (C47), including peripheral nerves along the spinal cord, are not reportable.



There is a revised multiple primary and histology coding rules manual that includes data items effective for cases diagnosed 1/1/2012 and after. Here is the link:

http://seer.cancer.gov/tools/mphrules/2007_mphrules_manual_0824 2012.pdf

If you just want to print out the new data items, refer to them at <u>http://seer.cancer.gov/tools/mphrules/download.html</u>



From: Alabama Statewide Cancer Registry:



Release of Updated Registry Plus Online Help Version 12.2 for 2012

An updated version of Registry Plus Online Help (RPOH) for 2012 has been released by the Centers for Disease Control and Prevention (CDC) Division of Cancer Prevention and Control, Cancer Surveillance Branch. The SEER manual component has been updated to the 2012 SEER manual, and the Edits component has been updated to the NAACCR metafile version 12.2C. This new version is available at www.cdc.gov/cancer/npcr/tools/registryplus/rpoh_tech_info.htm. RPOH provides online versions of FORDS, the SEER coding manual, Collaborative Stage manual, and other resources in a free, easy-to-use package. RPOH is an integrated, user-friendly help system for cancer registrars and others who work with cancer data. Developed in support of CDC's National Program of Cancer Registries (NPCR), RPOH facilitates the abstraction of cancer cases by centralizing standard abstracting and coding manuals into one accessible, easy-to-use resource. The manuals within RPOH are cross-referenced, indexed, and context-linked, making the information readily available to the user, so RPOH can eliminate the need for printed manuals.

The following manuals are included in this release:



- NAACCR *Data Standards and Data Dictionary* for record layout version 12.2
- Online help for the NAACCR Edits Metafile V12.2C
- FORDS (Facility Oncology Registry Data Standards) 2012
- Collaborative Stage Data Collection System [CS]: User Documentation and Coding Instructions, Version 02.04 (including both Parts I and II)
- SEER Program Coding and Staging Manual 2012
- ICD-O-3, Introductory Material and Morphology Numerical Lists
- Multiple Primary and Histology Coding Rules (updated through 9/27/11)

The abstractors in Alabama can use the link in Hospital Resource page from the ASCR's website. Please check this page often for any updates from the ASCR.



Question

Primary site--Heme & Lymphoid Neoplasms: Should we consider a peripheral blood equivalent to bone marrow biopsy for the purposes of Rule PH32 and code the primary site to C421 [Bone marrow] for a marginal zone lymphoma found in peripheral blood when there was no additional workup (i.e., scans, etc) for this case?

Answer

For cases diagnosed 2010-2011, code the primary site to C421 [Bone marrow]. Our hematopoietic specialty physicians state that involvement of peripheral blood is equivalent to bone marrow involvement because the marrow produces blood. In the absence of any other involvement, this is a bone marrow primary using Module 7 (Coding primary sites for lymphomas) PH32: Code the primary site to bone marrow when the only involvement is bone marrow.

Note: The answers for SINQ questions with 2010 ID numbers were written using the 2010 Heme & Lymph Manual & DB. The instructions for using the 2010 Hematopoietic Database were written for the version of the software in use as of 5/24/2011. The user interface of the web-based 2010 Hematopoietic Database available from the SEER website varies slightly from the 5/24/2011 version in that the web-based version provides all the disease information in one scrollable window.

For cases diagnosed 2010-2011, access the 2010 Hematopoietic Database at <u>http://seer.cancer.gov/tools/heme/</u>. Click on Hematopoietic Project. Click on Hematopoietic and Lymphoid Database. For 2010-2011 diagnoses, click on the "use the 2010 database" label in the upper right corner of the screen. The 2010 Hematopoietic Coding Manual (PDF) button will appear to indicate the correct version of the program is available now for query.



INTERESTING......

A Pap test for ovarian cancer? Scientists re-tool cervical cancer test to hunt other tumors



WASHINGTON - For years, doctors have lamented that there's no Pap test for deadly ovarian cancer. Wednesday, scientists reported encouraging signs that one day, there might be.

Researchers are trying to retool the Pap, a test for cervical cancer that millions of women get, so that it could spot early signs of other gynecologic cancers, too.

How? It turns out that cells can flake off of tumors in the ovaries or the lining of the uterus, and float down to rest in the cervix, where Pap tests are performed. These cells are too rare to recognize under the microscope. But researchers from Johns Hopkins University used some sophisticated DNA testing on the Pap samples to uncover the evidence — gene mutations that show cancer is present. In a pilot study, they analyzed Pap smears from 46 women who already were diagnosed with either ovarian or endometrial cancer. The new technique found all the endometrial cancers and 41 percent of the ovarian tumors, the team reported Wednesday in the journal Science Translational Medicine. This is very early-stage research, and women shouldn't expect any change in their routine Paps. It will take years of additional testing to prove if the so-called PapGene technique really could work as a screening tool, used to spot cancer in women who thought they were healthy.

"Now the hard work begins," said Hopkins oncologist Dr. Luis Diaz, whose team is collecting hundreds of additional Pap samples for more study and is exploring ways to enhance the detection of ovarian cancer.

But if it ultimately pans out, "the neat part about this is, the patient won't feel anything different," and the Pap wouldn't be performed differently, Diaz added. The extra work would come in a lab. The gene-based technique marks a new approach toward cancer screening, and specialists are watching closely. "This is very encouraging, and it shows great potential," said American Cancer Society genetics expert Michael Melner.

"We are a long way from being able to see any impact on our patients," cautioned Dr. Shannon Westin of the University of Texas MD Anderson Cancer Center. She reviewed the research in an accompanying editorial, and said the ovarian cancer detection would need improvement if the test is to work.

But she noted that ovarian cancer has poor survival rates because it's rarely caught early. "If this screening test could identify ovarian cancer at an early stage, there would be a profound impact on patient outcomes and mortality," Westin said.



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More than 22,000 U.S. women are diagnosed with ovarian cancer each year, and more than 15,000 die. Symptoms such as pain and bloating seldom are obvious until the cancer is more advanced, and numerous attempts at screening tests have failed.

Endometrial cancer affects about 47,000 women a year, and kills about 8,000. There is no screening test for it either, but most women are diagnosed early because of postmenopausal bleeding. The Hopkins research piggybacks on one of the most successful cancer screening tools, the Pap, and a newer technology used along with it. With a standard Pap, a little brush scrapes off cells from the cervix, which are stored in a vial to examine for signs of cervical cancer. Today, many women's Paps undergo an additional DNA-based test to see if they harbor the HPV virus, which can spur cervical cancer.

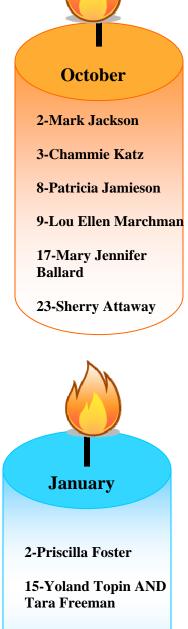


So the Hopkins team, funded largely by cancer advocacy groups, decided to look for DNA evidence of other gynecologic tumors. It developed a method to rapidly screen the Pap samples for those mutations using standard genetics equipment that Diaz said wouldn't add much to the cost of a Papplus-HPV test. He said the technique could detect both early-stage and more advanced tumors. Importantly, tests of Paps from 14 healthy women turned up no false alarms.

The endometrial cancers may have been easier to find because cells from those tumors don't have as far to travel as ovarian cancer cells, Diaz said. Researchers will study whether inserting the Pap brush deeper; testing during different times of the menstrual cycle, or other factors might improve detection of ovarian cancer.



Nappy Birthday,



24-Kelly Evers

26-Pamela Tillman



4-Errica Hunter

5-Timmie DeeAnn Hennis AND Charlotte Nuckols

10-Yolanda Graham-Gaston AND Teisha Robertson AND Regina Dillard

18-Bonnie Nelson



17-Wendy Richardson

19-Diana D. Laroda

25-Karen Hood

