



## Alabama Department of Public Health Alabama Statewide Cancer Registry

### ASCR NEWS

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### Message from ASCR Program Director, Xuejun Shen ~Ten Years of ASCR Progress~

This past summer marked my 10th year with the Alabama Statewide Cancer Registry. It is very interesting to look back and see the growth of the ASCR. I want to share what I have experienced throughout my years with the ASCR.

During the past ten years, I have moved several times. After my latest move this past March, I found an ADPH newsletter published in December 2001. On the very first page, there was an article about the ASCR – *Alabama Statewide Cancer Registry Implements New Internet Data Transfer System*. This article motivated me to take look back at the major changes in the ASCR over the past ten years.

The online data transfer system served the ASCR and our reporting facilities for almost nine years. This system was replaced by Web Plus in 2010. However, before it was replaced, the reporting facilities had to mail a disk to the ASCR with every single data submission. The edit report would then be mailed back to facilities. Therefore, if we estimate 50 facilities to mail one disk every month – that is approximately 6,000 disks we saved, plus the cost of envelopes and postage.

A typical mail out takes two days, yet, a file submitted through our online system takes a few seconds to reach the ASCR. Most of the time, the facilities receive an edit report back within the same day.

In 2001 (for 1999 incidence data), our completeness rate was 80%.

In 2010 (for 2008 incidence data), our completeness rate is 103%.

In 2001, the estimated new cancer cases in Alabama were 21,000.

In 2010, the estimated new cancer cases in Alabama are 23,640.

In 2001, the ASCR had four regional coordinators to work with all hospitals.

In 2011, the ASCR has two regional coordinators working with large facilities and two case finding auditors working with small facilities. The ASCR has three full time employees who work on physician reporting, path report follow back, and death clearance follow back.

In 2001, almost all the path reports and physician cases were sent to the ASCR on paper. In 2011, ten path labs/surgical centers report electronically. Close to 1,800 physician cases were reported through the Web Plus system for 2010 incidence cases.

In 2001, the ASCR did not meet the NAACCR certificate standard. In 2003, the ASCR obtained the first Silver certification from NAACCR. In 2004, the ASCR obtained the first Gold certification from NAACCR. We missed the Gold in 2006 (for 2003 incidence data) for various reasons. However, since 2007, we have maintained our Gold level certification status.

Of course none of this progress could have been achieved without all of the reporting facilities commitment to report timely and quality data.

# Alabama Cancer Registrars Association

The Alabama Cancer Registrars Association (ACRA) held its annual education conference “Navigating Education With A Wealth of Knowledge” at St. Vincent’s Hospital in Birmingham, Alabama on Thursday, October 6<sup>th</sup> and Friday, October 7<sup>th</sup>. The Alabama Statewide Cancer Registry (ASCR) was able to use this opportunity to present information regarding central registry activities, as well as network with members of the ACRA. In addition to the ASCR presentation of central registry updates, the ACRA President Shelia Grant, RHIA, CTR welcomed presenters Dr. Frederick Green, CoC Surveyor; Ms. Louanne Currence, RHIT, CTR; Hillary Parmer, MS, RD, of the American Cancer Society; Dr. Helen Krontiras, UAB Cancer Liaison Physician; Ms. Lynn Holt, MS, CGC Assistant Professor and Director of the UAB Genetic Counseling Program; and Ms. Cynthia Boudreaux, LPN, CTR. The conference truly proved to be a wealth of information; great job ACRA!



Yolanda Graham-Gatson received the Barbara Yarbrough Distinguish Registrar's Award. Lelia Edward (left) is the previous recipient and Barbara Yarbrough (right) is the original recipient.



The ASCR would like to congratulate our very own Diane Hadley as she takes on the role of Vice President of the ACRA. She is also a lucky winner of two baskets at the ACRA meeting.



Dr. Helen Krontiras giving her presentation “The Role of Relationships of the Cancer Liaison & COC Facilities.”

## *ASCR also congratulates the New ACRA Officers and Committee Chairs*

- ✚ President - Priscilla Foster
- ✚ President Elect - Lou Ellen Marchman
- ✚ Vice President - Diane Hadley
- ✚ Secretary - Joanne Powers
- ✚ Treasurer - Shantel Dailey
- ✚ Treasurer Elect - Belinda Limbaugh
- ✚ Historian/Parliamentarian - Pamela Tillman

- ✚ Education - Patricia Caldwell
- ✚ Bylaws - Judy Smith
- ✚ Ways & Means - Silvia Ramsey
- ✚ Membership - Cynthia Dixon
- ✚ Donation - Janice Granger
- ✚ Nominating - Diane Lolley
- ✚ Ballots - Cindy Johnson

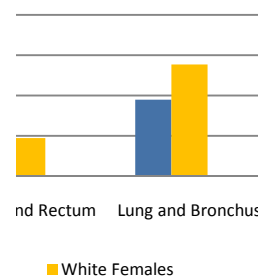
# Cancer Awareness

## October is Breast Cancer Awareness Month

October is [National Breast Cancer Awareness Month](#). According to the American Cancer Society, in 2011 about 230,480 new cases of invasive breast cancer will be diagnosed in women, 57,650 new cases of carcinoma in situ (non-invasive) will be diagnosed, and an estimated 39,520 women will die from breast cancer in the US alone. The American Cancer Society also reports that while deaths from breast cancer are declining overall, many poor women are still dying at higher rates than their affluent counterparts. Minority women are at a greater risk. Although minority women have a lower incident rate of breast cancer, the rate of mortality for minority women is considerably higher than for non-minority women.

Of the top three cancers for women in Alabama, minority women are more likely to die from breast cancer having a mortality rate of 31.1 versus the 20.9 mortality rate when compared to non-minority women in Alabama. For more information about breast cancer awareness in Alabama, visit the [Breast Cancer Research Foundation of Alabama](#).

emales in Alabama, 2008



According to the American Lung Association, more men and women die from lung cancer than any other type of cancer in the United States. It is the leading cancer killer in both men and women. Smoking is still the leading cause of preventable death and disease in the United States. Current or former cigarette smokers make up approximately 90% of patients with lung cancer. While cigarette smoking is the root cause of most lung cancers, exposure to asbestos, radon, secondhand smoke and other environmental factors also contribute to the development of lung cancer. The [Lung Cancer Alliance](#) will host a “Vigil to Raise Awareness” about lung cancer during November. More information about the vigil can be found at [Shine a Light on Lung Cancer](#).

## November is Stomach Cancer Awareness Month



Stomach (gastric) cancer is the fourth most common cause of cancer worldwide and the second leading cause of cancer deaths worldwide. The American Cancer Society has estimated that 21,000 new cases of gastric cancer will be diagnosed in the United States in 2010, and that more than 10,000 Americans would die of gastric cancer during the year. Because gastric cancer is difficult to diagnose, it is often diagnosed at a late stage with a poor prognosis. According to the Centers for Disease Control and Prevention, since 1999 of all Alabama stomach cancer-demographic-year combinations, African-American males from Alabama with stomach cancer had the highest age adjusted incidence rate at 19.70 per 100K people in 2002. Visit the [NO STOMACH FOR CANCER](#) organization for more information.

\*The “Cancer of the Month” feature provides information for a particular cancer, raises awareness by providing information on the cancer site, and offers external links for additional campaign information. Information appearing in this document does not represent endorsement by the Alabama Department of Public Health or the Alabama Statewide Cancer Registry, which are not responsible for naming or approving national health observances. For more information about an observance, please contact the sponsoring organization directly.

Sources: National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control 2011 National Health Observances, National Health Information Center, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Washington, DC .



## General Reference

- ✓ MP/H Rules/Histology--Breast: How is histology coded for a breast primary with a final diagnosis of “infiltrating duct carcinoma with apocrine features”?
- For cases diagnosed 2007 – 2011, assign histology code 8401/3 [apocrine adenocarcinoma] according to rule H12. Apocrine is a type of duct carcinoma, see table 1. Code 8401 should be listed in Rule H12. Apocrine should be removed from table 3. These corrections will appear in the revised version of the rules.

## Date of First Contact

- ✓ A patient undergoes a biopsy in a staff physician’s office on September 12, 2010. The pathology specimen was sent to my facility and was read as malignant melanoma. The patient comes to my facility on September 16, 2010 for a wide re-excision. What is Date First Contact?
- The Date of First Contact is the date the case became analytic to your facility. This case became analytic to your facility on September 16, 2010. Date of First Contact 9/16/10.

## Class of Case

- ✓ What is the difference between class of case 10 and classes of case 13 and 14?
- **Class of case code 10** is less specific than codes 13 and 14 and acts like an NOS code. All class 1 cases diagnosed prior to 1/1/10 were converted to class 10.
- **Class 10** is also used if a patient is diagnosed at your facility, and you don't know what happened to the patient after that.
- **Code 13** is used if the patient was diagnosed at your facility and received **PART** of first course treatment at your facility.
- **Code 14** is used if the patient was diagnosed at your facility and received **ALL** first course treatment at your facility.

## Multiple Primary Rules

- ✓ I have a patient with history of papillary transitional cell carcinoma of the bladder diagnosed in 2009. They just recently presented for a TURB and were found to have another papillary transitional cell carcinoma of the bladder. Does rule M6 apply? Rule M6 **Bladder tumors** with any combination of the following histologies: papillary carcinoma (8050), transitional cell carcinoma (8120-8124), or papillary transitional cell carcinoma (8130-8131), are a single primary. \*
- Yes. Any combination means the tumors can be the same or they can be different histologies as long as they are listed in rule M6. Rule M6 is a lifetime rule.
  - ✚ **Example:** A patient was diagnosed on 6/1/2007 with a non-invasive transitional cell carcinoma of the bladder which was removed via TURB. On 6/15/2008 the patient was found to have a non-invasive papillary transitional cell carcinoma. This was removed via TURB and BCG was instilled into the bladder. The patient was then disease free until 6/22/2011 at which time he was found to have another non-invasive papillary transitional cell carcinoma of the bladder. This is still **one primary**.



## From the NAACCR Webinar

### Upcoming Webinars

A Casefinding Webinar at Cullman County Health Department will be held on November 2nd, 2011, from 9:00 AM to 12 noon. *Collecting Cancer Data: Larynx* will also be at the Cullman County Health Department. The time and date will be announced. Please contact [Diane Hadley](#) at 256-775-8970 if you plan to attend.

### Helpful hints from the Coding Pitfalls Webinar:

#### Site Specific Factors

- ❖ **988 – Not Applicable:** Not defined for schema. Assign code 988 for a defined SSF if you are not collecting it because it is not required to be collected by your standard setter.
  - ♦ **If SSF is required by Standard Setter DO NOT use 988**
- ❖ **998 – Test not done:** Facility is collecting.
- ❖ **999 – Unknown:** Facility is collecting but there is no documentation in the medical record.

#### Prostate

- ❖ Clinically Apparent—Palpable or visible by imaging. Clinical documentation of tumor, mass or nodule of prostate. Noddy prostate cannot be confirmed as clinically apparent. The terms nodularity or nodular in the prostate on clinical exam are synonymous with the word nodule.

#### Colon

- ❖ **CS Lymph nodes—** Path report for transverse colon adenocarcinoma states: “4 of 14 lymph nodes positive with lymph node positivity based on immunostain; would be classified as ITCs (isolated tumor cells).” ITC’s are not considered as positive lymph nodes for colon. CS Lymph Nodes is coded to – 000.
  - ✓ Exception – Breast, melanoma and merkel cell carcinoma (Have specific codes or instructions for ITC’s)

#### Corpus Carcinoma

- ❖ Total abdominal hysterectomy, bilateral salpingo-oophorectomy, partial omentectomy, and bilateral lymph node dissection. What is the code for SSF8? – 010 (omenectomy performed). There is no code for partial omentectomy at this time.

## FYI

### “The USPSTF Plans to Downgrade PSA Testing”

According to multiple news outlets and medical journals, the United States Preventative Services Task Force (USPSTF) will downgrade its recommendation for screening of prostate cancer using the Prostate Specific Antigen (PSA). The USPSTF has published draft recommendations against PSA based screening for prostate cancer in asymptomatic men. Currently the screening method is graded as an “I” for inconclusive, but it will reportedly be downgraded to a “D” recommendation for men under 75. The “D” rating means that “there is moderate or high certainty that the service has no benefit or that the harms outweigh the benefits,” according to the USPSTF website. The recommendation will be made on an evidence based review of over 60 clinical trials that used PSA screening.





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### Capturing Cancer Data in Alabama

Find us at [http://www.adph.org/cancer\\_registry](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.

**MisChele White, MPA**, Editor

**Xuejun Shen, Ph. D.**, Editor

Editorial Reviewer: **Nancy Wright, MPH**

ASCR Updates: the new online Data Revision form  
is now available at Web Plus log in page

Congratulations to New CTR

*Errica Hunter*

### ASCR COMPLETENESS SCHEDULE (Data Year 2011)

Current Month	Completeness %	Cases Due
July 11	8	January 11
August 11	17	February 11
September 11	25	March 11
October 11	33	April 11
November 11	42	May 11
December 11	50	June 11
January 12	58	July 11
February 12	67	August 11
March 12	75	September 11
April 12	83	October 11
May 12	92	November 11
June 12	100	December 11

\*The Abs Plus should be updated to version 3.1.2.4 (for 2011 data) even you may still work on 2010 data. An issue with certain text field was identified and fixed. A new installation file is now available in ASCR. Please contact Rhonda Morgan at 334-206-5918 for this.

## Meet ASCR New Staff Member

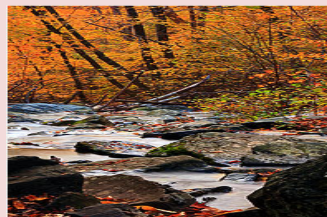


Crystal Morton received her B.S. in Health Information Management from Alabama State University where she graduated cum laude. She previously interned with the Cancer Registry team and now is a proud employee. Currently she serves as the ASCR Path Report Coordinator. It is her intention to become a great asset to the Cancer Registry and the Bureau of Family Health Services.

*Let us give Crystal a supportive welcome to the ASCR!*

## Puzzle Corner

### Seasons Greeting!!



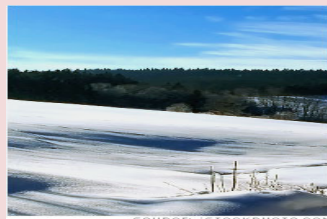
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9	10	11	12	13	14	15
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30	31					

*October 2011*



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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

*November 2011*



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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

*December 2011*

### Happy Holidays!

*Do you know all of the Holidays, Events and Observances of the Season?*

