ASCR

Alabama Statewide Cancer Registry

Alabama Department of Public Health
Alabama Statewide Cancer Registry

ASCR NEWS

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CENTRAL REGISTRY UPDATE – GOLD AGAIN

ASCR has had another great year! The 2007 data submission was awarded the gold certificate in NAACCR call for data. The National Program of Cancer Registries also began its certificate program for the first time, and ASCR met all three standards – **National Data Quality and Completeness Standard** (previously 24 month standard), **Advanced National Data Quality and Completeness Standard** (previously 12 month standard), and **USCS publication standard**.

All of these achievements are a great recognition for such high quality and timely data from various reporting facilities across the state. We want to share this honor with each of you and say **Thank You** for all you do.

ASCR is glad to welcome two new staff members – Teisha Robertson and Rhonda Morgan. They will be eager to meet you all in the ACRA fall meeting. More information about our new staff members can be found on page 7.

ASCR is working hard to get our software upgraded for 2010. We expect to have Prep Plus and CRS updated in the next week or two – this means we will be able to process both V11 and V12 NAACCR format files. Abstract Plus and Web Plus will not be ready for another month or so.

For facilities with commercial software, if you finish 2009 cases, you can update your software and then start 2010 cases. We only accept 2010 cases in V12 NAACCR format. We still anticipate some problems during this conversion period. Please let me know should you experience any problem in your software upgrade.

Due to the delays in software upgrade, we will not count your cases late and not count errors against you for this month, and possibly for the next month's data submission also.

Class of Cases

Code for Class of Case is expanded to two characters in 2010 data. The ASCR requirement on report abilities will be changed accordingly. The following classes of cases should be reported to ASCR.

	<= 2009	2010+
Analytic Cases	0,1	00, 10, 11, 12, 13, 14
	2	20, 21, 22
Non-analytic	3	32
	4	35, 37 (DxDate >=19960101)
	5	38
Physician Cases	6	40, 41
Path Only	7	43

Save the Date

2010 ACRA's 31st ANNUAL EDUCATIONAL CONFERENCE

A Parade of Information

October 7-8, 2010

Radisson Admiral Semmes Hotel

Mobile, AL

Early Registration by 8/31/2010, Regular Registration by 9/17/2010

Photo Galley

ASCR reunion in Atlanta

Xuejun Shen and Shri Walker met ASCR former program director – Reda Wilson and former data manager - Arica White in Atlanta this past May at the NPCR program director meeting.

Reda is now Program Consultant at the CDC. Arica completed her PhD at the University of Texas, Houston, and now is Epidemic Intelligence Service Officer for the CDC.

Bowling Party

The Bureau of Family Health Services held its annual employee retreat at Brunswick Bowling in Montgomery, AL in June.

ASCR was proud to be a part of the planning team, and all staff members in the Montgomery office participated and enjoyed this event.

NCRA Meeting in Palm Spring, CA

Updates for Casefinding Auditor Hospitals

All the CFA hospitals should have completed their 2009 casefinding process and should have received a list of reportable cases from your casefinding auditor, according to the CFA schedule by June 1, 2010. Those cases were due to be entered into **Web Plus by July 31, 2010**. The new schedule for casefinding audit information and cases to be abstracted is now available at Download page of the ASCR website.

Web Plus is now upgraded to version 2.0.19. This version enables ASCR and reporting facilities to securely exchange confidential data. This is a step forward for ASCR's efforts in paperless reporting. It also allows ASCR to receive NAACCR V12 files now.

In your web plus account, click the "File Upload" link under "ASCR Basic" to enter File Upload page. Facilities can use "New Upload" to send casefinding information to us, if your system is able to generate the e-file. The file that is sent from ASCR can be accessed in "Download Files".

If there is any personnel changes at your facility, please notify your casefinding auditor as soon as possible, so we can update our contact list, change the web plus account as needed, and follow up with the new abstractor to ensure reporting is not interrupted.

Updates on New Data Transfer System – Web Plus

*A*fter more than six years, we are ready to retire our very first secure online data transfer system. Web Plus is not a new system for us. Many of you are using it now. It has been extensively used by small hospitals and non-hospital facilities for abstracting cases. Now it will also be used by ASCR to exchange confidential data with all the reporting facilities too. Like the retired system, you can send essentially any kind of file to the ASCR.

*T*he death clearance follow back list and path report follow back list will be sent to facilities through Web Plus accounts. Please check your account often for those requests. It is very important for ASCR to hear back from you on these requests in a timely manner. If we do not hear from you, a second, even a third request may be sent to you and in the near future, this may be another criteria for your facilities compliance status with meeting ASCR requirements.

*T*he Web Plus system may not look much different from the previous online data transfer system when you upload files, but it is different on the ASCR's side. Here are some tips to help us track your files.

1) File Name – use your facility initial or common short name with date you make the file, like ascrJulySub20100802.txt or ascrPathList20100802.txt
2) In the comment field, please indicate who your regional coordinator is. This will help the Web Plus administrator distribute the files to the correct regional coordinator upon receiving your file.
3) If you send a non-NAACCR format file, please check "Non-NAACCR File" before you select your file. This way, the edit engine will not be activated to run edits on this file.
4) When you submit a large data file, you do not have to wait for the edit report to finish. You can get back to your account later to check the edit report by clicking on Previous Uploads.

*A*s always, we want to hear from you on how to improve our process.

EDUCATION CORNER

Training Opportunities

- **Esophagus & Stomach Webinar** (recording) will be held at the Cullman County Health Department Thursday, August 12, 2010, 9:00 am to noon. Contact Diane Hadley at 256-775-8970 if you would like to attend.

- **Lip and Oral Cavity Webinar** (recording) will be held at the Cullman County Health Department and the Mobile County Health Department (Date TBA). Contact Diane Hadley and Mark Jackson (251-433-7809) if you would like to attend. Registrars in Birmingham area, please contact Judy Lang (205-783-7222) for upcoming recording webinar (proposed dates – 8/10 and 8/24 starting at 12:30 pm).

- ASCR will host two more live webinars for NAACCR 2009-2010 series - **Lip and Oral Cavity** on 8/5/2010, and **Coding Pitfall** on 9/2/2010. Both start at 1:00 pm in the RSA Tower, Montgomery. Contact Shri Walker at 334-206-7035 if you would like to attend.

Q & A

Q: Is an endometrial primary with a final pathology diagnosis of "adenocarcinoma with squamous differentiation" coded 8070/3, 8140/3, 8560/3 or 8570/3? Is squamous differentiation the same as squamous metaplasia?

A: Use the Other Sites histology codes, single tumor, invasive and stop at H11. Code adenocarcinoma with squamous metaplasia (8570/3). Be careful not to confuse endometrial carcinoma (site) with endometroid carcinoma (histologic type). Curator (*I & R Team*)

Q: Is the topography code for an angiosarcoma of the breast C50.9 breast or C49.3 soft tissue of the chest?

A: The topography code for an angiosarcoma of the breast is C50.9 (*I & R Team*)

Q: If a patient had infiltrating ductal ca associated with DCIS and additional separate DCIS in the same breast, is this multiple tumors in one primary tumor?

A: First use MP/H rule M11 which states that multiple intraductal and/or ductal carcinoma is a single primary (page 300). Then use rule H27 which states to code the invasive histology when both invasive and in situ are present (page 305). This is a single primary of infiltrating duct cell ca (8500/3). (*I & R Team*)

Q: Patient had malignant melanoma in 2006 and in 2008 a bowel resection that showed metastatic melanoma. Path Report said, "histologically similar to previous melanoma." Is this coded as FORDS recurrence or do we use MPH rules to code and does the histology count as a statement of metastasis from the path report?

A: The MP/H Rules do not apply to tumors described as metastasis. A metastasis is never a new primary. Curator (*I & R Team*)

Tips/Reminders for Abstracting:

- Please double check **Date of Birth** and **Social Security Number** to make sure the numbers are in the correct sequence.
- **Text** is required for all tumor data, procedures and treatment, including dates.
- Please note in **text**: **age, sex and race of patient**. This provides us with vital information when two sources send in conflicting information for these fields or when we are reviewing first name and gender. It saves ASCR staff from making telephone calls to hospital registrars and hospital registrars from having to look-up cases.

ALABAMA DEPARTMENT OF PUBLIC HEALTH

Alabama Statewide Cancer Registry
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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.

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Get Cancer Information from CDC on Twitter

CDC's Cancer Twitter profile (http://twitter.com/CDC_Cancer) is a quick way to -
- Learn about different types of cancer.
- Find out how to reduce your risk for cancer.
- Keep informed about CDC's cancer-related activities.

In addition to visiting Twitter.com, you can receive CDC_Cancer's tweets in other ways:
- Get tweets as text messages by texting **FOLLOW CDC_Cancer** to 40404 in the United States.
- Get an RSS feed by entering **http://twitter.com/statuses/user_timeline/158396052.rss** in your RSS reader.

Show tweets on your Web or Facebook page by downloading code from http://twitter.com/goodies/widgets.

ASCR COMPLETENESS SCHEDULE (data year 2010)

Current Month	Completeness %	Cases Due
July 10	8	January 10
August 10	17	February 10
September 10	25	March 10
October 10	33	April 10
November 10	42	May 10
December 10	50	June 10
January 11	8	July 10
February 11	17	August 10
March 11	25	September 10
April 11	33	October 10
May 11	42	November 10
June 11	50	December 10

Meet ASCR New Staff Members

- **Teisha Robertson** is a graduate of Auburn University Montgomery. She joined ASCR in June, 2010. As the Non-Hospital Reporting Coordinator, she will work extensively with doctors' offices, cancer centers, surgical centers, and other non-hospital facilities to ensure that cancer cases are reported from these facilities.

- **Rhonda Morgan** is a graduate of Alabama A& M University and Florida Institute of Technology. She started with the ASCR in July 2010. As the Information Systems Coordinator for the registry, she will be responsible for maintaining ASCR's Information Systems and providing technical support to reporting facilities. She enjoys spending time with her family and friends, playing spades, and reading.

Congratulation

* **Errica Hunter** – ASCR student aide, graduated from Alabama State University with honors this May. She also passed the RHIA exam.

***Northwest Regional Medical Center Anniston** passed its 3 yr accreditation with the CoC with all seven commendations:

2.11 Outcomes analysis   3.3 Abstracting timeliness
3.7 Data Quality   5.2 Clinical trial accruals
4.6 Synoptic reporting of CAP protocols
6.2 Community outreach   8.2 Quality improvement

 What a great accomplishment!

ACRA Membership

If you have not paid your membership dues for this year please contact Joyce Thompson at Joyce.Thompson@bhsala.com or 205-620-8689 to verify your membership status. If you are planning to attend the state association meeting in October it will be a benefit for you to be a member as you will qualify for a reduced registration fee. Our goal is to have 100% membership renewal for this year and there are still 10 that have not renewed their membership.   --- Joyce Thompson