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**CENTRAL REGISTRY UPDATE**

The ASCR, like each of you, is working hard on 2010 data submission. Although there are still some issues with software and edits, we finally released Abstract Plus version 3. A fully functional version 12 of Web Plus will be next. Currently, our completeness rate of 2010 data is much lower compared to same time period last year for 2009 data. Although we are not officially asking facilities to follow the monthly data submission schedule, facilities that have had updated software for the past few months should follow the schedule if possible. The ASCR is still expected to submit 2010 data (12 month data) to the NPCR by January 2012.

The ASCR has also been working to close out the 2009 path report and death certificate follow back. Please check your web plus account regularly to access any inquiries from us. Your timely response is important. Any reportable case should be abstracted and submitted to us as soon as possible. We know your time is precious and we do not want to call or email you several times on the same patients.

The ASCR has added five new staff members since last summer. They all have been training to become experts on the cancer registry. Please send your inquiries to the corresponding person directly. Also, please feel free to send us any suggestion or advice. – XJ Shen, Program Director

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On Thursday, March 17th Cullman Regional Medical Center hosted a webinar on collecting data for the Brain and CNS. As you can see (left) some of the ladies wore green to show their St. Patrick's Day support.

The ASCR Staff and other cancer registry staffers (below) attended an intense week long professional cancer training session - *Principles of Oncology for Cancer Registry Professionals* in Montgomery from February 14 – February 18, 2011. April Fritz and Louanne Currence provided the participants an in depth educational experience on cancer registry management.



Photos: ASCR Staff joined by other cancer staffers throughout Alabama and Louisiana; and instructors April Fritz, RHIT, CTR and Louanne Currence, RHIT, CTR.

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# Cancer Awareness



Every day is a day to be aware. 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.

## Cancer of the Month

MARCH 

March was National Colorectal Cancer Awareness Month. Colorectal cancer is cancer of the colon or rectum. It is the second leading cause of cancer-related deaths in the United States<sup>1</sup>. According to the CDC, 60% of colorectal cancer deaths could be prevented if all men and women aged 50 years or older were screened routinely. Screening will help detect pre-cancerous polyps. Early detection is a key factor in surviving colorectal cancer. Persons over 50 should begin screening for colorectal cancer and then continue getting screened at regular intervals. For more information on colorectal awareness visit the CDC website [March Is National Colorectal Cancer Awareness Month](#).

APRIL 

April is [National Cancer Control Month](#). During this month cancer control efforts are promoted to encourage healthy lifestyles, promote cancer screening, increase access to quality cancer care, and improve quality of life for cancer survivors. April 1<sup>st</sup>–April 7<sup>th</sup> is [Testicular Cancer Awareness Week](#), hosted by The National Men’s Resource Center.

MAY 

May is Melanoma/Skin Cancer Detection and Prevention Month. Monday, May 2, 2011 is [Melanoma Monday](#). More information on this campaign can be found at [American Academy of Dermatology](#) website. Also, during the month of May the [Bladder Cancer Advocacy Network](#) will host a [Bladder Cancer Awareness Day](#) on Saturday, May 7, 2011. The week of May 8-14, 2011 is Oral, Head & Neck Cancer Awareness Week. The [Oral, Head & Neck Cancer Alliance](#) will host this event.

JUNE 

On Sunday, June 5, 2011 the [National Cancer Survivor Day Foundation](#) will host the 24th annual National Cancer Survivors Day.



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

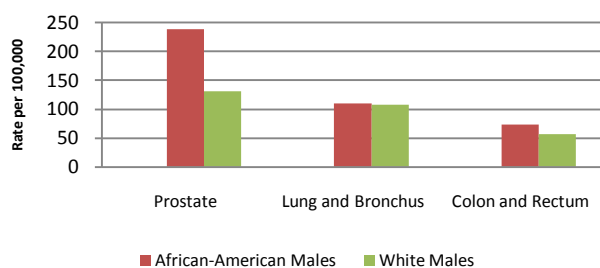
<sup>1</sup> <http://www.cdc.gov/Features/ColorectalAwareness/>

# Top Ten Cancers

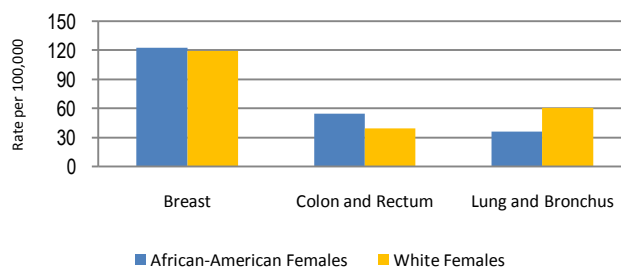
## Top 10 Cancers by Incidence Rate\* by Race and Gender Group for Alabama in 2008

African-American Males				White Males			
		Rate	Cases			Rate	Cases
1	Prostate	238.5	1,020	1	Prostate	130.9	2,500
2	Lung and Bronchus	110.1	470	2	Lung and Bronchus	108.0	1,989
3	Colon and Rectum	73.4	308	3	Colon and Rectum	57.0	1,034
4	Kidney and Renal Pelvis	25.0	106	4	Urinary Bladder	36.9	663
5	Pancreas	20.6	89	5	Melanoma of the Skin	33.2	599
6	Oral Cavity and Pharynx	20.2	98	6	Kidney and Renal Pelvis	21.1	393
7	Stomach	18.4	75	7	Non-Hodgkin Lymphoma	20.2	356
8	Urinary Bladder	16.6	62	8	Oral Cavity and Pharynx	19.5	363
9	Larynx	16.5	73	9	Leukemias	15.8	275
10	Myeloma	13.8	57	10	Pancreas	13.8	253

Top Three Cancer Incidence Rates for Males in Alabama, 2008



Top Three Cancer Incidence Rates for Females in Alabama, 2008



African-American Females				White Females			
		Rate	Cases			Rate	Cases
1	Breast	123.1	780	1	Breast	119.3	2,556
2	Colon and Rectum	54.2	342	2	Lung and Bronchus	60.4	1,378
3	Lung and Bronchus	36.1	226	3	Colon and Rectum	38.9	889
4	Corpus and Uterus, NOS	20.7	132	4	Melanoma of the Skin	19.4	382
5	Pancreas	15.3	96	5	Corpus and Uterus, NOS	18.8	409
6	Kidney and Renal Pelvis	12.7	79	6	Ovary	14.2	310
7	Ovary	10.5	65	7	Non-Hodgkin Lymphoma	14.2	315
8	Thyroid	10.4	66	8	Thyroid	14.0	257
9	Cervix Uteri	10.0	64	9	Kidney and Renal Pelvis	11.1	247
10	Non-Hodgkin Lymphoma	8.0	52	10(t)	Leukemias	9.8	207
				10(t)	Pancreas	9.8	234

Rates are per 100,000 and age-adjusted to the 2000 U.S. (19 age groups) standard.

\*All rates and cases are for malignant cases only with the exception of bladder cancer which includes in situ cases.

Source: Alabama Statewide Cancer Registry, 2011.

# What can the American Cancer Society do for patients?



## American Cancer Society Cancer Resource Network Helps Ease the Burden of Cancer Patients, Survivors, Caregivers

*Information, Day-to-Day Help, Emotional Support  
Available Free, 24 Hours a Day*

**Daphne, Alabama – March 23, 2011** – For the 23,640 people in Alabama who will be diagnosed with cancer this year, there will be many questions and emotions. A newly diagnosed patient may have questions about how to tell his or her family, what treatment options are available, or may need help understanding the complex medical system. There will be many practical considerations as well, such as what treatment will be like, how to handle financial concerns, or how to get to and from appointments. The American Cancer Society understands that dealing with cancer is difficult, and makes help easy to find and easy to use to lessen the impact of the disease.

Through its Cancer Resource Network, the Society offers programs and services that address the needs of those touched by cancer. “We do everything we can to improve quality of life for patients, caregivers, and survivors during and after diagnosis and treatment,” said Leigh Davis, Alabama Health Initiatives Director. “Whether it’s matching people with appropriate clinical trials, providing information on managing side effects of chemotherapy, helping people get to their treatment appointments, or providing a free place to stay during treatment far from home, the Cancer Resource Network offers help and hope throughout the cancer experience.”

Many different forms of support are available, both online and in person. The Society provides many ways for patients and caregivers to connect with survivors and other volunteers – one on one or in groups – to share experiences, learn about cancer, and gain encouragement. Volunteer drivers provide transportation for patients to and from treatment appointments (Road to Recovery<sup>SM</sup>). American Cancer Society Hope Lodge<sup>®</sup> facilities across the U.S. offer free, temporary lodging to patients and their caregivers who have to travel far from home to receive treatment. American Cancer Society patient navigators at more than 80 hospitals across the country guide patients and their families through every step of the cancer experience, helping them understand the range of options and make the most out of the complex health care system. In Alabama, the patient navigator program is currently available at the University of Alabama at Birmingham. Cancer Resource Network programs and services meet needs that may arise from the day of a diagnosis through years after completing treatment.

All American Cancer Society services are offered free of charge, and information is available 24 hours a day, seven days a week. Anyone seeking information can find it at [www.cancer.org](http://www.cancer.org), or can speak to a trained Cancer Information Specialist at the Society’s National Cancer Information Center anytime by calling 1-800-ACS-2345 (1-800-227-2345). In addition, callers can be helped in Spanish to overcome language barriers. A variety of different programs and services are offered in communities throughout the state. For more information on what is available for cancer patients and caregivers in your area, log onto [www.cancer.org](http://www.cancer.org).

The American Cancer Society is dedicated to eliminating cancer as a major health problem by saving lives, diminishing suffering, and preventing cancer through research, education, advocacy, and service. Founded in 1913 and with national headquarters in Atlanta, the Society has 13 regional Divisions and local offices in 3,400 communities, involving millions of volunteers across the United States. For more information anytime, call toll free 1-800-ACS-2345 or visit [www.cancer.org](http://www.cancer.org).

FOR MORE INFORMATION, CONTACT:

Leigh Davis, Health Initiatives Director, American Cancer Society Phone: (251) 621-7743 Email: [leigh.davis@cancer.org](mailto:leigh.davis@cancer.org)

# Things To Remember



## Cancer Registrars Week



**NCRW 2011: Cancer Registrars Pave the Way to a Cure | April 11-15, 2011**

National Cancer Registrars Week (NCRW) was established as an annual celebration to promote the amazing work of Cancer Registry professionals. Founded by National Cancer Registrars Association, NCRW is officially celebrated the second 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.



## Filling Out Your Abstract Form

Abstract forms are important because of the information they give to abstractors. Here are a few tips in filling out your abstract form: make sure to include the patient's race, social security number, and primary site. For example, primary site (breast), histology and/or type of cancer (adenocarcinoma), date of first contact (date physician first saw patient in office, hospital, clinic etc.), date of diagnosis (date patient diagnosed with cancer) and occupation. Please be sure to fill out your abstract form in its entirety. The ASCR encourages electronic reporting to reduce cost and error. Our online abstraction software, Web Plus, is customized for low case load facilities. [Teisha](#) will be glad to assist you to set up a Web Plus account.



Also, please add the following data items to your abstract when adding a death clearance case to your registry:

<u>NAACCR Data Item</u>	<u>NAACCR Item#</u>	<u>Comment</u>
Date of Last Contact	1750	Enter date of death from mortality file
Vital Status	1760	Enter code 0 Dead (CoC)
Follow-up Source	1790	Enter 7 for death certificate
Cause of Death	1910	Enter underlying cause of Death from Mortality File
ICD Revision Number	1920	Enter 1 for cause of death is ICD-10 codes
Autopsy	1930	Enter autopsy code from mortality file
Place of Death	1940	Enter state of death from mortality file, AL (037)
DC State File Number	2380	Enter death certificate file number from mortality file

# EDUCATION CORNER

## Training Opportunities

- The National Cancer Registrars Association will be holding their 37th Annual Educational Conference in Orlando, Florida May 15-18, 2011. For more information please visit the NCRA [registration](#) site.
- May 15, 2011 -The Commission on Cancer will be hosting their event-New Standards Implementation: Delivering the Message to Your Team, at the NCRA meeting. For more information click [here](#).
- Webinars for the Montgomery\* area are held at the RSA Tower 201 Monroe St. Montgomery, AL on the 13<sup>th</sup> floor at 1:00 pm on the date listed below, for more information please contact [Teisha Robertson](#) at 334-206-7068.
  - ❖ April 7, 2011--Collecting Cancer Data: Breast
  - ❖ May 5, 2011--Collecting Cancer Data: Prostate
  - ❖ June 2, 2011--Best Practices for Developing and Working with Survival Data

\*A recording of these webinars can be viewed at the Cullman County Health Department for the North and the Mobile County Health Department for the South. Please contact [Diane Hadley](#) at 256-775-8970 for the dates and times for Cullman County Health Department or [Mark Jackson](#) at 251-433-7809 for the dates and times for the Mobile County Health Department.
- NCRA is offering the following live webinars:
  - ❖ April 14, 2011--Advanced Quality Abstracting for Hematopoietics
  - ❖ May 26, 2011--Advanced Quality Abstracting for Pancreas

## Q&A

1. Do we need to abstract pituitary adenomas, meningiomas and acoustic neuromas and follow them or do we need to abstract as reportable case with no follow up?
  - As of 1/2004 all brain and central nervous system tumors are reportable and required to have follow-up. Please refer to the CDC publication Data Collection of Primary Central Nervous System Tumors. (*I & R Team*)
2. Is invasive ductal carcinoma, NOS type a synonym for infiltrating ductal carcinoma or code 8500/3?
  - Invasive ductal carcinoma, NOS and infiltrating ductal carcinoma are synonymous and both coded 8500/3. (*I & R Team*)
3. A path said left kidney, nephrectomy renal cell carcinoma, clear cell type with sarcomatoid change. Is it coded 8310 clear cell or 8255?
  - Follow Rule H6 to document both the clear cell and the sarcomatoid elements of the tumor and code 8255. Curator (*I & R Team*)
4. A physician stated that a patient had large granular lymphocytic leukemia. Is this a behavior code 3? What histology code should be used?
  - T-cell large granular lymphocytic leukemia (9831) is basically a very indolent disease, which is why the editors of ICD-O-3 gave it a behavior code of /1. However, if the patient is symptomatic enough to have a bone marrow biopsy, the case is reportable. Change the /1 to /3 according to ICD-O-3 Rule F. (*I & R Team*)



# ALABAMA DEPARTMENT OF PUBLIC HEALTH

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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

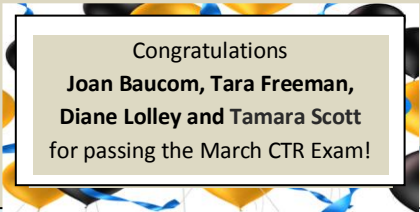
Editorial Reviewer: **Nancy Wright, MPH**

## Meetings in 2011

- NCRA Annual Meeting – May 15-18, 2011, Orlando, FL
- NAACCR Annual Meeting – June 18-24, 2011, Louisville, KY
- ACRA Annual Meeting – October 2011, Birmingham, AL

## CTR EXAM

September 10-24, 2011  
 Application due by  
 August 1, 2011



Congratulations  
**Joan Baucom, Tara Freeman,**  
**Diane Lolley and Tamara Scott**  
 for passing the March CTR Exam!

## ASCR COMPLETENESS SCHEDULE (Data Year 2010)

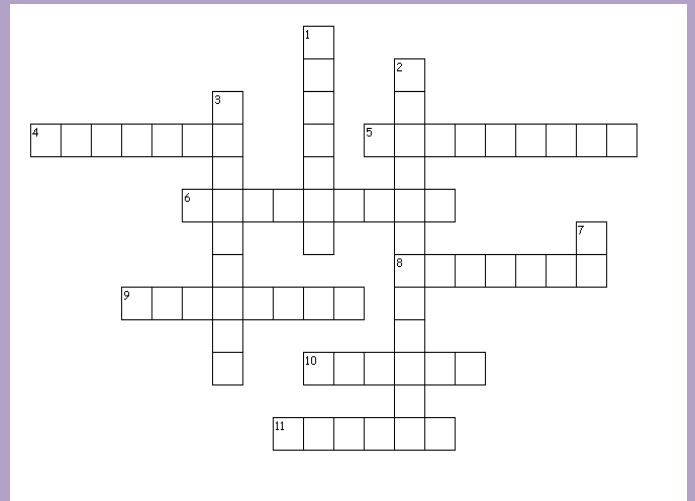
Current Month	Completeness %	Cases Due
July 10	8	January 10
August 10	17	February 10
September 10	25	March 10
October 10	33	April 10
November 10	42	May 10
December 10	50	June 10
January 11	8	July 10
February 11	17	August 10
March 11	25	September 10
<b>April 11</b>	<b>33</b>	<b>October 10</b>
May 11	42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

## Little Known Cancer Registry Facts

Did you know...?

- that cancer was first documented as a cause of death in 1692 in the *Bills of Mortality*
- that in 1913, the 4<sup>th</sup> annual Congress of North American Surgeons charged the Cancer Campaign Committee with the collection of data on the uses of radiation therapy in the management of gynecological malignancies
- the Commission on Cancer (CoC) of the American College of Surgeons (ACoS) initiated the clinical surveys and approval of cancer clinics in the 1930's

## The Puzzle Corner



### Across

- Malignant connective tissue tumor
- Malignant tumor arising from epithelia tissue
- Platinum base, alkylating-like, adjuvant chemotherapy drug used in combination therapy
- Coding system based on anatomical site, morphology, and behavior of the tumor
- Non-reportable skin cell carcinoma
- Non-reportable, unless occurring in the CNS
- Number two killer in the nation

### Down

- Flat tumor of the bladder, can be invasive or in situ
- Categorical data
- Tumor of the bladder, can be invasive or non-invasive
- American Indian, Aleutian or Eskimo

1) sessile (5) carcinoma (9) squamous  
 2) qualitative (6) cisplatin (10) benign  
 3) papillary (7) 03 (11) cancer  
 4) sarcoma (8) ICD-O-3