



## Alabama Statewide Cancer Registry

# ASCR

*Summer  
2016  
Newsletter*



*Volume 13  
Issue 1*



*Pg 1.....A Word From the Director*  
*Pg 2.....Mark Your Calendar*  
*Pg 3.....How Do I w/ the Experts*  
*Pg 3.....Ask A SEER Registrar*  
*Pg 4.....Small Hospital*  
*Pg 4.....Death Clearance & Data*  
*Pg 5.....You Did WHAT*  
*Pg 6.....Fun Facts & Treats*  
*Pg 6.....Editor's Notes*

### *A Word From the Director, Tara Freeman*

This has certainly been a year of changes, but as registrars, we are certainly accustomed to dealing with change. We have migrated away from Collaborative Stage and transitioned into AJCC 7<sup>th</sup> edition and Summary Stage. Soon we will be preparing for AJCC 8<sup>th</sup> edition. As I have stated before, the 8<sup>th</sup> edition of the AJCC Cancer Staging Manual (set for release Oct 31, 2016) is dedicated to the cancer registry profession and our impact on cancer patient outcomes. This dedication reiterates the importance of the work all of you do each day.

As you begin submitting your 2016 cases, please remember to respond to follow-back requests from Kandice Abernathy, our Follow-back Coordinator. I am so grateful that we received Gold certification for our 2013 NAACCR 24-month data submission. We were able to achieve this recognition due to your diligence with timely submissions. Our goal is to also receive Gold certification for 2014 data submission. It will be very difficult to achieve this goal without your commitment to responding to these requests. It is equally important for you to also make sure you have submitted all of your 2015 cases as we prepare for January's 12-month data submission.

I would like to thank all of you who called and emailed me congratulatory words of encouragement as I accepted the role of Director of the program. It means a lot to know that I have your support. Although I interact with a number of you regularly, I have enjoyed meeting and learning from new people. You all make the challenges easier to conquer just by being the great registrars you are. Things are still changing for us here at ASCR as we prepare to receive new files and hire new staff. I will definitely keep you abreast of these changes as they unfold. Have a great summer!



# Mark

# Your

# Calendar



## **SOUTH NAACCR Webinars For Mobile Area Hospitals**

- August 8, 2016 - Collecting Cancer Data: Pharynx & Directly Coded Cancer Stage
- September 12, 2016 - Collecting Cancer Data: Bone/Soft Tissue & Breast
- October 17, 2016 - Collecting Cancer Data: Abstracting and Coding Boot Camp , Ovaries
- November 7, 2016 - Collecting Cancer Data: Kidney & Prostate
- December 12, 2016 - Collecting Cancer Data: Bladder & Coding Pitfalls

**Please contact the South Regional Coordinator for the location of the webinar.**

South Regional Coordinator  
Mark Jackson

Phone: 251-341-6247

Email:  
mark.jackson2@adph.state.al.us



North Regional Coordinator  
Diane Hadley

Phone: 256-775-8970

Email:  
diane.hadley@adph.state.al.us

## **NORTH NAACCR Webinars For North Region Facilities**

- July 28, 2016 - Collecting Cancer Data: Kidney
- August 25, 2016- Collecting Cancer Data: Prostate
- September 22, 2016 - Collecting Cancer Data: Bladder

**All North Webinars** will be located in the Cullman County Health Department Community room and will be hosted from **9:00 A.M. to Noon**



ASCR Director  
Tara Freeman  
Phone: 334-206-7035

Email:  
tara.freeman@adph.state.al.us

## **MONTGOMERY NAACCR Webinars**

- August 4, 2016 - Collecting Cancer Data: Bladder
- September 1, 2016 - Collecting Cancer Data: Coding Pitfalls
- October 6, 2016 - Collecting Cancer Data: Melanoma
- November 11, 2016 - Collecting Cancer Data: Hematopoietic and Lymphoid Neoplasm
- December 1, 2016 - Collecting Cancer Data: Lung

**ALL MONTGOMERY Webinars** will be hosted from conference room 1366 in the RSA tower from **1:00 P.M. - 4:00 P.M.**

### AJCC 8th Edition

AJCC 8th Edition will be released **October 2016**. This manual will be used for cases diagnosed **January 1, 2017 and forward**. For continual update news please visit:  
<https://cancerstaging.org/About/Pages/8th-Edition.aspx>

### 2016 CTR Exam Dates

#### Application Deadline - September 16, 2016

**Testing Period: October 15, 2016-November 5, 2016**

Check out these job openings for CTR's with ADPH listed below:

Certified Tumor Registrar: [http://www.personnel.alabama.gov/Documents/Announcements/101492\\_A.pdf](http://www.personnel.alabama.gov/Documents/Announcements/101492_A.pdf)

Certified Tumor Registrar, Senior: <http://www.personnel.alabama.gov/Documents/>

### Death Clearance Contact

2014 Death Clearance form deadline was **May 5, 2016**. Please complete form(s) and fax/mail/email back to Ms. Abernathy ASAP .

**Phone: 334-206-2088 Fax: 334-206-3724**

Email: [Kandice.abernathy@adph.state.al.us](mailto:Kandice.abernathy@adph.state.al.us)



# How Do I .....

With Your Editor, Nyles



## Questions by the Editor with Answers From the Experts

**Nyles:** Mark, how do I code laterality to non-paired sites?

**Mark:** Did you know that the FORDS manual allows coding of non-paired sites if recorded in the record “left” or “right”. Example: DRE prostate, physician states “nodule in right lobe prostate. FNA of nodule confirms adenocarcinoma. (Ref. FORDS 2016, pg.8)

**Nyles:** Diane, what’s so important about case consolidation?

**Diane:** Good question, Nyles. The Alabama Statewide Cancer Registry receives cases from various types of reporting sources. Each reporting source plays a special part in the diagnosis and/or treatment of the patient. The ASCR receives multiple cases for the same patient from these different types of reporting sources that include hospitals, physician offices, surgery centers, cancer centers, pathology laboratories, death certificates and interstate data exchange.

This data must be combined in order to have the best **Patient Summary** (demographic information) and **Tumor Summary** (tumor/treatment identification). All coding values are compared to the cancer registrars **Text Information** in the original abstracted case.

It is very important to provide excellent text information in order to constitute the reason for choosing codes and is a quality control measure when multiple records are received from various sources. Please do not submit the same case twice to the ASCR .

If additional information has been added to the abstracted case please submit to the ASCR via the Online Data Revision Form located on the ASCR’s website under Web Plus Access.

### ASK A SEER REGISTRAR

**Question:** Primary Site--Ovary/Peritoneum: Should this field be coded to ovary or peritoneum when the bulk of the tumor is in the peritoneum and there is only surface involvement of the ovary?

**Answer:** If it is not clear where the tumor originated, use the following criteria to distinguish ovarian primaries from peritoneal primaries.

The primary site is probably ovarian, unless:

--Ovaries have been previously removed

--Ovaries are not involved (negative)

--Ovaries have no area of involvement greater than 5mm.

Descriptions such as "bulky mass," "omental caking" probably indicate an ovarian primary.

Descriptions such as "seeding," "studding," "salting" probably indicate a peritoneal primary.

**Question:** Reportability/MP/H Rules: Where can I find documentation on how to accession malignant tumors in transplanted organs?

**Answer:** Accession the new tumor in the transplanted organ as you would any other new/second primary. As transplants have become more common especially for liver, lung, and kidney, we are seeing more of these types of cases. We are adding instructions to the revised MP/H rules on coding subsequent primaries when they occur in a transplanted organ. We are also looking at adding a data field that will identify cancers/tumors which arose in a transplanted organ. We feel this is important to track for analysis. Until the revised MP/H rules are implemented, we will look at adding general coding instructions to the SEER Program Manual for transplants.

### Collecting Cancer Data Ovary 2015-2016 NAACCR Webinar Series

Q: If you cannot determine if the tumor is primary peritoneal or primary ovary, would you default to ovary? -

A: I hate to make a blanket statement on something like that, but if you truly cannot determine ovary vs primary peritoneum, I would probably go with ovary.

**\*The ASCR is very proud of the hard work that each cancer registrar does every day to ensure accuracy, completeness, and timeliness to maintain that our data is represented in national cancer statistics.**



# Small Hospitals & Death Clearance

Small Hospital Coordinator, Crystal Jones

Death Clearance Coordinator, Kandice Abernathy

It is important to use the NAACCR abbreviation list when you are entering your documentation into the text boxes. Using the NAACCR abbreviation provides standardization. It is our goal to always provide accurate and complete data. Using a common resource to document information decreases the instances of misused abbreviations. To see the full list of recommended abbreviation for abstractors please review the link below.

<http://www.naacr.org/Applications/ContentReader/Default.aspx?c=17>

**Note:** The Alabama Statewide Cancer Registry does not collect benign tumors with the exception of brain and central nervous system tumors. Please code the behavior code accordingly. Remember “2” is the behavior code for in situ and “3” is for malignant.

**Note:** All case finding information and/or questions should be directed to Mrs. Elaine Wooden (334) 206-7072. If you have any questions regarding your abstracts, such as coding questions, text documentation, abstract due dates, or Web Plus questions please contact Crystal Jones directly at 334-206-5430. Please update this number in your directory.

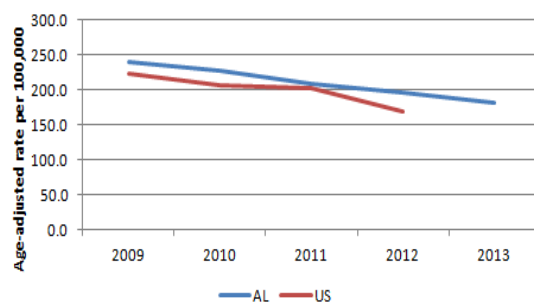
## Tips on Filling Out the Death Clearance Form:

- Please note that the fields with an (\*) by them are required such as the date of diagnosis, primary site, and histology.
- If the patient was referred from another facility please indicate that information on the form under the demographic section.
- If a case is requested and you have already abstracted that case, please verify it has been exported and resubmit the case if needed.
- If you have no information on the patient please indicate on the form **\*\*Please Do Not Send The Form Back Blank\***
- Please circle or indicate if it is a paired organ (Left or Right).
- Please attach any pathology or clinical notes that can be helpful.
- Please notate any incorrect information on the form.

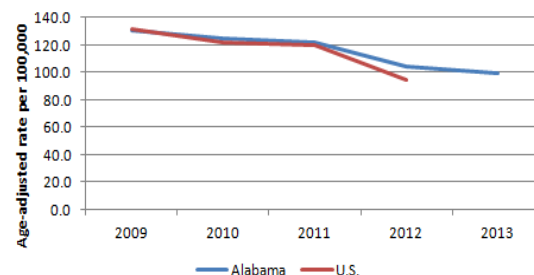
## Data Time with Justin

From 2009 through 2013 prostate cancer incidence rates for both white and black males in Alabama had a statistically significant decline. The trend was also true for the United States as a whole. Unfortunately, this significant decline in incidence rates is not due to a true reduction in disease but rather a change in the screening guidelines for prostate cancer. Prior to 2010, the screening guidelines for prostate cancer stated that beginning at age 50, men with a life expectancy of at least 10 years should get a PSA and DRE on an annual basis. Men at high risk, black men or men with a family history of prostate cancer, should begin this testing at age 45. In 2010, the prostate cancer screening guidelines were changed and no longer mandated annual PSA and DRE tests. The new guidelines simply state that men should have an opportunity to make an informed decision with their health care provider about whether or not to be screened. This change has led to fewer men being screened for prostate cancer, leading to fewer prostate cancers being detected.

Prostate Cancer Incidence Rates  
in Black Males



Prostate Cancer Incidence Rates  
in White Males



# You Did WHAT!

ANYTHING WORTH  
DOING IS WORTH  
DOING RIGHT

*Hunter S. Thompson said those words a long time ago and they have remained true down to this day. The Alabama Statewide Cancer Registry would like to give a SHOUT, CLAP, STANDING OVATION, AND CONGRATULATIONS to the following freshly minted CTR's! Good job everybody, you earned it!*

**YOU  
ROCK!**

**Debbie Gray-St. Vincent East Hospital**

**Jamie Williams-DCH**

**Danielle Unger-DCH**

**Amber Davis-East Alabama Medical Center**

Meet Melissa McNeil the newest member to the ASCR team. Melissa serves as the ASCR Program Analyst. She was born in Tuskegee, AL and attended the University of South Alabama majoring in Psychology and the University of Alabama majoring in Social Work. She is passionate about social justice and taking care of the underserved, underrepresented, and unappreciated. As she settles into her new role here at ASCR Melissa frequently says, "the challenge of learning something new, keeps me going strong." The registry is proud to have Melissa McNeil.



Who said CTR's only know Cancer? We know Jeopardy too!!

epidemiology > news & events > epidemiology alumna laurie macedougall, ms '95, to appear on jeopardy!

## Epidemiology alumna Laurie MacDougall, MS '95, to appear on Jeopardy!

May 25 2016

Epidemiology alumna Laurie MacDougall, MS '95, will be appearing as a contestant on the popular gameshow Jeopardy! on Tuesday, June 21, 2016 (check your local listings for times and channels).

"It was the experience of a lifetime," says MacDougall. She adds with a laugh, "And it only took me over 20 years to get there!"

Her audition process began two years ago when she took an online test. This was followed by an in-person audition with another test and a mock game and interview. After that, she says, "I waited! To give some context, about 70,000 people take the online test every year. 3000 people get called for an in-person audition, and of those, only 400 contestants ultimately make it on the show."

Despite the lengthy audition process, she says that it all "still feels like a blur."

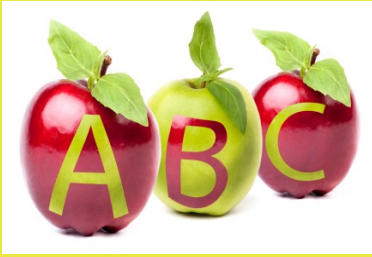
A resident of Allston, Massachusetts, MacDougall also earned an M.S. degree in Gerontology from UMass Boston in 2004. She worked as an epidemiologist for the Massachusetts Cancer Registry for a number of years before taking her current position as a cancer registrar at St. Elizabeth's Medical Center in Brighton, MA.





# FUN FACTS & TREATS

## FUN FACTS & TREATS



### ABC's of Skin Protection

**A = Away.** Stay away from the sun in the middle of the day (from 10 in the morning to 4 in the afternoon). Seek shade. Be sure to use sun protection when you are near water, snow, or sand, because the sun's rays reflect off of these.

**B = Block.** Use a sunscreen with a sun protection factor (SPF) of 30 or higher to protect babies' and children's very sensitive skin.

**C = Cover up.** Wear clothing that covers the skin, hats with wide brims, and sunglasses with UV protection. Even children who are one year old should wear sunglasses with UV protection.

**S = Speak out.** Teach others to protect their skin from sun damage. Tanning beds can cause the same skin damage as sunburns and sun tanning.

### FUN FACTS ABOUT SUN EXPOSURE

- The strongest sunlight is around midday, from 10 in the morning to 4 in the afternoon.
- You can calculate how much UV exposure you're getting by using the shadow rule. \* A shadow that is longer than you means UV exposure is low, a shadow that is shorter than you means that UV exposure is high.
- You can buy clothing made with sun protective fabric. These clothes have a specific label that tells you how effective they are in protecting you from UV rays.

### Fruit Juice Frozen Pops

#### Ingredients

4 cups Ocean Spray® 100% Citrus Mango Pineapple or Citrus Tangerine Orange  
8 wooden craft sticks  
8 6-inch squares heavy-duty foil  
8 5-ounce paper cups

#### Directions

Pour 1/2 cup juice into each paper cup. Place foil over tops of cups; press and form around cups so top is tight. With sharp knife, cut a small slit in center of foil on each; carefully insert stick in each so it is standing up straight. Place cups on tray or baking sheet with sides. Place flat in freezer. Freeze overnight or until solid. To serve, remove foil; warm cups slightly with hands to lift out, or peel paper from frozen pops. Makes 8 pops.



## Editor, Nyles Davis



It has truly been a pleasure to be your editor for this edition of the ASCR newsletter. I want to give a big thanks to all who contributed content and ideas. Thanks to Crystal Jones, your previous editor who guided me through this process from beginning to end. You rock Crystal! Finally, thank you to the chief, Mrs. Tara Freeman, for your direction.

Have a great summer everyone!