

# ASCR NEWS

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## STAFF

**Administrative Director**  
Janice Cook 334.206.5610

**Program Manager**  
Vicki Nelson 251.438.2809

**Central Region Coordinator**  
Shri Walker 334.206.7035

**Jefferson Co. Coordinator**  
Regina Dillard 205.930.1151

**North Region Coordinator**  
Diane Hadley 256.734.0258

**South Region Coordinator**  
Mark Jackson 251.433.7809

**Operation Analyst**  
Xuejun Shen 205.685.4173

**Epidemiologist**  
Justin George 334.206.3962

**Casefinding Auditor**  
Shirley Williams 334.206.4173

**Case finding Auditor**  
Bobbie Bailey 205.554.4516

**Administrative Assistant**  
Shirley Bowman 334.206.557

**Research Assistant**  
Tracey Taylor 334.206.7022

**Student Aide**  
Geraldine Granjean 334.206.7068

## ASCR RECEIVES SILVER CERTIFICATION

The Alabama Statewide Cancer Registry (ASCR) recently achieved the North America Association of Central Cancer Registry's (NAACCR) Silver Certification for its' 2005 submission, which consisted of 2003 data. While gold was the aim, silver is greatly appreciated.

NAACCR's recognition program was started in 1997. The program annually reviews member registries for their ability to produce complete, accurate, and timely data. The registry certification program recognizes those registries meeting the highest standards of data quality with Gold or Silver recognition certificates for each data year.

NAACCR reviews seven data elements. They are:

- Completeness
- % Passing Edits
- Death Certificate Only Cases
- Timeliness
- Duplicate Records
- Missing Data Field (Sex, Age, County)
- Missing Data Field (Race)

The ASCR achieved gold status in every criterion except completeness. That's where you come in. It is vitally important that every reportable case of cancer in Alabama is reported to the central registry.

**It is vitally important that every case of cancer in Alabama is reported to the central registry.**

We need these cases not only to have a completed report, but, to paint the most accurate picture of cancer in Alabama that can be created. This is necessary for resource allocation which consists

of funding, screening services, education and direct patient care.

We invite you to join us in partnership as we prepare to achieve gold certification for Alabama's 2006 data submission which will consist of 2004 data. Here is how you can help:

- Resubmit 2004 cases
- Enhance casefinding efforts
- Submit data in a timely manner
- Avoid using unknown
- Exhaust efforts to identify sex and race

Remember, the only data that the ASCR has to submit comes from you.

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### COMPLTENESS SCHEDULE

Current Month	% of Completeness	Timeliness
May	91%	Nov 05
June	<b>100%</b>	December 05
July	8%	January 2006
August	16%	Feb 06
September	25%	March 06
October	33%	April 06



### NAME CHANGE

**Healthsouth Medical Center**  
**UAB Highlands**  
**Birmingham, Alabama**

**Montclair Baptist Medical Center**  
**Trinity Medical Center**  
**Birmingham, Alabama**



## REGISTRY PLUS ONLINE HELP

**R**egistry Plus Online Help (RHOP) provides online versions of current editions of *FORDS*, the SEER coding manual, the *Collaborative Staging and Coding Manual*, ICD-O-3, and other resources in an easy-to-use package provided free for download by the Centers for Disease Control and Prevention (CDC) division of Cancer Prevention and Control, Cancer Surveillance Branch. An updated version has just been released.

**R**POH is an integrated and user friendly, Window-based Help system for abstractors, and others who work with cancer data. The manuals with RPOH are cross-reference, indexed, and hyper-linked,

making the information quickly and readily available to the user. The use of RPOH can reduce or actually eliminate the need to reference the manuals in hard copy form.

**T**his new version can be accessed from <http://www.cdc.gov/cancer/registryplus/rpoh.htm>. If you have an earlier version of the program installed, follow the instructions on the page for updating it. If you do not have it installed, scroll down to "Download Online Help" and follow the instructions. When you have installed the program, a shortcut icon will be placed on your desktop to access the program.

## CTR Certification Exam Changes

The National Cancer Registrars Association's Council on Certification recently announced future changes to the Certified Tumor Registrar (CTR) examination.

- A new Exam Content Outline and Weighting will be implemented for the 2007 certification exams; all **2006 CTR Exams will continue to follow the existing Exam Content**
- New Eligibility Routes will be phased in starting with the 2008 certification exams; the current Eligibility routes will continue for 2006-2007 CTR Exams.
- The most current information on the CTR Exam is available at: <http://ctrexam.org>.

## Collaborative Staging Aid Online

The Collaborative Staging (CS) Steering Committee has released an Excel file containing the site-specific values for "Unknown" and "Not applicable" for all CS data items. This table was requested by CS users because the use of incorrect default codes has led to edit errors. The file can be used to correctly populate CS items for cases with no information about staging; for example, death-certificate-only cases. The Excel file is available on the AJCC Web site <http://www.cancerstaging.org/csstage/index.html>.

**CONGRATULATIONS!**  
New CTR

**YOLANDA TOPIN**

February 2006

SPRINGHILL MEDICAL CENTER  
Mobile, Alabama



## COC Clarifies Date of First Contact

1. The *Date of First Contact* is the date the patient reported to the facility for treatment or pre-treatment work-up. Clarifying language was added to the *FORDS* Manual that permitted updating of both the Class of Case and the *Date of First Contact* if a patient was originally abstracted as a class (7) and was subsequently admitted to the facility as part of the first course treatment. The *Date of First Contact* is modified to the date the patient came to the facility.
2. If a patient is diagnosed at a staff physician's office and comes to the reporting facility, the Date of First Contact is the date the patient physically presented.
3. A patient is admitted for a diagnosis that is not cancer. During the course of the hospital stay, the patient is diagnosed with cancer. The date of first contact is the date the patient was diagnosed with cancer, not the first admission.



# PROTOCOLS FOR RESEARCHERS

Written By: Tracey Taylor, Geraldine Granjean & Vicki Nelson

The Alabama Statewide Cancer Registry (ASCR) is maintained for the purpose of providing accurate and up-to-date information about cancer in Alabama. It is designed to make possible the assessment and enhancement of cancer prevention, screening, diagnosis, and community care activities for the citizens of Alabama. Historically, research has played an integral role in improving the quality of cancer care and the reduction of healthcare costs for cancer patients and providers. The ASCR now has the capacity to collaborate in such research activities by providing a whole new dimension of data availability. This participation in research activities fulfills the purpose of cancer registry data collection at its grass roots level.

Many provisions are in place to protect the privacy of the individual patient and the reporting facility. Strict compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 is followed. The Alabama Statewide Cancer Registry Act provides public assurances that data will be protected and outlines very specific rules for release of information. Research requests for data may be grouped into the following categories generally in an ascending order of sensitivity:

1. **No person-specific information included in the data provided to the researcher.**
2. **Patient-specific or case-specific or event-specific information is included in the data provided to the researcher, but all individual identifiers are first removed.**
3. **Person-specific information with identifiers are included in the data provided to the researcher, but there is no subsequent contact with these subjects, and they are not expected to be directly affected in any way by the research.**
4. **Person-specific information and personal identifiers are included in the data provided to the researcher, who intends to use the information for subsequent contact with subjects or their families.**

Initial contact with these individuals must, in all instances, be made by the ASCR staff who would obtain written physician consent prior to any information-gathering or contact by non-ASCR investigators. ASCR Advisory Committee and ADPH IRB approval is required.

Depending upon the category of data needed, requests may be re-

viewed by the Program Manager, the ASCR Advisory Committee and/or the Alabama Department of Health (ADPH) Institutional Review Board (IRB.) The ASCR will ensure that personal health information will only be disclosed for research purposes if the following conditions are met:

- The objective of the research project cannot be reasonably accomplished using other non-personal information.
- The research project is not contrary to the public interest.
- The approval of an IRB has been obtained, if the approval is required by law or by the research funding agency or by the ASCR.
- The person to whom the personal health information is to be disclosed has entered into an agreement with the ASCR, according to the terms and conditions set forth in the *Research Application/Agreement* and the *Confidentiality Agreement*.

All publications and papers must acknowledge the Alabama Statewide Cancer Registry for supplying the investigated information. The release of information by the researcher to a third party may not be made without prior written permission of the ASCR.

## UPCOMING EVENTS

**PRINCIPLES OF ONCOLOGY FOR  
CANCER REGISTRY PROFESSIONALS**  
July 17-21, 2006—Little Rock, Arkansas  
[Http://www.afritz.org/courses.htm](http://www.afritz.org/courses.htm)

**NAACCR ANNUAL MEETING  
JUNE 10-17, 2006**  
Regina, Saskatchewan  
[Http://www.naacr.org](http://www.naacr.org)

**CTR EXAM**  
Testing Begins: September 16, 2006  
Testing Ends : September 30, 2006  
\$225.00—NCRA Member  
\$325.00—All other candidates

## EDUCATION SURVEY RESULTS

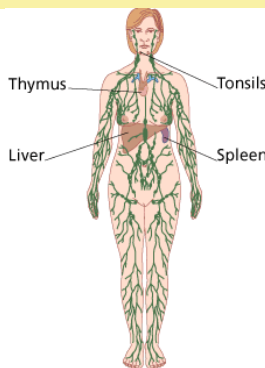
Recently, the ASCR sent out an informal survey to identify training needs for Alabama registrars. Listed below are the identified areas.

- Coding and abstracting Lymphomas
- Prostate CS and Melanoma CS.
- No evidence of Disease
- Advance abstracting
- Multiple Myelomas
- New multiple primaries & histology coding rules
- New treatment options
- Organ transplants
- Food & nutrition regarding cancer patients
- Abstracting, reporting, and follow-up procedures.
- CAP guidelines
- Sites are being ablated
- Radiation oncology
- prostate Collaborative Staging on Factor 4
- Lung Cancer

# THE LYMPHATIC SYSTEM

Understanding the lymphatic system can help you to understand lymphoma.

The **lymphatic system** consists of organs, ducts, and nodes. It transports a watery clear fluid called lymph. This fluid distributes immune cells and other factors throughout the body. It also interacts with the blood circulatory system to drain fluid from cells and tissues. The lymphatic system contains immune cells called **lymphocytes**, which protect the body against antigens (viruses, bacteria, etc.) that invade the body. See more on lymphocytes below.



- the **spleen** is a filter of blood, and
- **mucosal associated lymphatic tissues** acquire antigens by transcytosis to lymphoid tissue from the "external" environment across specialized follicle-associated epithelial cells." Source: geocities.com

The **spleen** is another important lymphatic organ. It processes lymphocytes from incoming blood. The **tonsils** and **adenoids** are secondary lymphatic organs.

## Main functions of lymphatic system:

- "to collect and return interstitial fluid, including plasma protein to the blood, and thus help maintain fluid balance,
- to defend the body against disease by producing lymphocytes,
- to absorb lipids from the intestine and transport them to the blood."

Source: jdaross.mcmail.com

**Lymph organs** include the bone marrow, lymph nodes, spleen, and thymus. Precursor cells in the bone marrow produce lymphocytes. B-lymphocytes (B-cells) mature in the bone marrow. T-lymphocytes (T-cells) mature in the thymus gland.

Besides providing a home for lymphocytes (B-cells and T-cells), the ducts of the lymphatic system provide transportation for proteins, fats, and other substances in a medium called lymph.

"**Lymph** means clear water and it is basically the fluid and protein that has been squeezed out of the blood (i.e. blood plasma). The lymph is drained from the tissue in microscopic blind-ended vessels called lymph capillaries. These lymph capillaries are very permeable, and because they are not pressurized the lymph fluid can drain easily from the tissue into the lymph capillaries.

As with the blood network the lymph vessels form a network throughout the body, unlike the blood the lymph system is a one-way street draining lymph from the tissue and returning it to the blood." - **Source: bbc.co.uk**

"**Secondary lymphatic tissues** control the quality of immune responses. Differences among the various lymphatic tissues significantly affect the form of immunity and relate to how antigens (bacteria, virus, fungus, etc.) are acquired by these organs.

- **Lymph nodes** are filters of lymph,

The **spleen** is the "largest single mass of lymphoid tissue in the body. The spleen is a soft, purple, highly vascular organ located in the upper left region of your abdomen. It lies just behind and partly lateral to the stomach and just under the diaphragm. It is shaped like a very small smooth rounded catcher's mitt with notches at its upper anterior edge

**Lymphoma** is not one cancer, but a name for a group of related cancers that arise when a **Lymphocyte** (a blood cell) becomes malignant.

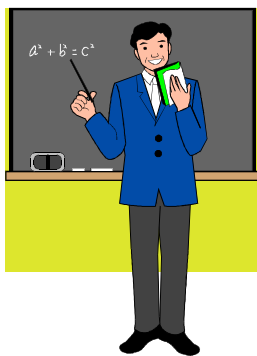
The normal function of lymphocytes is to defend the body against pathogens and infected cells: germs, viruses, fungi, even cancer. There are many subtypes and maturation stages of lymphocytes and therefore there are many kinds of lymphomas. When a lymphocyte becomes malignant (goes bad), its biologic behavior is arrested at that stage.

## Lymph Nodes Above the Diaphragm

Waldeyer\_ring  
Tonsils, adenoids (nasopharynx), lingual tonsils  
Cervical[neck] (occipital, submental, preauricular, submandibular, internal jugular)  
Infraclavicular  
Supraclavicular (scalene)  
Axillary, pectoral  
Mediastinal (peritracheal, thymic region)  
Hilar  
Epitrochlear, brachial

## Lymph Nodes Below the Diaphragm

Upper abdomen (splenic hilar, celiac, porta hepatis)  
Lower abdomen (iliac, paraaortic, retroperitoneal, mesenteric, abdominal, NOS)  
Iliac  
Inguinal  
Femoral  
Popliteal  
Spleen



## The 2007 Multiple Primary and Histology Coding Rules

*The final version of the rules will be available for cases diagnosed starting in 2007.*

The 2007 Multiple Primary and Histology Coding Rules present the first site-specific multiple primary and histology rules developed to promote consistent and standardized coding by cancer registrars. This project was sponsored by the National Cancer Institute's SEER Program. In January 2003, the Multiple Primary and Histology Coding Committee (Histology Committee) was formed to tackle problems identified in existing rules. The Histology Committee was a diverse group with membership from all but two SEER regions, the American College of Surgeons (ACoS) Commission on Cancer (CoC), the American Joint Committee on Cancer (AJCC), the Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR), the National Cancer Registrars Association (NCRA), North American Association of Central Cancer Registries (NAACCR), 15 central registry representatives, and Statistics Canada. Physician guidance by specialty pathologists and clinicians

was integral to the review and revision process. Regular consultation with the editors of ICD-O-3 clarified ICD-O-3 codes and ensured that the new rules accurately reflect the ICD-O-3 intent and purpose.

The 2007 Multiple Primary and Histology Coding Rules contain site-specific rules for **lung, breast, colon, melanoma of the skin, head and neck, kidney, renal pelvis/ureter/bladder, and malignant brain**. A separate set of rules addresses the specific and general rules for all other sites. The multiple primary rules guide and standardize the process of determining the number of primaries. The histology rules contain detailed histology coding instructions. For example, grouping histologic terms, differentiating between general (NOS) terms and specific histologic types and subtypes, and identifying mixed and combination codes are covered. The Histology Committee also developed three new data items that complement these rules.

[The rules will be available](#)

[in three formats: flowchart, matrix and text](#). The different formats were developed to meet the needs of different learning styles. The rules are identical in each of the three formats. Using all three formats is not recommended. It is best to choose one format. ***Do not combine old rules with the new.***

Web-based cancer registrar education will be available on the [SEER training website](#). Multiple primary and histology issues are covered in several modules, and continuing education units can be requested from the [National Cancer Registrars Association](#). Recorded training webcasts will be available for viewing and provide another option for mass training of registrars who cannot attend an in-person workshop. The rules will be available in a stand-alone manual and also in the ***2007 SEER Coding and Staging Manual***.

Source: SEER Website



## NEW TREATMENT FOR MYELODYSPLASTIC SYNDROME

The Food and Drug Administration (FDA) May 3 approved Dacogen (decitabine) injection for the treatment of myelodysplastic syndromes (MDS). Dacogen is a new molecular entity that received orphan drug status. Orphan products are developed to treat rare diseases or conditions that affect fewer than 200,000 people in the U.S. The

Orphan Drug Act provides a seven-year period of exclusive marketing to the first sponsor who obtains marketing approval for a designated orphan drug.

MDS can develop following treatment with drugs or radiation therapy for other diseases or it can develop without any known cause. Some forms of MDS can progress to acute myeloid leukemia (AML), a type of

cancer in which too many white blood cells are made.

An estimated 7,000 to 12,000 new cases of MDS are diagnosed yearly in the United States. Although MDS occurs in all age groups, the highest prevalence is in people over 60 years of age. Typical symptoms include weakness, fatigue, infections, easy bruising, bleeding, and fever.



ALABAMA DEPARTMENT OF PUBLIC HEALTH  
ALABAMA STATEWIDE CANCER REGISTRY

Alabama Statewide Cancer Registry  
The RSA Tower  
204 Monroe Street, Suite 1400  
Montgomery, Alabama 36130-3017



**Capturing Cancer Data in Alabama**  
Find us on the web

ASCR News is published quarterly for those involved in cancer data collection in Alabama. Contact us to submit articles for publication.

**Regina T. Dillard, RHIT, CTR**  
Editor

**Vicki Nelson, RHIT, CTR, MPH**  
Editorial Review

**Janice Cook, MPH**  
Administrative Director

## CONGRATULATIONS 2005 CERTIFIED CANCER REGISTRIES High Quality 2003 Incidence Data

### Gold

Alaska Cancer Registry  
California Cancer Registry  
Cancer Registry of Central California  
Cancer Surveillance Program, Region 3  
Tri-Counties Regional Cancer Registry  
Cancer Registry of Northern California  
Cancer Surveillance Program of Los Angeles  
Northern California Cancer Center  
Cancer Surveillance Program of Orange County  
Colorado Central Cancer Registry  
Connecticut Tumor Registry  
Delaware Cancer Registry  
District of Columbia Cancer Registry  
Florida Cancer Data System  
Georgia Comprehensive Cancer Reg.  
Metropolitan Atlanta & Rural Georgia  
SEER Registry  
Hawaii Tumor Registry

Cancer Data Registry of Idaho  
Illinois State Cancer Registry  
State Health Registry of Iowa  
Kansas Cancer Registry  
Kentucky Cancer Registry  
Louisiana Tumor Registry  
Maine Cancer Registry  
Maryland Cancer Registry  
Massachusetts Cancer Registry  
Michigan Cancer Surveillance System  
Metropolitan Detroit Cancer Surveillance System  
Minnesota Cancer Surveillance System  
Missouri Cancer Registry  
Montana Central Tumor Registry  
Nebraska Cancer Registry  
Nevada Statewide Cancer Registry  
New Jersey State Cancer Registry  
New York State Cancer Registry  
North Dakota Cancer Registry  
Oklahoma State Department of Health  
Oregon State Cancer Registry  
Pennsylvania Cancer Registry

Rhode Island Cancer Registry  
South Carolina Central Cancer Registry  
South Dakota Cancer Registry  
Texas Cancer Registry  
Washington State Cancer Registry  
Fred Hutchinson Cancer Research Ctr.  
West Virginia Cancer Registry  
Wisconsin Cancer Reporting System

### Silver

Alabama Statewide Cancer Registry  
Arkansas Cancer Registry  
Desert Sierra Cancer Surveillance Program  
Indiana State Cancer Registry  
New Hampshire State Cancer Registry  
North Carolina Central Cancer Registry  
Utah Cancer Registry  
Vermont Cancer Registry  
Virginia Cancer Registry