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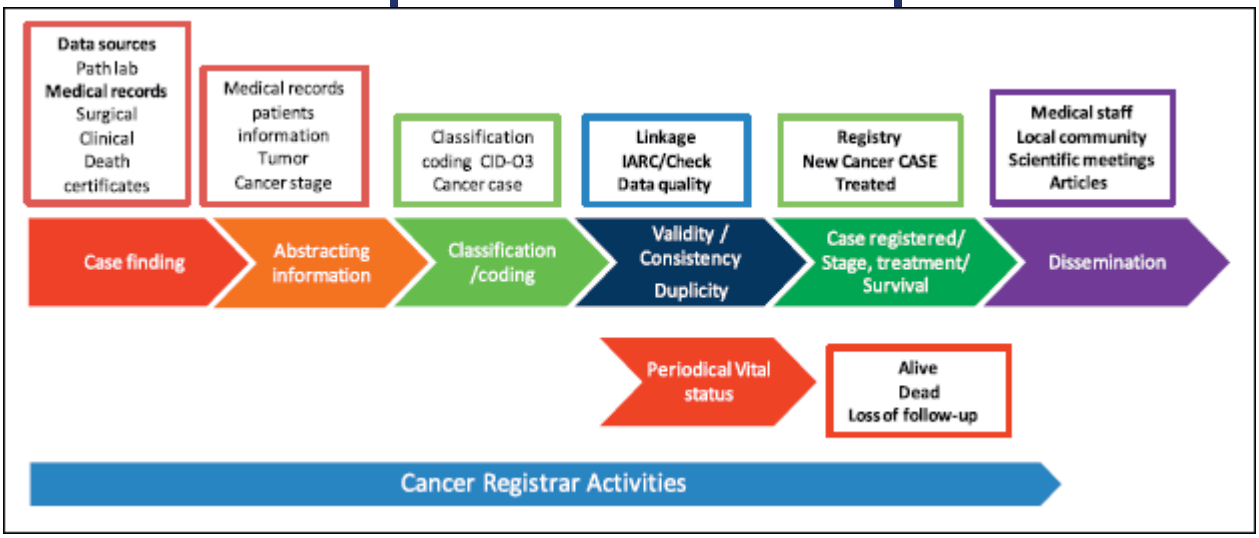


We are halfway through 2021 and 

is here. I am sure many of you continue to experience operational challenges due to the coronavirus pandemic. Thanks to all of you for your patience during that extraordinary situation.

June is National Cancer Survivor month and National Cancer Survivors Day was recognized on Sunday, June 6. Both events recognize and celebrate the millions of adults and children in the United States who have experienced a cancer diagnosis. Advanced cancer research in the United States accounts for more than 16.9 million people to be cancer survivors living with, through, and beyond their disease.

We are both happy and sad to announce that Diane Hadley is retiring from her position as the Data Completeness Manager and Regional Coordinator with the ASCR on January 1, 2022. Diane's expertise in the field of cancer registry operations has been invaluable. For more than twenty-two years at ASCR, she has been an integral contributor to the growth and success of this program. Please reach out to Diane in the coming months if you have questions or words of encouragement as she enters the next phase of her life.

"I have enjoyed working for the Alabama Statewide Cancer Registry and have greatly appreciated all cancer registrars across the state for their hard work and dedication to this field. Each day brings new challenges that takes perseverance and patience while awaiting another upcoming update that can test our sanity. It is a great profession to be a part of and the depth of our contribution might not ever be known. God Bless each and every one of you!!"

ASCR REPORTING REQUIREMENTS

All healthcare facilities and/or providers diagnosing or providing treatment to cancer patients shall report complete abstracts on each case of confirmed cancer/benign reportable tumor monthly, before the 10th of the following month, in the prescribed format and within 180 days of admission or diagnosis.

Example: January cases will be reported by July 10th, February cases reported by August 10th, etc.

This method allows the ASCR to receive continuous reporting in a timely manner.

Casefinding Information – Pathology Reports, Cytology Reports, Disease Index, X-rays/Scans, Radiation Oncology Logs, Medical Oncology Logs and Surgery Schedule as this pertains to your facility.

2021 DX cases Hospital Reporting Schedule

Current Month/YR	Cases Due DX Month/YR	Completeness Level
Jan 2021	Jul 2020	58%
Feb 2021	Aug 2020	67%
Mar 2021	Sept 2020	75%
Apr 2021	Oct 2020	83%
May 2021	Nov 2020	92%
June 2021	Dec 2020	100%
July 2021	Jan 2021	8%
Aug 2021	Feb 2021	17%
Sept 2021	Mar 2021	25%
Oct 2021	Apr 2021	33%
Nov 2021	May 2021	42%
Dec 2021	June 2021	50%

FLccSC Education Collaborative for the Cancer Surveillance Community

The Fundamental Learning Collaborative for the Cancer Surveillance Community (FLccSC) is a web-based learning management system developed by the Florida Cancer Data System in collaboration with the South Carolina Central Cancer Registry to address the growing need for providing essential education to registrars statewide.

This website was created to meet the specific needs of Alabama.
If you are an Alabama FLccSC member, please click below to watch the educational NAACCR Webinars and other webinars/presentations that are available.
Alabama FLccSC now has 77 active members.

https://als.fcdslms.med.miami.edu/ords/f?p=105:LOGIN_DESKTOP:13616223498240:::::

If you are not a member, you can use the same link to register as a New User and begin the webinars.

FLccSC Fundamental Learning Collaborative for the Cancer Surveillance Community

Alabama Statewide Cancer Registry

NAACCR North American Association of Central Cancer Registries

2020-2021 WEBINAR SERIES

- 10/2020 - Prostate
- 11/2020 - Lung
- 12/2020 - Thyroid
- 01/2021 - Treatment
- 02/2021 - Lymphoma
- 03/2021 - Abstracting and Coding Boot Camp
- 04/2021 - Larynx
- 05/2021 - Pancreas
- 06/2021 - Kidney
- 07/2021 - Quality in CoC Accreditation
- 08/2021 - Breast
- 09/2021 - Coding Pitfalls

NAACCR Webinar: Pancreas 2021
Histology Codes: For a complete list, please refer to ICD-O- 3.2

Exocrine Pancreas

- Greater than 85% are Ductal Adenocarcinoma – 8500/3 and occurs most frequently in the Head of the Pancreas
- Acinar Carcinoma – 8550/3 or Acinar Cell Cystadenocarcinoma 8551/3
- Adensquamous - 8560/3
- Neuroendocrine Carcinoma - 8041/3

Endocrine Pancreas

- Neuroendocrine Tumor, grade 1 – 8240/3
- Neuroendocrine Tumor, grade 2 and grade 3 – 8249/3
- PanNET represents 5% of tumors
- Rare types of histology's are Islet-Cell/Neuroendocrine

Important Note: If neoadjuvant treatment is given, use the histology before neoadjuvant treatment. Do not use histology from the surgical resection after neoadjuvant treatment was given.

Newly Reportable Histology Codes: Date of Diagnosis 1/1/2021 and forward

- Pancreatic Neuroendocrine Tumor, Nonfunctioning 8150/3 - C25.4 and Pancreatic Endocrine Tumor 8150/3
- Islet Cell Adenocarcinoma C25.4 – 8150/3, Islet Cell Adenoma – 8150/3, Islet Cell Adenomatosis – 8150/3, Islet Cell Carcinoma – 8150/3 and Islet Cell Tumor – 8150/3
- Insulinoma – 8151/3
- Glucagonoma – 8152/3

REGISTRY PLUS SOFTWARE UPGRADES

Please check your emails periodically for Abstract and Web Plus upgrades. We will provide instructions and software support. If you have any questions, please feel free to contact Farzana.Salimi@adph.state.al.us.

The Alabama V21b metafile is posted on the ASCR website:
https://www.alabamapublichealth.gov/ascr/hospital-resources.html

Use the following files for NAACCR Layout 21b:
Metafile (.zip file) (04/01/21)| Configuration File (.zip file)
Unzip both files after download - Instructions

ASCR is preparing for the Abstract and Web Plus V21b upgrades.

The tentative date for releasing the Web Plus 3.9 (V21) upgrade will be June 2021.

CDC is testing the generic build for Abstract Plus 4.0. The potential date for upgrade to V21b Abstract Plus 4.0 will be July 2021.

V21 affects cases with a Diagnosis Date of 2021 and higher.

- New Data Items Version 21.
- These new fields will be added to Abstract Plus Software V21.

Table 2. Version 21 New Data Items for NPCR

Item #	Item Name	NPCR Requirements
1068	Grade Post Therapy Clin (yc)	R* When available
2232	Name--Birth Surname	R Required
2315	Medicare Beneficiary Identifier	R* When available

Additions:

- As of 01/01/2021, early or evolving melanoma in situ, or any other early or evolving melanoma, is reportable.
- All GIST tumors are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2.
- Nearly all thymomas are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2. *The exceptions are microscopic thymoma or thymoma benign (8580/0), micronodular thymoma with lymphoid stroma (8580/1), and ectopic hamartomatous thymoma (8587/0).*

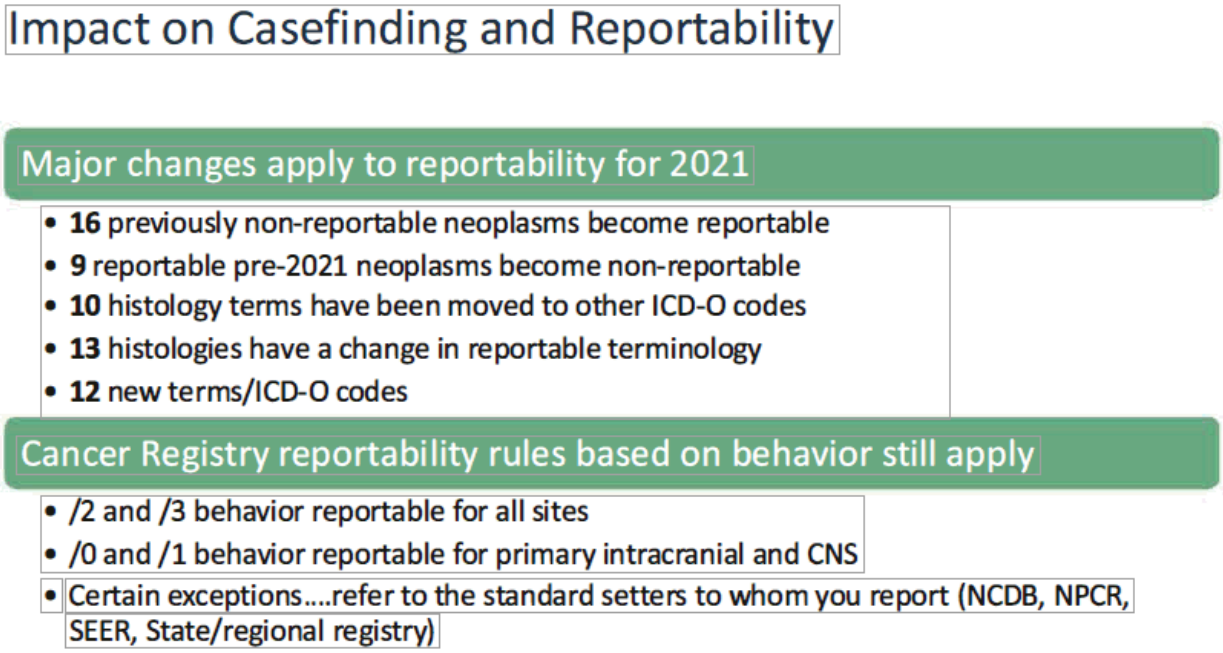
Please note that NPCR continues to require the collection of VIN III, VAIN III, and AIN III.

IMPLEMENTATION GUIDELINES FOR ICD-O-3.2 UPDATE

- Effective for cases with a diagnosis date January 1, 2021 forward.
- Use of implementation guidelines is required for determining reportability and accurate coding.
- Tables provide information on changes to reportability, codes, and terminology.
- Guidance or pre-2021 diagnosed cases when histology not listed in the Solid Tumor Rules.
- Access guidelines at NAACCR website: https://www.naaccr.org/icdo3/.

A complete listing of 2021 ICD-O-3.2 updates in alphabetical order and errata for ICD-O-3.2 will be placed on the ASCR Website - Hospital Resources and Non-Hospital Resources page, https://www.alabamapublichealth.gov/ascr/.

This list will be valuable for Casefinding purposes and correct histology/behavior coding.



2019 DEATH CLEARANCE

Just a reminder, the 2019 Death Clearance 1st Follow-Back form was due back March 19, 2021. If you have not done so, please complete the form as soon as possible. The form can be sent via email, Cassandra.Glaze@adph.state.al.us or fax to my attention. A second 2019 Death Clearance Follow-Back form will be mailed August 2021.

- Required fields to be completed on the forms are: fields with an asterisk (*) such as the date of diagnosis, primary site, and histology. These fields are very important.
- If there is no more information on the patient, please indicate this. PLEASE DO NOT RETURN THE FORM BLANK.
- If you will abstract the case(s), please select YES. If you will not abstract the case(s) please select NO explaining the reason why.

TEXT DOCUMENTATION

Coding Pitfalls in Context of Text Documentation:

- Text documentation is a requirement for abstracting.
- We all make abstracting and coding mistakes.
- Our abstracts are not just a bunch of codes.
- It explains the continuum of cancer care.
- It helps identify missing information, improve abstract quality; and improves overall data quality.
- Text documentation is a valuable resource, as not everything gets coded.

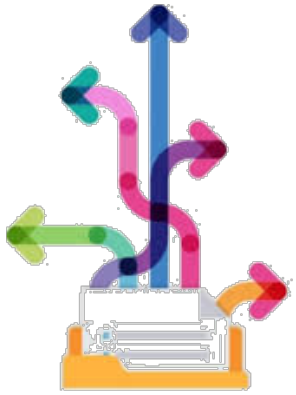
Purpose and Use of Text Documentation:

Purpose: Describe the patient's continuum of cancer care from presentation symptoms to diagnosis, from workup to staging, from treatment to progression and any care post treatment until the end of life whether due to cancer or not.

Use: Text documentation helps reinforce critical data items and helps identify where abstractors and coders have problems or do not understand certain new (and older) concepts, instructions, etc. Your text documentation should tell a story.

Who uses text and how do they use it?

- New Registrar Learning to Abstract
- Hospital Registrar and Physicians
- Central Registry and Data Quality
- Clinical Research and Other Data Users
- Epidemiologist and Use of Text
- Feedback to Individual and for Training



Text documentation should always include the following components:

- Date(s) -include date(s) references -this allows the reviewer to determine event chronology.
- Date(s) -note when date(s) are estimated [i.e. Date of DX 3/15/2014 (est.)].
- Location -include facility/physician/other location where the event occurred (test, study, treatment, or other).
- Description -include description of the event (test/study/treatment/other); include positive/negative results.
- Details -include as much detail as possible.
- Document treatment plan even if treatment is initiated as planned.
- Include "relevant-to-this-person/cancer" information only.
- DO EDIT your text documentation.
- DO NOT REPEAT INFORMATION from section to section.
- DO USE NAACCR Standard Abbreviations.
- DO NOT USE non-standard or stylistic shorthand.

***** When information is missing or incomplete in the medical record, document "info is not there."

CASEFINDING-DETERMINING ELIGIBILITY

Ambiguous Terms at Diagnosis

As part of the registry casefinding activities, all diagnostic reports should be reviewed to confirm whether a case is required. If the terminology is ambiguous, use the following guidelines to determine whether a particular case should be included. Words or phrases that appear to be synonyms of these terms do not constitute a diagnosis.

For example, "likely" alone does not constitute a diagnosis.

Ambiguous Terms that Constitute a Diagnosis	
Apparent(ly)	Presumed
Appears	Probable
Comparable with	Suspect(ed)
Compatible with	Suspicious (for)
Consistent with	Tumor* (beginning with 2004 diagnoses and only for C70.0-C72.9, C75.1-75.3)
Favors	Typical of
Malignant appearing	
Most likely	
Neoplasm* (beginning with 2004 diagnoses and only for C70.0-C72.9, C75.1-75.3)	

*additional terms for nonmalignant primary intracranial and central nervous system tumors only

EXCEPTION: If cytology is identified only with an ambiguous term, do not interpret it as a diagnosis of cancer.

NOTE: Abstract the case only if a positive biopsy or a physician's clinical impression of cancer supports the cytology findings.

Examples of Diagnostic Terms:

- The inpatient discharge summary documents a chest x-ray *consistent with carcinoma* of the right upper lobe. The patient refused further work-up or treatment. *Consistent with carcinoma* is indicative of cancer.

- The pathology report states *suspicious for malignancy*. *Suspicious for malignancy* is indicative of cancer.

Ambiguous Terms That *Do Not* Constitute a Diagnosis *without additional information*	
Cannot be ruled out	Questionable
Equivocal	Rule out
Possible	Suggests
Potentially malignant	Worrisome

Examples of Nondiagnostic Terms:

- The inpatient discharge summary documents a chest x-ray *consistent with neoplasm* of the right upper lobe. The patient refused further work-up treatment. *Consistent with neoplasm* is not indicative of cancer. While "consistent with" can indicate involvement, "neoplasm" without specification of malignancy is not diagnostic except for non-malignant primary intracranial and central nervous system tumors.
- Final diagnosis is reported as *possible carcinoma* of the breast. *Possible* is not a diagnostic term for cancer.

Genetic findings in the absence of pathologic or clinical evidence of reportable disease are indicative of risk only and do not constitute diagnosis.