

Alabama Statewide Cancer Registry

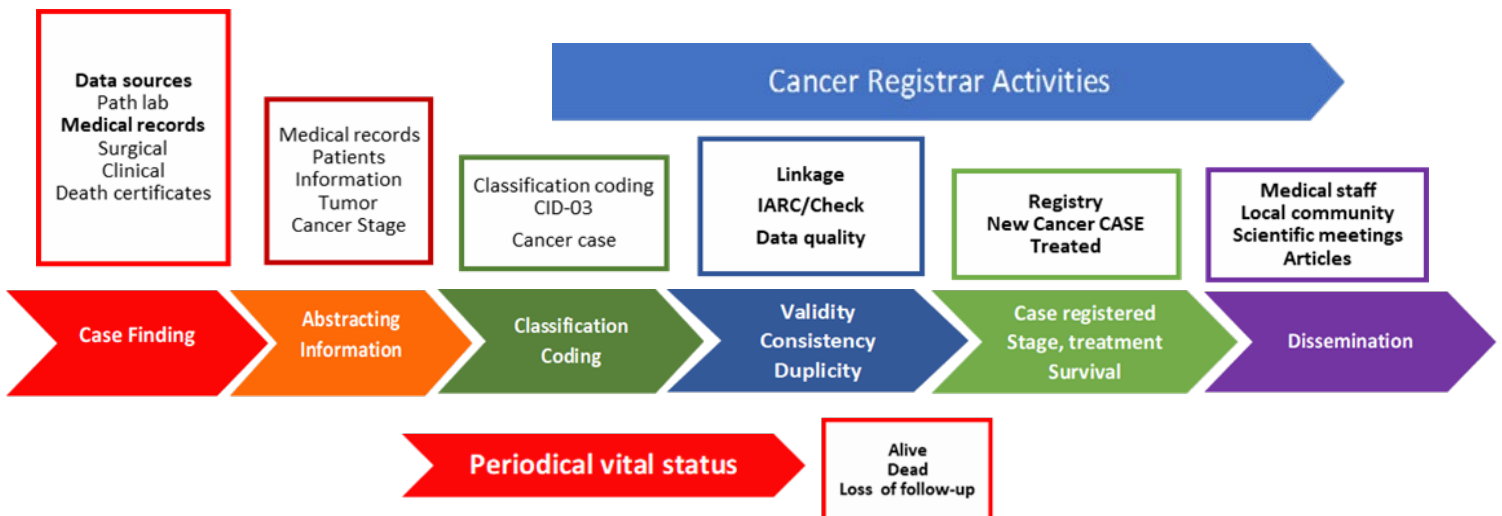
ASCR IMPORTANCE OF CANCER REGISTRY

In America, cancer ranks second in terms of mortality. To lessen the burden of cancer in the country involves many people, including medical professionals, epidemiologists, public health planners, lawmakers, and others. To better understand the causes of cancer and identify cases of the disease early, doctors need information on cancer.

Cancer registries are useful research tools for people interested in the etiology, diagnosis, and treatment of cancer. After treatment, cancer data is also used by cancer professionals to follow-up with patients to assess its effectiveness. Cancer data provides insight to environmental risk factors or high-risk behaviors. In doing so, preventive measures can be taken to decrease the number of cancer occurrences and resulting fatalities. Cancer registries are significant because they gather precise and comprehensive cancer data that may be utilized for cancer control and epidemiological research, public health program planning, and patient care enhancement.

In the end, all these initiatives lessen the adverse effects of cancer. Cancer data received by cancer registries is analyzed and shared with state comprehensive cancer control coalitions and other organizations engaged in cancer prevention. Such groups and other organizations may discover individuals not receiving cancer screening tests, or those making decisions that increase the risk of developing cancer and indicate particular demographic groups that are more likely than others to get cancer.

The Alabama Statewide Cancer Registry (ASCR) makes every effort to collect data on all cancer cases diagnosed and or treated in Alabama. The ASCR checks the data completeness and accuracy. Most state central cancer registries submit their cancer data to the Centers for Disease Control and Prevention's (CDC), National Program of Cancer Registries (NPCR), annually.

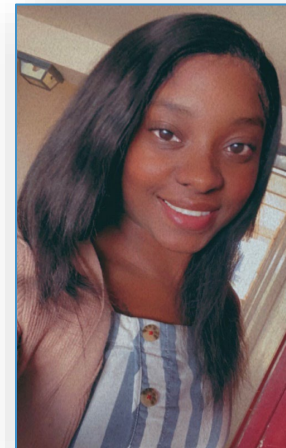


Director's *Message*

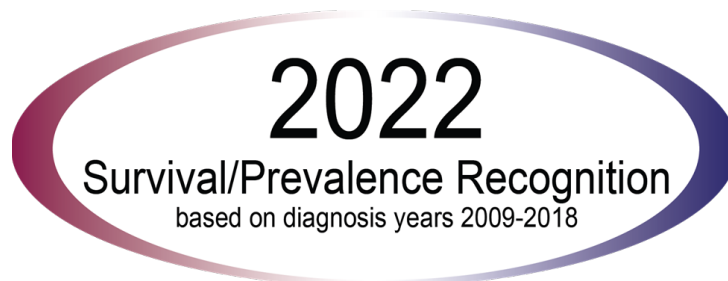
The ASCR submitted the 2020 data to NAACCR and NPCR in November. Although we have not received official confirmation, we are confident the ASCR will meet the NAACCR gold standard for 24-month data submission and our data will be included in the *United States Cancer Statistics (USCS)* report. The

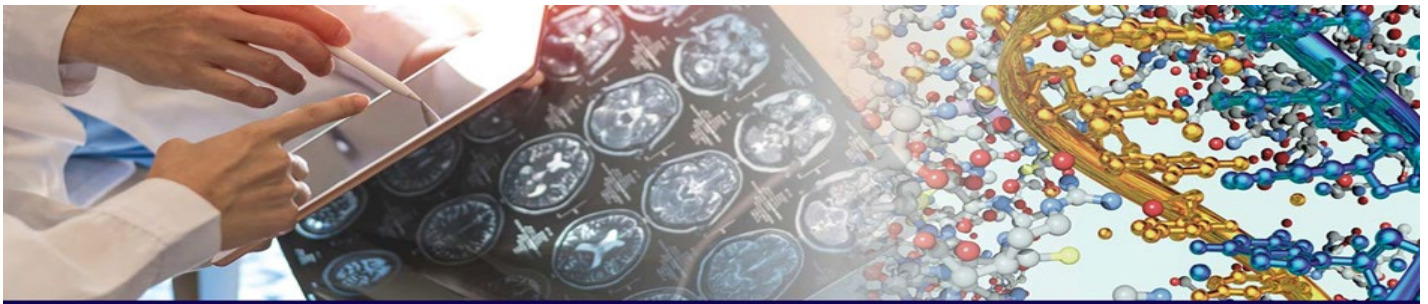
ASCR staff thank you for your continued dedication and support in our goal to achieve complete and accurate cancer data reporting.

Please join me in *welcoming* our newest member to the team, Zhanndi Driver. We are excited to work with Zhanndi. Her energetic personality is invaluable to the registry. Zhanndi is currently a State Professional Trainee, previously serving as a student intern with the ASCR. She is a graduate of Alabama State University with a degree in Health Information Management and certificate of minor in Maternal & Child Health. She is a dog mom, and in her spare time she enjoys spending time with family, cooking, dancing, gaming and more. She is very excited to be starting her new journey with the ASCR.



~Aretha Bracy





Alabama Statewide Cancer Registry

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UPCOMING EVENTS



The National Cancer Registrars Association (NCRA) will hold its 49th Annual Educational Conference May 7-10, 2023, at Town and Country Resort in San Diego, CA.

In-person attendees have the benefit of attending live with access to live streaming during the conference and on-demand sessions after the conference. Virtual attendees will experience select live sessions via live streaming with the opportunity to network and present questions online during the conference for those sessions.

For more conference information, please visit: <https://www.ncra-usa.org/Conference/2023-NCRA-Annual-Conference/2023-Conference-Information>.



The in-person NAACCR Annual Conference

Tuesday – Thursday
June 20-22, 2023

The 2023 Conference is hosted by the Louisiana Tumor Registry and will take place at the historic Roosevelt Hotel in Downtown New Orleans.

For more conference information, please visit: <https://www.naacccr23nola.org/>.

CANCER AWARENESS MONTHS

January	February	March
Cervical Cancer Month	National Cancer Prevention Month February 4 th – World Cancer Day February 15 th – International Childhood Cancer Day	National Colorectal Cancer Awareness Month Melanoma Awareness Month Kidney Cancer Awareness Month March 4 th – International HPV Awareness Day March 9 th – World Kidney Day March 21 st – Anal Cancer Awareness Day
April	May	June
Esophageal Cancer Awareness Month National Cancer Control Month National Minority Cancer Awareness Month National Oral, Head, and Neck Cancer Awareness Month National Young Adult Cancer Awareness Week Testicular Cancer Awareness Month	Bladder Cancer Awareness Month Brain Tumor Awareness Month National Cancer Research Month National Melanoma/Skin Cancer Detection and Prevention Month May 1, 2023 – Melanoma Monday National Neurofibromatosis Month Oncology Nursing Month May 8 th – World Ovarian Cancer Day/Women’s Check-Up Day	Cancer Immunotherapy Awareness Month Cancer Survivors Month June 4, 2023 - National Cancer Survivors Day June 15, 2023 - World Kidney Cancer Day
July	August	September
UV Safety Month Sarcoma and Bone Cancer Awareness Month July 13, 2023 – Gastrointestinal Stromal Tumor (GIST) Awareness Day July 19, 2023 - Glioblastoma Awareness Day	Appendix Cancer Awareness Month August 1, 2023 - World Lung Cancer Day	Blood Cancer Awareness Month Childhood Cancer Awareness Month Gynecologic Cancer Awareness Month National Ovarian Cancer Awareness Month Prostate Cancer Awareness Month Thyroid Cancer Awareness Month September 24, 2023 - World Cancer Research Day September 25 - October 1, 2023 - National Hereditary Breast and Ovarian Cancer Week
October	November	December
National Breast Cancer Awareness Month Liver Cancer Awareness Month October 13, 2023 - Metastatic Breast Cancer Awareness Day October 20, 2023 - National Mammography Day	Carcinoid Cancer Awareness Month Lung Cancer Awareness Month National Marrow Awareness Month National Pancreatic Cancer Awareness Month National Stomach Cancer Awareness Month November 10, 2023 - World Neuroendocrine Tumor Awareness Day (NET Cancer Day) November 16, 2023 - World Pancreatic Cancer Day	

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 on a monthly basis; 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.

*ASCR will start accepting 2023 Diagnosed Cases in July.

 2022-23 DX cases Hospital Reporting Schedule		
Current Month/YR	Cases Due DX Month/YR	Completeness Level
Jan 2023	Jul 2022	58%
Feb 2023	Aug 2022	67%
Mar 2023	Sept 2022	75%
Apr 2023	Oct 2022	83%
May 2023	Nov 2022	92%
June 2023	Dec 2022	100%
July 2023	Jan 2023	8%
Aug 2023	Feb 2023	17%
Sept 2023	Mar 2023	25%
Oct 2023	Apr 2023	33%
Nov 2023	May 2023	42%
Dec 2023	June 2023	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 109 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.

The 2022-2023 NAACCR Webinar recordings are available for all Cancer Registrars.

The most recent webinars posted in this series is the recording of the Boot Camp 2023, Data Item Relationships 2023, Head and Neck 2023, and Esophagus 2023.

Please contact Angela Gaston at Angela.Gaston@adph.state.al.us or 334-206-7068 if you have questions about upcoming webinars.



North American Association of Central Cancer Registries

2022 – 2023 Webinar Series

Breast 2022 Part 1	10/06/2022
Breast 2022 Part 2	11/10/2022
Esophagus 2022	12/01/2022
Head and Neck 2023	01/12/2023
Data Item Relationships 2023	02/02/2023
Boot Camp 2023	03/02/2023
Prostate 2023	04/06/2023
Lower GI 2023 Part 1	05/04/2023
Lower GI 2023 Part 2	06/01/2023
IT worked for Me: In “FUN” matics in the Cancer Registry	07/13/2023
Melanoma 2023	08/02/2023
Coding Pitfalls 2023	09/07/2023



REGISTRY PLUS SOFTWARE UPDATES

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 LaTunya.Scott@adph.state.al.us or Zhanndi.Driver@adph.state.al.us.

The Alabama V22b metafile is posted on the ASCR website:

<https://www.alabamapublichealth.gov/ascr/hospital-resources.html>.

- Use the following files for NAACCR Layout Version 22B: [Metafile](#) (.zip file) | [Configuration File](#) (.zip file) (10/31/2022) | Unzip both files after download - [Instructions](#).
- New version V23 will be released in June 2023.

ASCR is preparing for the Abstract and Web Plus V23 upgrades.



National Program of Cancer Registries

The current version of Web Plus is V3.10.0 and the tentative date for releasing the Web Plus V3.11 (V23) upgrade will be June 2023.



Abstract Plus

Current version of Abstract Plus 5.0. download here:

<https://centersfordiseasecontrol.sharefile.com/share/view>. The potential date for upgrade to V23 Abstract Plus 6.0 will be June 2023.



New version of GenEdits 5.1.1.1 can be installed using the link below:

<https://centersfordiseasecontrol.sharefile.com/share/view>.



THE IMPORTANCE OF PROPER TEXT FOR ABSTRACTING

Understanding the critical importance of good documentation is the key for accurate abstracts.

Good documentation promotes continuity of care through clear communication between all parties involved in patient care.

Let's all take an extra minute or so to proofread what we are texting for typos. Let us all make sure we are entering the correct social security numbers when available and that the names are spelled correctly. Put yourselves in the position of the patients for a second, and you would want all of your info entered correctly.

Always keep in mind that poor texting techniques can negatively impact clinical decision-making and delivery of care.

Also minimize the edit errors; more than 20 is too many.

Thank you for all you do.

~Elaine Wooden

TEXT DOCUMENTATION

Prostate abstracting reminder - Please be observant to record "all" prostate lab values.

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.

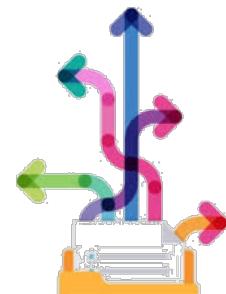
Purpose and Use of Text Documentation:

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/lab values/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 pertinent information is missing or incomplete in the medical record, document “UNK.”



As Follow-Back Coordinator, I want to thank my facilities for your hard work and timely response when reporting cancer cases. Just a few reminders for the 2021 Death Clearance Follow-back.

The deadline for the 2021 Death Clearance form is due on **April 21, 2023**. If you have not done so, please complete the form as soon as possible. The form can be faxed, or emailed to me at Cassandra.Glaze@adph.state.al.us. The fax number is on the form.

Important fields that need to be completed on the forms are:

- Fields that have the (*) are required such as the **Date of Diagnosis, Primary Site, and Histology**.
- If the patient was referred to your facility from another facility, please include the information under the demographic section on the form.
- If there is no more info on the patient, please write that on the form. **PLEASE DO NOT RETURN THE FORM BLANK.**
- If you will abstract the case, please circle YES on the form. If you will not be abstracting the case, please select NO and explain the reason why.

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 <i>Do Not</i> Constitute a Diagnosis <i>without additional information</i>	
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.

V23 NEW DATA ITEMS

Length	Item #	Item Name	XML NAACCR ID	PARENT XML ELEMENT	Section
4	671	NPCR NOT REQUIRED - RX Hosp--Surg Prim Site 2023	rxHospSurgPrimSite2023	T	Hospital-Specific
4	1291	RX Summ--Surg Prim Site 2023	rxSummSurgPrimSite2023	T	Treatment-1st Course
1	1854	ASCR REQUIRED - No Patient Contact Flag	noPatientContactFlag	P	Follow-up/ Recurrence/Death
1	3960	Histologic Subtype	histologicSubtype	T	Stage/Prognostic Factors
4	3961	NPCR NOT REQUIRED Clinical Margin Width	clinicalMarginWidth	T	Stage/Prognostic Factors

IMPLEMENTATION GUIDELINES FOR V23

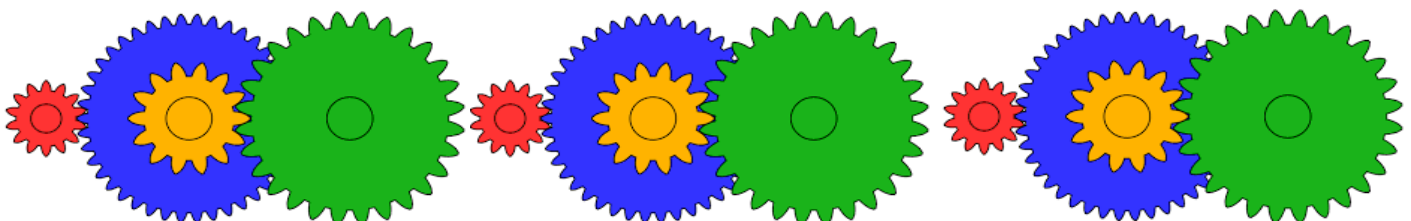
Implementation Guidelines for V23 requirements and recommendations have been revised as of January 2023. Guidelines are effective for cases with a diagnosis date January 1, 2023, forward. Use of the implementation guidelines is required for determining reportability, accurate coding, etc. Tables, Data Standards, and Data Dictionary provide information on changes to reportability, codes, data items, etc.

NAACCR V23 implementation guidelines and recommendations can be found at:

<https://www.naacccr.org/implementation-guidelines/>.

NAACCR V23 Tables, Data Standards, and Data Dictionary requirements may be found at:

<https://www.naacccr.org/data-standards-data-dictionary/>.



GREAT INFORMATION FROM SEER INQUIRY: REPORTABLE CASES FOR SITES WITH RADS CATEGORIES

SEER Inquiry System - Question 20210075 Details

Question 20210075

Inquiry Details

References:

#1: 2021 SEER Manual. Appendix E-Reportable and Non-reportable examples.

#2: American College of Radiology. <https://www.acr.org/>.

Question -Reportability: What American College of Radiology Reporting and Data Systems (RADS) can be used to determine reportability?

Discussion:

LI-RADS (liver), PI-RADS (prostate), and TI-RADS (thyroid) can be used to determine reportability. BI-RADS (breast) and Lung-RADS cannot be used to determine reportability. Can these systems below be used to determine reportability?

C-RADS (from CT colonography)

NI-RADS (head & neck)

O-RADS (ovarian-adnexal)

Answer:

The following cancer cases are reportable unless there is information to the contrary.

- Liver cases with an LI-RADS category LR-4 (reportable since 2021) or LR-5 (reportable since 2016).
- Prostate cases with a PI-RADS category 4 or 5 (reportable since 2017).

The following are not reportable without additional information:

- Breast cases designated BI-RADS 4, 4A, 4B, 4C or BI-RADS 5.
- Lung cases designated Lung-RADS 4A, 4B, or 4X.
- Liver cases based only on an LI-RADS category of LR-3.
- Colon cases with only C-RADS information (C-RADS category C4 is not reportable by itself).
- Head and Neck cases with only NI-RADS information (NI-RADS category 3 is not reportable by itself).
- Ovarian or fallopian tube cases with only O-RADS information (none of the O-RADS categories are reportable without additional information).
- Thyroid cases with only TI-RADS information (none of the TI-RADS categories are reportable without additional information).

Cancer Site Category: N/A

Data Item Category: N/A

Other Category: Reportability

Year: 2021

Date Last Modified: 01/30/2023