Alabama Statewide Cancer Registry

Happy New Year!   Many of you, I'm sure, are still dealing with operational issues as a result of the coronavirus pandemic. Thank you all for your patience in the face of an unprecedented situation.

As the ASCR shifts into the new year, there are several staff updates I would like to mention. Please join me in welcoming La'Tunya Scott, the ASCR's new Data Systems Coordinator. Diane Hadley has retired from her position as the Data Completeness Manager and Regional Coordinator. Diane's knowledge of cancer registry procedures has proven to be beneficial. She has been a vital part of ASCR's growth and success for more than twenty-two years.

In 2020, NAACCR added an additional registry recognition for registries with high quality data and follow-back efforts that support the use of their data in survival and prevalence analysis. The ASCR completed the Calls for Data for NAACCR and NPCR. I am pleased to announce we have achieved NAACCR 2021 GOLD CERTIFICATION!

This is the result of the hard work you all have put forth in submitting the data to us. Without your hard work and dedication, none of this would be possible. Achieving Gold Certification ensures that Alabama data will be included in NAACCR's Cancer in North America publication as well as NPCR's United *States Cancer Statistics* publication. The registry would like to express its gratitude to all the state's hospital registrars for their assistance in achieving this goal. We couldn't have done it without your assistance.

~ Aretha Bracy

Alabama Statewide Cancer Registry
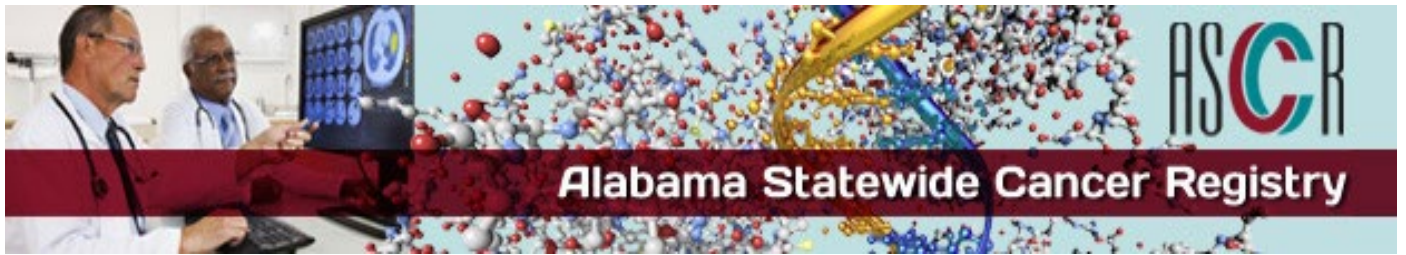
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Data sources
Path lab
Medical records
Surgical
Clinical
Death certificates

Medical records
Patients
Information
Tumor
Cancer Stage

Classification coding
CID-03
Cancer case

Linkage
IARC/Check
Data quality

Registry
New Cancer CASE
Treated

Medical staff
Local community
Scientific meetings
Articles

Case Finding → Abstracting Information → Classification Coding → Validity Consistency Duplicity → Case registered Stage, treatment Survival → Dissemination

Periodical vital status

Alive
Dead
Loss of follow-up

Cancer Registrar Activities

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 2021-22 DX cases Hospital Reporting Schedule

Current Month/YR	Cases Due DX Month/YR	Completeness Level
Jan 2022	Jul 2021	58%
Feb 2022	Aug 2021	67%
Mar 2022	Sept 2021	75%
Apr 2022	Oct 2021	83%
May 2022	Nov 2021	92%
June 2022	Dec 2021	100%
July 2022	Jan 2022	8%
Aug 2022	Feb 2022	17%
Sept 2022	Mar 2022	25%
Oct 2022	Apr 2022	33%
Nov 2022	May 2022	42%
Dec 2022	June 2022	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 85 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 2021-2022 NAACCR Webinar recordings are available for all Cancer Registrars.

The most recent webinars posted in this series is the recording of the Uterus 2021, Bladder 2021, Treatment 2021, and Lung 2022.

FLccSC Fundamental Learning Collaborative for the Cancer Surveillance Community   *Alabama*   ALABAMA STATEWIDE Cancer Registry

North American Association of Central Cancer Registries

2021-2022 WEBINAR SERIES

Uterus 2021	10/07/2021
Bladder 2021	11/04/2021
Treatment 2021	12/02/2021
Lung 2022	01/06/2022
Data Item Relationships	02/03/2022
Abstracting and Coding Boot Camp 2022	03/03/2022
Hematopoietic and Lymphocytic Neoplasms	04/14/2022
Colon 2022	05/05/2022
Central Nervous System 2022	06/02/2022
Back in the future: What year is it and What did I miss?	07/07/2022
Solid Tumor Rules 2022	08/04/2022
Coding Pitfalls 2022	09/01/2022

REGISTRY PLUS SOFTWARE UPGRADES

Please make sure your facility has upgraded to the most recent version of Abstract Plus.

Abstract Plus version 4.0 includes **V21b NAACCR edits.**
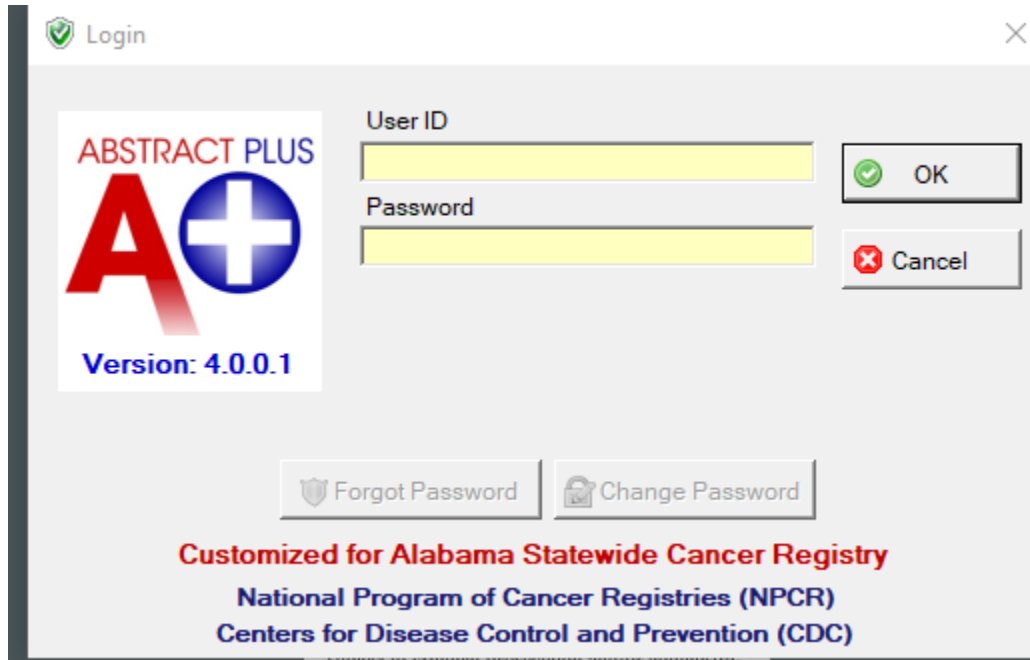
Download and install Abstract Plus V4.0 using the link below.

https://ftp.cdc.gov/pub/NPCR-AP-UPDATES/AbstractPlus/customizations/V210-V40/Index.html

When you open the link, you will see the following to download instructions and manuals.

Scroll down the page and locate the State/Region Specific Customization for the Alabama Statewide Cancer Registry.

➢ If you are installing Abs Plus for the first time, please download **Abstract Plus Setup File.**
➢ If you are currently on V3.8 please download the **Updater Tool** to upgrade to V4.0 with NAACCR 21.0.

State/Region Specific Customization - Download your State/Region specific customization from below.
If you don't see your State specific Abstract Plus, contact State Cancer Representative.

| State/Region	Download Link
Alabama Statewide Cancer Registry Released on 11/15/2021	**Installing Abstract Plus Version 4.0 with NAACCR Version 210 from scratch** Click here to download Abstract Plus Setup File **Upgrading existing Abstract Plus from version 3.8 with NAACCR 18.0** Click here to download Abstract Plus Updater Tool

After upgrading Abstract Plus to Version 4.0, please make sure you are using the correct Edit Set:
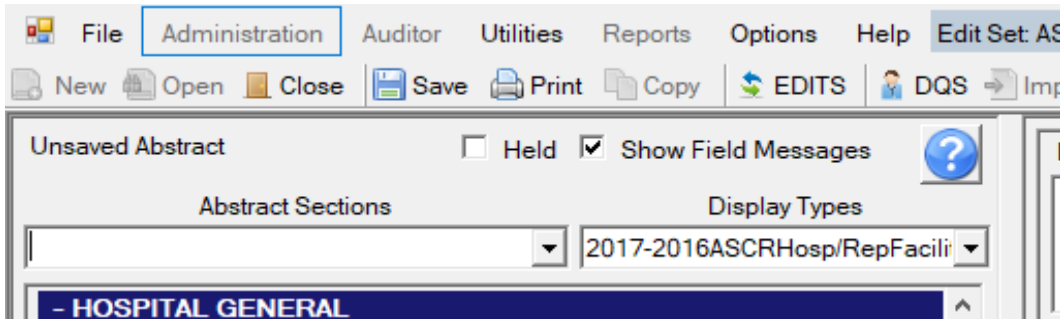
➢ **ASCR: v21bNPCR/Hosp** and display type, **2018 ASCR Hospital/Reporting Facility** like below:
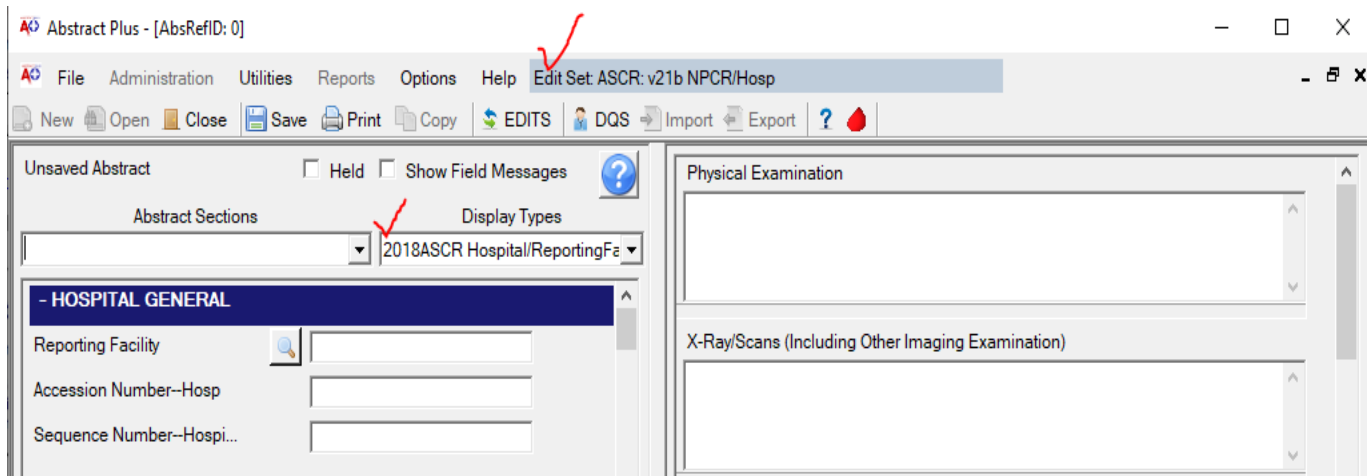

DISPLAY TYPES:

If you need to abstract 2017 and prior diagnosed cases, please use the other two displays which are **ASCR-All Fields** and **2017-2016 ASCR hospital/Rep Facility.**
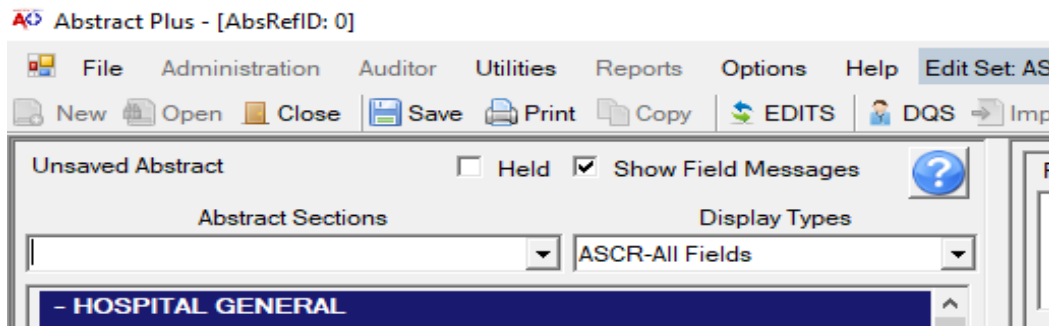
HOSPITAL CODE for Reporting Facility:

Please make sure you are using the correct hospital code. You can find your hospital code by using the lookup icon (magnifying glass, see the screen shot below):
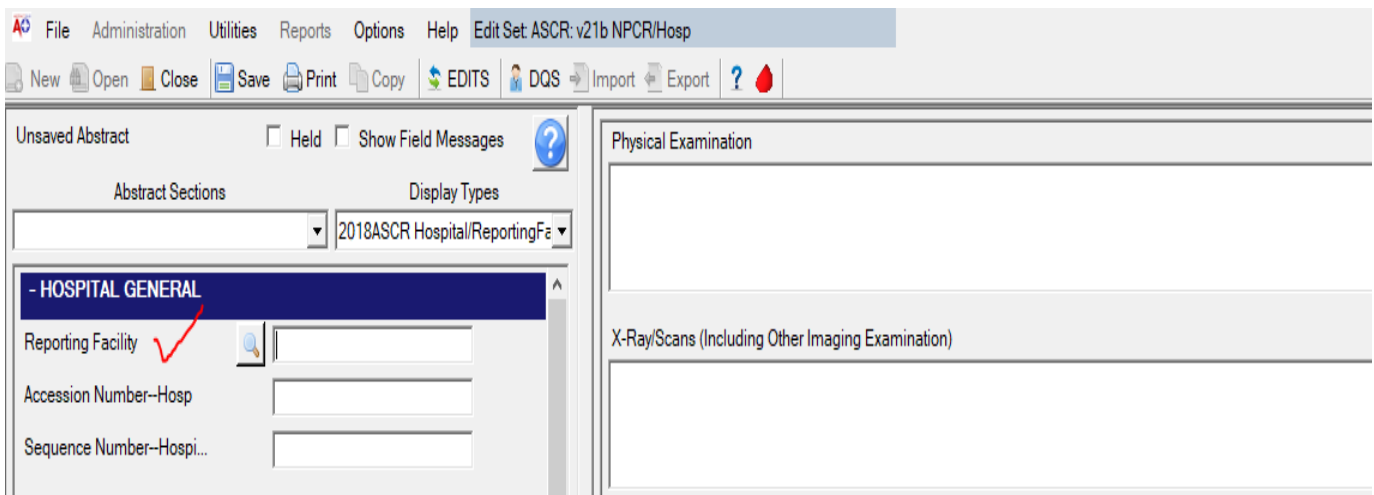
Then you can start typing the name of your facility in search box and it will bring up the code and facility name.
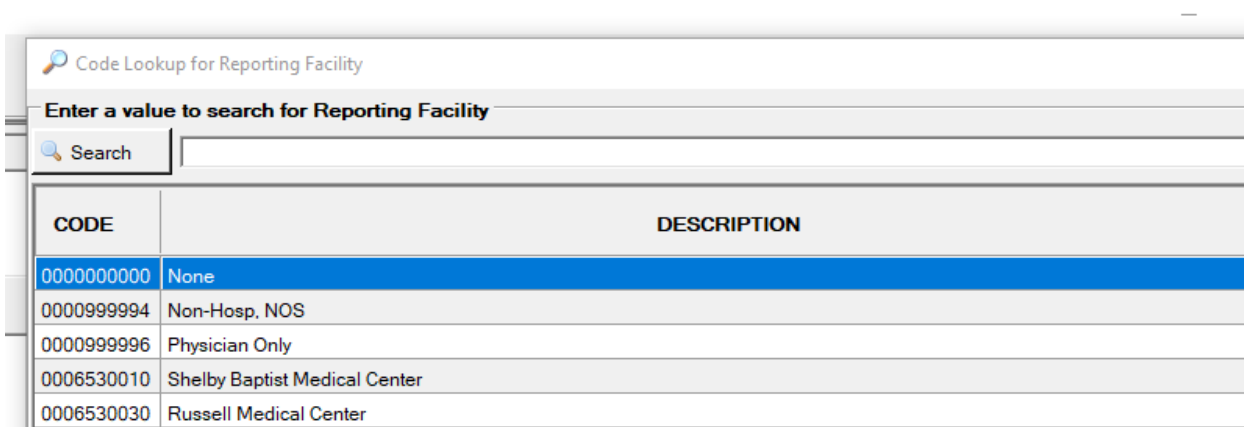
Please contact Farzana Salimi at 334.206.5557 or Farzana.salimi@adph.state.al.us. You may also contact LaTunya Scott at 334-206-5430 or LaTunya.Scott@adph.state.al.us. We'll be happy to assist you in getting version 4.0 installed.

NEW FIELDS 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.

Looking Ahead… NPCR Required Status Table Changes 2022 (v22)

New (v22) Data Items Collected by NPCR

3956	P16	RS (Required, Site-Specific)
344	Tobacco Use	R* (Required, When Available)

New (v22) Data Items Not Collected by NPCR

3950	Macroscopic Evaluation of the Mesorectum	(Not Required)
3955	Derived Rai Stage	(Not Required)
3957	LN Status: Pelvic	(Not Required)
3958	LN Status: Para-Aortic	(Not Required)
3959	LN Status: Femoral-Inguinal	(Not Required)

IMPACT ON CASEFINDING AND REPORTABILITY

Major changes apply to reportability for 2021:

- **16** previously non-reportable neoplasms become reportable.
- **9** reportable pre-2021 neoplasms become reportable.
- **10** histology terms have been moved to other ICD-O codes.
- **13** histologies have a change in reportable terminology.
- **12** new terms/ICD-O codes.
-

Cancer Registry reportability rules based on behavior still apply:

- /2 and /3 behavior reportable for all sites.
- /0 and /1 behavior reportable for primary intracranial and CNS.
- Certain exceptions … refer to the standard setters to whom you report (NCDB, NPCR, SEER, State/regional registry.

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
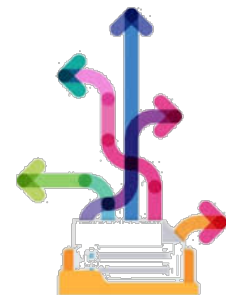
Text documentation should always include the following components:

- 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."

CASEFINDING-DETERMINING ELIGIBILITY

<u>Ambiguous Terms at Diagnosis</u>

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.