

ASCR Winter Newsletter

A Word From the Director..

It is so hard to believe we are at the end of 2016. It seems like only a few months ago we were discussing the upcoming software changes and when they would be released. Although the updates took longer than any of us ever expected, progress has been made. This transition has been a lengthy one due to the staging changes. As many of you know there has been a delay in the implementation of the AJCC 8th edition implementation. The manual was ready October 2016 and will now be implemented for cases diagnosed 1/1/2018. I have learned that the omission from the current manual version was fairly minor. AJCC didn't list the histology codes that were applicable for each site. It does have a table of common ones, but not the overall range (e.g. codes like 8000 are not included as a reference). AJCC says “The AJCC 8th Edition Manuals that were published in October 2016 are accurate. The staging systems will not change. There are, however, some errata which have come to our attention and are posted on the **AJCC website**. The list of errata will continue to be updated routinely. The AJCC will not provide replacement copies of the 8th Edition Cancer Staging Manual. None of the errata are significant enough to necessitate a reprint until the current inventory of manuals is depleted.” (<https://cancerstaging.org/8thEdImplementation/Pages/FAQ.aspx>). If you have already obtained your 8th edition manual, make sure you download the errata since another manual will not be issued.

I appreciate all of your patience while we all anxiously await more changes. As this year comes to a close, please know that I appreciate all of the support given during 2016. You all have weathered the storm and provided encouragement along the way. However you choose to celebrate this season, I send my well wishes as we prepare to move on to the next phase of

Information Systems

The Centers for Disease Control (CDC) is working with registries to convert from **Web Plus version 3.5.0 to 3.6.**

Version 16.0 file uploads will have edits run automatically upon upload when available. The Alabama Customized version of Web Plus estimated availability is the end of January

| V16 SOFTWARE | ESTIMATED RELEASE DATE |
|----------------------------------|------------------------|
| Abstract Plus | Released |
| Web Plus | January 23-27, 2017 |
| Registry Plus Online Help (RPOH) | TBD |

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Ask a SEER Registrar 2

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.

Question : MP/H/Histology/neuroendocrine: How should the following histologies with neuroendocrine differentiation be coded?

1. Bladder - Invasive urothelial carcinoma with neuroendocrine differentiation

Answer: If the neuroendocrine cells are stated to be either small cell or large cell, code that histology; however, neuroendocrine, NOS mixed with urothelial does not have an applicable mixed code. Code histology to 8120.

2. Nasopharynx - Undifferentiated nonkeratinizing nasopharyngeal carcinoma with neuroendocrine differentiation

Answer: Code histology to squamous cell carcinoma, nonkeratinizing, NOS (8072/3). The neuroendocrine component is not specified as either small cell or large cell.

3. Ductal carcinoma in situ (with neuroendocrine features) cribriform and solid patterns

Answer: Code to 8523/2 per MP/H Rule H6 as intraductal mixed with other types of carcinoma present.

Note: While neuroendocrine differentiation can be identified, it seems to have no prognostic implications. We have consulted with our site specific Subject Matter Experts on how best to capture neuroendocrine, NOS when combined with other histologies. These instructions will be included in the revision of the MP/H rules including the wording of MP/H breast rule H6.

Link to errata for 8th edition staging manual

<https://cancerstaging.org/references-tools/deskreferences/Pages/default.aspx>



Coding "Grade" Tidbits

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When coding "Grade" always use the grade from the tissue of the primary site. Ref- Fords 16

Do not code the grade based on metastatic tumor or recurrence. If the primary site is unknown code to grade 9.

The Grade is determined by how closely the tumor cells resemble the parent tissue (organ of origin)

When coding the grade for Prostate cases use the highest Gleason score from the biopsy/TURP or prostatectomy/autopsy.

When coding Breast cases use the Bloom Richardson or Nottingham score/grade.

For the complete list of Grading rules paste this link in your browser:<https://seer.cancer.gov/tools/grade/>

Use of Ambiguous Terminology

If a cytology is identified ONLY with an ambiguous term, do not interpret it as a diagnosis of cancer. Abstract the case only if a positive biopsy or physician's clinical impression of cancer supports the cytology findings.

Example: Final diagnosis is reported as *possible carcinoma* of the breast. Possible is not a diagnostic term for cancer. This case would not be reportable to the state registry.

Death Clearance & Pathology Follow Back

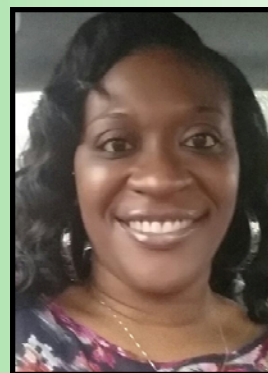
I would like to thank all of the facilities for their hard work and timely responses to the death clearance follow back and their monthly pathology submissions. If you have not submitted your cases, please submit them.

Kandice Abernathy, Follow Back Coordinator



Meet our New Non-Hospital Coordinator

Angela has been with the ASCR for 3 months. She is the



Non-Hospital Coordinator. When asked what does she enjoy most about working with the registry she stated, "The team dynamic and respect I receive everyday is enormous, it goes a long way into making work enjoyable even during stressful times". During her free time Angela loves being on the sofa and watching football, especially the Crimson and White of Alabama. When asked what motivates her

everyday Angela says, "No doubt my kids; my oldest son in college, my daughter who just celebrated her sweet 16, and my baby boy who is 10". Angela brings with her to the registry well over a decade of public health experience and knowledge. Her presence in the ASCR family is certainly appreciated. Welcome, Angela!

Congratulations

Success is no accident. It is hard work, perseverance, learning, studying, sacrifice and most of all, love of what you are doing or learning to do. -Pele

Congratulation to the new CTR's:

*Caress Alexander– USA, Mobile, AL
Curry Chapman– Providence Hospital
Crystal Jones– Alabama Statewide Cancer Registry
Jarrell Jones– UAB Medical Center
Susan McMillan-Providence Hospital
Jolie Smith– UAB Medical Center*

Congratulations to the Small Hospitals that received Gold certificates for timely case finding and abstraction submissions. If your hospital did not receive an award please make sure you are following the schedule for Non-Registry Hospitals for both case finding and abstraction.

*Bryan Whitfield Memorial Hospital
Cherokee Medical Center
Community Hospital
Dale Medical Center
DeKalb Regional Medical Center
Elmore Community Hospital
Fayette Medical Center
Lake Martin Community Hospital
Lakeland Community Hospital
Red Bay Hospital
Shoals Hospital
Troy Regional Medical Center
Wiregrass Medical Center
Washington County Hospital*

Celebrate with A KID FRIENDLY Drink!!

Kids and adults alike won't be able to get enough of these classic cherry-topped berries in festive cups. This Shirley Temple recipe is great for holiday parties with family, expectant mothers, or designated drivers! It's the ultimate Kiddie Cocktail!

INGREDIENTS:

1 (12 ounce) bottle Grenadine
Ice
1 (2 Liter) bottle lemon-lime soda
Maraschino cherries, for garnish, optional

DIRECTIONS: Pour 1 ounce Grenadine over ice in a glass. Top with 8 ounces lemon-lime soda. Garnish with maraschino cherries if desired.

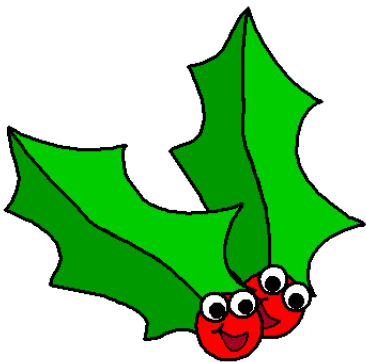
Merry Christmas from the ASCR!!



Fun Zone....

Christmas Word Search

O B E A Y H A R E E S P G L R T
 F R Q N G L E T O B A R N R V I
 C W N I A I I T N Y M E I U S N
 M O E A N C E M E A T S F D T S
 Y L O D M L Y N A U S E F O H E
 S L E K T E M D R F I N U L G L
 O E L S I I N K N U R T T P I C
 R U I O H E E T T A H S S H L A
 F M H C H Y S S T O C K I N G S
 S E I R R E B N A R C S E V L E



- | | |
|-------------|-----------|
| candycane | ornament |
| chimney | presents |
| Christmas | reindeer |
| cookies | Rudolph |
| cranberries | Santa |
| elves | sleigh |
| family | stockings |
| holly | stuffing |
| lights | tinsel |
| mistletoe | turkey |

Complete with appropriate answer.

1. Screening test for breast cancer _____
2. When cancer spreads _____
3. A deadly form of skin cancer _____
4. Mass of cancer cells _____
5. Stops something before it starts _____



1. Mammogram 2. Metastasis 3. Melanoma 4. Tumor 5. Prevention