GCCR Register

Georgia Comprehensive Cancer Registry Winter 2002

Moving from Snail Mail to Email

by Fran Michaud

During the last twelve months the Georgia Comprehensive Cancer Registry has received over 75,000 electronic abstracts from hospitals in Georgia. That's a lot of diskettes and a lot of postage.

With this issue in mind, GCCR set out to replace "snail" mail with email as the mechanism for transporting your data to the central registry each month.

The first step in the process was to establish that registrars have access to email and would want to send their data in this manner. Many of you were contacted with a survey about submitting your data as an email attachment. We were very pleased to find that many of you do have access to email and would be in favor of sending your data to us by this method.

Email is a wonderful tool but does not provide the level of security of confidentiality that the GCCR is comfortable with. The GCCR management team decided that data submitted as an email attachment must also be encrypted to protect the confidentiality of the data.

So, the next step was to identify encryption software that would be easy to use and still provide the level of security we require.

After review of several products a final selection has been made. We are in the process of purchasing copies of the software for all electronic reporting facilities.

We still have a few details to work out with this process such as passwords and training on the use of the encryption software. We anticipate that we will be able to offer this data submission option early in 2002.

Please feel free to contact me at fmichau@sph.emory.edu with your questions or concerns.

Annual Report Shows Overall Decline in U.S. Cancer Incidence and Death Rates

by Jonathan Liff

The rates for new cancer cases and deaths for all cancers combined continues to decline in the United States, according to a report released by NAACCR, CDC, NCHS, ACS, and NCI.

The report shows that the incidence rate for all cancers combined declined on average 1.1 percent per year between 1992 and 1998. This overall trend reversed a pattern of increasing incidence rates from 1973 to 1992. Most of the decline can be attributed to a 2.9 percent yearly decline in white males and a 3.1 percent yearly decline in black males.

Four cancer sites -- lung, prostate, breast, and colorectum -- accounted for about 56 percent of all new cancer cases and were also the leading causes of cancer deaths for all populations. Because these sites comprise over half of all cancer cases, they have a strong influence on overall cancer trends.

Breast cancer makes up 16.3 percent of all cancer cases and accounts for 7.8 percent of all deaths due to cancer. Breast cancer incidence rates have increased by more than 40 percent from 1973 to 1998. One explanation for the increase in breast cancer incidence rates suggests that use of aggressive screening and early detection, primarily mammography, may account for part of this increase.

Prostate cancer, which accounts for 14.8 percent of all cases, saw a sharp increase in incidence rates starting in the late 1980s with the introduction of screening for Prostate Specific Antigen (PSA). Since 1993, however, rates have started to decline.

Lung cancer accounts for 29 percent of cancer deaths in the United States and 13.2 percent of the cases. Overall, lung cancer incidence rates decreased 1.6 percent per year between 1992 and 1998.

Colorectal cancer accounts for 11.6 percent of all cancer cases but incidence and death rates vary widely by race and ethnicity. Incidence rates from colorectal cancer increased until 1985, then decreased 1.8 percent per year through 1995, and have stabilized through the latest reporting period in 1998.

Authors of this report identified several strategies for reducing future incidence and death from cancer, the most critical being the reduction of tobacco use in all segments of the population, since smoking causes an estimated 30 percent of all cancer deaths. Another strategy would be to improve the use of currently effective but underutilized cancer screening tools. Other strategies identified include developing and applying state-of-the-art diagnostic tests and treatments, as well as identifying and reducing health disparities across diverse populations.

Special Bulletins

Tired of trying to keep up with those pink postcards? GCCS would like to notify facilities via email, if possible, regarding receipt of monthly data submissions. If you have an email address and have not already submitted it, please email your address along with facility name and contact person information to gccs@sph.emory.edu.

ICD-O-3 News – In August, you should have received errata, additions and clarifications to the new ICD-O-3 manual. There are some additional changes that you should make to the manual. Cross out Table 24 on page 36 and write "see SEER Program Code Manual, 3rd edition, pages 9 and 10". On page 80, the four non-bold subtitles under code **8523/3 Infiltrating duct mixed with other types of carcinoma (C50.)** should also be written under the next bold code **8524/3 Infiltrating lobular mixed with other types of carcinoma (C50.)**.

You can now run the GCCR edits before you submit your data! Please contact your regional coordinator for details on how to receive and use the Georgia Hospital Edits System.

FAQ's

Q: ROADS page 164 talks about the "Other N" category for use in re-treatment or autopsy stage. Why isn't autopsy use mentioned in the "Other T" (p 162), "Other M" (p 166), and "Other Stage Group" (p 168) categories? Is this an oversight? On an autopsy case, can you code the TNM stage if you choose?
A: Page 164 was revised 1/1/98. Pages 162, 166 and 168 were not. The "Other" category may be used for autopsy for TNM. These cases must be analyzed separately.

Q: Several of my Cancer Committee members stated that lobular carcinoma in situ (LCIS) of the breast is not considered cancer, only a precursor lesion. These physicians felt that LCIS should not be collected by the cancer registry. Is LCIS a reportable cancer?
A: There is a contingency within the medical community that believes that LCIS is not a cancer. However, LCIS is indeed a reportable neoplasm and must be reported per the Georgia Comprehensive Cancer Registry and the Commission on Cancer of the American College of Surgeons.

Q: Do you code a non-cancer directed surgery if the pathology is read as negative? The colonoscopy was positive but the pathology was negative. Is it wrong to code if the pathology is read as negative?
A: You do not code a non-cancer directed surgery if the pathology is read as negative. It would be incorrect to code a procedure into non-cancer directed surgery if it was not positive for cancer.

Mark Your Calendars…

GCCR Winter Conference
March 7 & 8, 2002
Medical Center of Central Georgia
Macon, Georgia

Casefinding Training for HCA Hospitals
February 13, 2002
Coliseum Medical Center
Macon, Georgia

Registration and details for the winter conference and the casefinding training will be mailed in January.

Cancer Registry Training
Principles and Practice of
Cancer Registration, Surveillance, and Control
March 11-15, 2002

Complete details are available at http://cancer.sph.emory.edu. Financial assistance is available. Contact your regional coordinator.

Registry Training on the Web
Cancer registry training is always available on SEER's website at: http://training.seer.cancer.gov

Georgia Comprehensive Cancer Registry
Georgia Department of Human Resources
2 Peachtree St NW 14th Floor
Atlanta, GA 30303-3142

Star

The following electronic reporter has submitted timely, accurate, and complete data every month from June through November 2001:

- Athens Regional Medical Center

The following photocopy reporters have submitted timely and complete data every month from June through November 2001:

- Appling Health Care System
- Augusta State Medical Prison
- Brooks County Hospital
- Calhoun Memorial Hospital
- Clinch Memorial Hospital
- Evans Memorial Hospital
- Flint River Community Hospital
- Grady General Hospital
- Jefferson County Hospital
- McDuffie Regional Medical Center
- Mitchell County Hospital
- Monroe County Hospital
- Newton General Hospital
- Putnam General Hospital
- Washington County Regional Med Ctr
- Wills Memorial Hospital

Great job! Keep up the good work!

Thank You Note from the Georgia Comprehensive Cancer Registry

GCCR thanks the following hospitals for submitting cancer data at least two months out of three (September, October, and November 2001).

Hospitals Reported Three Months Out of Three		
Appling Health Care System	Habersham County Medical Ctr	Polk Medical Center
Athens Regional Medical Center	Henry Medical Center	Putnam General Hospital
Augusta State Medical Prison	Houston Medical Center	Redmond Regional Medical Ctr
Bacon County Health Services	Hutcheson Medical Center	Rockdale Hospital
Baptist Hospital Worth County	Irwin County Hospital	Screven County Hospital
Bleckley Memorial Hospital	Jefferson County Hospital	SE Georgia Regional Medical Ctr
Brooks County Hospital	Jenkins County Hospital	South Fulton Medical Center
Calhoun Memorial Hospital	John D. Archbold Memorial Hosp	South Georgia Medical Center
Camden Medical Center	Macon Northside Hospital	Southwest GA Regional Med Ctr
Candler Hospital – Savannah	McDuffie Regional Medical Center	Southwest Hospital & Medical Ctr
Central State Hospital	Meadows Regional Medical Ctr	Spalding Regional Hospital
Charlton Memorial Hospital	Medical Center of Central Georgia	St Francis Hospital
Chatuge Regional Hospital	Medical College of Georgia	St Joseph's Hospital – Atlanta
Children's Healthcare of Atl at Egleston	Memorial Health Univ Medical Ctr	St Joseph's Hospital – Augusta
Children's Healthcare of Atl at Scottish Rite	Memorial Hospital and Manor	St Joseph's Candler Health Sys
Clinch Memorial Hospital	Memorial Hospital of Adel	St Mary's Healthcare System
Coffee Regional Medical Center	Middle Georgia Hospital	Sumter Regional Hospital
Coliseum Medical Center	Miller County Hospital	Tanner Health System
DeKalb Medical Center	Minnie G Boswell Mem Hospital	Tattnall Memorial Hospital
Dodge County Hospital	Mitchell County Hospital	Taylor Regional Hospital
East Georgia Regional Medical Center	Monroe County Hospital	The Medical Center
Emory Adventist Hospital	Morgan Memorial Hospital	Tift General Hospital
Emory Cartersville Medical Center	Murray Medical Center	Union General Hospital
Emory Dunwoody Medical Center	NE Georgia Medical Center	University Hospital
Emory Eastside Medical Center	Newnan Hospital	Upson Regional Medical Center
Emory Parkway Medical Center	Newton General Hospital	VA Medical Center – Atlanta
Evans Memorial Hospital	North Georgia Medical Center	VA Medical Center – Dublin
Flint River Community Hospital	Palmyra Medical Center	Vencor Hospital
Floyd Medical Center	Peach Regional Medical Center	Walton Medical Center
Georgia Baptist Meriwether Hospital	Perry Hospital	Washington County Reg Med Ctr
Grady General Hospital	Phoebe Putney Memorial Hospital	Wellstar Health System
Grady Health System	Piedmont Hospital	Wills Memorial Hospital
Gwinnett Medical Center		
Hospitals Reported Two Months Out of Three		
Atlanta Medical Center	Emanuel Medical Center	North Fulton Regional Hospital
Baptist Medical Center	Emory University Hospital	Northside Hospital
Barrow Medical Center	Fannin Regional Hospital	Northside Hospital – Cherokee
Berrien County Hospital	Fayette Community Hospital	Oconee Regional Medical Center
Burke County Hospital	Gordon Hospital	Peachtree Regional Hospital
Colquitt Regional Medical Center	Hamilton Medical Center	Smith Hospital
Crisp Regional Hospital	Hart County Hospital	Southern Regional Medical Center
Doctor's Hospital Augusta	Jeff Davis Hospital	Stephens County Hospital
Early Memorial Hospital	Lanier Health Services	Sylvan Grove Hospital
Effingham County Hospital	Liberty Regional Medical Center	West Georgia Health System
Elbert Memorial Hospital	Mountainside Medical Center	Wheeler County Hospital