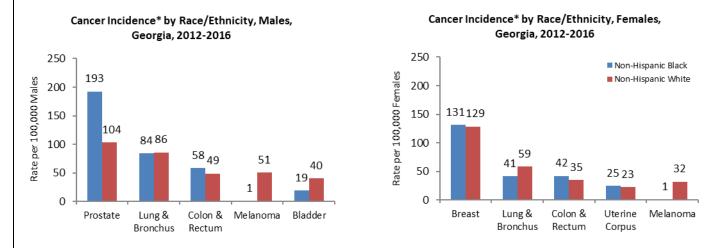
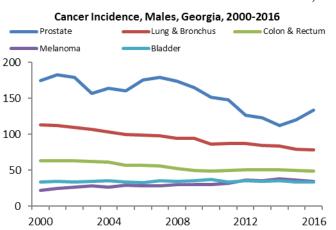


During 2012-2016, an annual average of 49,850 new invasive cancer cases were diagnosed in Georgia: 25,660 among males and 24,180 among females. The top sites (prostate, female breast, lung and bronchus, and colon and rectum) accounted for 50% of all new cancers among Georgians. Males were about 27% more likely than females to be diagnosed with cancer in Georgia.



Average annual rate per 100,000, age-adjusted to the 2000 US standard population.

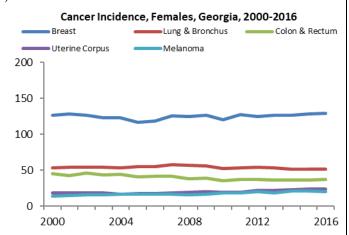


Among Georgia males, prostate cancer incidence rates decreased by 0.4% per year during 2000-2008, followed by a

more rapid decrease of 4.6% per year during 2008-2016.

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- Lung cancer incidence rates decreased among males by 2.3% per year during 2000-2016.
- Colorectal cancer incidence rates decreased among males by 2.7% per year during 2000-2010 then remained fairly steady during 2010-2016.
- Melanoma incidence rates increased among males by 3.3% per year during 2000-2014 but appear to be decreasing in more recent years.
- Urinary bladder cancer incidence rates remained steady among males during 2000-2016.



- Among Georgia females, breast cancer incidence rates decreased by 1.2% per year during 2000-2005, followed by an increase of 0.6% per year during 2005-2016.
- Lung cancer incidence rates increased among females by 0.9% per year during 2000-2007, followed by a decrease of 1.2% per year during 2007-2016.
- Colorectal cancer incidence rates decreased among females by 1.6% per year during 2000-2016.
- Uterine cancer incidence rates decreased among females by 2.1% per year during 2000-2004, followed by an increase of 2.8% per year during 2004-2016.
- Melanoma incidence rates increased among females by 2.5% per year during 2000-2016.

## Trends, Georgia, 2000-2016

# New Cancer Cases, Georgia, 2018 Estimates (continued from page 1)

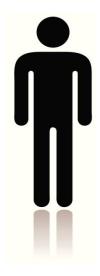
Male

Female



Breast 7,950 Lung & Bronchus 3,410 **Colon & Rectum** 2,290 **Uterine Corpus** 1,500 Melanoma 1,220 Thyroid 1,030 Non-Hodgkin Lymphoma 940 Pancreas 740 Kidney & Renal Pelvis 740 Ovary 700 ALL SITES<sup>†</sup> 26,660

Prostate 7,040 Lung & Bronchus 4.330 **Colon & Rectum** 2,640 Melanoma 1,860 Bladder (Incl in situ) 1,700 **Kidney & Renal Pelvis** 1,260 Non-Hodgkin Lymphoma 1,170 **Oral Cavity** 1,100 Leukemias 940 Pancreas 810 ALL SITES<sup>†</sup> 28,870



† Excludes non-melanoma skin cancer and carcinoma in situ except urinary bladder

More information on cancer incidence in Georgia, including data by site, sex, race, and county can be found at the GCCR website: http://dph.georgia.gov/cancer-reports



# Some Good News!!!

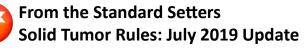
The Cancer Surveillance Community has been trying to deal with massive changes in data collection and processing of 2018 data. Results of the NAACCR 2018 Central Registry Readiness survey completed in early March, showed over 50% of central registries in the US and Canada are still unable to receive and process 2018 data and only 5% of the anticipated number of 2018 cases have been reported to central registries.

On April 4, 2019 cancer surveillance leadership from the ACoS Cancer Programs, the Canadian Council of Cancer Registries, NAACCR, NCRA, NPCR and SEER met to discuss potential changes in cancer surveillance data collection for the calendar year 2020. This High Level Strategic Group (HLSG) considered modifications to the Site Specific Data Items, Radiation Therapy codes, the addition of neo-adjuvant staging data items, and implementation of the NAACCR XML format.

Considering the significant delays in the capacity of registries to process 2018 data, the burden that these changes has placed on central and hospital cancer registries, and other factors, the HLSG voted not to implement any changes to data collection requirements or the data exchange layout in 2020. <u>This means that NAACCR Data Standards and Data Dictionary, Volume II, Version 18 will remain in effect through December 31, 2020.</u>

It is our hope that the decision to postpone any further changes until 2021 or later will allow the registry community to focus on the ongoing implementation challenges and the urgent backlog in collection and processing of 2018 cases.





#### Solid Tumor Rules: July 2019 Update

Based on questions and continued suggestions from registrars and educators, the decision was made to update the applicable rules at this time. Most changes are minor: terminology, additional definitions, and new notes and examples. We recommend you read the July 2019 Change Log to understand the changes made.

### **Major Changes**

#### Lung H rule:

We identified an issue with lung histology reporting by pathologists and after consulting with our expert lung pathologist, determined that a rule should be added to specifically address this issue.

The new lung H rule address tumors with multiple types of adenocarcinoma and percentages of each type listed in the diagnosis. The original H rule instructed registrars to code adenocarcinoma, mixed types (8255/3). Per our lung expert, ICD-O code 8255/3 is strongly discouraged. The new H rule provides instructions on coding the histology comprising the greatest percentage of tumor. Lung Table 2 (Combination histology codes) has also been updated to reinforce the new H rule.

**Important:** We strongly suggest you review lung cases diagnosed 1/1/2018 forward with code 8255/3 to determine if a specific histology code can be assigned based on the new H rule. By coding a specific histology rather than the mixed histology, you will be able to assign stage.

### Lung M rule:

A rule was added to address separate non-contiguous tumors, one with a combination code from Table 2 and one with a single histology from Table 3.

#### A comprehensive change log has also been posted for reference.

The updated rules published July 2019 apply to the following sites only:

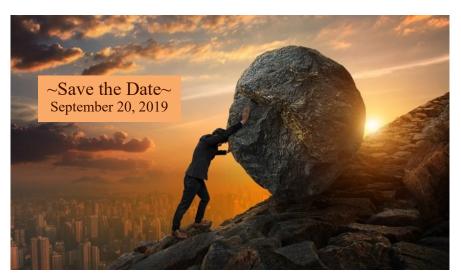
- Breast
- Colon/Rectum
- Head & Neck
- Lung
- Kidney
- Malignant CNS
- Non-malignant CNS
- Urinary

The Solid Tumor Manual can be accessed at: seer.cancer.gov/tools/solid tumor

Submit questions concerning the Solid Tumor Rules to Ask A SEER Registrar: <u>seer.cancer.gov/registrars/contact.html</u>

**ICD-O-3 SEER Site/Histology Validation List** has been updated. The site/type list is provided in both PDF and Excel format and can be accessed at the following site: <u>seer.cancer.gov/icd-o-3</u>

# **Upcoming Educational Opportunities.....**



**Georgia Cancer Registry Symposium:** Facing the Challenges of Today, Tomorrow, and the Future

> Fríday, September 20, 2019 200 Píedmont Avenue, SE 20th Floor, The Empíre Room Atlanta GA 30334

Registration Information: \$10 Parking Fee Registration Deadline: September 13, 2019 Registration fee: FREE (includes breakfast, breaks and lunch)

Mail or fax registration back to: Debbie Chambers 950 Ousley Place Macon GA 31210 Fax: 478-599-9833

\*This will also be sent out in a blast email soon. To ensure your seat, you can use the following page to register\*

CR Register	Fall 2019
ymposium Registration and Agenda	
Registration Form   Georgia Cancer Registry Symposium: Facing the Challenges of Today, Tomorrow and the Future Friday, September 20, 2019 200 Piedmont Avenue, SE 20 <sup>th</sup> Floor, The Empire Room Atlanta, GA 30334 <u>\$10 Parking Fee</u>	
Name:	
Credentials:	
Facility:	
Street:	
City, State, Zip:	
Phone:	
Email:	
<b>Registration Deadline: September 13, 2019</b> Registration fee: <b>FREE (including breakfast, breaks and lunch)</b> <u>CE's applied for from NCRA</u>	
Mail or fax registration form to:	

Debbie Chambers 950 Ousley Place Macon, Ga 31210

Fax: 478-599-9833

## Fall 2019

# Symposium Registration and Agenda....



Georgia Cancer Registry Symposium: Facing the Challenges of Today, Tomorrow and the Future Friday September 20, 2019 200 Piedmont Avenue, SE Atlanta, GA 30334 20<sup>th</sup> Floor "The Empire Room" \$10 Parking Fee

7:30-8:30	Registration and Continental Breakfast
8:30-8:45	Welcome –Dr. Toomey, Commissioner, Georgia Department of Public Health (Invited)
8:45-9:30	Georgia Cancer Strategic Plan 2019-2024 (Angie Patterson)
9:30 - 10:15	Georgia Prostate Study (Dr. Kevin Ward)
10:15-10:30	Break (Snacks provided)
10:30- 11:15	Cancer Recurrence Study: Georgia Pilot (Dr. Timothy Lash)
11:15-12:00	Picture with the Governor (Request made to the Governor Office)
12:00-1:00	Lunch (Provided)
1:00-1:45	2018 Where Are we? (Rana Bayakly)
1:45 - 2:30	Death Certification: The Future (Christopher Harrison)
2:30 - 2:50	Break (Healthy Snacks Provided)
2:50 -3:45	Coding New Radiation Treatment Phases: Clarification and Explanation using examples from the "CTR's Guide to Coding Radiation in STORE" (Adam Jones, MD, Invited)
3:45- 4:15	Questions and Answer
4:15	Adjourned

#### **Directions to The Empire Room:**

Located on the 20th floor of the west tower in the Sloppy Floyd Building just across from Georgia's State Capitol building @ 200 Piedmont Avenue, Atlanta, Georgia 30334

#### Northbound on I-75/85:

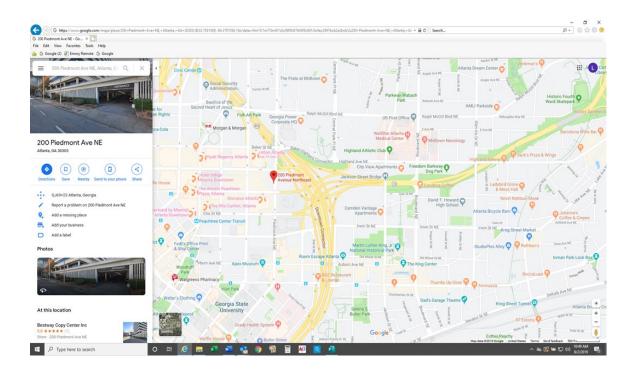
Exit at Central Avenue/Fulton St. Take a right at first light Take a left at next light, onto Capitol Avenue When Capitol Avenue turns into Piedmont, Sloppy Floyd Building is on right Empire Room is on 20th floor of the West Tower

#### Southbound on I-75-85:

Exit at Martin Luther King, Jr. Drive/State Capitol Go straight through first light at Jesse Hill, Jr. Drive Sloppy Floyd Building is immediately on right Empire Room is on 20th floor of the West Tower

Area hotels are noted on the map below along with pictures of the entrance to parking garage.

## \*\*\*Please note the parking fee for the day is \$10.00\*\*\*



# And More Education...

# **News from GATRA**

GATRA is a non-profit professional organization for Georgia cancer registrars and other allied health professionals interested in cancer data. Founded in 1976, GATRA is dedicated to promoting the professional development of individuals in the cancer registry profession, providing educational programs, publishing newsletters with pertinent information of interest, and lastly promoting the ideals of the cancer registrar as a professional member of the healthcare team, offering greater service to physicians, health care administrators, and ultimately the cancer patient. GATRA is a growing association with over 450 members.

GATRA is only as dynamic as its members, so if you are not a member then please consider joining today. All information can be found on its website, <u>gatraweb.org</u>. Contact GATRA's President, Colleen Vann @ <u>cvann@phoebehealth.com</u> with questions, comments, concerns, or ideas You can always support GATRA by selecting the association as your charity when you make purchases through AmazonSmile.



Hotel Information: Lake Blackshear Resort & Golf Club 2459-H US Highway 280 West Cordele, GA 31015 (800) 459-1230

# **Registration:**

	Early Bird	<u>After October 11, 2019</u>
GATRA members	\$110	\$150
Non-members	\$160	\$200
Student	\$55	\$95
Half/one day GATRA member	\$55	\$95
Half/one day non-member	\$80	\$110

Reservations may be made at: <u>www.lakeblackshearresort.com</u> \*Click on the orange box at top right corner of page – "Lowest Rate Guaranteed – BOOK ONLINE" Group ID: 325591

For additional information or questions, please contact: Debbie Chambers Debbie.chambers@dph.ga.gov

Carly Ellenberg

Debbie.chambers@dph.ga.gc carly.ellenberg@sgmc.org

# And More Educational Opportunities.....





Date	Title	Hosted by
10/03/2019	Breast	Central & GCCS/Emory
11/07/2019	Bladder	Central & GCCS/Emory
12/05/2019	Base of Tongue/H & N	Central & GCCS/Emory
01/09/2020	Prostate	Central & GCCS/Emory
02/06/2020	SSDI's: An In Depth Look	Central & GCCS/Emory
03/05/2020	Abstracting & Coding Boot Camp	Central & GCCS/Emory
04/02/2020	Melanoma	Central & GCCS/Emory
05/07/2020	Central Nervous System	Central & GCCS/Emory
06/11/2020	Esophagus	Central & GCCS/Emory
07/09/2020	Navigating the 2020 SAR	Central & GCCS/Emory
08/06/2020	Corpus Uteri	Central & GCCS/Emory
09/03/2020	Coding Pitfalls	Central & GCCS/Emory

#### Fall 2019

### Just Released!



### Report to the Nation on the Status of Cancer

On behalf of NAACCR and our co-authors from ACS, CDC, and NCI, we are pleased to announce the release of the latest Annual Report to the Nation on the Status of Cancer. The Annual Report to the Nation on the Status of Cancer represents a collaborative effort from senior researchers at ACS, CDC, NAACCR, and NCI to produce current and comprehensive trends in cancer incidence and mortality. Our 21<sup>st</sup> Report was spearheaded by NAACCR and is current available as an on-line pre-publication copy

The purpose of this report is to produce the most up-to-date and comprehensive trends in cancer incidence and mortality. Each year we also focus on a special topic. This year our topic is cancer among young adults aged 20-49 and describes the patterns seen in this age-group. A main difference in cancer in this age-group is that the burden is much higher for women than men. This is driven by cancers traditionally higher among women (breast, melanoma, and thyroid), female-specific cancers (uterine, cervical, and ovarian), and higher rates of lung and non-malignant brain and CNS tumors among younger women than men. Additionally, incidence rates of in situ breast cancer among women and non-malignant brain tumors among women and men are quite substantial, 20.2, 17.6, and 9.5 per 100,000 respectively.

For more information, and to access the paper and the Press Release, please go our website at: www.naaccr.org/... Additional materials, including infographics and suggested tweets are also available through NCI here microsite.

### New U.S. Cancer Statistics data are available in an updated Data Visualizations tool and public use database.



U.S. Cancer Statistics are the official federal cancer statistics, providing the latest cancer information on the entire U.S. population. This data resource combines cancer registry data from CDC's National Program of Cancer Registries (NPCR) and NCI's Surveillance, Epidemiology, and End Results (SEER) Program.

### Data Visualizations tool

The Data Visualizations tool is an easy way to explore and use the latest U.S. Cancer Statistics data. It includes interactive graphics and text explaining the data. You can create and export presentation-ready trend graphs, maps, and tables by state, county, and demographic characteristics.

### **Risk Factor-Associated Cancers**

Although cancer represents many different diseases, some cancer types share common risk factors like:

- tobacco use
- alcohol use
- human papillomavirus (HPV) infection
- excess body weight
- physical inactivity

The new Risk Factor-Associated Cancers module presents incidence data for cancers associated with these five risk factors.

### U.S. Congressional District Data

A module released earlier this year features incidence and mortality data at the U.S. Congressional district level.

### Public use database

The public use database includes cancer incidence and population data for all 50 states, the District of Columbia, and Puerto Rico. The de-identified data are available online, at no cost to researchers. With more than 26 million cases in the database and 16 years of data available (2001 to 2016), this is a rich source of data for generating publications, including research on cancer trends and rare cancers.

### More Information

U.S. Cancer Statistics | www.cdc.gov/uscs CDC's National Program of Cancer Registries | www.cdc.gov/cancer/npcr NCI's Surveillance, Epidemiology, and End Results Program | https://seer.cancer.gov

Questions? Please contact us at uscsdata@cdc.gov.



# St. Mary's Health Care Systems, Athens welcomes Maria Anderson:

Our Registry has GROWN and we now report for three facilities; St. Mary's Hospital in Athens (since 1995), St. Mary's Good Samaritan Hospital in Greensboro (since 7/2014) and our newest colleague, St. Mary's Sacred Heart Hospital in Lavonia (since 9/2015). It is my absolute pleasure to introduce our new registrar, Maria Anderson, who has been with St. Mary's for a couple of years after graduating from Athens Technical College with a degree in Health Information. Upon her graduation, she pursued an interest in the Cancer Registry and has since enrolled AND graduated this May, from Andrews College with a degree in Cancer Registry Management! Her teacher is our beloved, knowledgeable and talented colleague, Paulette Zinkann, CTR.

Maria is an amazing wife, mother of three boys, friend, volunteer and dedicated hard worker. She began working in our Registry in January and has taken on the Tumor Board, Cancer Society and Foundation Fundraising, abstracting and many other details of registry duties. Some of you may have already met our "former baby - now full-fledged registrar" at GCR Meetings or on the phone gathering information on our patients. Next step....CTR status! Please join me in welcoming Maria!

# St. Joseph's Candler welcomes Charlotte Luke:

Charlotte Luke is the new Cancer Registry Manager at Nancy N. and J.C. Lewis Cancer & Research Pavilion at St. Joseph's/Candler in Savannah GA. She earned her bachelor's degree from California State University Fresno and master's degree in Public Health from Morehouse School of Medicine.

With over 10 years of Public Health experience, including Contract positions at the Centers for Disease Control and Prevention, she has developed a remarkable skill set within the field. Charlotte's interest includes reducing cancer health disparities, cancer prevention and control, in addition to health education and promotion.

## **Phoebe Putney welcomes Renee Nequette:**

Renee Nequette is transitioning from a career in Medical Coding and Billing to the cancer registry field. She will complete the Cancer Registry Management program at Rochester Community and Technical College in December 2019 and is currently employed as a Tumor Registry Assistant at Phoebe Putney Hospital in Albany, GA. She holds a degree in Health Information Technology and additionally has earned the CCS-P and CHONC coding credentials. Renee is excited to convert her skills into the cancer registry field and contribute to our fight against cancer.



## Piedmont welcomes Johnnie Williams:

Johnnie Williams is no stranger to the Cancer Registry Field with greater than 30 years of experience as a Certified Cancer Registrar. Currently employed with Piedmont Healthcare in the position of Registrar Cancer Data II, in the Oncology Analytics Department, her primary responsibilities focuses on clear, comprehensive data abstracting.

Johnnie is a native of Cincinnati, Ohio, and received an Associate's Degree in Medical Record Science from Cincinnati State Technical and Community College. She passed the accreditation exam for her RHIT and relocated to College Park Georgia in 1983 and began her career as a Coder and Billing Specialist. Johnnie's introduction to the Cancer Registry Field started in 1986 while working at Emory's School of Public Health and Epidemiology on Special Studies for cancer research. It was during this time Johnnie developed a passion for data collection and abstracting. In 1988 she passed the CTR exam.

As owner of JW Consultants, LLC. Johnnie has worked as an independent consultant for more than 15 years, providing abstracting services to Healthcare facilities, decreasing their backlog of cases while ensuring full compliance with industry reporting standards. Johnnie has traveled throughout the United States working with some amazing people. She worked at several Healthcare facilities in Alaska, and has attended Iditarod dog races, experience the long hours of daylight and darkness, saw the Northern lights and walked the mountains of Hatcher's pass (where gold was discovered in AK), and driven Seward Highway (a 127-mile stretch from Anchorage to Seward), and Denali Highway, both listed on America's most thrilling roads. Johnnie has not only provided abstracting services, she has assisted with QC audits, training for employees which has also included study skills needed to pass the CTR exam.

Johnnie recognizes the important role the cancer registry field provides and its impact on cancer research. This has even more personal significances with several first line family members passing from malignancies. Her baby sister, Barbara, passed away three years ago from stage IV small cell lung cancer, while her baby brother, Edward, is now a seven year survivor of leukemia. Barbara was the bone marrow donor for Edward.

Johnnie is committed to staying up-to-date on all the new changes in the Cancer Registry field while provide the best information available on every abstract she completes. Most important to her is to educate and encourage new CTR's and introduce young people to the careers that are available in the Cancer Registry field.

Johnnie is excited to be a part of the Piedmont Healthcare Oncology Analytics team and to be working with old friends and colleagues she has known for many years.