

In The Abstract

A Quarterly Newsletter
from the
Kentucky Cancer Registry

APRIL 2015

INSIDE THIS ISSUE:

2015 Trainings	1
People News	2
ACoS Approved Programs	2
Employment Opportunities	2
Cancer Awareness	2
Reportability Reminders	3
Coding Reminders	3
Calendar of Events	3
News from The CoC Brief	4
SEER Coding Questions	5

2015 TRAININGS

KCR Spring Training webinars will be held on Tuesday April 14, 2015 (1:00-4:00) & Thursday April 16, 2015 (9:00-12:00).

KCR Abstractor's Training will be held in Lexington at the KCR office on Tuesday April 21 through Thursday April 23, 2015.

The **AJCC Curriculum for Registrars** launched in January 2015 and is designed to provide education in a step-wise learning environment complete with additional resources to reinforce the information and webinars with interactive quizzes to prompt discussion and serve as a self-assessment for the information learned. Check it out!

<http://cancerstaging.org/CSE/Registrar/Pages/AJCC-Curriculum.aspx>

Module	Self-Study Activity (to be completed before webinar)	Live Webinar with Quiz (recap of self-study material)	
Module II	Lessons posted March 15, 2015	April 21, 2015	1:00-3:00 pm CDT

National Cancer
Registrars Week

CANCER REGISTRARS:
THE LIGHTHOUSE IN A STORM OF CHANGE
National Cancer Registrars Week
April 6-10, 2015

New Hires:

Karrie Ihrle
Sherry Gabehart
Dianna Wiles

Baptist Health Louisville
KentuckyOne Health Lexington
Jennie Stuart Medical Center

Resignations:

Sherry Gabehart
Dianna Wiles

Hardin Memorial Hospital
Baptist Health Madisonville

ACoS Approved Programs

Congratulations to Baptist Health Lexington for receiving the 2014 Outstanding Achievement Award (OOA) from the Commission on Cancer (CoC), a Quality Program of the American College of Surgeons!

Employment Opportunities

- KCR has an opening for QA Manager of Abstracting and Training as well as an Abstractor Coordinator for Patterns of Care Studies. Please see <https://ukjobs.uky.edu/> for postings.
- Baptist Health Madisonville has an opening for a FT Registrar.
- Hardin Memorial Hospital has an opening for a FT Registrar.

Cancer Awareness



- April = Testicular Cancer Awareness Month
Esophageal Cancer Awareness Month
Head & Neck Cancer Awareness Month
- May = Brain Cancer Awareness Month
Melanoma & Skin Cancer Awareness Month
- June = National Cancer Survivor Month

Reportability Reminders

- ◆ Carcinoid, NOS of the Appendix is reportable. As of 1/1/2015, the ICD-O-3 behavior changed from /1 to /3.
- ◆ Non-invasive mucinous cystic neoplasm (MCN) of the pancreas with high-grade dysplasia is reportable. For neoplasms of the pancreas, the term MCN with high-grade dysplasia replaces the term mucinous cystadenocarcinoma, non-invasive.
- ◆ Mature teratoma of the testes in adults is malignant and reportable as 9080/3.

Please review **SEER 2015 Summary of Changes** that are located on the SEER website <http://seer.cancer.gov/>

Coding Reminders

- ⇒ Remember to code any regional lymph node that is BX/FNA/removal under Scope of Regional LN data item. These are considered staging workup procedures and need to be coded even if negative. These are not entered as non-definitive but under “Scope of Regional LNs” data field in a surgery record.
- ⇒ If a SLN BX is attempted and the lymphatic mapping fails, this should still be coded as SLN BX per FORDS. It is important to capture that the patient had an attempted SLN BX performed. When this failed and the SLN procedure is followed by an axillary LN dissection (ALND) then you will code to 6 if performed at same time and 7 if performed at different times. Remember, what you are capturing is that a true axillary dissection was performed. If the OP report does not mention that an ALND was done and the path report identifies an incidental lymph node (attached to the breast specimen). then you will only code as a SLN BX (code 2). You are coding the surgeon’s intent not what the pathologist sees in the specimen received. (*Reference: FORDS manual, page 221*).

Calendar of Events

April 6-10, 2015 - National Cancer Registrars Week
April 14 & 16, 2015 - KCR Spring Training Webinar
April 21-23, 2015 - KCR Abstractor’s Training
May 20-23, 2015 - NCRA Annual Conference in San Antonio, TX
May 25, 2015 - Memorial Day Holiday – KCR offices closed
May 29, 2015 - CTR exam application deadline
June 20 - July 11, 2015 – CTR exam testing window
September 18, 2015 - CTR exam application deadline
October 17 - November 7, 2015 – CTR exam testing window

A family history of prostate cancer may increase women's risk for breast cancer

Medical News Today

It is well established that if a woman has a family history of breast cancer, she is at higher risk of developing the disease herself. But in a new study, researchers claim a family history of prostate cancer may also put women at increased risk of breast cancer. A family history of both breast and prostate cancers may raise this risk even further. *(CoC Brief March 11, 2015)*

CDC launches updated Community Health Status Indicators website

Newstaar Media

To better inform the public of health related topics, the Centers for Disease Control and Prevention rely on a variety of online resources. To that end, the agency announced the launch of an updated Community Health Status Indicators online tool. *(CoC Brief March 11, 2015)*

How changing your diet can lower your risk for colon cancer

CBS News

A vegetarian diet might cut your risk of colorectal cancer by 20 percent, a new study finds. For fish-eating vegetarians, the protective link was even stronger, researchers said. Colorectal cancer is the second leading cause of cancer death in the United States. Screening efforts, including colonoscopy, have helped save many lives by detecting precancerous polyps, said the study's lead researcher, Dr. Michael Orlich. *(CoC Brief March 11, 2015)*

15 new breast cancer genetic risk 'hot-spots' revealed

Cancer Research UK

Scientists have discovered another 15 genetic "hot-spots" that can increase a woman's risk of developing breast cancer, according to research published today in Nature Genetics. In a study funded by Cancer Research UK, scientists compared tiny variations in the genetic make-up of more than 120,000 women of European ancestry, with and without breast cancer, and identified 15 new variations — called single nucleotide polymorphisms — that are linked to a higher risk of the disease. *(CoC Brief March 11, 2015)*

Study: Dog detects thyroid cancer in human urine with almost 90 percent accuracy

Medical News Today

Dogs are often referred to as "man's best friend," and a new study brings further strength to this term after revealing how a rescue dog called Frankie was able to detect the presence of thyroid cancer in human urine samples with almost 90 percent accuracy. *(CoC Brief, March 11, 2015)*

New HPV vaccination offers better cancer prevention, but will people take it?

Care2

Could we cut down on nearly 30,000 cases of cancer in the United States each year by simply taking a shot? It seems we've come one step closer to that goal. Gardasil, well known for their HPV vaccination, is coming out with a new version of the vaccine that now protects against 90 percent of all HPV strains. *(CoC Brief, March 4, 2015)*

SEER Coding Questions

Question

Reportability--Bladder: Please explain the reportability of UroVysion for bladder cancer in the following circumstances.

1. Patient has positive UroVysion test and follow up biopsy is negative. Is this case reportable with a diagnosis date the date of the UroVysion?
2. Patient has positive UroVysion test and follow up biopsy is positive for cancer. Is the diagnosis date of the date of the positive UroVysion or the date of the positive biopsy?

Answer

Do not report a case based on UroVysion test results alone. Report a case when there is positive histology, a physician statement of malignancy, and/or the patient was treated for cancer.

1. Do not report the case.
2. Report the case based on the positive biopsy. (*SINQ 2015-0002; Date Finalized 2/11/2015*)

Question

MP/H Rules/Histology--Endometrium: What is the correct histology code for an endometrial cancer described as "Adenocarcinoma with areas of squamous differentiation?"

Answer

Assign 8570/3 to adenocarcinoma with squamous differentiation of the endometrium. The most recent WHO classification does not list "adenocarcinoma" for tumors of the uterine corpus. WHO does state that "endometrioid carcinoma of the usual type is a glandular neoplasm..." Further, WHO states "Endometrioid carcinoma typically displays a glandular or villoglandular architecture..." Based on the WHO classification, the use of the term "adenocarcinoma" in this context can be interpreted as endometrioid carcinoma. (*SINQ 2014-0090; Date Finalized 1/20/2015; 2007 MP/H rules*)

Question

MP/H Rules/Multiple primaries--Ampulla of vater: Is this a new primary? Patient has intramucosal adenocarcinoma in a tubulovillous adenoma of the ampulla of vater in Sept. of 2011. In May of 2012, patient has another ampullary adenoma with intraepithelial carcinoma (pTis) and an area suspicious for invasion. This is coded 8263/3.

Rule M14, Multiple in situ and/or malignant polyps are a single primary, precedes rule M15. An invasive tumor following an in situ tumor more than 60 days after diagnosis is a multiple primary, per the MP rules for 'Other sites'.

Answer

Rule M14 applies. Abstract this case as a single primary. (*SINQ 2014-0087; Date Finalized 12/18/2014, 2007 MP/H rules*)