

# In The Abstract

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## KCR Celebrates 25 Years

It's time for the 25<sup>th</sup> Annual Advanced Cancer Registrars' Workshop! The silver anniversary meeting will be celebrated at the Galt House in Louisville on September 8-9, 2011. "*The Silver Lining to Sterling Success*" embodies the theme of this year's conference.

Topics to be covered by physician speakers include "Breast Operations/ Reconstruction," "Colorectal Cancer," "Breast Treatment Changes in 25 Years...", and "CSv2 Breast & GYN Malignancies." NPCR representative Lynda Douglas will discuss the "Cyber Cancer Registry." Additional presentations will address CPDMS.net, practical coding situations, the new Wiki Page, and CSv02.03.

A silver anniversary luncheon will take place at noon on the first day of the workshop. Registrar recognition and the Judith Ann Cook Award will take place at that time. Get ready to celebrate, learn, and earn CE's at the Galt House in September!

## NAACCR Comes to Louisville

The annual North American Association of Central Cancer Registries (NAACCR) conference, held this year in Kentucky's largest city, proved to be a rousing success. Opening ceremonies, introduced by KCR's Frances Ross, included the bugler from Churchill Downs and an energetic clogging dance troupe from eastern Kentucky. Well-known speakers from North America and the United Kingdom dominated the plenary sessions. Concurrent sessions covered everything from "What the GIST ?!" to "The CSv2 Parking Lot." Topics were widespread yet relevant, and questions/comments continued to be energetic until the very end of the three-day-long meeting! Attendees heaped praise upon Kentucky hospitality and the program committee. Special thanks go out to all behind-the-scenes workers and Kentucky attendees.

**New Hires:**

Sara Adams	Norton HealthCare, Louisville
Allissa Anderson	St Joseph Hospital, Lexington
Jodee Chumley	Baptist Hospital East, Louisville
Leah Driscoll	Jennie Stuart Medical Center, Hopkinsville
Asli Gunasar	St Joseph Hospital, Lexington
Tanya Phelps	Norton HealthCare, Louisville
Jo Ann Smith	Taylor Co. Regional Hospital, Campbellsville
Jennifer Smothers	Jewish/St Mary's HealthCare, Louisville
Pam Woodard	Central Baptist Hospital, Lexington


**Resignations:**

Jodee Chumley	Norton Healthcare, Louisville
Leah Driscoll	Kentucky Cancer Registry, Lexington
Jennifer Smothers	Taylor Co. Regional Hospital, Campbellsville
Pam Woodard	VA Medical Center, Lexington

## ACoS Approved Programs

The cancer program at Hazard ARH Hospital recently passed its survey by the American College of Surgeons. Congratulations are extended to registrar Agnes Caudill.

## Golden Bug Award

And the latest Golden Bug trophy goes to.....Carole Miller, registrar at the University of Louisville Hospital. This award is being given for her recognition of the site/histology combination for 9837 (C77.1).  
 Good eye, Carole!

Please continue to alert the IT Department whenever YOU discover a possible electronic "bug."

## Dr. Friedell Honored by NAACCR

A special award was presented to Dr. Gilbert Friedell for “Substantive and outstanding contribution to cancer registration” during the NAACCR annual conference awards luncheon held in Louisville on June 23, 2011. The founder of the Kentucky Cancer Registry, Dr. Friedell was also directly involved in the creation of NAACCR. He was the first director of the Markey Cancer Center and is Director Emeritus of the KCR.

When presenting the award, Dr. Thomas Tucker stated “Dr. Friedell’s vision and leadership have helped to establish a population-based cancer surveillance system in both Kentucky and the nation. He is one of the true ‘founding fathers’ of NAACCR and our national cancer surveillance program.” Congratulations continue to be extended to our founder, leader, and friend – Dr. Friedell. (Information gathered from The NAACCR Narrative, Summer 2011 Edition, NAACCR website)

## Did You Know?

- \*A free CoC webinar, entitled “Preparing for Your CoC Survey,” is now available to help cancer programs get ready for the accreditation process. Visit [www.facs.org/cancer/coc/programresources.html](http://www.facs.org/cancer/coc/programresources.html) to reach the webinar entry-point. Click on the title to begin. (CoC Flash, 7/29/11)
- \*Research indicates that people who smoke during the first 30 minutes after waking in the morning are 79% more likely to develop lung cancer than those who first smoke later in the morning. This same group of smokers is 59% more likely to have head & neck cancer. (Cancer, posted online 8/8/11)
- \*Scientists at Duke University and Johns Hopkins University have completed a map of genetic mutations that occur in oligodendroglioma. (NCI News, posted online 8/5/11)
- \*Check the Spring 2011 Journal of Registry Management publication for April Fritz’ “Is It Reportable?” article. The 5-bullet summary is an excellent supplemental guide for determining whether or not a tumor should be abstracted. (JRM Volume 38 Number 1, pgs 66-67)
- \*Medical researchers at Stanford University have identified a compound that starves renal cell carcinoma cells of their energy source – glucose. (NIC News, online posting 8/4/11)
- \*It isn’t too late to register for the NAACCR CTR Exam Prep Webinar Series! Late registration begins 9/6/11; the fee is \$400. Contact Shannon Vann ([svann@naaccr.org](mailto:svann@naaccr.org)) or Jim Hofferkamp ([jhofferkamp@naaccr.org](mailto:jhofferkamp@naaccr.org)) for more information.

## Abstracting Bits & Pieces

- Many CSv2 “issues” will be resolved in version 0204, which is expected to be released later this fall. Besides the correction of numerous typos, multiple staging questions involving several schemas will be addressed. Stay tuned!
- Remember to use the MP/H Manual when coding histology. All histologies currently used in abstracting are NOT listed in ICD-O-3. Errata will be prepared for ICD-O-3, eventually, by April Fritz.
- When coding grade for endometrial primaries, the “Three Grade System” is used. Check “Tumor Grade” (data item 30130) in the Abstractor’s Manual for precise details. Remember that FIGO Grade is not the same thing as FIGO Stage. Read your GYN path reports carefully before coding this data item!
- CSv2 Frequently Asked Questions (FAQs) and CSv2 versions can now be viewed online. Go to <http://cancerstaging.org/cstage/csv2/faqs.html> to see CS versions from 2004 to 2012 and when each was published. From that page, click on [CSv0203 FAQs 50K PDF](#) to view descriptions of issues involving Part I, Colon/Rectum, Corpus Carcinoma/Sarcoma, Kidney Parenchyma, Lung, and Testis. (Cancer Staging website, updated 7/6/11)
- Date of 1st Contact has been clarified in FORDS 2011. It is described as the date the case is first analytic in your hospital. An edit check is planned for “Accession Year must match Date/(Year) 1st Contact,” beginning with 2011 cases.

### Open Position at KCR

KCR now has an open position for a Quality Assurance Specialist. The person in this position will spend 50% of the time participating in research studies such as the SEER Patterns of Care Studies and CDC NPCR studies conducted by KCR. Some travel is required to visit hospitals and/or non-hospital facilities to review medical records to abstract study data variables and obtain verification of data. The remaining 50% of time will involve participation in other quality assurance activities conducted by KCR such as serving on committees, attending educational meetings, providing assistance with training opportunities for cancer registrars, and participating in field studies designed by KCR or national standard setters as needed. If anyone is interested in this position and would like more detailed information, please call Mary Jane Byrne at 859-219-0773 ext 228 or email [mjbyrne@kcr.uky.edu](mailto:mjbyrne@kcr.uky.edu)

## Help in Coding Lymphovascular Invasion!

With the multitude of additional data items required when abstracting in this day and age, extra hints, pushes and shoves are welcome on some occasions! Please allow us to jolt your awareness in regards to the LVI (lymphovascular invasion) field. A revision in CSv2 Part I Section I has led to an improved set of descriptions for this data item. Here is one set of expanded instructions:

Use code 9 when:

- i. there is no microscopic examination of a primary tissue specimen
- ii. the primary site specimen is cytology only or a fine needle aspiration
- iii. the biopsy is only a very small tissue sample
- iv. it is not possible to determine whether lymph-vascular invasion is present
- v. the pathologist indicates the specimen is insufficient to determine lymph-vascular invasion
- vi. lymph-vascular invasion is not mentioned in the pathology report

This very useful expansion of directions now tells us which code to use when an FNA specimen is all we have from which to code, among other situations.... Remember to refer to Part I of CSv2 for many helpful guidelines. It is impossible to do justice to Collaborative Staging without referring to it!

### *KCR Re-abstracting Audits*

*The last re-abstracting audit completed by The Kentucky Cancer Registry was on 2008 cases. Letters have recently gone out regarding the outcome of that audit. The next audit will start in September of this year, and it will also focus on recoding from text documentation. This audit will be on 2010 data. It is our goal to be more current and relevant with our feedback to hospital registrars.*

*Reita Pardee, CTR, QA Manager for Abstracting & Training*

## Calendar of Events



<i>Aug 23, 2011</i>	<i>KCR Fall Workshop Registration DEADLINE</i>
<i>Sept 5, 2011</i>	<i>Labor Day, KCR Office Closed</i>
<i>Sept 8-9, 2011</i>	<i>KCR Fall Workshop, Louisville – Galt House Hotel</i>
<i>Sept 10-24, 2011</i>	<i>Fall CTR Exam Window</i>
<i>Sept 15-16, 2011</i>	<i>Survey Savvy, Hollywood CA</i>

# SEER Coding Questions

Review these new SINC coding questions for ongoing education:

**Question 1:** First course treatment/Other therapy - Skin: How do we code PUVA [psoralen (P) and long-wave ultraviolet radiation (UVA)] when used for skin primaries such as melanoma and mycosis fungoides?

*Answer:* Code PUVA as “Other treatment” with Code 1- Other. We do not have a code specifically for ultraviolet radiation. (SINC #2011-0082, last updated 5/13/11; 2010 SEER Manual, pg 134)

**Question 2:** Primary site - Heme & Lymphoid Neoplasms: Is bilateral pelvic lymph node involvement of SLL 1 or 2 lymph node regions? Am I correct in thinking that bilateral disease would count as 2 lymph node regions?

*Answer:* The right and left pelvic nodes are two regions. See Appendix C Lymph Node/Lymph Node Chain Reference Table in the Hemato Manual. Lymph node regions with “right and left” are two regions. (SINC #2011-0099, last updated 7/21/11; 2010 Heme & Lymph Manual & DB)

**Question 3:** Reportability - Heme & Lymphoid Neoplasms: Is idiopathic thrombocytopenia reportable on 2010 cases? If so, what morphology code would you use? Is autoimmune thrombocytopenia reportable on 2010 cases? If so, what morphology code would you use?

*Answer:* Thrombocytopenia is not a neoplasm, so it is not reportable. Thrombocytopenia and thrombocytopenia are not synonyms. Cytopenia and cythemia have different definitions. (SINC #2011-0102, last updated 7/21/11; 2010 Heme & Lymph Manual & DB)

**Question 4:** Primary site - Heme & Lymphoid Neoplasms: Is the site code for adult T-cell leukemia/lymphoma (9827/35) always C42.1? Or does a positive bone marrow biopsy but with involvement documented in lymph nodes and lungs make it a C77 site?

*Answer:* Code the primary site to the involved lymph nodes. See the Hematopoietic DB, Primary Site information for 9827/3. The primary site is always coded to lymph nodes (C770-C779). The Abstractor Notes state that this is a systemic disease and that extranodal sites (including lung) are often involved. (SINC #2011-0104, last updated 7/21/11; 2010 Heme & Lymph Manual & DB)

**Question 5:** Multiple primaries - Heme & Lymphoid Neoplasms: Pathology report on a bone marrow states: “Lymphoproliferative disorder, small cell lymphocytic lymphoma/small cell lymphocytic leukemia consistent with marginal zone lymphoma. Would this be one primary or two due to the “consistent with”?

*Answer:* Our Hematopoietic/Lymphoid neoplasm physician expert replied as follows: Abstract one primary (MZL). The pathologist is using “small lymphocytic lymphoma” in a descriptive manner (MZL is comprised of small lymphocytes) rather than in a “diagnostic” manner. (SINC #2011-0104, last updated 7/21/11; 2010 Heme & Lymph Manual & DB)

**Question 6:** Primary site - Heme & Lymphoid Neoplasms: What is the primary site for a 2010 follicular lymphoma involving the spleen and lymph nodes above & below the diaphragm?

*Answer:* There are only a few lymphomas that originate in the spleen. In most cases, the spleen is a secondary site of involvement. To determine the primary site, follow these steps:  
Step 1: Search the database for “follicular.” Select follicular lymphoma. Click display.  
Step 2: Use the Abstractor Notes. The notes say “FL predominantly involves lymph nodes. Spleen is listed as a secondary site.”  
Step 3: Use the Heme Manual, PH section. Go to Module 7, which is a module designed to help you code primary site for lymphomas. See PH36 – Code the primary site to lymph nodes, NOS C779 when lymphoma is present in an organ and lymph nodes that are not regional for that organ.  
(SINC #2011-0106, last updated 7/21/11; 2010 Heme & Lymph Manual & DB)