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2009 Fall Workshop - “Focus on the Future”

KCR’s 23rd Annual Advanced Cancer Registrars’ Workshop, to be held September 10th and 11th at Louisville’s Embassy Suites, has a very appropriate title this year. Changes in abstracting are most definitely on the 2010 horizon.... With a new TNM manual (7th edition) due out this fall, and a new version of the Collaborative Stage System to be made available for 2010 cases, registrars MUST begin to focus on the future. Although specific training will be presented during spring 2010 workshops, it is wise to become aware of upcoming changes before they are implemented.

Excellent physician-speakers are lined up to broaden your knowledge in the areas of hematopoietic diseases, radiation oncology, and head & neck cancers. Central registry professionals are planning to update you on CPDMS.net and 2010 abstracting changes. Be prepared to participate in our popular “registrars’ forum.” This is your opportunity to speak up about issues that are affecting your registry.

Abstracting Bits & Pieces

- ◇ Did you remember to enter physician NPI numbers while abstracting 2008 cases? These are required for the 2008 data submission.
- ◇ The recoding audit of early 2007 data points to two areas worthy of abstractors’ attention: CS Extension and CS Size/Extent Evaluation. Statewide, there were more errors in those data elements than in any other reviewed fields. Registrars are to be commended for the statewide accuracy rate of 97.5%.
- ◇ Help is on the way for abstractors struggling with head and neck cancer coding. Three sessions of the 23rd fall workshop are dedicated to that challenging group of sites. Be there!
- ◇ Do you have any ideas for new “canned” registry reports? Send suggestions in to the central registry via your regional coordinator or directly to Director of Operations - Frances Ross.
- ◇ Check the bottom of the KCR website for a link to fall workshop information. Plans are for future educational opportunities to be posted in a similar fashion.
- ◇ Remember to clean your hospital registry’s data periodically in preparation for the next NCDB “call for data”. Avoid that last minute rush....

New Hires:

Scott Myers	King's Daughters Medical Center - Ashland
Rhonda Paul	KCR Regional Coordinator
Diane Reynolds	UK Samaritan Hospital - Lexington

Resignations:

Rhonda Paul	Norton Healthcare - Louisville
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NCRA Winner: Jennifer Denham (KCR Regional Abstractor) was the lucky raffle winner of a \$100 gift card at the NCRA Conference in New Orleans this summer. Congratulations on your AHIMA-sponsored prize!

ACoS Approved Programs

Hardin Memorial Hospital in Elizabethtown recently received a full 3-year approval of its cancer program with commendations in 4 areas. Congratulations to Sherry Gabehart and Michelle Clark!

Golden Bug Award



And the winner is - Kim Ratliff of the UK Medical Center Cancer Registry! Congratulations to our latest Golden Bug winner, who identified the 'NCDB Edits Error - Archive FIN,' where the Archive FIN value was an invalid '-1.' This error has now been resolved, and the KCR IT team members send their sincere appreciation.



Save the date: April 20 – 23, 2010

NCRA 36th Annual Conference
Palm Springs, California

- The NCI and Chile's Ministry of Health have joined to work toward progress against cancer among Hispanic patients both here and in Latin America. Cooperation is planned in the areas of research, data systems, technology, and cancer registry enhancement. (NCI website, 6/23/09)
- The I&R system is undergoing some innovative changes. Hospital registrars can now participate in **answering** questions. Check the July 2009 CoC Flash for more details....
- Researchers have identified a genetic link between blood type and the risk of developing cancer of the pancreas. Patients with A, B, or AB blood types showed an increased risk when compared to patients with type O blood. (Nature Genetics, August 2, 2009)
- NCI investigators have found that occupational pesticide exposure nearly doubled the risk of development of monoclonal gammopathy of undetermined significance, which is a multiple myeloma precursor. About 20,000 Americans will develop multiple myeloma in 2009. (NCI website, 5/29/09)
- Attention ACoS-approved programs not undergoing 2009 surveys: update your SAR for standards 4.4, 4.6, 5.2, and Liaison Physician's Activity Report. The update window is between July 1 and September 30, 2009. (CoC Flash, July '09)
- View the KCR Annual Report, 2008 online at www.kcr.uky.edu/KCRAnnualReport08.pdf.

Research Using KCR Data

The Kentucky Cancer Registry (KCR) collects complete, accurate, and timely cancer data. The data, however, are of limited value unless they are used to initiate cancer control programs, evaluate intervention activities, or conduct epidemiological research. KCR has worked very hard to ensure that the data collected are both useful and used.

KCR recognizes four categories, levels, or types of data that can be released for cancer surveillance and research purposes. Investigators who wish to use data from the registry for research purposes must complete an application for review by the KCR review panel. All applications include a detailed description of the proposed research study and assurances of maintaining confidentiality of sensitive data. Levels two through four must also include documentation of approval by an appropriately constituted institutional review board (IRB) or human subjects review committee.

Level one research projects are reports of data stratified by non-confidential data fields such as case counts by race, sex, or county of residence. Data files containing individual, record-level data with no personal identifiers are level two projects. These files will not contain name, address, phone number, social security number, date of birth, any reporting facility, or physicians involved in the patient's care. A level three data request includes files containing individual, record-level data with personal identifiers, to be used for purposes of record linkage, either electronic or manual, but not direct patient contact. Once the record linkage is completed, the personal identifiers are removed from the data set. Data requests for files containing individual, record-level data with personal identifiers, to be used for research purposes involving direct patient or family contact are level four projects. (*continued on page 4*)

Research Using KCR Data *(continued from page 3)*

Strict protocols are in place for level four research projects. No individual identifying information will be released to researchers for the purposes of contacting patients until KCR completes these procedures. First, the patient's following physician is notified of the patient's potential participation and is asked if there is any reason why the patient should not be contacted. If there is a substantive reason why a patient should not be contacted, he or she will not be included in the second procedure. Next, KCR sends eligible cases a letter informing them of their eligibility for the research study. They are provided a pre-addressed postage-paid response card which they may use to select whether or not they wish to have their contact information released to investigators. If a response card is not received within two weeks, five phone calls will be made in attempt to get verbal consent. Only those who agree to have their names released will have their names released to the investigators.

In the last year there have been 26 approved applications for data from investigators. Two of these studies are level four studies. The first entitled "Insulin-like Growth Factors, Diet and Risk of Colon Cancer: A Population-Based Case-Control Study" is a collaborative project between Li Li, MD, PhD, from Case Western Reserve University in Cleveland, Ohio, and the Kentucky Cancer Registry. Researchers are studying factors that may increase an individual's chance of getting colon cancer. The study aims at identifying biomarkers, such as insulin-like growth factors, and genes as well as environmental factors that may cause colon cancer. Information about lifestyle and health, including diet, are being examined. The study will compare biomarkers, genes, and information about lifestyle and health between unrelated individuals with colon cancer and individuals without colon cancer.

The second level four project, "Differences in Quality of Life Between Rural and Nonrural Cancer Survivors," is being conducted by Michael Andrykowski, PhD, from University of Kentucky, College of Medicine, Department of Behavioral Science. The purpose of the study is to examine disparities in quality of life and mental health outcomes in lung cancer survivors as a function of geographic area of residence (rural vs. urban). Also, the study will identify the reasons why such differences in quality of life may exist.

If you have questions about how to request data from the Kentucky Cancer Registry, please visit our web site at www.kcr.uky.edu or contact Jaclyn K. Nee, MPH at jnee@uky.edu.

Calendar of Events



August 27, 2009 - NCRA CTR Exam Readiness Webinar: Exam Tips

September 7, 2009 - Labor Day Holiday - KCR Office closed

September 10-11, 2009 - KCR Fall Workshop - Embassy Suites, Louisville

September 12-26, 2009 - CTR Exam Window - multiple sites nationally

November 9-13, 2009 - Abstractor's Training - KCR Office, Lexington

(please contact Reita Pardee at rpardee@kcr.uky.edu if you would like to attend this session)

SEER Coding Questions

Please review the following newly-finalized SINQ questions as an additional means of personal continuing education:

Question 1: Multiple primaries--Hematopoietic, NOS: How should the following case be accessioned: February 2003: plasmacytoma of the sinus. June 2003: plasmacytoma of the alveolar ridge. July 2003: plasmacytoma of the skin. June 2004: multiple myeloma. What is the correct diagnosis? If this represents a transformation of plasmacytomas to multiple myeloma, will the information on multiple myeloma be available for statistical and research purposes?

Answer: Accession this case as plasmacytoma diagnosed in Feb 2003. Each of the subsequent diagnoses are not abstracted as new primaries. They are the "same," one primary only, according to the Definition of Single and Subsequent Primaries for Hematologic Malignancies (the tri-fold heme table). The 2003 diagnosis is a classic example of extraosseous plasmacytoma (9734/3). Plasmacytoma and multiple myeloma would be two primaries in the new hematopoietic rules taking effect in 2010. (SINQ #2009-1042; Single vs. Subsequent Primary Lymphatic & Hematopoietic Diseases, 2/28/01)

Question 2: Radiation Therapy: Would tomotherapy, described as targeted IMRT, be coded as external beam?

Answer: Code tomotherapy as 1 [Beam radiation]. Tomotherapy is external beam radiation therapy. It is a type of IMRT. Intensity-modulated radiation therapy (IMRT) is an advanced mode of high-precision radiotherapy that utilizes computer-controlled x-ray accelerators to deliver radiation. Tomotherapy is a CT image-guided IMRT. (SINQ #2009-1044; 2007 SEER Manual, pgs 185-187)

Question 3: Date of Multiple Tumors--Breast: How is this field coded when a second breast tumor is found at mastectomy two months after the original breast cancer was diagnosed?

Discussion: Example: Breast cancer was diagnosed on core biopsy on 2/27/07. It was not known that the breast was harboring 2 tumors until mastectomy was done on 4/01/07. Both tumors are counted as one primary. Because both tumors were found during initial work-up and treatment, is date of multiple tumors to be coded to the date of diagnosis?

Answer: Code "Date of Multiple Tumors" as the date of the mastectomy. That is the date that multiple tumors were discovered. (SINQ #2009-1050; 2007 SEER Manual, pg 92)

Question 4: MP/H Rules/Histology--Endometrium: Path--Carcinosarcoma with high grade sarcomatous component within polyp with greater component endometrioid carcinoma; foci [of] papillary serous carcinoma within polyp. Is histology coded to "in a polyp" (Rule H12) or carcinosarcoma (Rule H17)?

Answer: Assign code 8980/3 [Carcinosarcoma] according to Rule H17. Rule H12 does not apply since the final diagnosis is not "adenocarcinoma." (SINQ #2009-1051; 2007 SEER Manual, Appendix C, pgs 1064-1065)

Question 5: Multiple primaries--Lymphoma: Left tonsil bx: marginal zone lymphoma (9699); cervical lymph node bx: marginal zone lymphoma & grade 3 follicular lymphoma (9699 and 9698). These are both mature B-cell lymphomas. Should 2 primaries be abstracted? (#1 tonsil marginal zone and #2 LN primary?) If so, what is the histology for the lymph node primary?

Answer: Abstract 2 primaries: 1. Marginal zone lymphoma of tonsil; and 2. Follicular lymphoma of cervical lymph node. According to the Single versus Subsequent Primaries of Lymphatic & Hematopoietic Diseases (tri-fold chart), Marginal zone lymphoma (9699) and follicular lymphoma (9698) are different primaries. (SINQ #2009-1052; Single vs. Subsequent Primary Lymphatic & Hematopoietic Diseases, 2/28/01)