

In The Abstract

*A Quarterly Newsletter
from the
Kentucky Cancer Registry*

JANUARY 2016

INSIDE THIS ISSUE:

TNM Training	1
KCR Fall Workshop	
CPDMS New Feature	
People News	2
ACoS Approved Programs	
Cancer Awareness	
Coding Reminders	3
Reportability Reminders	
Calendar of Events	
News from the CoC Brief	4
SEER Coding Questions	5-6

TNM Training Held Around Kentucky

Tonya Brandenburg, KCR Manager of Education & Training, traveled around KY to hold training sessions on AJCC TNM Staging for hospital registrars. KCR Regional Coordinators assisted with the 4 hour training which focused on TNM staging for Breast, Colon, Melanoma, Prostate and Lung. She also discussed when to use 'X' versus 'Blank'. Tonya's presentations are available on the KCR website with a link on the KCR Wiki page. KCR would like to say **Thank You** to all of the facilities that hosted and provided refreshments.

KCR Fall Workshop Announcement

KCR is excited to announce that we will be teaming up with Indiana to offer a regional meeting/Fall Workshop this year. This will be held in Louisville. This will be the 30th Anniversary of the establishment of the Kentucky Cancer Registry!! More details to come...

New Feature in CPDMS

Have you tried the new feature in CPDMS - called ePath Linkage? This is a function accessed within the data entry screens for a patient, directly beneath the data field for Path Report Number. It allows the abstractor to search among their own hospital path reports for any path report related to the patient/case currently being abstracted/edited. Then the abstractor will link the identified path report(s) with that patient's cancer registry specific case abstract. Registrars are able to copy/paste from the linked path report directly into their text fields.

Promotions:

Bev Shackelford
Amy Shepard

Lead Registrar, KentuckyOne Health Lexington
Cancer Registry Manager -
King's Daughters Medical Center

New Hires:

Susan Knight
Beth Pack
Whitney Bryant
Marsha Tucker
Chelle Gilliam

Baptist Health Madisonville
St. Elizabeth Healthcare
Murray Calloway County Hospital
Lourdes Hospital
St. Claire Medical Center

Resignations:

Talisa Granville
Marsha Tucker

Baptist Health Lexington/Corbin
Murray Calloway County Hospital

New CTRs:

Tabitha Sutton
Stephanie Carmack

King's Daughters Medical Center
KCR

ACoS Approved Programs

Congratulations to the following on their recent CoC survey:

- ◆ Pikeville Medical Center - 3 years commendation
Gold: 7 commendations
- ◆ King's Daughters Medical Center - 3 years commendation
Silver: 5 commendations

Cancer Awareness



January	Cervical Cancer Awareness Month
February	Gallbladder & Bile Duct Cancer Awareness Month
	National Cancer Awareness Month
March	Colorectal Cancer Awareness Month
	Kidney Cancer Awareness Month
	Multiple Myeloma Awareness Month

Coding Reminders

- ⇒ For Breast primaries: Consider adherence, attachment, fixation, induration, and thickening as clinical evidence of extension to skin or subcutaneous tissue, code 200. (Notes above CS EXT in breast schema)
- ⇒ For Lung primaries: Do NOT use CS Extension code 410 due to an algorithm error (Lung Coding Bootcamp presentation from KCR 2013 Fall Workshop).
- ⇒ For Prostate primaries: A pre-biopsy DRE needs to be documented in text. If no pre-biopsy DRE mentioned in H&P or located in medical records then it is recommended to include this in your text – “No pre-biopsy DRE located in chart, not documented in H&P; post-biopsy DRE: “slight firmness in left lobe of prostate noted, no distinct nodule palpated” – per H&P dated mm/dd/yyyy by Dr. X.

Reportability Reminders

Pathology reports that have a “focus” of cancer ARE reportable. You will only disregard the terms “Focal, focus or foci” when describing a specific histology per the MPH rules. This rule does NOT apply for casefinding/reportability.

Examples:

- Colon polypectomy path report: tubulovillous adenoma with focus of intramucosal Adenocarcinoma, stalk margin negative. (report case: 8263/3, Extension: 100, pTis)
- Colonoscopy w/ BX path report: tubular adenoma with foci of intramucosal Adenocarcinoma; Surgical resection path shows no residual. (report case: 8210/3, Extension: 100, pTis)
- Breast Excisional BX path report: Atypical Ductal Hyperplasia with focal DCIS identified. (report case: 8500/2, Ext 000, pTis [DCIS])

Calendar of Events

January 29, 2016 - CTR exam application deadline

February 10-12, 2016 – KCR New Abstractor’s Training

February 27 - March 19, 2016 – CTR exam window

Study quantifies faulty gene's role in ovarian cancer risk

Journal of the National Cancer Institute via Medical Express

Women who carry an inherited fault in the BRIP1 gene are three times more likely to develop ovarian cancer than those without it, researchers said recently. The gene variant had already been linked to cancer of the ovaries, but the size of the additional risk has now been quantified in a study in the *Journal of the National Cancer Institute*. (*CoC Brief January 20, 2016*)

NCDB PUF application period: Jan 19 - Feb 19

ACS

The National Cancer Data Base (NCDB) is pleased to announce the Request for Participant User File ([PUF](#)) Applications is open. The NCDB will accept applications for organ-site specific files including cases diagnosed between 2004 and 2013 through Feb. 19.

The NCDB PUF is a Health Insurance Portability and Accountability Act (HIPAA) compliant data file containing cases submitted to the Commission on Cancer's (CoC) NCDB and complies with the terms of the Business Associate Agreement between the American College of Surgeons and cancer programs accredited by the CoC; i.e., no patients or facilities can be identified. The [PUF](#) is designed to provide investigators at CoC-accredited cancer programs with a data resource they can use to review and advance the quality of care delivered to cancer patients through analyses of cases reported to the [NCDB](#). (*CoC Brief January 20, 2016*)

Minorities more likely to be diagnosed with colon cancer at younger age

U.S. News & World Report

Members of minority groups in the United States are more likely than whites to be diagnosed with colon cancer at younger ages and with more advanced disease, researchers report. An analysis of data from 1973 to 2009 revealed that minorities under age 50 were twice as likely to be diagnosed with colon cancer as whites, said study author Dr. Jamal Ibdah, who chairs cancer research at the University of Missouri School of Medicine.

(*CoC Brief January 20, 2016*)

SEER Coding Questions

Question

Grade--Breast: Do you take grade from the most representative specimen along with the histology? What is the correct histology/grade combination? *See discussion.*

Discussion

Breast biopsy (from hospital A): DCIS, solid, cribriform, comedo type, high nuclear grade
Breast Lumpectomy (from hospital B): DCIS, cribriform type, nuclear grade 1, tumor 2.5cm

Answer

Assign 8201/2 for this case.

MP/H rules are to code histology based on the specimen with the most tumor tissue. That would be the lumpectomy in this case. The histology is DCIS, cribriform type.

Reference: http://seer.cancer.gov/tools/mphrules/mphrules_instructions.pdf

The general rule for grade is to code the highest grade specified within the applicable grading system. For the case information provided, follow instruction #5, nuclear grade: use Coding for Solid Tumors #7: 2-, 3-, or 4- grade system. High nuclear grade (grade code 3 for breast) is higher than nuclear grade 1 (grade code 1).

Reference: <http://seer.cancer.gov/tools/grade/> (SINQ 2015-0066; Date Finalized: 12/24/2015; 2014+ grade instructions)

Question

Reportability--Vulva: Is this reportable? We have begun to see the following diagnosis on biopsies of the vulva with the statement below. The diagnosis is being given as simply VULVAR INTRAEPITHELIAL NEOPLASIA, no grade is noted.

Answer

Vulvar intraepithelial neoplasia with no grade specified is not reportable. Reportability instructions have not changed. See page 11 in the SEER manual. (SINQ 2015-0061; Date Finalized: 12/3/15; WHO Class Female Reproductive Organs & 2015 SEER manual)

Question

Primary Site--Skin: Should cutaneous leiomyosarcoma be coded to primary skin of site (C44_) or soft tissue (C49_)?

Answer

Code cutaneous leiomyosarcoma to skin. Leiomyosarcoma can originate in the smooth muscle of the dermis. The WHO classification designates this as cutaneous leiomyosarcoma. The major portion of the tumor is in the dermis, although subcutaneous extension is present in some cases.

(SINQ 2015-0054; Date Finalized: 12/2/15; WHO Class Skin Tumors, pg:251, 2006)

SEER Coding Questions (continued)

Question

Reportability--Brain and CNS: Is schwannoma of the extracranial part of a cranial nerve reportable? Some cranial nerves, like facial nerve, have intracranial and extracranial branches.

Answer

An extracranial schwannoma is not reportable. The schwannoma must arise on the intracranial part of the nerve to be reportable. (*SINQ 2015-0051; Date Finalized: 12/2/15; 2015 SEER manual*)