



## Continuing Education in KY

Information obtained from NCRA shows the following approved continuing education activities were held in Kentucky during 2004. Make note of the approval codes, titles, dates, location, and hours on your continuing education form. Remember to submit your CE's to NCRA in a timely fashion, in order to maintain your CTR status. On-line electronic submission is available through the NCRA website.

| NCRA Approval Codes |                                 |                       |                  |       |
|---------------------|---------------------------------|-----------------------|------------------|-------|
| Code                | Title                           | Dates                 | State            | Hours |
| 2004-029            | Spring Training 2004            | 3/25/2004 & 3/26/2004 | Lexington KY     | 12.50 |
| 2004-032            | Spring Training 2004            | 4/1/2004 & 4/2/2004   | Elizabethtown KY | 12.50 |
| 2004-033            | Spring Training 2004            | 4/15/2004 & 4/16/2004 | Madisonville KY  | 12.50 |
| 2004-141            | Synergistic Cancer Registration | 9/9/2004 & 9/10/2004  | Lexington KY     | 8.75  |

## Did You Know?

- ◆ There is a web site dedicated to breast cancer entitled [Breastcancerhealth.org](http://Breastcancerhealth.org)
- ◆ The Centers for Disease Control and Prevention website ([www.cdc.gov](http://www.cdc.gov)) has information on everything from public health issues that can arise from tsunamis to influenza to cancer.
- ◆ *Health, United States, 2004* is the twenty-eighth annual report on trends in national health statistics, including information on smoking, mammography, cancer incidence rates, and survival.
- ◆ The National Cancer Institute's Fiscal Year 2006 Budget Request for Cancer Research reached \$6,170,000.
- ◆ The SEER Training Web Site now has **all** modules up and running, with the exception of the skin cancer module.
- ◆ Neurologychannel.com reports that each year more than 100,000 Americans are found to have a brain tumor, and the numbers are rising. About 44% of those tumors are benign.

## ACoS Cancer Program Approvals

- Taylor Regional Hospital in Campbellsville has received notice that the American College of Surgeons has approved its cancer program. Congratulations are extended to Jennifer Smothers, CTR and Sam Underwood, CTR!

# People News



**New Position:** Dr. Thomas Tucker, Director of the Kentucky Cancer Registry, was recently appointed Associate Director for Cancer Prevention and Control at the University of Kentucky, Markey Cancer Center. Dr. Tucker will continue to serve as Director of the Registry and as Chair of the Epidemiology Department in the College of Public Health. We wish him well in his new role!

|                   |                        |   |
|-------------------|------------------------|---|
| <b>New Hires:</b> | <b>Mary Jane Byrne</b> | <b>KCR Casefinding Auditor</b>              |
|                   | <b>Toni Tillotson</b>  | <b>KCR Non-Hospital Facility Abstractor</b> |
|                   | <b>Pam Shaw</b>        | <b>KCR QA Special Projects</b>              |

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|----------------------|------------------------|---|
| <b>Resignations:</b> | <b>Mary Jane Byrne</b> | <b>KCR Non-Hospital Facility Abstractor</b> |
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|                  |                            |  |
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| <b>New CTRs:</b> | <b>Kendra Garvin, CTR</b>  | <b>Medical Center at Bowling Green</b> |
|                  | <b>Shannon Schawe, CTR</b> | <b>St. Luke Hospital—Ft. Thomas</b>    |

## Golden Bug Award!!



Due to the exemplary programming performed by Pete Ransdell and company, there were no bugs called in to KCR this past quarter. A special 'RAID' award is being set aside in his honor!

## Calendar of Events



**January 31, 2005—Deadline for CTR Exam Application**  
**January 31, 2005—NCRA dues + CE Maintenance fees Due**  
**February 19, 2005—NCRA's CTR Exam Prep Workshop, Atlanta GA**  
**February 28, 2005—CE Summary Forms DUE for Even Yr CE Cycle CTRs**  
**March 5-19, 2005—CTRExam testing period**  
**March 10, 2005—NCRA Annual Conference EARLY RATE Registration Deadline**  
**March 18, 2005—NCRA Conference Hotel Room Reservation Deadline**  
**April 4-8, 2005—National Cancer Registrars Week**  
**April 10, 2005—NCRA Annual Conference—New Orleans LA**

## SEER CODING QUESTIONS

The following questions were recently finalized on the SEER Inquiry System (SINQ). Take this opportunity to review these coding problems.

Question 1: Histology-Prostate: We are seeing numerous pathology reports with the following diagnosis: “Conventional (acinar) prostatic adenocarcinoma (M81403).” What is the correct histology code?

*Answer: Assign histology code 8550/3 [Acinar adenocarcinoma]. (SINQ #2004-1098; ICD-O-3)*

Question 2: CS Extension/CS Mets at DX--Lung: How do you code bilateral pleural effusion for a right lung primary in the Collaborative Staging system? Please see discussion below.

*Answer: For bilateral malignant pleural effusion, code the ipsilateral malignant effusion in CS Extension and the contralateral malignant effusion in Mets at DX. Assuming the bilateral pleural effusion is the furthest extension in this case, code CS Extension to 72 [Malignant pleural effusion]. Code CS Mets at DX to 40 [Distant mets, NOS]. (SINQ #2004-1090; CS Manual, Part II; pgs 409 (Vers 1.0, Jan. 1, 2004; 2004 SEER Manual; pg C-391 [Appendix C])*

Question 3: Multiple Primaries: Would the following case be one site/one primary? What site code should be used for the primary site? Please see discussion below.

### **Discussion**

According to SEER Site Grouping Table on page 9 of the 2004 SEER Manual, Vulva and Vagina are abstracted as a single site.

Case: 2/04 Rt vaginal wall biopsy 9:00, VAIN III; vulva biopsy of the lt fourchette 5:00, VIN III; rt labia minora biopsy at 9:00, VIN III.

*Answer: Abstract the case above as one primary according to multiple primary rule 3a. Code the primary site to C579 [Female genital, NOS] according to the table on page 9 of the 2004 SEER Manual. Multiple tumors of the same site and same histology diagnosed at the same time are abstracted as one primary. Multiple independent tumors of the vulva and vagina are abstracted as a single site when diagnosed simultaneously. VAIN III and VIN III have the same histology code [8077]. (SINQ #2004-1084; 2004 SEER Manual; pgs 9, 11)*

Question 4: CS Lymph Nodes: Should we code the case below to CS Lymph Nodes 30 [Regional nodes] and CS Reg Nodes Eval field 0 [No lymph nodes removed] based on endoscopic US? Please see details below.

### **Discussion**

Rectal primary:

5/04 sigmoidoscopy w/bx of rectal mass: adenocarcinoma. 6/04 Endoscopic ultrasound of rectal mass: invasion through wall but no definite invasion of prostate or seminal vesicles; 7.5mm lymph node located above tumor, no other enlarged lymph nodes detected. Patient did not have surgery. Physician staged lymph node involvement to clinical N1.

*Answer: Assign CS Lymph Nodes code 10 [Regional lymph nodes] based on the physician's N1. Assign code 10 because it is the lowest numerical CS code that corresponds to N1 in the scheme for rectum. Use the physician's assignment of TNM when the information in the medical record is incomplete or ambiguous. Code CS Reg Nodes Eval field 0 [No lymph nodes removed] for the case described above.  
(SINQ #2004-1083; CS Manual, Part I, pgs 34-35 (Vers 1.0, Jan. 1, 2004))*

Question 5: Reporting Source: What is the correct reporting source for a case seen in the ER, diagnosed with acute leukemia, but expired prior to hospitalization? Please see discussion below.

**Discussion**

A patient is taken to the emergency room. During the emergency room work up he is diagnosed with acute leukemia by peripheral blood smear. While the hospital was in the process of admitting the patient for treatment, the patient expired. Would this be a death certificate only case since the patient was not yet admitted and only seen in an outpatient ER department?

*Answer: Code reporting source as 1 [Hospital Inpatient/Outpatient or Clinic] for the case above. This case will be abstracted using information from the outpatient/ER record (and the death certificate).  
(SINQ #2004-1081; 2004 SEER Manual, pg 31)*

Question 6: Behavior/CS Extension--Brain and CNS: How do we code behavior and extension on the case described below?

**Discussion**

FDx on the path is: A. Rt frontotemporal brain tumor: Atypical meningioma, WHO grade II (out of III). B. Arachnoid tissue: Atypical meningioma with small focus of invasion into superficial brain and focal perivascular spread. C. Bone flap: Atypical meningioma with extensive invasion through full thickness of the calvarium.

*Answer: The example above is a benign meningioma and not reportable prior to 2004. If the diagnosis date is 2004 or later, it is reportable; code the behavior as 1 [Borderline malignancy]. Code CS Extension as 05 [Benign or borderline brain tumors]. According to expert consultant, meningiomas are in the lining cells for the inner table of the skull and as such have an affinity for bone that allows them to penetrate adjacent bone without being "malignant."  
(SINQ #2004-1080; ICD-O-3; CS Manual Part II; pg 603 (Vers 1.1, Aug. 12, 2004))*