



KCR NEWSLETTER

Marching Through the 2018 Changes



Issue: March 2019

NEW ABSTRACTORS' TRAINING

WHEN:

April 17th – 19th
8am – 4:30pm

WHERE:

UK Turfland Clinic
2195 Harrodsburg Road
Room T1307
Lexington, Kentucky 40504

TOPICS INCLUDE:

EOD, SSDI, Summary Stage
2018, Grade, ALCC, Therapy,
Solid Tumor Rules, etc.

Calendar of Events

May 19-22, 2019: NCRA
45th Education Conference,
Denver, Colorado.

May 25, 2019: National
Holiday - Memorial Day –
KCR offices closed

May 31, 2019: CTR exam
application deadline.

June 21 - July 13, 2019:
CTR exam testing window

Available Trainings and Webinars at kcr.uky.edu

KCR 2019 Spring Training

Frances Ross and Tonya Brandenburg presented two separate Spring Training Webinars on March 26th and 27th. The webinar was recorded and is posted along with the related training materials.

NAACCR Webinar Series 2018-2019

NAACCR presents a different webinar throughout the year beginning in October and continuing through September of the following year. These webinars carefully review how changes to histology coding, the solid tumor rules, AJCC 8th Edition, EOD, Summary Stage 2018, and radiation coding impact specific sites. Each webinar is carefully produced and presented by full time CTR/trainers and is 3 hours in length. Recording of the live sessions have been added to the KCR training library, along with access to quizzes, quiz answers, case scenarios, case scenario answers, and a Q&A from the live session. The available trainings are as follows:

March 15, 2019 - Boot Camp

February 20, 2019 - Colon

December 12, 2018 - Breast

October 15, 2018 - Lung

Registrar Round-up



Elaine Gallimore, Murray Calloway County Hospital
Katie Milley, Owensboro Health Regional Hospital
Nikki Murphy, University of Louisville
Courtney Redd, University of Kentucky



Whitney Bryant, Murray Calloway County Hospital
Courtney Redd, Baptist Health Lexington



Bernice Slone, University of Kentucky
Diana Bilharz, Baptist Health Lexington
Kevin Moore, University of Louisville



Kim Kimbler, Quality Assurance Coordinator for Casefinding, KCR
Kelly Pictor, Virtual Tissue Repository Coordinator, KCR



Shona Harper, Tumor Registry Compliance Coordinator, UKHC



Julie Kraft, RN, Harrison Memorial Hospital

Awards & Honorable Mentions

Congratulations to Pikeville Medical Center who is part of an elite group of cancer programs nationwide that has been awarded the 2018 CoC Outstanding Achievement Award (OAA).

Tips & Helpful Hints

ER/PR Allred Score Calculation:

When reviewing path reports for ER/PR % and intensity, you may see this documented in different ways. If you see an actual % positive for ER/PR, you will code the actual % positive in that data item. If it is a range (Ex: >90%, then you will code R99 for the range 91-100%). The intensity may be given in a terminology (Ex: low, intermediate/moderate, high) OR a number may be listed on path (Ex: 1+, 2+, 3+). These correspond to the intensity score listed in the table below. So for a ER positive 95%, 3+ = the allred score will be 5+3=08. A PR negative 0% will be an allred score of 0+0=00.

| Proportion Score | Positive Cells, % |
|------------------|-------------------|
| 0 | 0 |
| 1 | <1 |
| 2 | 1 to 10 |
| 3 | 11 to 33 |
| 4 | 34 to 66 |
| 5 | ≥67 |

| Intensity | Intensity Score |
|-----------------------|-----------------|
| None | 0 |
| Weak | 1 |
| Intermediate/Moderate | 2 |
| Strong | 3 |

| Code | Description |
|---------|--|
| 000 | ER negative, or stated as less than 1% |
| 001-100 | 1-100 percent |
| R10 | Stated as 1-10% |
| R20 | Stated as 11-20% |
| R30 | Stated as 21-30% |
| R40 | Stated as 31-40% |
| R50 | Stated as 41-50% |
| R60 | Stated as 51-60% |
| R70 | Stated as 61-70% |
| R80 | Stated as 71-80% |
| R90 | Stated as 81-90% |
| R99 | Stated as 91-100% |
| XX8 | Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code XX8 will result in an edit error.) |
| XX9 | Not documented in medical record ER (Estrogen Receptor) Percent Positive or Range not assessed or unknown if assessed |

EOD N Coding for Breast Cases:

When there are pathologically examined LNs that are negative your EOD N code will be either 030, 050, or 070. The code 000 is used only when there are no LNs examined and are only clinically negative (will be used mainly for in-situ cases). NOTE: There has been an edit implemented in CPDMS when you have coded LNs examined as anything but 0 then you will NOT be able to use code 000.

Lung Cases:

Separate tumor nodules used to be captured only in the SSF1 field, but for 2018 cases, separate tumor nodules are captured in BOTH EOD T and Separate tumor nodule data items.

AJCC Staging for Prostate Cases:

When you don't have a DRE you can assign EOD T code as localized, nos, BUT you WILL NOT be able to clinically stage the case. cT blank is appropriate when you don't have information from DRE available. Remember AJCC staging manual has its own set of rules which may not match EOD or SS2018 rules.

Get in SInQ

Question:

Reportability--Behavior: Is severe dysplasia reportable if it shows invasion or microinvasion pathologically?

Answer:

Severe dysplasia alone is not reportable. No further instructions apply because this term is not reportable. In order to use the instructions for behavior, you must first have a reportable neoplasm. If carcinoma in situ is mentioned and there is microinvasion, code the behavior as /3 according to the instructions in the SEER manual.

You are correct, do not accession severe dysplasia as equivalent to carcinoma in situ unless the pathologist also states the severe dysplasia is equivalent to carcinoma in situ (e.g., severe dysplasia (carcinoma in situ)). (SINQ 2019-0014; Date Finalized 03/19/2019; 2018 SEER Manual).

Question:

Reportability/Histology--Bladder: Is papillary urothelial neoplasm of low malignant potential (PUNLMP) (8130/1) reportable when also referred to as papillary transitional cell carcinoma, grade 1, no invasion (8130/2) previously?

Answer:

This case is not reportable. PUNLMP (8130/1) is the diagnosis stated by the pathologist for this case and PUNLMP is not reportable. The information in parentheses is informational in this case and does not change the pathologist's diagnosis.

According to WHO Classification of Tumors of the Urinary System and Male Genital Organs, 4th edition, there is variation of architectural and cytological features between PUNLMP and papillary urothelial carcinoma, low grade, reflecting grading changes from an older classification system.

(SINQ 2019-0010; Date Finalized 03/19/2019;

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5604438/>)

Question:

Laterality--Head and Neck: Were the topography codes C090 and C091 intentionally left off of the Sites for Which Laterality Codes Must Be Recorded table in the 2018 SEER Manual? The codes were also removed from Table 10 in the 2018 Solid Tumor Rules for Head and Neck but appear under coding instructions 1b. and 6b. in the manual.

Answer:

Thank you for bringing this to our attention. C090 and C091 were intentionally removed from the list of sites for which laterality must be coded. They should have also been removed from coding instructions 1b and 6b. We will make that correction in the next version of the manual. (SINQ 2019-0013; Date Finalized 03/19/2019; 2018 SEER Manual)

KCR Publications



Childhood Cancer in Kentucky 2007-2016

Prepared by: Chaney Blu, Joseph Hurt-Mueller, MBA, Ellen Lycan, DrPH, Bin Huang, DrPH and Eric B. Durbin, DrPH, MS

This report provides detailed information about childhood cancer in Kentucky for the most recent ten year period of complete, population-based data collected and validated by KCR. Information includes case counts by sex, age and site groups.

Full text available at:

https://www.kcr.uky.edu/kcr/KCR_Childhood_Report_2018_final.pdf

“Have patience. All things are difficult before they become easy.”

~Saadi