



Issue: Summer 2020

Earn the CTR

EXAM TESTING WINDOWS IN 2020:

June 26 – July 25 **EXTENDED!**
APPLICATION DEADLINE: JUNE 25 **EXTENDED!**

September 1 – September 12 **NEW!**
APPLICATION DEADLINE: AUGUST 31

October 12 – November 14 **EXTENDED!**
APPLICATION DEADLINE: OCTOBER 11 **EXTENDED!**

www.ncra-usa.org/CTR

National Cancer Registrar Association
Council on Certification

Calendar of Events

September 7, 2020 – Labor Day. KCR Closed

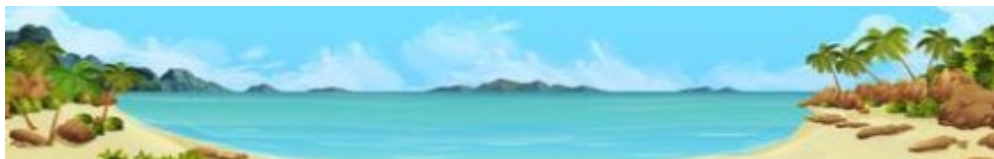
KCR 34th Annual Advanced Registrars' Workshop

Due to COVID-19 this year's workshop will take place virtually. We are planning 4 separate webinars to be presented twice a week over a span of 4 weeks.

Times and Dates are TBD and will be announced. So Stay Tuned!!

KCR NEWSLETTER

Don't let abstracting fizzle, when Summer starts to sizzle



Available Trainings and Webinars at kcr.uky.edu

KCR 2021 Spring Training

The webinar was recorded and is posted along with the related training materials. This webinar covers Updates to the STORE Manual and the NPCR Audit.

COVID-19 Abstraction Guidance

The webinar was recorded and is posted along with the related training materials. The webinar covers Coding Systemic/Surgery Sequence and the newly implemented COVID-19 data variables.

Abstracting Shorts

A web trainings series that gives coding instructions on data variables that are routinely misunderstood.

Recent available trainings are:

Diagnostic Confirmation Code

NAACCR Webinar Series 2019-2020

NAACCR presents a different webinar series 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. Recordings 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.

Recent available trainings are:

July 9, 2020 – Navigating the 2020 Survey Application Record

June 11, 2020 – Esophagus

May 5, 2020 – Central Nervous System

April 2, 2020 – Melanoma

Note: Webinars will be posted to the KCR website once they are made available through NAACCR

Registrar Round-up



Sharon Isaacs, Baptist Health – Lexington
Alison Glover, University of Louisville
Jackie Koury, Baptist Health – Lexington
Tracy Walker, Lake Cumberland



Melissa Cromer, Lake Cumberland

Information and Updates

Methodist Health has been purchased by Deaconess. Their name was changed to Deaconess Henderson Hospital starting July 1, 2020.

Get in SInQ

Question:

Solid Tumor Rules/Histology--Head & Neck: What is the histology of human papillomavirus (HPV)--associated multiphenotypic carcinoma? See Discussion.

Discussion:

Histologic Type: HPV-associated multiphenotypic carcinoma. Overall, the morphology, immunohistochemistry, and HPV testing results support the diagnosis of an HPV-related multiphenotypic carcinoma. This entity has been described in the sinonasal region, where it behaves more indolently than its other salivary gland carcinoma counterparts (e.g., adenoid cystic carcinoma), with local recurrence but rare metastases.

Answer:

Assign code 8072/3 for HPV-associated multiphenotypic carcinoma. WHO Classification of Head and Neck Tumors, 4th edition, lists sinonasal tract HPV-related carcinoma with adenoid cystic-like features as a subtype of non-keratinizing squamous cell carcinoma (NKSCC). Use text fields to record the details. (SINQ 2020-0023; Date Finalized 06/26/2020; WHO Class Head and Neck Tumors, 4th edition)

Question:

Solid Tumor Rules (2018)/Histology--Endometrium: Is the histology for a serous carcinoma, high-grade endometrial primary 8441/3 (serous carcinoma) or 8461/3 (high grade serous carcinoma)?

Discussion:

Path report reads: 7/15/2019 A. Endometrium, curettings: Serous carcinoma, high grade. B.

Endometrial polyp, curettings: Serous carcinoma, high grade.

If coded to 8461/3, according to AJCC, this would not be an ideal code (since it is outdated). Also, endometrium is not included in the suggested site codes for 8461/3 according to the 8/22/2018 ICD-O-3 update.

Answer:

Code histology for this endometrial primary to serous carcinoma 8441/3. Capture "high grade" in the grade field as instructed in the grade coding manual.

"High grade serous carcinoma" has specific clinical and histopathologic features found in ovarian tumors. (SINQ 2020-0023; Date Finalized 06/26/2020; 2018 ICD-O-3 New Codes, Behaviors, and Terms)

Question:

Solid Tumor Rules (2018)/Multiple primaries--Breast: How many primaries should be reported for a December 2013 diagnosis of lobular carcinoma in situ (8520/2) in the left breast, treated with a lumpectomy, followed by a July 2018 diagnosis of invasive ductal carcinoma (8500/3) also in the left breast?

Discussion:

In the April and July 2019 updates to the Solid Tumor Rules, the term simultaneous and Note 1 indicating histologies must be the same behavior were removed from rule M10 (ductal and lobular are a single primary).

We would like to confirm that rule M10 is the correct rule to apply to this case. This case is an invasive diagnosis approximately 4.5 years after an in situ diagnosis, so it seems like M17 should apply (invasive tumor following an in situ tumor more than 60 days later are multiple primaries).

An invasive tumor following an in situ tumor more than 60 days later of the same histology is a new primary. Similarly, it seems like an invasive tumor following an in situ tumor more than 60 days later of different histologies should be a new primary.

Answer:

Abstract a single primary using 2018 Breast Solid Tumor Rule M10.

Unless the tumors were diagnosed more than 5 years apart, they are a single primary. The 2021 breast update will include examples and notes plus updating table 2. (SINQ 2020-0022; Date Finalized 06/26/2020; 2018 Solid Tumor Rules, Breast, July 2019 Update)

Tips & Helpful Hints

Lymph Nodes Positive Axillary Level I-II – Insitu Case

SSDI Manual Pages #: 214-215

Based on the reference in **Note 3**: This field is based on microscopic information only. If no ipsilateral axillary nodes are examined, or if an ipsilateral axillary lymph node drainage area is removed but no lymph nodes are found, code X9.

Though by definition in situ tumors (behavior /2) do not have access to the basement membrane and lymph nodes will be negative, based on the reference to note 3, this field would be coded X9, regardless of behavior, if no lymph nodes were removed and pathologically examined.

Please see the corresponding CAnswer Forum post below:

<http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/103752-In-positive-axillary-level-i-ii-insitu-case>

Lymph Nodes Positive Axillary Level I-II – Biopsy Only

SSDI Manual Pages #: 214-215

Coding Instructions and Guidelines:

- This field is based on pathological examination
- Code X6 when: There was only a positive aspiration of level I or II axillary lymph node(s)
- Code X9 when: No axillary nodes were examined

Scenario 1 (Negative Biopsy):

There was a negative biopsy of an enlarged axillary lymph node.

Regional Nodes Positive: 00 (All ipsilateral axillary nodes examined negative)

Regional Nodes Examined: 95 (No regional nodes removed, but aspiration or core biopsy of regional nodes performed)

Lymph Nodes Positive Axillary Level I-II: X9 (Level I-II axillary nodes not assessed)

Scenario 2 (Positive Biopsy):

There was a positive biopsy of an enlarged axillary lymph node.

Regional Nodes Positive: 95 (Positive aspiration or core biopsy of lymph node(s))

Regional Nodes Examined: 95 (No regional nodes removed, but aspiration or core biopsy of regional nodes performed)

Lymph Nodes Positive Axillary Level I-II: X6 Positive aspiration or needle core biopsy of lymph node(s))

CPDMS Troubleshooting

Is CPDMS Down? Here is how to check!

In an effort to improve your user experience, we have created a status page for CPDMS:

<http://www.kcr.uky.edu/status/>

This page will give you a number of important pieces of info:

- Your IP address
- What browser you are using
- If your browser is compatible with CPDMS
- Your operating system
- If your certificates are installed
- Check the real time status of [CPDMS.net](http://www.kcr.uky.edu/status/) and [CPDMS.org](http://www.kcr.uky.edu/status/).

This page will allow you to check your connection speed to KCR via Speedtest (this feature will require Flash to be installed on your machine).



IP and Browser Information

All systems are operational.

This page provides information about the status of the [CPDMS.net](http://www.kcr.uky.edu/status/) and [CPDMS.org](http://www.kcr.uky.edu/status/) servers, as well as information your system's compatibility with CPDMS.

CPDMS.net		CPDMS.net is online. Last checked just now
CPDMS.org		CPDMS.org is online. Last checked just now
PORTAL.kcr.uky.edu		KCR Portal is online. Last checked just now

Your IP Address: 128.163.101.1		Your IP has been whitelisted
Your Browser: Firefox 0.0 Mozilla/5.0 (Windows NT 10.0; Win64; x64; rv:78.0) Gecko/20100101 Firefox/78.0		You are using a compatible browser
Your Operating System: Win10		
Your Screen Resolution: 1920 x 1200		
Connection to Servers: Success		Client certificates installed



OK



May lead to a degraded user experience



Critical issue

[Test your Connection Speed to/from KCR](#)



NCRA's Virtual 2020 Annual Educational Conference is September 21-23. NCRA plans to offer the original [Educational Sessions](#) as scheduled with some time adjustments to address a virtual platform. Live Q&A with speakers will be available at the end of each session. All presentations will be available on-demand as archived sessions through December 31, 2020.

The conference program includes two days of plenary sessions and a third day with four, concurrent symposia. Just over 29 CEs will be available. This includes both live and on-demand sessions. A process will be available to claim CEs and access a certificate of attendance.

NCRA is also planning a virtual exhibit hall, online basket raffles, and virtual networking activities.

[Register online](#) or download the [registration form](#). The member price is \$200; the non-member price is \$300. The registration cut-off is September 10, 2020. If you are currently registered, please review the [FAQs](#) on next steps.

Workshops

Fundamentals of Abstracting (FOA) Workshop

NCRA will not be offering the 2020 FOA Workshop virtually. If you registered for the FOA Workshop, please review the [FAQs](#) for options on next steps.

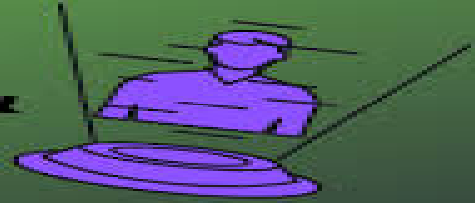
CTR Exam Prep Workshop

NCRA will be offering the CTR Exam Prep Workshop virtually but not on the original September 20 date as planned. Workshop details will be made available soon. If you registered for the CTR Exam Prep Workshop, please review the [FAQs](#) for options on next steps.

CDC-NPCR Pre-Conference ETC Workshop

CDC-NPCR is currently deciding how it may move forward with a virtual workshop. More details will be provided soon. NPCR will reach out to registrants of their ETC conference workshop directly on next steps.

REMOTE WORKING TIPS, TRICKS & ADVICE



Get Dressed

Changing clothes serves as a signal that it's time to wake up and helps draw the line between being at work and being at home. This also applies to other appearance-based tasks such as, taking a shower, brushing your hair and putting on makeup, if that's what you would usually do.

Designate a Workspace or Home Office

Create a designated physical workspace to help keep work and home lives separate. Though it might seem great to be able to move from a desk to the couch or bed, moving your workspace around your home causes disorganization and makes it harder to keep your work separate from your home life. Your workspace does not have to be its own room but should feel separate from the rest of your home as much as possible. If space is limited and you are working in an area that you usually spend a lot of "home" time in, pack up your work each evening to make the end of your day decisive.

Keep Clearly Defined Working Hours

Set a clear schedule. You will be more productive and be most ready to transition back to the office if you stick with regular hours. It is easy to extend work hours because you do not have evening plans, but it is important to make yourself put your work away so that you can recharge and start tomorrow with a fresh mind.

Also, having a separate time and space to work will allow you to be more present in your home life. If you live with other people, establish boundaries to cut down on distractions during the workday. It is also important at the end of workday to disconnect from work and give the people you care about your full attention.

Build Transitions Into (and Out of) Work

Just because you're not traveling you should still establish routines that will signal the start and end of work. This will help you make a smoother transition between your work and personal lives.

Don't Get Too Distracted

Distraction is one of the big challenges with work from home. If you usually take a few breaks throughout the day at the office, it is fine to do while working from home as well. Using that time to throw in a load of laundry is okay but try not to get involved in a task that takes a lot of sustained focus. Set timers for any breaks you take so you do not get too immersed and forget that you're at work altogether.

Communicate, Communicate, Communicate

Develop a plan that lays out expectations for how often you should check in. Schedule routine virtual meetings with your supervisor and coworkers to discuss any changes or new assignments. These will help cut down on miscommunication and will help break up some of the social isolation that can come from working from home. Use multiple types of communication. Do not default to just using one, use the phone, email and video chats when possible.

Don't Forget to Socialize

Working from home, cuts off a lot of the casual social interactions that we are accustomed to having throughout the day. These interactions help us feel less lonely and break up the monotony of work. To help combat this, talk with your coworkers through phone calls, text, video chat, or however your facility communicates.

This does not just apply to your work life. Organize a group of friends and family and catch up virtually. When the world is freaking out, it's more important than ever that we reach out, connect, and take care of one another.

KCR Publications



Cervical cancer incidence and mortality rates in Kentucky

[Scott R Silva](#)¹, [Jeremy T Gaskins](#)², [Matthew R Nichols](#)³, [Daniel S Metzinger](#)³, [Sarah L Todd](#)³, [Harriet B Eldredge-Hindy](#)⁴

Abstract

Objectives: The goal of this study was to assess how the incidence and mortality of cervical cancer in Kentucky has changed from 1995 through 2017. Additionally, trends in incidence and mortality across different geographic areas and between different races were evaluated.

Methods: Age-adjusted annual incidence and mortality rates for cervical cancer were collected from the Kentucky Cancer Registry (KCR). A quadratic fit model was used to evaluate changes in the incidence and mortality over time and to compare differences in cervical cancer incidence and mortality by: 1) rural versus urban counties, 2) Appalachian versus non-Appalachian counties, and 3) black versus white women.

Results: Overall, the incidence of cervical cancer has significantly decreased throughout Kentucky since 1995. When comparing different geographic regions, the incidence was 14% and 23% higher in rural and Appalachian counties, respectively, compared to urban and non-Appalachian counties ($p < 0.0001$) throughout the study period. The incidence of cervical cancer was significantly higher in black women compared to white women from 1995 through 2007, but since 2008 there has been no significant difference in cervical cancer incidence based on race. Similar to incidence rates, mortality from cervical cancer was 29% higher in Appalachia ($p = 0.0004$) throughout the studied time period. Black women had higher age-adjusted mortality than white women until 2012, but since that time there has not been a significant difference in cervical cancer mortality based on race.

Conclusions: Women residing in rural and Appalachian Kentucky have higher cervical cancer incidence and mortality rates.

