In The Abstract

A Quarterly Newsletter from the Kentucky Cancer Registry

MARCH 2014

INSIDE THIS ISSUE:

2014 Spring Training in Review

KCR's Spring Training webinar presented on Thursday Feb 13, 2014 and Friday Feb 14, 2014 informed KY registrars on the new upcoming changes. Presentations by Emily Reed and Frances Ross were informative as well as demonstrative, showing the new looks of both the CS website and the Hematopoietic Database and Manual. Highlights in Review:

List of 2014 changes

- Conversion from CSv02.04 to CSv02.05
- Discontinue Grade Path Value/System; move to Historic tab
- Tumor Grade coding instructions revised
- Some ICD-O-3 updates implemented (preferred terms and synonyms)
- Casefinding List based on ICD-10 codes added to CPDMS Manual
- Hematopoietic Database and Manual revised for 2014

The NCRA Program Recognition Committee awarded 2 CE hours for this webinar. The NCRA Event Number for this program is 2014-003.

SAVE THE DATE

Mark your calendar for KCR's Annual Fall Workshop! This year the event will be held at the Griffin Gate Marriott Resort in Lexington, KY on September 11 & 12th!

CPDMS.NET

CPDMS.net now has the capability to generate a survival table by stage (Summary Stage, derived AJCC 6th & 7th Ed. Stage groups, cTNM Stage Group, pTNM Stage Group, or best stage group) for any study group. You can save and open it in Excel to create a graph!

People News

New Hires:

Shelly Scheer	KCR
Sheena Batts	Jennie Stuart Medical Center
Ellen Lycan	KCR
Beth Eberhart	Norton Healthcare
Heather Patton	Norton Healthcare
Scott Myers	KentuckyOne Health Lexington
Tabitha Sutton	King's Daughters Medical Center
Tracy Mausteller	Baptist Health Louisville
Amanda Moore	Baptist Health Louisville
Christine Lapina	St. Elizabeth Healthcare

Resignations:

Anne Fields	KCR
Shelly Scheer	University of Louisville
Sherrie Halstead	Norton Healthcare
Bonnie Still	Baptist Health Richmond
Donna Warwick	Norton Healthcare
Scott Myers	King's Daughters Medical Center
Christine Lapina	Baptist Health Louisville

Promotions:

Kim Kimbler, QA Manager of Field Studies, Kentucky Cancer Registry
Wendy Drechsel, Cancer Data Compliance Specialist, Norton Healthcare

Transfers:

Kelly Pictor	Western KY NHF Coordinator
Vicki LaRue	KCR Casefinding Auditor

New CTRs:

Michael Barker	Norton Healthcare
Keisha Sawyers	KentuckyOne Health
Kelly Pictor	Kentucky Cancer Registry
Sara Adams	KentuckyOne Health Lexington
Diedre West	Baptist Health Corbin

ACoS Approved Programs

Frankfort Regional Medical Center – 3 yr accreditation with commendations.
St Claire Medical Center passed their CoC survey with commendations.

Employment Opportunities

*KCR has an opening for QA Specialist. Please contact Frances Ross at 859-218-3181 or fer@kcr.uky.edu
*Greenview in Bowling Green is looking for a full time cancer registrar.

Abstracting Bits & Pieces

-When coding Mets at DX for Breast cases, please review codes closely as patients that have metastases present in lung, bone, or ovary you will use code 44. Don't just stop at code 40.
-Inflammatory Carcinoma MUST be stated on path report for registrars to code 8530/3 for histology. If path doesn't state inflammatory carcinoma, and the patient has clinical symptoms that physicians are calling inflammatory breast cancer then you will code histology to what is listed on BX/OP path reports (8500 ductal, 8520 lobular, etc) BUT you will capture the inflammatory symptoms in your CS extension code. Per MPH rule H13.

Golden Bug Award

Congratulations to our latest Golden Bug winner – Marie Brown at KentuckyOne Health Louisville discovered a bug in the calculation of survival rates for 'Observed Survival.' Patients coded with survival code 4 (Dead, not this cancer) were being considered as alive. This was fixed in the March 4th release! Thank you all for alerting us to potential software errors!

CODING REMINDERS

Registrars need to use FORDS surgery codes, appendix B.
A colonoscopy is not considered a non-definitive procedure unless a biopsy is performed that is positive. If negative or non-diagnostic, registrars do not enter a non-definitive record. Registrars can enter a '3' under reason no therapy at case level to capture that a non-definitive procedure was performed but results were negative or non-diagnostic of cancer.
Hormone replacement therapy is not recorded for medullary or undifferentiated thyroid cancer cases ONLY for follicular & papillary cases.

Did You Know?

Protein in prostate biopsies signals increased risk of cancer

Oncology Nurse Advisor

The presence of a particular protein in biopsied prostate tissue substantially increases the likelihood that cancer will develop in that organ. This discovery is likely to help physicians decide how closely to monitor men who are potentially at risk for prostate cancer, which is one of the most confusing and controversial dilemmas in health care. These findings, from the Weill Cornell Medical College in New York City, are the first to quantify, in the setting of a clinical trial, the increased risk of prostate cancer development from the protein ERG. The trial was reported in the Journal of Clinical Oncology.

Study confirms fibroblast growth factor receptors as targets for pancreatic cancer treatment

Medical Xpress

Proteins called fibroblast growth factor receptors (FGFRs) have been implicated in the development of pancreatic cancer, which remains difficult to treat. Researchers at Roswell Park Cancer Institute (RPCI) have now confirmed that FGFRs can be used as treatment targets in preclinical studies and have identified certain molecular characteristics that could be useful in developing personalized treatments for patients with pancreatic cancer. Study results have been published online first in the British Journal of Cancer.
(CoC brief 12/18/13)

New CoC Standards manual (Version 1.2.1) is now available for download

CoC Source

Late in 2013, the Accreditation Committee approved important changes to Standard 1.3 that will affect all CoC-accredited programs and new programs working toward accreditation. This communication outlines several changes to this standard. A new CoC Standards manual (Version 1.2.1) is now available for download through the CoC website at http://www.facs.org/cancer/coc/programstandards2012.html. Replacement pages for Version 1.2 can also be downloaded from the same page. All changes were effective Jan.1; therefore, we encourage you to read this communication, the new standard‘s definition and requirements, and the ratings in Version 1.2.1 so that the changes can be addressed at your first quarter cancer committee meeting in 2014.

Selenium and vitamin E supplements 'increase prostate cancer risk'

Medical News Today

A new study recently published in the Journal of the National Cancer Institute suggests that taking high doses of selenium and vitamin E supplements may increase the risk of prostate cancer, depending on a man's selenium levels prior to taking the supplements. The research team, including first author Dr. Alan Kristal of the Public Health Sciences Division of the Fred Hutchinson Cancer Research Center in Seattle, Wash., analyzed 1,739 patients with prostate cancer and 3,117 matched controls from the Selenium and Vitamin E Cancer Prevention Trial (SELECT).

Cancer Awareness

March = National Colorectal Cancer Awareness Month
April = National Oral, Head & Neck Cancer Awareness Month
May = National Melanoma/Skin Cancer Detection & Prevention Month
May = Brain Tumor Awareness & National Neurofibromatosis Month
June = Cancer Immunotherapy Awareness Month
June 1, 2014 = National Cancer Survivor's Day

SEER*Educate
https://educate.fhcrc.org

Check out this free educational resource for all registrars! CE's are available!

Calendar of Events

March 8-29, 2014 - CTR Exam Window
March 31, 2014 – NCRA 2014 Conference Early Bird Registration deadline
April 7-11, 2014 – National Cancer Registrar's Week
April 17, 2014 – NCRA 2014 Conference Hotel Rate deadline
May 2, 2014 – CTR Exam Application deadline
May 14-18, 2014 – NCRA 2014 Annual Educational Conference (Nashville, TN)
May 26, 2014 – Memorial Day (KCR office closed)
June 21-July 12, 2014 – CTR Exam Window
September 19, 2014 – CTR Exam Application deadline
October 18 – November 8, 2014 – CTR Exam Window

SEER Coding Questions

Question
MP/H Rules/Multiple primaries--Breast: Is the diagnosis of Paget disease two years after a diagnosis of infiltrating duct carcinoma of the same breast a new primary? See discussion.

Discussion
A patient was diagnosed and treated in 2010 for infiltrating duct carcinoma of the left breast. There was no mention of Paget disease. Then in 2012, the same patient was diagnosed with Paget disease of the nipple of the left breast. Rule M9 seems to apply; so this is the same primary, correct? And the information about the Paget disease is simply never captured, correct?

Answer
Yes, Rule M9 makes this a single primary. You could revise the original histology code to 8541/3 on the assumption that Paget was present at the original diagnosis, but not yet identified. (SINQ 2014-0011, last updated 2/28/14; MP/H manual)

SEER Coding Questions....*continued*

Question
Surgery of Primary Site--Lung: How is surgery coded when a patient undergoes a mediastinoscopy with mediastinal lymph node sampling and then a later upper lobectomy? See discussion.

Discussion
The mediastinal nodes were submitted as a separate specimen. The patient also had several peribronchial nodes identified within the lobectomy specimen.

Does code 33 (Lobectomy with mediastinal lymph node dissection) require a complete mediastinal lymph node dissection (i.e. the removal of all lymph nodes in mediastinal chain(s) as opposed to a selective sampling/dissection of lymph nodes from multiple mediastinal chains)?

Answer
Assign code 33 in this situation. Code 33 can include mediastinal lymph node sampling. (SINQ 2014-0007, last updated 2/5/14; SEER manual)

Question
Primary site--Testis: In the absence of a specific statement that the patient's testicle(s) are descended, should the primary site for a testicular tumor be coded as C621 (Descended Testis) when the mass is palpable on physical exam or demonstrated on scrotal ultrasound? See discussion.

Discussion
It seems the non-specific Testis, NOS (C629) code is being over used. Many testis cases have no documentation of the patient's testicular descention. However, testicular tumors in adults are frequently detected by palpation or scrotal ultrasound. An undescended testis (a testis absent from the normal scrotal position) would be non-palpable or not amenable to imaging via a scrotal ultrasound.

Answer
Unless the testicle is stated to be undescended, it is reasonable to code C621 for primary site. Reserve C629 for cases with minimal or conflicting information. (SINQ 2014-0005, last updated 2/5/14; ICD-O-3)

Question
Grade--Liver: How should grade be coded for a liver lesion treated with radio frequency ablation (RFA) followed by a transplant showing moderately differentiated hepatocellular carcinoma? See discussion.

Discussion
The SEER Manual emphasizes the importance of coding grade only prior to neoadjuvant treatment as systemic treatment and radiation can alter a tumor's grade. This patient did not have neoadjuvant chemotherapy or radiation, but did undergo a prior surgical procedure (RFA) in an attempt to destroy tumor tissue. The subsequent transplant showed residual moderately differentiated HCC.

Answer
For this case, record the grade specified even though it is after RFA. RFA is not systemic or radiation treatment and should not alter the grade. (SINQ 2014-0004, last updated 2/5/14; 2013 SEER manual)

Question
Reportability--Appendix: Is a pathologic final diagnosis of an appendix with "well-differentiated neuroendocrine tumor (carcinoid)" reportable? See discussion.

Discussion
SINQ 20130027 states that "well-differentiated neuroendocrine tumor" of the appendix is reportable (8240/3) while "carcinoid" tumors of the appendix are not reportable (8240/1). Please explain the difference between "well-differentiated neuroendocrine tumor" of the appendix and a "carcinoid" of the appendix.

Answer
Well-differentiated neuroendocrine tumor of the appendix is reportable. The difference is terminology. "Carcinoid" is listed in ICD-O-3 as a /1 for appendix making it non-reportable.
When both terms are used, ask for clarification from the pathologist. Failing that, accept the reportable terminology and report the case. (SINQ 2014-0002, last updated 2/5/14)