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Spring Training Wrap-Up

The final spring training 2008 session was held in Madisonville on Friday, April 18. Registrars from western Kentucky learned about the updated Collaborative Stage items and practiced MP/H rules for urinary sites. Registrars in central and eastern Kentucky facilities covered the same agenda in March. Reita Pardee is requesting 4 CE hours from NCRA. Once the "Event Number" and hours are officially recognized and assigned, a notice will be posted in the July edition of "In The Abstract."

Did You Know?

- A "Dictionary of Cancer Terms" is available online at the National Cancer Institute's website. Go to www.cancer.gov/dictionary to begin your search.
- The International Agency for Research on Cancer (IARC) issued a press release on April 2nd to announce a "large international study identifies genetic predisposition to lung cancer." This study involved more than 10,000 people in 18 countries.
- NCI researchers are looking at DNA mutations in diffuse large B-cell lymphoma. Their goals include a better understanding of the development of this type of lymphoma and the discovery of potential new treatments. ([Science](#), March 6, 2008)
- Newswoman Paula Zahn, who is a strong cancer advocate, appears on the Spring 2008 cover of "Women&Cancer." An inspiring interview of Ms. Zahn is found inside this issue.
- University of Kentucky Hospital has been named to Thomson Healthcare's "100 Top Hospitals for 2007." Of all major teaching hospitals studied, only fifteen were ranked as performance leaders. Others achieving this honor include University of Michigan (Ann Arbor), Northwestern (Chicago), Case Medical Center (Cleveland), Beth Israel Deaconess (Boston), and Vanderbilt (Nashville).

Abstracting Bits and Pieces

- ◇ The online KCR Abstractor's Manual was updated in March.
- ◇ All registrars should be using the most recent version of the Collaborative Staging Manual now. Version 01.04.00 was released in October 2007. (CS 01.04.01 came out soon after CPDMS.net was updated. This version relates to algorithm calculations only, and CPDMS.net was updated on May 2nd.)
- ◇ The next reabstracting audit, covering cases from the second half of 2006, will begin this October. The QA team will be viewing text documentation only, so no charts will need to be pulled for this audit.
- ◇ 75% of 2007 cases should have been abstracted and entered by April 2008. Where is your timeliness?

New Hires:

Leslie Baas	KCR, Regional Abstractor
Jodee Chumley	Norton Healthcare, Louisville
Sharon Isaacs	University of Kentucky Hospital, Lexington

Resignations:

Leslie Baas	Greenview Regional Hospital, Bowling Green
Jodee Chumley	KCR, Regional Coordinator
Jennifer Halsey	St. Joseph Hospital East, Lexington
Sharon Isaacs	KCR, Regional Coordinator

Golden Bug Award

Freida Herald of Central Baptist Hospital wins an award for her discovery of a bug that prevented NAACCR treatment dates from being displayed in data lists.



Marge Constan and Terri Ganote at Baptist Hospital East have identified a bug in data entry with "Date Completed" not being set when saving a newly completed case with inter-record errors. Congratulations and thank you for alerting our IT Department.

ACoS-Approved Cancer Programs

- ◇ St. Luke Hospital in Fort Thomas has received a 2007 Outstanding Achievement Award from the Commission on Cancer.
- ◇ Western Baptist Hospital in Paducah was recently notified that they have received a 2007 Outstanding Achievement Award.
- ◇ St. Elizabeth Medical Center in Edgewood has received a full 3-year reapproval of its cancer program with 6 commendations.
- ◇ University of Louisville Hospital has been awarded "Three Year with Commendations" approval status following their first joint survey with the James Graham Brown Cancer Center.

New CTRs

The March 2008 test results are out, and 66% of those registrars who sat for the exam passed. Congratulations are extended to our latest Kentucky CTRs:

Paula Alford, CTR - Medical Center at Bowling Green
 Pam Collier, CTR - Highlands Regional Medical Center, Prestonsburg
 Kelly Pictor, CTR - KCR, Casefinding Auditor

Benign Brain & CNS Chapter MP/H Rule *Correction*

Following SINQ questions concerning multiple benign or borderline tumors in different parts of the CNS, a review of the multiple primary rules was undertaken. Rule M4 should be corrected to show that “tumors with ICD-O-3 topography codes that are different at the second (CXxx), third (CxXx), and/or fourth (CxxX) characters are multiple primaries.” (SINQ 2007-1094) This is a very important rule change that needs to be fixed in your MP/H manual. The example given of a hemangioblastoma of the cerebellum (C716) in 2003 followed by a hemangioblastoma of the brain stem (C717) in 2007 illustrates multiple primaries with differences in the fourth character of the topography code.

Kentucky Registrar Wins NCRA Theme Contest

Donna Schmidt, Cancer Registry Coordinator for Western Baptist Hospital, received some unexpected good news from the NCRA in late March. Her submission “*Cancer Registrars...Rock Solid*” was chosen as the National Cancer Registrars Week 2009 theme. Promotional materials for next year’s NCRW celebration will feature this Kentucky-bred caption. In addition, Donna was awarded a complimentary NCRA membership certificate from Director of Membership and Certification, Michael Hechter. Congratulations, Donna!



2008 National Cancer Registrars Week Theme ~
“Cancer Registrars: More Than Just Statistics.”

Calendar of Events



April 28-May 1, 2008 - NCRA Annual Conference, Minneapolis MN

May 2-3, 2008 - SEER Workshop, Minneapolis MN

May 26, 2008 - Memorial Day Holiday, KCR Office Closed

June 7-14, 2008 - NAACCR Annual Conference, Denver CO

July 25, 2008 - CTR Prep Workshop (ICRA), Indianapolis IN



Using Surgery Code 25 for Most Lymphomas!

Surgery code 25 should not be used for lymphomas involving more than one localized node or mass. The ACoS revised its opinion on this matter in February 2007. At a recent meeting of NAACCR's Uniform Data Standards Committee, Lynn Ries from SEER agreed that 25 is to be used for surgical excision of localized lymphoma only.

I&R confirms "For lymphomas, when only one lymph node is involved, code 25 is used for excision of the entire lymph/mass and documented in the Surgical Procedure of the Primary Site field...When multiple lymph nodes are involved, use code 02 in the Surgical, Diagnostic, and Staging Procedure field."

KCR will implement this coding change with 2008 cases. We don't know if registries will be asked to backdate this change to data from earlier years. The bottom line is, create a therapy type "N" for a lymph node excision when the lymphoma involves more than one localized mass and use code '02' - incisional biopsy of primary site. Reserve surgery code 25 for those rare instances when a single node/mass is involved with lymphoma, and this localized disease is curatively excised.

SEER Coding Questions

The following SINQ questions are provided as a means of continuing education.

Question 1: Multiplicity counter--Thyroid: How is multiplicity counter to be coded for a thyroid cancer presenting as multiple foci? Please see discussion.

Discussion: Thyroidectomy showed papillary thyroid carcinoma. Path diagnosis: tumor focality: multifocal. Path described 3 foci of tumor on each side. The main tumor mass in right thyroid was 1.5 cm. Smaller foci of tumor ranged in size from .1 cm to 1.0 cm. Per guidelines, "we still don't count foci as tumors for the purpose of these rules, even if there is more than one." The 1 cm tumor was probably macroscopic in size. Do we count it in the multiplicity counter? Do we count only the 1.5 cm main tumor mass?

Answer: *If the number of tumors is known, code the number in Multiplicity Counter. If foci are measured, include them in the multiplicity counter. If the only information available is "multiple foci," assign code 99.*
For the case above, code 06 in the multiplicity counter (3 tumors on each side).
(SINQ #2007-1097; 2007 SEER Manual, pgs 90-91; MP/H Clarifications, pg 340)

Question 2: Histology--Lymphoma--Leukemia: What is the histology code for the following? Please see discussion.

Discussion: Biopsy of cervical/neck mass: Classical Hodgkins lymphoma on a background of chronic lymphocytic leukemia. The hematopoietic table shows that these histologies are 'different.'

Answer: *Hodgkin disease and chronic lymphocytic leukemia are separate primaries according to our current instructions. Abstract and code them separately..*
(SINQ #2007-1105; Single vs Subsequent Prim Lymph & Hem [2/28/01])

Question 3: MP/H Rules/Recurrence--Breast: Is this a new primary or recurrence as the physicians state? Please see discussion.

Discussion: Patient was diagnosed in 1975 with infiltrating duct carcinoma of the left breast, treated with MRM. In 2007 there was a biopsy of a skin nodule in the mastectomy scar, diagnosed as lobular carcinoma. The pathologist and oncologist state that this is a recurrence of the 1975 diagnosis, and the change in histology is attributed to the present availability of E-cadherin, which was not available in 1975.

Answer: *Abstract the 2007 diagnosis as a separate primary using rule M5. The 2007 MP/H rules were developed with input from clinicians. They advised that a subsequent breast tumor more than five years later is a new primary. It is important to apply the rules so that these cases are handled in a consistent manner across all registries. (SINQ #2007-1107; 2007 SEER Manual, pg C-692)*

Question 4: MP/H Rules--Ovary: Rule M7 states bilat epithelial tumors (8000-8799) are reportable as a single primary. Does this mean that bilateral germ cell tumors of the ovary are now reportable as two primaries? Please see discussion.

Discussion: We have a case with bilateral dysgerminoma (9063/3) of the ovaries diagnosed at the same time.

Answer: *Rule M7 applies to ovarian epithelial tumors with ICD-O-3 histology codes between 8000 and 8799. Rule M7 does not apply to dysgerminoma which is coded to 9060. Go on to the next rule, M8, and abstract as multiple primaries, left and right.. (SINQ #2007-1108; 2007 SEER Manual, pg C-1128; ICD-O-3)*

Question 5: Ambiguous terminology/Date of diagnosis: Does the final impression take precedence over the documentation in the body of the report? As a result, do we use the mammogram date or the biopsy date as the diagnosis date? Please see discussion.

Discussion: Within the body of a mammogram report, the radiologist stated, “diffuse inflammatory tissue throughout the rt breast w/large rt axillary lymph nodes, consistent with an inflammatory carcinoma of rt breast.” His final impression, however, said “extremely suspicious rt breast w/extremely dense breast parenchyma and adenopathy in axilla, suggesting an inflammatory carcinoma.” The patient then went on to have a biopsy, which was indeed positive for cancer.

Our dilemma is selecting the correct diagnosis date. The MD’s statement w/in the body of the mammogram report uses “reportable” ambiguous terminology while his final impression uses “non-reportable” ambiguous terminology.

Answer: *Accept the reportable ambiguous terminology from the body of the mammogram. Record the date of the mammogram as the date of diagnosis. The guidelines on page 4 of the 2007 SEER manual addressing discrepancies within the medical record can be applied to discrepancies within one report. The instructions are: If one section of the medical record(s) uses a reportable term such as “apparently” and another section of the medical record(s) uses a term that is not on the reportable list, accept the reportable term and accession the case. (SINQ #2007-1114; 2007 SEER Manual, pg 4)*

Question 6: Histology--Colon: Final diagnosis is adenocarcinoma with extensive mucinous features (percent of mucinous not stated). What is the correct histology code?

Answer: *Code 8480 (mucinous adenocarcinoma). When the final diagnosis states “mucinous,” code 8480. In this situation, the percent does not need to be specified. See rule H5. (SINQ #2007-1122; 2007 SEER Manual, pg C-306)*