In The Abstract

A Quarterly Newsletter from the Kentucky Cancer Registry

OCTOBER 2014

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2014 Fall Workshop in Review

The 28th Annual Advanced Cancer Registrars' Workshop, "RegiSTARS: Making the Registry Shine" was conducted September 11th and 12th at the Marriott Griffin Gate in Lexington, KY. Attendees were able to hear a number of excellent speakers give presentations on topics including brain tumors, thyroid cancer, gynecologic cancers, radon exposure, survivorship, and the role of the nurse/healthcare navigator. KCR's own Kim Kimbler educated the participants on PoC studies & Shelly Scheer discussed Leukemia & Lymphoma. In addition, a Lung Coding Boot Camp with practice exercises allowed everyone to hone their coding skills. Dr. Eric Durbin and Isaac Hands of the KCR Informatics group reviewed past, current and upcoming projects. Registrars were encouraged to complete a questionnaire regarding sharing abstracts from CPDMS.net with other facilities sent via email.

Mary Wilson, a CTR at the University of Louisville, received the Judith Ann Cook Excellence Award, presented by Dr. Thomas Tucker.

Kudos to Marynell Jenkins on coordinating yet another excellent workshop!

The NCRA awarded 9.5 CEU's for the full workshop….6.5 CEUs were awarded for those who attended the workshop on Thursday only and 3 CEUs were awarded for Friday only participants.
The NCRA Event Number is 2014-134.

KCR's New Abstractor's Training was held in Louisville June 10-12, 2014. A **BIG THANK YOU** to Jodee Chumley for hosting the training at Baptist Health Louisville's Cancer Center. The breakfast & juice were enjoyed and appreciated by all….Thanks Jasmine!

People News

New Hires:

Cindy Roberts	KCR QA Specialist
Allissa Anderson	Frankfort Regional Medical Center
Jan Penick	University of Louisville Hospital
Bonnie Still	VA Medical Center Lexington
Stephanie Carmack	KCR QA Specialist
Carolyn Miller	Pikeville Medical Center
Chriselle Pereira	Greenview Regional Hospital
Cindy Joseph	Baptist Health Paducah

Resignations:

Cindy Hall	King's Daughters Medical Center
Cindy Roberts	Frankfort Regional Medical Center
Heather Bullock	Ephraim McDowell Medical Center
Sheena Batts	Jennie Stuart Medical Center
Nancy Diane Reynolds	University of Kentucky

New CTRs:

Cassie Geiger	St. Elizabeth Healthcare
Carolyn Hennessy	Norton Healthcare
Amanda Zinner	Norton Healthcare
Dianna Wiles	Baptist Health Madisonville
Kathy Clark	Pikeville Medical Center
Shawn Chambers	University of Kentucky

ACoS Approved Programs

Congratulations to St. Elizabeth Healthcare for receiving the Outstanding Achievement Award for their CoC survey in 2013, only program in Kentucky!

Congratulations to University of Kentucky for receiving a Silver 3 year with commendation for their CoC survey in June 2014!

Congratulations to Hazard ARH Regional Medical Center for receiving 3 year commendation for their CoC survey!

Congratulations to Baptist Health Lexington for receiving 3 year accreditation with gold commendation on all 7 standards for their CoC survey! Also they were recommended to receive the Outstanding Achievement Award!

Congratulations to Our Lady of Bellefonte Hospital for receiving 3 year with commendation for their CoC survey!

October = National Breast Cancer Awareness Month
National Liver Cancer Awareness Month
November = National Pancreatic Cancer Awareness Month

TNM Coding Training & Educational Opportunities

In 2016, Cancer Registrars will begin to directly code TNM staging as Collaborative Staging will be discontinued. KCR highly recommends to ALL registrars to take advantage of the SEER Educate for practicing TNM coding. This is a free educational resource available to all registrars!

SEER*Educate

https://educate.fhcrc.org

CE's are available! CHECK IT OUT....

Golden Bug Award

Congratulations to our latest Golden Bug winners

- Leisa Hopkins at Pikeville Medical Center who discovered we were including appendix cases in RQRS files and these are to be excluded.
- Eric Durbin at KCR found an issue in the download feature of Data Analysis. It was specifically for Firefox ESR users and the issue was preventing the download from happening. The issue was fixed immediately.
- Frieda Herald at Baptist Health Lexington identified an issue with August central follow up report. She also identified an inconsistency with Data Analysis Descriptive statistics and graphs for Topography and Histology translations.

Thank you ALL for alerting us to potential software errors!

PHI (Protected Health Information)

SECURITY REMINDERS

It is very important that you follow the HIPAA policy for releasing private health information as directed by your specific facility. In the Cancer Registry, we too, must protect all personal information. KCR offers a Secure File Transfer page (FES).This is provided as a way to transfer files in an encrypted method to ensure data confidentiality. In order to use the secure FES you must have a valid userid and password. There are instructions on how to use FES on KCR's website.

Please DO NOT send protected health information (PHI) in emails *unless* you are using a secure email process. This will require the recipient to enter a password to actually open the email. Email is NOT a secure way of transferring confidential information.

DO's

- Always complete a fax coversheet and verify the fax number before sending patient information. Make sure you verify the fax was received.
- Always use secure email when sending protected health information (PHI).
- (IF secure email is not an option *don't* include patient information!)
- Upload protected health information (PHI) to KCR's secure FES file transfer for review.

DON'Ts

- Include (PHI) protected health information (name, SSN, date of birth, etc) in emails unless you are using a secure email process. This will require the recipient to enter a password to open the email.
- Send a text with patient information.
- Leave messages on registrar's home phone answering machines regarding patient information.

Coding Reminders

Instructions for Coding Lymph-vascular invasion
(CS manual, part I, section I, general instructions)

1. Code from pathology report(s). Code the absence or presence of lymph-vascular invasion as described in the medical record.
   A. The primary sources of information about lymph-vascular invasion are the pathology check lists (synoptic reports) developed by the College of American Pathologists. If the case does not have a checklist or synoptic report, code from the pathology report or a physician's statement, in that order.
   B. Do not code perineural invasion in this field.
   C. Information to code this field can be taken from any specimen from the primary tumor (biopsy or resection).
   D. If lymph-vascular invasion is identified in any specimen, it should be coded as present/identified.
   E. For cases with benign or borderline behavior, code the lymph-vascular invasion documented (negative or positive) and, if not documented, code unknown.
   F. For cases treated with neoadjuvant therapy, refer to table below in order to code this field. However, if documentation in the medical record indicates information that conflicts with this table, code lymph-vascular invasion with the documentation in the medical record.

LVI on pathology report PRIOR to neoadjuvant therapy	**LVI on pathology report AFTER neoadjuvant therapy**	***Code LVI to:***
0 - Not present/Not identified	0 - Not present/Not identified	*0 - Not present/Not identified*
0 - Not present/Not identified	1 - Present/Identified	*1 - Present/Identified*
0 - Not present/Not identified	9 - Unknown/Indeterminate	*9 - Unknown/Indeterminate*
1 - Present/Identified	0 - Not present/Not identified	*1 - Present/Identified*
1 - Present/Identified	1 - Present/Identified	*1 - Present/Identified*
1 - Present/Identified	9 - Unknown/Indeterminate	*1 - Present/Identified*
9 - Unknown/Indeterminate	0 - Not present/Not identified	*9 - Unknown/Indeterminate*
9 - Unknown/Indeterminate	1 - Present/Identified	*1 - Present/Identified*
9 - Unknown/Indeterminate	9 - Unknown/Indeterminate	*9 - Unknown/Indeterminate*

2011 Therapy Audit Summary

Total cases audited: 2398
Audit performed to assess completeness of therapy in the central cancer registry
All sites
Audit start date: July 2013 Audit completed: June 2014

Methods:
A total of 2398 cases were randomly selected from year 2011 cases (approximately 10% of KCR's total cases for that year). Each abstract was reviewed to determine if the patient received the expected treatment for the type and stage of malignancy, based on NCCN guidelines, and if not, whether reason no therapy was properly coded and documented in text. Review was conducted by the QA Manager for Abstracting and Training and four small hospital abstractors.

Results:
Only 235 cases (9.8%) lacked either complete therapy records or documentation for reason no therapy. Analyzed by site, breast cases were overrepresented (n = 82), largely due to missing hormonal therapy. An unexpected finding was a relatively large number of hematopoietic malignancies (n = 23), possibly as a result of therapy given in doctor's offices, as well patients opting for watching waiting, without text documentation of that as the treatment plan.
Analysis by reporting facility revealed that thirteen of these cases were received via data exchange with other states or the VA. The remainder were abstracted by Kentucky facilities. A significant minority (n = 33) were reported solely by small hospitals visited by KCR's abstractors. Patients often underwent diagnostic procedures only at these facilities, and never returned for a subsequent visit. Large hospitals in the western portion of the state made up a somewhat disproportionate number of these cases, most likely due to patients going to other states for treatment. A large percentage of these cases lacked any text documentation whatsoever regarding therapy or treatment planning, pointing to a need for education in this area.

Actions:
Cases which were missing therapy with no reason documented were distributed to the reporting facilities via KCR regional coordinators for further follow-up. The coordinators will reinforce the requirement for text documentation of the treatment plan as well as the need for efforts to locate therapy received elsewhere. Reminders will also be featured in KCR's newsletter. The suggestion was made to add a subheading in text specifically for treatment planning, as a prompt to registrars to document this information.

It is required that registrars obtain ALL first course treatment on patients reported to KCR. Please document in text field the TX plan and any actions you have taken to capture treatment. If you have made phone calls and sent treatment letters, document this in your text so it will be clear what has been performed.
Remember: Observation and/or watchful waiting is considered FCT and coded in treatment status (code 2 active surveillance). A very helpful resource is the National Comprehensive Cancer Network (NCCN) treatment guidelines available online.

Abstracting Reminders

Laterality – using code 5 'midline'

Laterality describes the side of a paired organ or side of the body on which the reportable tumor originated. Determine whether laterality should be coded for each primary.

Where the right and left sides of paired sites are contiguous (come into contact) and the lesion is at the point of contact of the right and left sides, use code 5 midline.

Assign code **5** when the tumor originates in the midline of a site listed:

C700 (cerebral meninges)
C710-C714 (brain)
C722-C725 (cranial nerves)
C443 (skin of face)
C445 (skin of trunk)

Example 1: Patient has an excision of a melanoma located just above the umbilicus.

Example 2: Patient has a midline meningioma of the cerebral meninges.

References: SEER Program Coding and Staging Manual 2014 & FORDS manual 2014.

KCR SUPPORTS TEAM RACHEL!

Calendar of Events

September 19, 2014 – CTR Exam Application deadline
October 18 – November 8, 2014 – CTR Exam Window
November 27-28, 2014 - Thanksgiving Holiday, KCR office closed
December 25, 2014- January 4, 2015 - UK Winter Holiday, KCR Office Closed
December 31, 2014 - CTR CEU cycle ends - CE summary forms must be submitted to the NCRA if you passed the CTR exam in an even-numbered year
December 31, 2014 - NCRA membership expires-2015 renewal deadline is 1/31/15
January 19, 2015 - Martin Luther King Holiday, KCR Office Closed
2015 – CTR Exam Dates for 2015 are not yet available.
Please check www.ctrexam.org later for more information

SEER Coding Questions

Question
Reportability--Breast: Is this reportable as 8520/2? Final Diagnosis: Atypical Lobular Hyperplasia (ALH/LCIS). We are seeing this diagnosis quite often.

Answer
ALH/LCIS is reportable. LCIS (lobular carcinoma in situ) is a reportable neoplasm. When LCIS is stated as the final diagnosis, report the case. (*SINQ 2014-0019; Date Finalized 09/12/2014; 2014 SEER manual*)

Question
Primary site--Heme & Lymphoid Neoplasms: Is there an instruction missing under Rule PH22 of the 2014 Heme Manual that addresses when it might be appropriate to code primary site to C779 for a Stage II lymphoma? See discussion.

Discussion
It appears there is no instruction under PH22 that covers Example 5 (The patient has a history of Stage II lymphoma, no other information is available). All the bulleted instructions are for organ and lymph node combination involvement. Was the 2010 Heme Rule PH31 (Code the primary site to lymph nodes, NOS (C779) when lymph node(s) are involved but no primary site/ particular lymph node region is identified) supposed to be listed under PH22? There does appear to be an empty bullet on the current web version.

Answer
The 5th bullet under Rule PH 22 was inadvertently omitted. A corrected version of the Heme manual will be posted soon. Thank you for identifying this omission.
In the meantime, please add the following to PH22:
Code the primary site to lymph nodes, NOS (C779) when lymph node(s) are involved but no primary site/particular lymph node region is identified. (*SINQ 2014-0015; Date Finalized 08/08/2014; Heme & Lymph Manual & DB*)

Question
MP/H Rules/Histology--Breast: What is the correct histology code for this final diagnosis of a breast tumor: INVASIVE POORLY DIFFERENTIATED DUCTAL CARCINOMA WITH SQUAMOUS DIFFERENTIATION (METAPLASTIC FEATURES)?

Answer
Code the histology to 8575/3.
The instruction for coding duct and another non-duct histology not listed in Table 3 was inadvertently left out of the rules. The default is to code to the histology with the numerically higher ICD-O-3 code which is 8575/3. (*SINQ2014-0012; Date Finalized 08/08/2014; 2007 MP/H rules*)

Question
Primary site: If text supports a pancreatobiliary primary with no other information, what primary site code would be assigned? C249 biliary tract NOS, C269 GI tract nos, or C809 unknown?

Answer
Assign C269 in the absence of any additional information. (*SINQ2014-0008; Finalized 8/8/14; ICD-O-3*)