

In The Abstract

A Quarterly Newsletter
from the
Kentucky Cancer Registry

OCTOBER 2015

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KCR Fall Workshop

The 29th Annual Advanced Cancer Registrars' Workshop, "*The Times and Registries are Changing*" was conducted September 10-11, 2015 at the Marriott East in Louisville KY. Attendees were able to hear a number of excellent speakers give presentations on topics including AJCC TNM Staging, Prognostic Indicators, Targeted chemotherapy, Radiation therapy and new treatments for Melanoma. KCR's own Tonya Brandenburg educated the audience on coding removal of lymph nodes and pathologic exam for breast cases. In addition, Dr. Eric Durbin and Isaac Hands of the KCR Informatics group reviewed past, current and upcoming projects. NCRA awarded this workshop 9.75 CEU's, Program #2015-129. Thanks to Marynell Jenkins for organizing another great workshop!



Amy Shepherd, a CTR at King's Daughters Hospital, received the Judith Ann Cook Excellence Award. Congratulations Amy!

Calendar of Events

- October 17 - November 7, 2015 – CTR exam testing window*
- November 26-27, 2015 - Thanksgiving Holiday - KCR office closed*
- December 25 - January 1, 2016 – UK Winter Holiday, KCR office closed*
- December 31, 2015 - CTR CEU cycle ends - CE summary forms must be submitted to the NCRA if you passed the CTR exam in an odd-numbered year*
- December 31, 2015 - NCRA membership expires...2016 renewal deadline is 1/31/16*
- January 18, 2016 - Martin Luther King Holiday, KCR Office Closed*

People News

Promotions:

Tonya Brandenburg
Marie Brown
Marcia Withers

KCR QA Manager of Abstracting & Training
Cancer Registry Manager, KentuckyOne Health
Lead Registrar, JHSMH/Flaget Memorial

New Hires:

John Sickles
Terri Gordon
Celia Love
Sherrie Halstead
Lee Ann Jordan
Lindsey Baker
Shawn Temple
Tracy Mabry
Diane Stearns
Erin Collins-Buchanan

Hardin Memorial Hospital
KCR Small Hospital Coordinator
KentuckyOne Health Lexington
Baptist Health Louisville
KentuckyOne Health Lexington
KCR Non-Hospital Facilities
Norton Healthcare
Clark Regional Medical Center
Lake Cumberland Regional Hospital
Georgetown Community Hospital

Resignations:

Terri Gordon
Celia Love
Tracy Mabry
Erin Collins-Buchanan

Baptist Health Louisville
KCR Abstractor Coordinator
St. Claire Medical Center
KentuckyOne Health Lexington

New CTRs:

Michelle McCormick
Tracy Mausteller
Sandy Bybee
Heather Patton

KentuckyOne Health Louisville
Baptist Health Louisville
TJ Samson
Norton Healthcare

ACoS Approved Programs

- ◆ Congratulations to Hardin Memorial Hospital on passing their CoC survey!
- ◆ Congratulations to King's Daughters Hospital on passing their CoC survey!
- ◆ Congratulations to Norton Breast Health Program on passing NAPBC survey!
- ◆ Congratulations to Baptist Health Louisville on receiving a full 3 year accreditation with no deficiencies on their recent NAPBC survey and for being recommended for Best Practices on 4 of the standards!

Golden Bug Award



Congratulations to our latest SUPER Golden Bug winner, Talisa Granville at Baptist Health Corbin! Talisa contacted KCR IT after experiencing some strange sessions.

It was identified that CPDMS will throw the rather mysterious java.lang.nullpointer exception error if a user tries to log in with a capital letter in their user ID that should not be there. Thank you for alerting us to potential software errors!

Did You Know?

KCR has developed a “New Abstractor’s Training Packet” to assist hospital registrars with orienting to the Cancer Registry and CPDMS software.

This packet is available on the KCR Wiki page and KCR website.

CPDMS Sharing Abstracts has gone LIVE for any facility that has turned in a signed notification agreement.

KCR will be holding AJCC TNM Training sessions around the state as follows:

King’s Daughters Medical Center, Ashland - November 10 from 8-12

Pikeville Medical Center, Pikeville - November 11 from 8-12

St Joe Main Campus, Lexington - Chase Room/Building D - November 18 from 8-12

Baptist Health Madisonville - December 1 from 8-12

Medical Center at Bowling Green - December 7 from 8-12

Tentatively scheduled - December 11 from 8-12 - location to be determined

Please get with your regional coordinator to let them know which training you will attend so that we can keep an estimate of how many people will be at each training. Slides, practice cases, directions, and room locations will be sent out once we have them.

Coding Reminders

- ◆ CS Ext code 410 on lung cases should NOT be used (due to an algorithm error)
- ◆ Don’t forget your CS combination codes
- ◆ In order to code “surgery of other/distant site” the “other/distant site” must be suspected to be involved with cancer (FORDS manual)
- ◆ Micropapillary Carcinoma of the thyroid should be coded to 8260
- ◆ The terms “architecture” and “pattern” are terms that mean the majority of tumor for in-situ cancers only (MPH manual)

Study shows promise of precision medicine for most common type of lymphoma

National Institutes of Health

A clinical trial has shown that patients with a specific molecular subtype of diffuse large B-cell lymphoma (DLBCL) are more likely to respond to the drug ibrutinib (Imbruvica) than patients with another molecular subtype of the disease. The study appeared online recently in *Nature Medicine*. (*CoC Brief July 2015*)

Immunotherapy is the future of cancer research: 70 percent of multiple myeloma patients find recovery with new treatment

Medical Daily

Immunotherapy, or the use of a person's own immune system to treat an infection or disease, has recently been at the forefront of cancer research. In a new study, researchers found that a form of immunotherapy could produce a "significant clinical response" in 70 percent of patients with a particularly deadly type of cancer known as multiple myeloma. These results not only highlight the potential of this exciting new field but also the importance of further immunotherapy research.

(*CoC Brief July 2015*)

Researchers find clues to resistance in HER2-positive breast cancer

Cancer Network

Differences in HER2 homodimers on breast cancer cells may result in functional differences, with possible implications for metastasis and drug resistance, according to the results of a study published in *Science Advances*. Using a novel fluorescence-based imaging technique, researchers found that HER2 homodimers — two HER2 transmembrane proteins linked together — form clusters at the plasma membrane of breast cancer cells that likely contribute to the ability of these cells to translocate to other parts of the body. (*CoC Brief July 2015*)

Disrupted sleep cycles linked to breast cancer: Shift work may be dangerous, but it's necessary in a modern world

Medical Daily

A new study provides evidence that irregular sleep patterns may lead to cancer, a finding that lends support to previous research suggesting the night shift may be damaging to workers' health. "To our knowledge, this is the first study that unequivocally shows a link between chronic [light/dark] inversions and breast cancer development," wrote the authors. Though further research is needed, the researchers say women with a family risk of breast cancer should never work a night shift. In a 24-hour world economy, their recommendation may be increasingly difficult to follow.

(*CoC Brief July 2015*)

American Cancer Society...Spirit of Hope Award

Congratulations to Elaine Neaves at St. Elizabeth Healthcare for winning an award from The American Cancer Society. Elaine's Award is the 2015 ACS 'Spirit of Hope' Award. She will be recognized at the Northern KY ACS Stridor's Ball November 21, 2015. Not only did Elaine's nomination win, it was by a unanimous vote! Elaine's commitment to cancer patients goes far beyond the normal call of duties she encounters everyday as a Cancer Registrar. Her genuine, heartfelt spirit is palpable with every cancer patient and/or family member she meets. At St. Elizabeth, the Cancer Registry is fortunate to be an integral part of our community education, prevention, screening and support programs. When our local ACS office was closing and many patient resources were moving to Cincinnati (people in NKY don't like to cross that big bridge)... it was decided to bring some services onsite. With that, the ACS wig distribution program came to our Cancer Center. Elaine, who always secretly aspired to be a beautician, went into overdrive. She educated herself on wig fitting, wig care and image building. She took this service from merely letting patients pick new/donated wigs from a box to opening a 'Boutique' in an extra office right here in the Cancer Registry office! If that was not enough, her enthusiasm kept building to providing hats (even some for the men) and scarfs, signing patients up for 'Look Good Feel Better' sessions and starting a local chapter for 'knitted knockers' to be given away to mastectomy patients (including relentlessly finding volunteers throughout NKY to knit/crochet them). Probably most impressive, and one that embodies the name of the 'Spirit of Hope' award, is how Elaine lets no patient walk away without a real hug and loving support for what they are going through. Patients rant about their experience! Believe it or not, this is all done while she keeps up with her registry duties...

I hope you will join me in congratulating Elaine as she hopefully inspires us all to take what we know through our research to the forefront and making a difference.

*Submitted by: Cathy Reising, Manager
St. Elizabeth Healthcare*

Cancer Awareness



October **Breast Cancer Awareness Month**
 Liver Cancer Awareness Month
November **Pancreatic Awareness Month**
 Lung Cancer Awareness Month

SEER Coding Questions

Question

Reportability/Histology--Pancreas: Is well-differentiated neuroendocrine tumor (M8240/3), as stated on a pathology report, reportable or can the clinical information be used as an adjunct to the path report, which further states the specific type of neuroendocrine tumor is an Insulinoma, therefore, NOT reportable (M8151/0)? *See discussion.*

Discussion

The diagnosis date is 2/24/14. The pathology report of the pancreas shows well-differentiated neuroendocrine tumor (NET), low grade (WHO G1 of 3). Addendum: Ki-67 confirms low grade of pancreatic endocrine tumor (less than 2% Ki-67/MIB-1 index). Chromogranin confirms the endocrine nature of the tumor. The Pre and Post Op Diagnosis is pancreatic neuroendocrine tumor consistent with insulinoma. AJCC Stage as noted on path report: pT1, pNX, pM. The physician states the patient has a well-documented insulinoma. Biochemistries confirmed the disease and it is localized in the tail of the pancreas. The issue with NETs is that pathology report reflects what is seen or what is quantified under the microscope; often, there is a specimen without the accompanying medical history and clinical signs. Many of these NETs are specified on the basis of the hormone, as usually measured in the blood that is overproduced, something not seen microscopically. All of the islet cell tumors are NETs. The insulinoma in the example above is a well-differentiated NET that is causing insulin to be over-produced. Thus, the diagnoses are not discordant; insulinoma is a more specific NET.

Answer

When the pathology diagnosis is a neuroendocrine tumor (/3) and the clinical diagnosis is an insulinoma (/0), report the case. Although ICD-O-3 classifies insulinoma as /0, the most recent WHO classification lists it as /3. The pathologist and physicians for this case are likely guided by the WHO classification and as a result, would view both the NET diagnosis and the insulinoma diagnosis as malignant. You could report this case as 8240/3 or 8151/3.

(SINQ 2015-0019; Date Finalized 6/25/15; WHO Class Endocrine Tumors)

Question

MP/H Rules/Histology--Head and Neck: What is the histology code for salivary duct carcinoma of parotid gland?

Answer

Code salivary duct carcinoma to invasive ductal carcinoma (8500/3). Salivary duct carcinoma is an aggressive adenocarcinoma which resembles high-grade breast ductal carcinoma according to the WHO Classification of Tumors of Head and Neck.

(SINQ 2015-0017; Date Finalized 6/25/15; WHO Class H&N Tumors)