



IN THE ABSTRACT

Fall Workshop Celebrates 20 Years

From the first speaker to the last, workshop attendees agreed that KCR's 2006 Fall Workshop was "the best". Speakers were energized, topics were 'cutting edge'; and the anniversary reception followed by dinner and comedian Mark Klein were extraordinary. The 'memory lane' slide show was thoroughly enjoyed by all. Cancer registrars with twenty or more years of experience were recognized. The 2nd Annual Judith Ann Cook Award for Excellence in the area of quality of cancer registration data was presented to Cathy Reising from St. Elizabeth Medical Center in Edgewood. Congratulations to all for twenty years of meaningful hard work!

NCRA PROGRAM RECOGNITION

<u>Program Title</u>	<u>Event #</u>	<u>CE Hours</u>
Kentucky Cancer Registry Spring Training	2006-168	5
Kentucky Cancer Registry Advanced Cancer Registrars' Workshop	2006-172	7.45

Abstracting Bits and Pieces:

- ◇ Coding laterality: Bilateral (code 4) is seldom used for lung cases. Code 4 is commonly used for ovarian cancer, Wilms' tumors, and retinoblastomas. Code 9 is more often used for lung, unless tumor size is known. If tumor size is known and coded, the laterality should be known and coded as right or left.
- ◇ Possible missed case sheets, sent to registrars periodically from the central registry, need to be returned on or before the date printed on each sheet. Your cooperation is very much appreciated!
- ◇ Download your copy of the new Collaborative Stage Part II revisions from the web. The only BIG changes involve the ethmoid sinus chapter; however, some changes involve melanoma, colon, etc. Copies will **NOT** be distributed by KCR.
- ◇ Remember to update the diagnostic confirmation code to "1" whenever it is learned that a patient has had surgery. This field needs to be updated, even if the surgery took place at another facility.
- ◇ Facilities currently working via CPDMS.net: Plan to complete your batch-merges and call them in to Frances Ross by the 2nd week of each month. A new batch-merge report will be run on the 3rd week of the month.
- ◇ Bloom-Richardson grading is based on...“three morphologic features of ‘**invasive**, no special type’ breast cancers”, according to the SEER Coding Manual and a year-2000 SINQ question. It does not apply to grading of DCIS tumors.



Did This Patient Receive Treatment?

How many times have you carefully abstracted and coded a case, only to discover that there is no treatment information in the chart? Every facility needs to capture **all** treatment information relating to its cancer cases. This expectation is shared by both ACoS-approved and non-approved facilities.

The bottom line is that we are all missing treatment information. Where does a registrar begin in searching for such? When an ER/PR-positive breast cancer patient, for example, has no record of hormone therapy, a letter to the following physician or another involved registry should be sent, or the registrar can save time and stamps by making phone calls to physicians' offices. Run a query to generate a list of these patients for whom you are missing treatment information. Become proactive in this search at the time of abstracting. Keep in mind that you are doing your patients a service.

Examples of cases to revisit for potentially missed treatment(s):

- Class 0 cases with no treatment-at-other-facility information
- Colon cases with positive lymph nodes, but no record of chemotherapy (Reason No Chemo = 9)
- Breast cases with ER/PR + and Reason No Hormones = 9
- Prostate cases with No Surgery or Radiation and Reason No Hormones = 9

Did You Know?

- A study on aspartame-containing drinks was released in 2006, showing increased consumption levels were NOT associated with any risk of brain cancers, leukemias, or lymphomas.
- Nationwide incidence rates for male lung cancer have decreased (1982-2003).
- Nationwide incidence rates for ovarian cancer have decreased (1985-2003).
- Visit the NCI website (www.cancer.gov) to view the "Annual Report to the Nation on the Status of Cancer". Cancer death rates have been dropping since the early 1990's.
- Earn one CE hour by taking the Fall 2006 Journal of Registry Management Quiz. The deadline is November 3, 2006 for quiz ID# 3303. NCRA members are charged \$25 for this option (www.creducationcenter.org).
- If you earned your CTR in an even numbered year, it is time to gather your CE hours and send them into NCRA for processing.
- Bloom-Richardson grading may also be called: Modified Bloom-Richardson, Scarff-Bloom-Richardson, SBR grading, BR grading, Elston-Ellis modification of Bloom-Richardson score, the Nottingham modification of Bloom-Richardson score, Nottingham-Tenovus, or Nottingham grade.

Calendar of Events



October 2 - November 17, 2006 - NCDB Call for Data

November 1, 2006 - SEER Data Submission (KCR)

December 25, 2006 - January 1, 2007 - KCR Office Closed

January 31, 2007 - CE Credits due for even-year CTRs

People News



New Hires: Paula Alford
Freida Herald
Toyia Redd
Vicky Wix

Medical Center at Bowling Green
Central Baptist Hospital, Lexington
Lourdes Hospital, Paducah
Sts. Mary & Elizabeth Hospital, Louisville

Resignations: Kendra Garvin
Chalon Mask
Loretta Parke
Diane Roberts
Nazarelle Tate

Medical Center at Bowling Green
Norton Suburban Hospital, Louisville
Frankfort Regional Medical Center, Frankfort
Owensboro Medical Health System, Owensboro
Lourdes Hospital, Paducah

ACoS-Approved Cancer Programs:

- Hardin Memorial Hospital has received full 3-year approval from “the college” following survey this year. Congratulations to Sherry Gabehart and Michelle Clark.
- Jewish Hospital recently received notice of 3-year approval status. Kudos to Sonja Blissett, Marie Hall, Kathy Sears, and Amy Tompkins.
- The Norton Network has been awarded 3-year approval status with commendations in 7 of 9 standards. Congratulations to Wendy Drechsel, Alice Dzenitis, Teresa Geoghegan, Michele Hoskins, Natascha Lawson, Kevin Moore, Barbara O’Hara, Rhonda Paul, and Bill Taylor.



October is National Breast Cancer Awareness Month

SEER CODING QUESTIONS:

Check out these SING situations that were finalized since our July newsletter. Consider this to be a means of retraining.

Question 1: Reportability: If the path report says just “squamous cell carcinoma of the anus,” do we assume that the pathologist is not referring to the skin of the anus?

Answer: Squamous cell carcinoma of the anus is reportable unless known or stated to be skin of anus. (SING #2006-1040; 2004 SEER Manual, pg 1)

Question 2: Neoadjuvant treatment/Date therapy initiated - Breast: Should hormone treatment for hyperplasia be coded as treatment for breast cancer? Please see Discussion.

Discussion: A patient was placed on Tamoxifen in 2000 for hyperplasia of the right breast. In 2004 she was diagnosed with breast cancer of the left breast. Is it coded as up front neoadjuvant treatment and if so, what date do we use?

Answer: Do not code tamoxifen given for hyperplasia as treatment for breast cancer. In this case, tamoxifen started four years before the breast cancer diagnosis - not treatment for breast cancer. (SING #2006-1050; 2004 SEER Manual, pg 192)

Question 3: CS Lymph Nodes – Colon: How do you code positive paracecal lymph nodes for cecal primaries? Please see Discussion.

Discussion: Adenocarcinoma of the cecum with 2 of 4 paracecal lymph nodes positive for met adenocarcinoma. Is the preferred code for CS Lymph Nodes code 10 (paracolic) or code 20 [cecal: anterior (prececal), posterior (retrocecal); NOS]?

Answer: Assign code 20 [Regional lymph node(s) for specific subsites]. Paracecal means near the cecum. Paracecal lymph nodes are regional nodes for the cecum and not for other colon subsites. (SING #2006-1056; 2004 SEER Manual, pgs 136-138, C224-225)

Question 4: CS Extension - Lung: Can extension be coded to 10 (Tumor confined to one lung) when either an autopsy or a CT scan describes the tumor as a mass of a specified size located in one lobe of the lung without any description of extension and no available TNM provided? Please see Discussion.

Discussion: Example 1: Lung primary within the right lower lobe described clinically as greater than 3 cm on scan but was found to be 3 cm at autopsy.
Example 2: CT scan February shows 2 cm mass in RUL.
In both cases, the only tumor description was the size of tumor without any information regarding extension.

Answer: Yes. Assign code 10 [tumor confined to one lung] for a mass in one lobe when none of the descriptions in codes 11 to 80 are documented. (SING #2006-1057; 2004 SEER Manual, pg C386)

Question 5: CS Site Specific Factor – Prostate: For prostate, should autopsy results be coded as SSF3 pathologic information? Instructions for the site address using only prostatectomy.

Answer: If the prostate cancer was diagnosed on autopsy, or the autopsy was performed within the staging timeframe (See 2004 SEER Manual, page 112), code SSF3 using the autopsy information. (SING #2006-1058; 2004 SEER Manual, pgs C558-560, 112)

Question 6: Histology - Breast: A breast tumor is described as “DCIS with lobular cancerization.” Does “cancerization” mean invasive?

Answer: No, cancerization is not a synonym for invasive. Cells of DCIS can extend not only along the duct but also into the terminal lobules. This extension is referred to as lobular cancerization. (SING #2006-1059; Kerner H. & Lichtig, pgs 621-629 [1986 Histopathology 10])