



KCR Fall Workshop Highlights 20 Years...

A special celebration is planned for the Kentucky Cancer Registry's Twentieth Anniversary during the annual fall workshop. On Thursday evening, September 7th, a reception and dinner will be held at the Crowne Plaza Hotel-Campbell House Inn in Lexington, site of this year's workshop. Along with fine dining and time to reminisce, entertainment and special recognitions will be featured. Enclosed with this newsletter is a packet of information containing details and a registration form. Reserve your spot soon and take part in this festive occasion.

Expansion of ICD-9-CM "V-Codes" for Casefinding List

The ICD-9-CM V-codes on the casefinding list have been expanded slightly to include the hundredths place, in most instances. A corrected CPDMS page is being circulated to hospitals via regional coordinators. Double-check your current disease index report range to make sure the following expanded V-codes are included:

V10.00-V10.99

V58.00-V58.12

V71.10-V71.19

V76.00-V76.99

(V67.1 and V67.2 are unchanged)

DID YOU KNOW?

- Donna Gress, RHIT, CTR has been hired by the AJCC as Technical Specialist in charge of Collaborative Staging System Management? A past president of NCRA, Donna will also play a role in the development of the Cancer Staging Manual, 7th Edition. (You can reach her at dgress@facs.org)
- "Survey Savvy: Beyond Compliance" will be held December 4-5, 2006 at the Intercontinental Hotel in Chicago.
- There are thirteen NCRA Accredited Formal Education Programs in North America. At least three of these offer online courses. (See www.ncra-usa.org/)
- New Multiple Primary and Histology Rules will be implemented in 2007.
- NCRA will present its 2007 Annual Conference in Las Vegas; start saving your pennies now!
- Quadramet is an agent that combines radioisotope samarium-153 with a chelating agent; it is used to treat bone metastases.

NCDB Call for Data

The annual Call for Data opens October 2, 2006, and cases must be received by November 17, 2006. This year, data from years 1985, 1990, 1995, 2000, and 2005 are due. KCR software and technical support will be available in time for registrars to "clean their data" for NCDB submission.



People News



New Hires:	Leslie Aspley Kevin Moore Teresa Thomas Vince Cecil	Greenview Hospital, Bowling Green Norton Audubon Hospital, Louisville Samaritan Hospital, Lexington KCR - QA Manager for Field Studies
Resignation:	Martina Price	James G. Brown Cancer Center, Louisville
Retirement:	Melintha Bulishak	Central Baptist Hospital, Lexington

Golden Bug Award



Vivian Wyatt, cancer registrar at the University of Louisville Hospital, is our latest winner. Vivian discovered a multiple case affiliation problem. The IT staff at KCR appreciates feedback whenever a software problem is discovered. Congratulations, Vivian!

Abstracting Bits and Pieces

- ♦ For 2006 class “0” cases, do **not** code “8” for AJCC staging edition unless site/histology is not TNM-able. **DO** leave blanks in T, N, and M fields, and fill in “99” for stage group.
- ♦ Certain CS items differ from site to site; do not rely upon memory to code CS data elements!
- ♦ The “new age abstract” consists of 2 parts: the first part is comprised of codes, and the second part (text) validates those codes. Get on board and document your coded data.
- ♦ 100% of 2005 cases were due as of July 1st. Have you entered all of year 2005 into CPDMS?

CALENDAR OF EVENTS



- July 21, 2006 - ICRA CTR Exam Prep Workshop - Indianapolis IN
- July 29-30, 2006 - NCRA CTR Exam Prep Workshop - Alexandria VA
- July 31, 2006 - Application deadline for Fall CTR Exam
- August 15-16, 2006 - NAACCR CTR Exam Readiness Institute - Nashville TN
- September 7-8, 2006 - KCR Fall Workshop - Lexington KY
- September 16-30, 2006 - Fall CTR Exams

CTR Exam Prep Courses

Certification-seeking registrars have 3 options this summer in preparing for the arduous exam. The following chart summarizes the choices by sponsoring organization, price, location, and date.

SPONSOR	PRICE	LOCATION	DATE
Indiana CA Reg Assn. (812)663-1314	\$20 ICRA members \$50 non-members	Rice Auditorium 2N Meridian Street Indianapolis IN	7/21/06 9am-4pm
National CA Reg Assn. www.ncra-usa.org/education	\$260 NCRA members \$295 non-members	Hilton Alexandria Mark Center Alexandria VA	7/29-30/06
North American Assn of Central CA Registries www.naacccr.org	\$400 (includes break- fast, breaks, and lunch)	Willis Conference Center 26 Century Blvd Nashville TN	8/15-16/06 8am-5pm

NAACCR “Webinars” Expanded...

From October 2006 through September 2007, the NAACCR training program is being expanded to target both central cancer registries and hospital-based cancer registries. Webinars, which include audio via telephone lines and video via the internet, are being developed for both types of registries. Site specific sessions on abstracting and coding will comprise at least half of the new webinars. KCR is purchasing a subscription for both the central registry and hospital registry series.

A tentative schedule for hospital webinars is listed below. If your facility would be interested in hosting one of these interactive sessions, please contact Reita Pardee at 859-219-0773, ext. 233. Attendance at each session will be rewarded with CE credits! Each webinar will last approximately four hours.

<u>DATE</u>	<u>TITLE</u>
10/12/06	Abstracting Head & Neck Cancer Incidence & Treatment Data
12/14/06	Abstracting CNS Tumor Incidence & Treatment Data
1/11/07	Abstracting Urinary System Cancer Incidence & Treatment Data
2/8/07	Abstracting Lymphoma Cancer Incidence & Treatment Data
3/8/07	Abstracting Colon & Rectum Cancer Incidence & Treatment Data
5/10/07	Abstracting Prostate Cancer Incidence & Treatment Data
6/14/07	Abstracting Lung Cancer Incidence & Treatment Data

Frances Ross Walks for a Cause

Every 4th of July for the last thirty years, KCR Director of Operations Frances Ross, has walked the same 6-mile course in the Bluegrass 10,000. The cause: Health and Fitness. This year’s event culminated in special recognition of eight 30-year devotees, including our own Frances. Congratulations on your dedication and determination! You’re an inspiration to us all—both professionally and fitness-wise.



SEER CODING QUESTIONS:

These questions were recently finalized by the SEER Inquiry System. Review and reflect, as a means of additional training.

Question 1: CS Site Specific Factor—Breast: Is SSF6 in the CS Breast scheme specific to the breast tumor or all of the excised breast tissue? Please see discussion.

Discussion: For example, how would SSF6 be coded for the following: Tumor Size 1cm, poorly differentiated pleomorphic lobular carcinoma. Scattered LCIS in breast tissue. Margins free.

*Answer: Site specific factor 6 in the breast scheme describes the relationship of invasive and in situ tumor in the tumor size coded. Code SSF6 for the same tumor used to code tumor size.
For the example above, code SSF6 for the 1 cm tumor. In this case, the entire tumor is reported as invasive; use code 000 [Entire tumor reported as invasive].
(SINQ #2006-1004; 2004 SEER Manual, pg C483)*

Question 2: Histology—Corpus uteri: How should histology be coded on this endometrial case? Please see discussion.

Discussion: The path report for the TAH stated the endometrium contained an endometrial polyp measuring 6x3x3cm. Within the polyp there was endometrial carcinosarcoma (Malignant Mixed Mullerian tumor), endometrial adenocarcinoma, and some areas of high grade spinde sarcoma. There is no myometrial invasion by the tumor. (The Endometrial bx before surgery was positive for Malignant Mixed Mullerian tumor.)

*Answer: Assign code 8980 [Carcinosarcoma, NOS]. According to the WHO Classification of tumors, Malignant Mixed Mullerian tumor is a synonym for carcinosarcoma and carcinosarcoma is now the preferred terminology rather than Malignant Mixed Mullerian tumor.
Carcinosarcoma has both malignant epithelial and mesenchymal components. The epithelial component is usually glandular (adenocarcinoma in this case). The mesenchymal component is usually sarcoma (as in this case).
(SINQ #2006-1008; WHO Class of Female Gen Tumors, pg 245 (2003); ICD-O-3)*

Question 3: CS Site Specific Factor—Breast: If there are two EP/PR tests, one positive and one negative, which result should be coded in the SSF?

*Answer: According to the CS Steering Committee, record the pathologist's interpretation of the assay value for the most representative tumor specimen. This may require conversation with the pathologist when specimen size is not specified.
(SINQ #2006-1009; www.cancerstaging.org, cs tab)*

Question 4: CS Site Specific Factor—Breast: If ITCs are greater than 0.2mm, what is the correct code? There does not appear to be a code specific to that size when size is known.

*Answer: Lymph nodes with metastases greater than 0.2mm are counted as positive. Code in CS Lymph Nodes and CS Regional LN Positive. Do not code ITCs greater than 0.2mm in CS Site Specific Factor 4.
(SINQ #2006-1011; SEER Manual, pgs C478-479)*

Question 5: CS Lymph Nodes—Lung: If the lymph nodes listed in codes 10 and 20 were contralateral or bilateral, and the only description was “mass”, “adenopathy”, or “enlargement” on mediastinoscopy or x-ray, would they be coded 60? Please see discussion.

Discussion: (CS Manual page 407) Note 2: If at mediastinoscopy/x-ray, the description is “mass”, “adenopathy”, or “enlargement” of any lymph nodes named as regional in codes 10 and 20, assume that at least regional lymph nodes were involved.

*Answer: Yes. The named nodes listed in codes 10 or 20 should be coded 60 if the “mass”, “adenopathy”, or “enlargement” on mediastinoscopy or x-ray is described as bilateral or contralateral.
(SINQ #2006-1012; 2004 SEER Manual, pg C389, note 2)*