



# IN THE ABSTRACT

## **Fall Workshop Highlights**

Registrars from around the state enjoyed the 19<sup>th</sup> Annual KCR Fall Workshop, hosted this year at the Seelbach Hilton Hotel in downtown Louisville. Aside from shopping, dining, and musical adventures, participants learned much from medical and information technology speakers. One of the most exciting topics featured the long-awaited “CPDMS.net”. Hospital registrars are eagerly awaiting this change in data submission format, which is planned for sometime in 2006.

As requested by workshop coordinator Reita Pardee, the NCRA has approved program recognition for the 2005 Fall Workshop. CTRs should record the following information on their continuing education forms that are submitted biannually to NCRA:

Code # - **2005-185**

Title - KCR 19<sup>th</sup> Annual Advanced Cancer Registrars’ Workshop:  
*Something Old & Something New*

Location - **Louisville, KY**

Dates - **9/8/05**      **9/9/05**

Hours - **5.75**      **3**      (**attendance both days = 8.75 hours**)

## **Abstracting Bits and Pieces:**

- ◇ ACoS Cancer Program Review Specialist Vicki Chiappetta recently responded to a question from KCR regarding the follow-up status for class 0 cases. Clarification shows that Class 0 cases abstracted prior to accession year 2006 must still be followed.
- ◇ Text documentation has been a **required** part of the CPDMS abstract since 2001. The text should reflect in words the information that is coded in the abstract. Would you rather type an adequate text “up front”, or pull the chart again for visual editing?
- ◇ Errata can sometimes be avoided when extra care is paid while performing data entry. A little extra attention spent typing names and social security numbers may be rewarded by a shorter monthly errata list at your facility!
- ◇ Keep a notepad within reach of your computer terminal, and use it to write down the name/SS# of any case you are working on when your computer system goes “down”. Immediately after the system returns to operating status, go into maintenance and unlock that case! Maintain your system’s “integrity”....
- ◇ One-quarter of year-2005 cases were due to be reported to the central registry by October. How is your timeliness?



## **Collaborative Stage Reliability Study**

During a two-week period in November, cancer registrars are invited to participate in the 2005 CS Reliability Study. This voluntary study will include twelve cancer cases, for which participants must perform Collaborative Staging. Registration for the testing website is being coordinated by various cancer registration organizations. Hospitals with approved cancer programs may contact Valerie Vesich at the ACoS Commission on Cancer for further information. Continuing education credit may be earned for completion of this study.

## **CTR Exam Update**

There were 267 candidates who participated in the September 2005 CTR Exam. Of that total, 160 candidates passed. This resulted in a 62% passing rate. Congratulations to all who persevered! New CTRs from Kentucky are highlighted on the next page.

The 2006 CTR Exam will encompass 2 additional Collaborative Staging sites in addition to those included in the 2005 test. Central Nervous System and Lymphoma tumors have been added to the new exam format. In addition, CS Site-Specific Factors and CS Evaluation fields will be covered. As of 10/27/05, dates for the Spring 2006 exam had not been posted on the NCRA website.

## **CTR Exam Prep Online Product**

For all registrars who are planning on taking the CTR Exam in the future, visit the NCRA website for information regarding an online CTR Exam Prep product. This resource contains sample questions from each of the areas covered on the exam. For CTR Exam Prep access, each person must first sign up for an account. The “product” can then be purchased for \$100. There is a “Try It Out For Free” sample before purchasing this resource.



### **Calendar of Events**

**November 7-21, 2005 – Collaborative Stage Reliability Study**

**November 18, 2005 – Deadline for NCDB Call for Data submission**

**Early December 2005 – NCRA Annual Conference (2006) online  
registration opens**

**January 31, 2006 – NCRA dues + CE fees DUE**

**February 28, 2006 – NCRA CE Summary Forms DUE for cycle ending  
12/31/05**

**May 5-8, 2006 – NCRA Annual Conference – Arlington, Virginia**

Special congratulations are extended to Michele Hoskins, CTR, tumor registrar at Norton Hospital, Louisville and winner of the 1<sup>st</sup> Annual Judith Ann Cook Award for Excellence in the area of quality of cancer registration data.

# People News



**New Board Position:** Frances Ross, CTR (KCR Director of Operations) has been appointed to serve on the North American Association of Central Cancer Registries (NAACCR) Board of Directors for 2005-06. Congratulations on this latest honor, Frances.

<b>New Hires:</b>	<b>Jodee Chumley</b> <b>Terri Ganote</b> <b>Bernice Slone</b> <b>Bill Taylor</b>	<b>KCR Regional Coordinator</b> <b>Baptist Hospital East, Louisville</b> <b>UK Medical Center, Lexington</b> <b>Norton Audubon Hospital, Louisville</b>
<b>Resignations:</b>	<b>Jodee Chumley</b> <b>Lisa Morgan</b> <b>Bernice Slone</b>	<b>Baptist Hospital East, Louisville</b> <b>St Elizabeth Medical Center, Edgewood</b> <b>KCR Regional Coordinator</b>
<b>Transfers:</b>	<b>Emily Reed</b> <b>Toni Tillotson</b>	<b>KCR QA Coordinator</b> <b>KCR Eastern KY NHF Abstractor</b>
<b>New CTRs:</b>	<b>Kelly Day</b> <b>Teresa Geoghegan</b> <b>Donna Schmidt</b>	<b>Greenview Hospital, Bowling Green</b> <b>Norton Suburban Hospital, Louisville</b> <b>Western Baptist Hospital, Paducah</b>

## **Golden Bug Award!!**



Congratulations to Judith Shelby, CTR, registrar at Vanderbilt Medical Center! Judith reported an NCDB output error involving TNM Stage Group, which catapulted her to the prestigious Golden Bug Award.

## **DID YOU KNOW?**

- NCDB submission information is available on the “Registrars” page at:  
<http://www.facs.org/cancer/ncdb/registrars.html>
- Direct NCDB submission questions to Nancy Etzold ([netzold@facs.org](mailto:netzold@facs.org)).
- The 7<sup>th</sup> edition of the AJCC Cancer Staging Manual is scheduled for publication in 2009.
- NCRA has contracted with the University of California, San Francisco to complete a study on workforce trends in the field of cancer registration. The study is known as “The Cancer Registry Workforce Shortage Study”.
- The CDC has produced a brochure entitled “Cancer Survivorship: Survive Cancer and Live”, which highlights quality of life issues for patients.
- Since 1991, the National Breast & Cervical Cancer Early Detection Program has served more than 2.5 million women. As a result, over 22,000 breast cancers and 1,500 cervical cancers have been diagnosed.
- For cancer cases diagnosed 1/1/07 forward, new multiple primary and histology coding rules will go into effect.

## SEER CODING QUESTIONS:

The following questions have been finalized by the SEER Inquiry System since the last edition of our newsletter. We offer these for review as a means of additional abstracting education.

Question 1: Date therapy initiated/Reason no treatment – Lymphoma: Is the date of the biopsy used as the date of treatment if

1) there is no treatment other than the biopsy?

2) there is other treatment?

Is the reason no surgery of primary site coded to '0'?

Discussion: A biopsy of a Lymph Node is coded to '25'.

*Answer: Enter the date of the lymph node biopsy (excisional biopsy or biopsy, NOS) as the Date Therapy initiated for a lymphoma when the biopsy is the first or only therapy performed. Code Reason for No Surgery of Primary Site as 0 [Surgery of the primary site was performed]. Do not code a fine needle aspiration or core needle biopsy in Surgery of Primary Site. (SINQ #2005-1034; 2004 SEER Manual, pgs 174, 182, C-707)*

Question 2: Histology – Leukemia: What histology code would best fit this case?

Discussion: T-Cell prolymphocytic leukemia, cerebriform (Sezary cell-like) variant. Comment: The Cerebriform (Sezary cell-like) variant accounts for about 5% of cases of T-cell prolymphocytic leukemia.

*Answer: 9834/3 [Prolymphocytic leukemia, T-cell type]. According to the WHO Classification of Haematopoietic and Lymphoid Tissue Tumors, cerebriform or Sezary cell-like is a variant form of T-cell prolymphocytic leukemia. (SINQ #2005-1090; WHO Class Hem & Lymph Tumors, pgs 195-196 [2001])*

Question 3: CS Lymph Nodes/Scope Regional LN Surgery – Prostate: When prostate cancer is an incidental finding at cystoprostatectomy for bladder cancer, is the pelvic lymph node dissection coded for the prostate as well as the bladder?

*Answer: Yes, the pelvic lymph node dissection is coded as regional lymph node surgery for both primaries and the nodes are counted in collaborative staging for both primaries. The examination of the pelvic lymph nodes is relevant to both the bladder and the prostatic primaries. (SINQ #2005-1093)*

Question 4: Reportability: Which types of neurofibromatosis do we collect? Is the case below reportable? Please see discussion.

Discussion: Clinical exam: probable neurofibromatosis, type I. On the trunk alone are >14 café au lait spots, all at least 10mm. Both axillary regions have freckling. No palpable fibromas, spine is straight, no organomegaly. MRI of head: no abnormality.

*Answer: Neurofibromatosis type I (von Recklinghausen's disease, the Elephant Man Disease) is primarily tumors of the subcutaneous tissues. By itself, NF1 is not reportable. NF2 is much more likely to develop acoustic neuromas. This syndrome is reportable only when acoustic neuroma(s) is present, because the acoustic neuroma is what is reportable. This case is not reportable because none of the symptoms affect the central nervous system. (SINQ #2005-1108; ICD-O-3; The Brain Book, pg 2 (Draft 2, 9/4/03))*

Question 5: CS Site Specific Factor – Breast: In the CS breast scheme, SSF6, size of the invasive component in the tumor, does "focal areas of in situ carcinoma" qualify as minimal?

*Answer: Yes, "focal areas of in situ carcinoma" describes a minimal in situ component. (SINQ #2005-1109; 2004 SEER Manual, pg C-483 (App C 7/1/05))*