



In the Abstract

July 2024



July is Sarcoma Month!

Prostate SSDI - PSA

PSA values can only be recorded / coded within **3 months** before diagnostic biopsy and initiation of treatment. Remember to text the date of PSA lab value coded.

The American Cancer Society's estimates for soft tissue sarcomas in the United States for 2024 are:

- About 13,590 new soft tissue sarcomas will be diagnosed (7,700 in males and 5,890 in females).
- About 5,200 people (2,760 males and 2,440 females) are expected to die of soft tissue sarcomas.

These statistics include both adults and children.

<https://www.cancer.org/cancer/types/soft-tissue-sarcoma/about/key-statistics.html>

2024 SEER Advanced Topics for Registry Professionals Workshop: September 24-26, 2024

Registration for the workshop will open on August 1st

The 2024 SEER Advanced Topics for Registry Professionals Workshop is open to ALL cancer registrars and will be held virtually on Tuesday – Thursday, September 24-26, 2024, 12:00 PM-5:00 PM EDT. The workshop will expand registrars' knowledge of several important topics: in-depth coding for mixed histologies, neoadjuvant treatment for breast, esophageal, and rectal cases, and more. There will be presentations from subject matter experts including surgeons, pathologists, and oncologists.

Participants will complete assigned cases in SEER*Educate before the workshop. For more information about the SEER*Educate cases, go to <https://educate.fredhutch.org>, sign in or sign up (its free), select the Training tab, and click on SEER Educational Workshop. In-depth coding and abstracting training during the SEER Workshop will be based on coding of the assigned cases. You are welcome to complete the SEER*Educate cases even if you cannot attend the workshop. CE's are pending.

Note: The workshop is complimentary, but registration is required. Registration for the workshop will begin on August 1st and close on September 9th. The live registration link will be available through NCRA's website starting on August 1, 2024.

KCR Friendly Reminders

Link only pertinent path report(s) for the cancer being abstracted. If there are multiple pathology reports that populate, link only the reports that are relevant to the sequence being abstracted.

The screenshot shows the CPDMS.net interface for associating pathology reports with a case. On the left, the 'Diagnosis' tab is active, showing a dropdown for 'Diag. Confirmation Code' set to '1 Pos. histology'. Below this are fields for 'Hospital Chart No.', 'Path Report No.', and 'Linked Path Reports'. A table lists path reports with columns for Path ID, Specimen Date/Time, and KCR Msg ID. A 'Link Path Reports' button is visible. On the right, a pop-up window titled 'CPDMS.net - Associating Pathology Reports with Cases' displays patient information (Patient, SSN, Diag. Date, Laterality, Topography) and a table of 'Patient Reports'. A red circle highlights the 'Link' column in this table, which contains checkboxes for each report. Below the table is a 'Report Text' field.

Link	Path ID	Specimen Date/Time	KCR Msg ID	Review Status	Patient Name
<input checked="" type="checkbox"/>	000017	2023-01-04 00:00:00.0	19377351	Needs Review	
<input checked="" type="checkbox"/>	16053	2023-07-31 20:09:00.0	21166728	Needs Review	
<input checked="" type="checkbox"/>	00015	2023-01-11 10:25:00.0	19431795	Needs Review	
<input type="checkbox"/>	23104	2021-12-23 12:08:00.0	16345739	Non-Reportable...	

New CPDMS warning message



When entering a case, if key data items from the pathology report and the demographics being entered do not match, you will begin seeing the following warning:

The screenshot shows a 'Full Abstract' view in CPDMS.net. A 'Copy Data Warning' dialog box is overlaid on the screen. The dialog box contains the following text:

Warning: Copy Data Warning

The patient SSN does not match the report SSN. Please do not copy and link a report unless you are 100% they belong to the correct patient and case.

Otherwise, click 'Cancel' and manually enter in case data.

Buttons: Copy and Link, Cancel

Please make sure the pathology reports match the patient being abstracted.

Reminder: Code all first course treatment even if it was performed at an outside facility. The expectation is to provide complete treatment for all cases and may require contacting other facilities if treatment is performed elsewhere.



records but don't know who to call?

<https://kcr-confluence.atlassian.net/wiki/spaces/kentuckyregistrarswiki/pages/721294/Hospital+Contact+List>

Use the link for the 'Registrar's Wiki' and select 'Hospital Contact List'. Once you select the hyperlink, a pop-up box will require a password which is **'kcrwiki'** (all one word and lower case).

Meet our new team members!

- Robin Dowell ODS – NHF East Small Hospitals Abstractor
- Nancy Ramirez ODS – NHF Abstractor
- Senada Elkasovic ODS – NHF Abstractor South Small Hospitals Abstractor
- Sarah B. Johson ODS – Central Regional Coordinator

ODS Exam Testing Dates and Deadlines

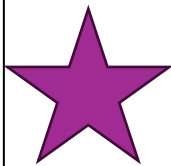
July 19-August 10, 2024; application deadline: July 12

October 18-November 9, 2024; application deadline: October 11

<https://www.ncra-usa.org/ODS-Credential/Certification-Exam>

Frances E. Ross Memorial Abstracting Award

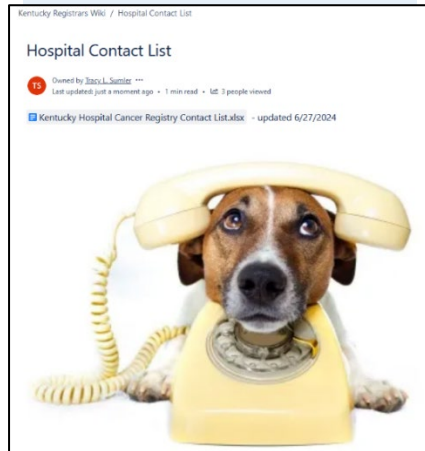
Frances had a deep understanding of our coding rules and consistently advocated for the thorough collection of high-quality data. It is in her memory that we celebrate excellent abstractors with this award.



Quarter 4, 2023: Dianna Wiles (Jennie Stuart)

Quarter 1, 2024: Christine Lapina (St. Elizabeth)

Quarter 2, 2024: Karrie Ihrle (Baptist Health Louisville)





You're Invited

**Kentucky Cancer
Registry's 38th
Annual Advanced
Oncology Data
Specialists' Fall
Workshop**

**November 14 - 15,
2024**

Embassy Suites Lexington /
Coldstream
1801 Newtown Pike
Lexington, KY 40511

Save the Date!

Question 20240045

[View](#) [View](#)

Question:

Reportability/Ambiguous Terminology--**Prostate**: Should cases be reported and abstracted based on ambiguous terminology, e.g., suspicious for prostate cancer, when the physician is not treating the case as malignant? See Discussion.

Discussion:

Please comment on these specific scenarios.

1. A prostate biopsy is suspicious for adenocarcinoma, but the urologist is not considering this malignant, nor is the urologist treating for malignancy, but **there is no clear statement from the physician that this is not reportable**. Should this case be abstracted?
2. A prostate biopsy is suspicious for adenocarcinoma, and **there is a statement by the physician that this is not yet malignant**. Should this case be abstracted?
3. Prostate MRI with PIRADS 4 or 5; however, the treating urologist **does not call this malignant and is not treating patient for prostate cancer**. [Example: 2024 Prostate MRI - PI-RADS 4. Follow up with Urologist states patient to repeat Prostate MRI in 1 year and continue with yearly PSA levels and there is no mention of prostate cancer other than the PI-RADS score]. Should this case be abstracted?

Answer:

For each of your scenarios, the medical record information indicates that the case is not reportable based on physician opinion. Do not abstract these cases.

Remember that the ambiguous terms list is to be used as a **last resort**. The ideal way to approach abstracting situations when the medical record is not clear is to follow up with the physician. If the physician is not available, the medical record, and any other pertinent reports (e.g., pathology, etc.) should be read closely for the required information. See page 19 in the SEER Manual, https://seer.cancer.gov/manuals/2024/SPCSM_2024_MainDoc.pdf

Year:

2024