A Quarterly Newsletter from the Kentucky Cancer Registry
Large Hospital Edition August 2007

IN THE ABSTRACT

KCR Fall Workshop

Don't forget to register for the annual KCR Fall Workshop! The registration fee remains at $85. Embassy Suites, 9940 Corporate Campus Drive in Louisville is this year's workshop destination. Call 502-426-9191 to reserve a room.

CTR Exam Preparation Workshops

- NCRA is sponsoring a CTR Prep Class in Alexandria VA on August 25-26, 2007. The cost is $360 for members and $395 for non-members. This workshop will be held at the Embassy Suites Hotel. Attendees will have access to an online discussion group to help in studying, and there will be a 1-hour refresher webinar prior to the test.
- A CTR Prep Class presented by A. Fritz and Associates will take place in Jefferson, LA on August 9-11, 2007. The fee is $350.
  Visit www.afritz.org/CTRws.htm to view the agenda and to register.

Spring Training CE Hours

The NCRA Program Recognition Committee has awarded 13 CE hours for those who attended "KCR Spring Training: New Multiple Primary and Histology Coding Rules". Please note the **Event Number: 2007-069** on your NCRA membership form.

Online Abstractor's Manual

New in late June, the 2007 Cancer Patient Data Management System (CPDMS.net) Abstractor's Manual - web help version, became available for all Kentucky registrars to use. The updated manual is user-friendly and timely. Any future manual updates or corrections can be made immediately, allowing abstractors access to the most current rules. Links to related web-based manuals, appendices, and references help the registrar find appropriate codes almost instantaneously. Although the web-help version cannot be downloaded and printed, the ease of use and time-saving links are winning over previously paper-bound abstractors!

A second version of the 2007 Abstractor's Manual, with download and print capability, is also available from the KCR website. Click on Technical Resources, and then click on Manuals Online in order to see the menu of KCR Manuals. Registrars may choose to save the second listed Abstractor's Manual to their desktop and/or print out a hard copy for reference. The second manual will **not** be updated on a frequent basis, nor will it have all the links exhibited by the web-help version. This manual will only be as timely as the date on which it is downloaded.

Which version should you choose? More and more abstractors are getting "hooked" by the time-saving links available on the web-help version. You may choose to print out a copy of the PDF version for use as a reference on days when your computer system is down. Otherwise, give the web-help version a try. We predict that most registrars will quickly become web-over-paper "converts"!

Online Cancer Registry Programs

For cancer registrars seeking higher education courses, the following organizations now offer online programs:

- AHIMA (web-based program) - 233 N. Michigan Avenue, Suite 2150, Chicago IL 60601
- Orange County Community College (online courses available) - 115 South Street, Middletown NY 10940
- Santa Barbara City College (online program) - 721 Cliff Drive, Santa Barbara CA 93109
- University of Texas at Brownsville and Texas Southmost College (online program fall '07) - offering a Bachelor's of Applied Arts and Sciences - Interdisciplinary with a specialization in Certified Tumor Registry
- Contact faculty associate Barbara Denton at Barbara.Denton@utb.edu

Did You Know?

- Researchers at the NCI have discovered genes that are activated at high levels only in blood vessels that nourish tumors in humans and rodents. These genes are now potential targets for drugs that could cut off blood supply in a tumor without affecting normal tissue's blood supply. This research was published in the June 2007 issue of Cancer Cell.
- August 5, 2007 is the 70th Anniversary of the National Cancer Institute Act.
- The 29th Annual Meeting of the International Association of Cancer Registries (IACR) will take place September 18-20, 2007 in Ljubljana, Slovenia. IACR, headquartered in Lyon, France, provides a link for cancer registries worldwide.
- Registrars can order the NCRA 2007 Annual Conference Encore Sessions for $95 from the NCRA website. For an additional fee, CEs can also be earned by CTRs who did not attend the Las Vegas conference.
- NCRA members are receiving a new bonus this year. ADVANCE for Health Information Professionals is a news magazine that focuses on the latest in healthcare professions. A complimentary subscription is provided through NCRA membership.
- CTRs can earn CEs by reviewing "Self-guided Interactive Case Scenarios" on the NCRA Online Education Center. Visit www.creducationcenter.org/ for more information.
- The 2008 NCRA Annual Conference will take place April 27-30 in Minneapolis MN.

Abstracting Bits and Pieces:

◊ Need a refresher course in MP/H Rules? Go to the SEER website www.seer.cancer.gov/ to access the "Training Webcasts". Transcripts can be viewed in PDF format. Both fundamental and advanced training is available.

◊ The National Cancer Institute (NCI) has a Publications Locator web page from which a wide variety of materials and topics can be ordered. Visit www.cancer.gov/ and click on NCI Publications.

◊ CDC WONDER (Wide-ranging OnLine Data for Epidemiologic Research), found at http://wonder.cdc.gov/, provides one point from which to locate reports and data on many health-related topics. Chronic diseases, injury prevention, and environmental health are just a few of the categories that can be accessed.

◊ The Commission on Cancer has a public information web page with a listing of cancer-related web sites. Visit www.facs.org/cancer/canlinks.html to link with "Organizations Affiliated with the CDC", "Cancer Registries", "Cancer Statistics and Databases", and so on . . . .

Visit your website - ncra-usa.org - to see the latest FAQs, Job Bank, Resources, and more...

People News

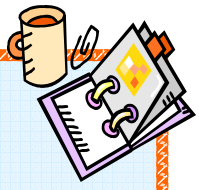
New Hires:	**Sherrie Halstead**	**Central Baptist Hospital, Lexington**
	Megan Johnson	**King's Daughters Medical Center, Ashland**
Resignation:	**Tina Toole-Harper**	**Baptist Hospital East, Louisville**

Golden Bug Award

Two Golden Bugs are being awarded this month! **Donna Schmidt** (Western Baptist Hospital, Paducah) found a problem with the NPI validation algorithm. It was not handling numbers with zero as the final digit. **Rochelle Smith** (University of Louisville Hospital) noticed that follow-up report percentages were not correctly tabulated. Both of these problems have been resolved by our IT staff. Congratulations to the latest Golden Bug winners!

ACoS-Approved Cancer Programs:

- Taylor Regional Hospital has received notice of full three-year reapproval of its cancer program by the American College of Surgeons. Congratulations to **Jennifer Smothers** and **Sam Underwood**.
- Highlands Regional Medical Center (Prestonsburg) was recently notified that their cancer program received full three-year reapproval from the American College of Surgeons. Congratulations to registrar **Pam Collier**!



Calendar of Events

July 31, 2007-CTR Exam Application Deadline

August 1-2, 2007-KCR Operator' s Training, Lexington

August 13-16, 2007-CDC Cancer Conference, Atlanta GA

September 3, 2007-Labor Day Holiday, KCR Office CLOSED

September 6-7, 2007-KCR Fall Workshop, Louisville

September 15-29, 2007-CTR Exam "window"

MP/H Rules and Bladder Cancer

With the implementation of the new Multiple Primary and Histology Coding Rules, registrars must follow a hierarchy of statements to determine the number of primaries a patient has. Gone are the days when we looked up a single rule or counted on our memories! The new process has resulted in many questions from throughout the country, particularly regarding bladder cancer cases. When KCR submitted a multiple primary question concerning bladder cancers, we were directed to follow the order of "M" rules until we found a statement that "fit" and then "stop". Because bladder cancers are so common, we will walk through some examples below:

1) Patient had noninvasive papillary transitional cell carcinoma (PTCCa) of bladder in 2002 and returns with a noninvasive transitional cell carcinoma (TCCa) in 2007. Is this a new primary?
   ANSWER: With the development of a second tumor in 2007, go to the Urinary System Chapter in MP/H, and begin with the Multiple Tumors Module; M3 does not fit, nor does M4, nor does M5. Stop at M6: this case involves a combination of 8130 and 8120. It is the same primary as was abstracted in 2002, and you do not abstract a new case.
2) Patient had noninvasive PTCCa in August 2006. Invasive PTCCa was found in July 2007. How many abstracts should we complete?
   ANSWER: Because this patient developed a second tumor in 2007, go to the MP/H Rules Urinary System chapter, Multiple Tumors Module. M3 does not pertain, nor does M4. Stop at M5: this case involves an invasive tumor that developed more than 60 days after the noninvasive CA. Abstract the 2007 case as a second bladder primary.
3) How do we handle a case where an invasive TCCa of bladder in 1-07 is followed by a noninvasive PTCCa in 8-07?
   ANSWER: This patient has had more than one bladder tumor, so follow the Urinary System MP/H Rules, Multiple Tumors Module, beginning again with M3, M4, M5 (does not fit), and stop at M6: 8120 and 8130 are a single primary. Do not abstract a second bladder case.

New Data Item: Multiplicity Counter

All 2007 cases must include the "multiplicity counter" data element. This newly required item is described in the back of the MP/H Rules Manual. Coding instructions specify that neither "metastases" nor "single or multiple foci" count. In tallying number of tumors, look for (macroscopic) tumor masses. A 2cm breast carcinoma with multiple foci of in-situ tumor would be counted as a single tumor and coded as "01". Our key to success in coding this new item correctly is to count the number of visible tumors. It will need to be updated as new tumors are identified.

NCDB Call for Data

The Commission on Cancer from the American College of Surgeons just announced that the next call for data, which includes cancer data from 2006, 2001, 1996, 1991, and 1986, will be due by November 2, 2007. Approved programs will receive formal notification in mid-August, according to the July 2007 edition of the "CoC Flash".

Cancer Registry Recruitment Resource

The National Program of Cancer Registries (NPCR) and National Cancer Registries Association (NCRA) have co-developed a slide presentation on the cancer registry profession entitled "Quality Cancer Data Saves Lives". Visit the NCRA website or go to www.cdc.gov/cancer/npcr/training/QualityData/index.htm to view the role of the registrar in the quest to fight cancer.

The Mystery of the 3-Tier Grading System

The abstracting process has become an involved and complex act, wherein the modern day registrar must be an expert in many different areas. Assigning tumor grade has, in the past, been regarded as a fairly easy task with simple rules to guide the abstractor. Recently, tumor grading has taken on a more complex form. The rules guiding tumor grade assignment have expanded and changed over the last few years.

Complexity of tumor grading can be attributed to several factors: 1) a number of different grading systems used for all the different tumor sites, 2) non-uniform methods of assigning tumor grade by pathologists, and 3) issues surrounding translating tumor grade information from pathology reports into the appropriate code when performing data collection.

Even though assigning tumor grade can be trying at times, some simplification can be brought to the tumor grading process. There are a few sites where using the 3-tier grading system is the preferred method for assigning tumor grade. Breast, peritoneum, endometrium, fallopian tube, prostate, bladder, and soft tissue sarcoma are all sites to which the 3-tier grading system may apply.

Breast and prostate cases do have some site specific grading rules, so the 3-tier grading system would only apply to these sites in certain situations, such as in situ breast cancer cases and prostate cases where no Gleason pattern or score has been given on the pathology report. Consult the CPDMS Abstractor's Manual for specific instructions in these cases.

The 3-tier grading system consists of codes 2, 3, and 4. Code 2 correlates to low grade, partially well differentiated, grade 1/2; grade 1-2 or 1/3 (in 3-tier system), moderately differentiated, relatively well differentiated. Code 3 correlates to medium grade, grade 2/3 or 2-3 (in a 3-tier system), intermediate grade, moderately undifferentiated, relatively undifferentiated; poorly differentiated. Code 4 correlates to high grade; grade 3-4; grade 3/3 (in a 3-tier system); anaplastic; not differentiated.

Since the 3-tier grading system only consists of codes 2, 3, and 4, a registrar should never assign code 1 as the tumor grade for any of the above named sites, unless using site specific rules for breast and prostate to assign tumor grade. As mentioned previously, always consult the CPDMS Abstractor's Manual, 2007 Edition when assigning tumor grade.

References:
CAP Protocol Checklists, http://www.cap.org/apps/cap.portal?_nfpb=true&_pageLabel=reference
CPDMS Abstractor's Manual, 2007 Edition, http://www.kcr.uky.edu/manuals/manuals.html
SEER Coding and Staging Manual, Revised May 2007, http://www.seer.cancer.gov/tools/codingmanuals/

Is your registry TIMELY?
100% of 2006 cases were due for abstraction into CPDMS.net by July 1, 2007.

SEER CODING QUESTIONS:

Please look at these recently finalized SINQ questions and answers. They may clarify some questions from your hospital registry.

Question 1: **MP/H Rules--Breast: If the abstractor only has the CAP protocol information and it does not include a final diagnosis, which fields of the protocol would be used to determine the histology and if there is a carcinoma in situ present?**

Answer: *If the CAP protocol is used in lieu of a final diagnosis, use all of the information in the CAP protocol. (SINQ #2007-1048; MP/H Manual, pg 12)*

Question 2: **CS Extension--Prostate: Can we interpret "hard, fixed prostate" as clinical extracapsular extension and assign code 50 (extension or fixation to other structures)? Please see discussion.**

Discussion: Patient had a "hard, fixed prostate" with needle core bx positive for Gleason grade 4+5=9 adenocarcinoma extensively involving gland. PSA was 87.5. Lymphadenectomy showed 3 positive pelvic/obturator lymph nodes. No prostatectomy was done and no physician TNM staging documented.
Do we need a specific clinical description of other organs to which the prostate is fixed in order to code CS Clinical Extension 50, or does the statement "hard, fixed prostate" qualify? If not, how would we code extension for this seemingly advanced cancer?

Answer: *Assign extension code 50 (extension or fixation to adjacent structures) based on the term "fixed." Fixation to a particular structure(s) does not have to be specified in order to use code 50. Do not use the statement "hard" to determine CS extension. (SINQ #2007-1017; CS Staging Manual Part II, pgs 431-433)*

Question 3: **MP/H Rules--Colon: If the tubulovillous (TV) adenoma is in situ and the other polyp(s) have an invasive component, does TV still have priority and should H18 be applied?**

Answer: *Always give precedence to coding the invasive. Rule H18 applies UNLESS the adenocarcinoma in the TV is in situ and the others are invasive. In this case, code the histology of the invasive adenocarcinoma. This classification will be added when the MP/H manual is revised. (SINQ #2007-1049; MP/H Manual, pg 287 [Histology Rules])*

Question 4: **Ambiguous Terminology: Should the definition for Code 2 be changed? Please see discussion.**

Discussion: It is not clear which code to use for exactly 60 days.
Code 1 definition states: "within 60 days"
Code 2 definition states: "more than 60 days" but the Time Frame states "equal to or greater than 60 days"

Answer: *The definition for code 2 should be "More than 60 days" after the date of diagnosis. Code 1 is 60 days or less; code 2 is more than 60 days. This will be clarified in the first revision to the MP/H manual. (SINQ #2007-1045; MP/H Manual, pg 335 [New Data Items])*

Question 5: **Multiplicity Counter: Are in situ tumors diagnosed more than 60 days after invasive tumors of the same site and histology included in the Multiplicity Counter?**

Answer: *If an in situ tumor following an invasive tumor is a single primary according to the multiple primary rules for that particular site, include the in situ and the invasive tumors in the multiplicity counter. (SINQ #2007-1043; MP/H Manual, pg 339 [New Data Items])*

Question 6: **CS Extension--Prostate: Regarding CS prostate, can the EOD Manual clarifications regarding apparent and inapparent tumors be used to determine clinical extension?**

Answer: *Do not use the EOD information to determine apparent and inapparent. Donna Gress made this statement on April 26 at the 2007 annual NCRA meeting. (SINQ #2005-1143; CS Steering Committee)*