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## Collecting Data for 2009 Cancer Cases

KCR Spring Training was successfully held in three locations during the month of April. Participants in Madisonville, Elizabethtown, and Lexington agreed that the day-long workshop covering new data items, data analysis, and practical coding exercises was most helpful. The NCRA Program Recognition Committee has determined that **KCR's Spring Training** supports **5.75 CE hours**. This workshop has been assigned the following event number: **2009-053**.

Meanwhile, the format of CPDMS.net has been updated to accommodate 2009 cancer case abstraction. Online Abstractor's Manuals have also been updated, effective 4/23/09. GenEdits have now been updated in the Data Exchange module, so hospitals can "clean their data" on a routine basis, well ahead of the annual NCDB call for data in the fall.

## Abstracting Bits & Pieces

- Code cancer-directed surgery, not the incidental removal of other tissues or organs. The FORDS Manual does not consider incidental removal to be a Surgical Procedure/Other Site.
- When a patient with a known history of bladder cancer returns for a repeat TURBT, do NOT create a surgery if the path results are *negative*.
- A good on-line anatomy resource, located by Tracy Kay, CTR of Morehead, is [www.innerbody.com](http://www.innerbody.com).
- The target for abstracting timeliness in May is 83.3%. Is your registry "timely"?

## 2009 Fall Workshop

Reita Pardee is busy working on the Fall Workshop agenda but in the meantime mark your calendar for the 23rd Annual Advanced Cancer Registrars' Workshop:  
Date: September 10-11, 2009

Location: Embassy Suites Hotel, 9940 Corporate Campus Drive, Louisville  
A block of rooms are being held, so ask for the Kentucky Cancer Registry Workshop rate (\$133 + tax per night).

You may call direct 502-426-9191 to make your reservations.  
The program agenda will be out sometime in July.

**New Hires:**

Isaac Hands	KCR Information Technology
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**Resignations:**

Mary Ellen Ford	KCR Regional Coordinator
Megan Johnson	King's Daughters Medical Center - Ashland
Teresa Thomas	UK Samaritan Hospital - Lexington

**New CTRs:**

Kevin Moore	University of Louisville Hospital - Louisville
Vanissa Sorrels	Owensboro Medical Health System - Owensboro

## ACoS Approved Programs

- ⇒ Murray-Calloway County Hospital recently received notice of 3-year approval with commendation on 5 standards. Congratulations to Judy Moore, RN and Kristie Kneebone, CTR.
- ⇒ The University of Kentucky Hospital cancer registry just received news of their "approval with commendation" status. Congratulations to Kim Ratliff, CTR, and team!

## SEER\*Rx Update

The latest version of SEER\*Rx is now available! Delete your current version, and go to the SEER website to download version 1.3.0.

### CTR Exam Prep Workshop

A. Fritz & Associates will present an exam-prep workshop in Reno, Nevada on August 13-15, 2009. A registration fee of \$375 covers the workshop portion only. Room and board information can be obtained from April's website:

[www.afritz.org/](http://www.afritz.org/)

## Did You Know?

- ◇ Indian Summer Camp will take place July 12-18, 2009 at Camp Cedarmore in Bagdad, KY. This is a free camp for cancer survivors from ages 6 through 17. It was founded by the Kentucky Cancer Program in 1981. KCR - IT Director, Eric Durbin, enjoys devoting time and energy to this project annually.
- ◇ Eight Latin American countries currently have population-based cancer registries. Of those registries, Chile reported a very high rate of gallbladder cancer (2008 IARC Annual Meeting, as reported in “The Connection,” Spring 2009).
- ◇ NCRA’s Finance Committee & Board are proposing a membership dues increase, effective in 2010. Active membership dues would increase from \$80 to \$105. Attendees of the NCRA business meeting June 1<sup>st</sup> at the Annual Conference in New Orleans will have the opportunity to voice their opinions.
- ◇ The NCI webpage features “Women and Cancer” this month. Visit [www.cancer.gov/features/womenandcancer](http://www.cancer.gov/features/womenandcancer) to learn more about breast cancer risk, women and smoking, ovarian cancer research, and more.
- ◇ A new study shows that Vietnam veterans exposed to Agent Orange “...are at increased risk for aggressive recurrence of prostate cancer.” This subgroup of patients had an increased risk of nearly 50% when compared to unexposed veterans. (MedicineNet.com 4/23/09)
- ◇ A Michigan State University researcher has identified the connection between obesity and colon cancer. Researcher Jennifer Fenton examined the hormone Leptin, which leads pre-cancerous colon cells to make more growth factor that can then increase the blood supply to early cancer cells. This in turn promotes growth and progression. (Journal *Carcinogenesis*, 5/09)
- ◇ The NCI is planning to accelerate its cancer genetics program, according to an announcement made at the 100<sup>th</sup> Annual American Association for Cancer Research Meeting by Director John Niederhuber, MD. (NCI News, 4/20/09)

## Calendar of Events



May 25, 2009 - Memorial Day Holiday, KCR Office closed  
 May 31-June 3, 2009 - NCRA Annual Conference - New Orleans LA  
 June 13-19, 2009 - NAACCR Annual Conference - San Diego CA  
 July 30-31, 2009 - Train the Trainer Workshop - Chicago IL  
 July 31, 2009 - CTR Exam Application Deadline  
 September 10-11, 2009 - KCR Fall Workshop - Embassy Suites, Louisville

# Are Cavernomas Reportable?

According to the SEER interpretation, cavernomas, or cavernous hemangiomas, are vascular growths in the brain. Benign brain tumor training guidelines implemented in 2004 state that any brain-related tumor with an assigned ICD-O-3 code is reportable. A search of ICD-O-3 finds that cavernous hemangiomas have been assigned code 9121/0. Although some experts disagree as to whether these growths are tumors or not, because they have the designated ICD-O-3 code, they are deemed reportable by SEER.

As a SEER registry, the KCR must abide by SEER reportability guidelines. These brain malformations ARE currently reportable, as explained in the SEER Inquiry System question #2008-1113. An example of such a case follows: A resected left cerebral lesion with path report showing “cavernoma” would be abstracted and assigned a topography code of C71.0 and histology/behavior code 9121/0.

## The Hematopoietic Working Group

SEER organized the Hematopoietic Working Group in October 2006 in an effort to improve the quality of data collection of the hematopoietic diseases. The Working Group is comprised of representatives from multiple organizations such as the American College of Surgeons (ACoS) Commission on Cancer (CoC), the Canadian Cancer Registries (CCR), the National Cancer Registrars Association (NCRA), the National Program of Cancer Registries (NPCR) of the Centers for Disease Control (CDC), and the North American Association of Central Cancer Registries (NAACCR), as well as representatives from hospital and central cancer registries, specialty physicians, and a pathologist.

The committee’s goal was to define and address problems surrounding casefinding, abstracting, and coding hematopoietic diseases. As a result, new rules, guidelines, and instructions for abstracting the hematopoietic diseases are being developed, along with an interactive hematopoietic database that will provide cancer registrars with information such as alternative names and obsolete terms, definitions, synonyms, diagnostics methods, treatment types, and genetic testing, etc.

As plans continue to be made for presenting the website and providing helpful tools for registrars, Carol Johnson from the Working Group has asked members to collect examples from their hospital registrars of various reports that help define the hematopoietic diseases. These examples include reports for **FISH analysis on bone marrow, electrophoresis, immunophenotyping, genetic, and JAK2 reporting**. The formatting for these reports will vary from lab to lab, so she would like to provide a folder on the website containing examples that will help the registrar recognize a specific type of report. She would also like to know where the registrar found the tests. For example, JAK2 is done on whole blood but where does it get filed in the chart? This can help the registrar recognize specific reports and find them faster in the patient charts.

KCR would appreciate getting a sample of each of the above tests from each hospital to share with the Working Group along with a comment stating where you located the report in the chart. All confidential data such as identifiers for patient, hospital, physician, laboratory etc. will be deleted before forwarding to Carol Johnson. She will be accepting reports up to **10/15/09**. You may send examples to KCR via your KCR Regional Coordinator, or fax to Mary Jane Byrne at KCR’s secure fax number 859-219-0557.

# SEER Coding Questions

Please review these recent SINQ questions as a means of continuing education.

**Question 1: MP/H Rules/Histology--Breast: What histology would be coded for the following breast case? What rule would be used to determine the histology? Please see discussion.**

Discussion: Final diagnoses states: Rt breast, excisional bx with findings most consistent with intraductal papillary carcinoma (neuroendocrine DCIS). The path micro states: the morphologic features are those of a neuroendocrine-type tumor & IHC stains confirm neuroendocrine differentiation.

Answer: *Assign code 8503/2 [Intraductal papillary carcinoma] using rule H2. Code the histology from the final diagnosis. There is no code for neuroendocrine DCIS in ICD-O-3. (SINQ #2009-1011; last updated 4/13/09; 2007 SEER Manual, pg C-645)*

**Question 2: CS Extension--Pancreas: What is the correct CS Extension Code for head of pancreas primary with involvement of portal and splenic veins? The splenic artery/vein is only mentioned in the body and tail scheme; no mention in the pancreatic head scheme.**

Answer: *Assign CS extension code 54 (major blood vessels). The portal vein is listed under code 54 for head of pancreas. The splenic vein branches from the portal vein. (SINQ #2009-1016; last updated 3/25/09; 2007 SEER Manual, pg C-353)*

**Question 3: Primary Site: A patient had a ruptured esophagus 25 years ago and had a segment of colon removed and transplanted to serve as esophagus. In 2007, the patient was diagnosed with carcinoma in a polyp by endoscopic biopsy of the transplanted 'esophagus.' What is the primary site code? Is this the same site schema to be used for collaborative staging and surgery coding?**

Answer: *Code the primary site esophagus, NOS [C159]. Use the surgery codes and collaborative staging schema for esophagus. Document the unusual nature of this case in text fields. See also SINQ 20021078. (SINQ #2009-1017; last updated 4/13/09; ICD-O-3)*

**Question 4: Surgery of Primary Site--Breast: When a patient is simultaneously diagnosed with bilateral breast cancer and bilateral mastectomies are done, do you code the total mastectomies to 40 or 41 or 42?**

Answer: *Abstract cancer of the left breast and cancer of the right breast as separate primaries. Code the surgery for each primary independent of the other primary. For the first primary, assign code 41 [Total (simple) mastectomy, NOS WITHOUT removal of uninvolved contralateral breast]. For the second primary, assign the code for the procedure performed on that site. (SINQ #2009-1023; last updated 3/25/09; 2007 SEER Manual, pg C-662)*

**Question 5: MP/H Rules/Multiple primaries--Thyroid: 4/5/08 Lt Thyroid Lobectomy: Follicular CA. 7/25/08 Rt Thyroid Lobectomy: PAP CA, follicular variant. Which rule under Other Sites applies?**

Answer: *Rule M17 applies. These are separate primaries based on their ICD-O-3 histology codes. Follicular carcinoma is coded 8330. Papillary carcinoma, follicular variant is coded 8340. The histology codes are different at the third number. Rule M6 does not apply because these diagnoses are more than 60 days apart.. (SINQ #2009-1027; last updated 3/25/09; 2007 SEER Manual, pg C-1061)*

**Question 6: MP/H Rules/Histology--Melanoma: Using the MP/H Rules, how is melanoma arising in a "compound nevus, NOS" coded? How is melanoma arising in a nevus, NOS coded?**

Answer: *Assign code 8720 [Melanoma, NOS] to melanoma arising in a nevus that does not have a specific code or to melanoma arising in a nevus, NOS. Currently, ICD-O-3 does not have a specific classification for a melanoma arising in a compound nevus. (SINQ #2009-1029; last updated 4/13/09; ICD-O-3)*