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Changes at St. Elizabeth Medical Center

In 2009, St. Elizabeth Medical Center merged with the St. Luke Hospitals to become one healthcare system and a regional leader for healthcare in northern Kentucky. St. Elizabeth Healthcare now has campuses in Covington, Edgewood, Falmouth, Florence, Fort Thomas, and Grant County (Williamstown). The cancer registries of St. Elizabeth Healthcare are now being merged into one multi-hospital CPDMS.net database. The St. Elizabeth facilities are individually recognized by JCAHO and the ACoS Commission on Cancer, with St. Elizabeth Edgewood and St. Elizabeth Fort Thomas being CoC approved cancer programs.

For CPDMS.net users, the individual facility identifiers from CoC are as follows:

St. Elizabeth Edgewood <i>(includes Covington campus)</i>	510110	NPI: 1467492421
St. Elizabeth Fort Thomas <i>(includes Falmouth campus)</i>	510184	NPI: 1740221795
St. Elizabeth Florence	510120	NPI: 1154365062
St. Elizabeth Grant County	510969	NPI: 1114974813

The St. Luke Hospitals, formerly identified by CoC Facility Identification Number 10000080, had included the campuses at Fort Thomas and Florence. That Identification Number is now retired and replaced with 510184, which will continue to have the same National Provider Index number (listed above). [The conversion of 10000080 to 510184 has been automatically performed in all patient and institution records in all CPDMS.net databases for all Kentucky cancer registries.] Going forth, the two facilities will be separated into the 510184 and 510120 as above.

The cancer registrars at St. Elizabeth Healthcare located at the Edgewood campus (859-301-2436) are Cathy Reising (Manager), Laura Perry, CTR, Beverly Shackelford, CTR, Elaine Neaves, Corrie Mitchell, and Virgie Bezold. Located at the Ft. Thomas campus (859-572-3632) are Serenea Lewis, CTR, and Cassie Geiger. Good luck to them with all the challenges that change and expansion entails!

NAACCR Annual Conference in Louisville

Hear big-name speakers, rub shoulders with international cancer registry professionals! Register NOW to earn major CE's in your "Old Kentucky Home" without the added expense of flights and resorts. Go to www.naaccr.org/ for more information and to register online....

New Hires:

Vicki LaRue	KCR Western KY Non-Hospital Facility Coordinator
Keisha Sawyers	Jewish Hospital/St. Mary's HealthCare, Louisville

New Position:

Sheena Batts	KCR Comparative Effectiveness Research Project Manager
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Retirees:

Sue Burns	St. Joseph Hospital, Lexington
Marge Constan	Baptist Hospital East, Louisville

Resignations:

Vicki LaRue	St. Joseph Hospital, Lexington
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New CTRs:

Anne Fields, CTR	KCR Casefinding Auditor
Courtney Redd, CTR	Central Baptist Hospital, Lexington
Cindy Roberts, CTR	St. Joseph Hospital, Lexington

ACoS Approved Programs

- St. Claire Regional Medical Center, Morehead, received notice of success as a result of their October 2010 survey. They were awarded full 3-year approval status. Congratulations to registrar Tracy Mabry!

Golden Bug Award

Congratulations to Marie Brown (Jewish Hospital & St. Mary's



HealthCare) and Jodee Chumley (Norton HealthCare), winners of the April 2011 "Golden Bug Award!" Marie found an error in the CP3R reports for rectal cancer. Jodee discovered that an electronic feed from a group of oncology offices owned by her network had gone dormant for an extended period of time. Our IT Department appreciates your diligence in finding and reporting electronic "glitches."

KCR Wiki Page Coming Soon

A Wiki communications page for Kentucky registrars will soon be available! Plans include KCR & Kentucky registrar contact information, abstracting aids, CSV2 clarifications/aids, a list of helpful links, and recent abstracting & coding clarifications. The new Wiki page will be accessible via the KCR website using CPDMS.net user ID & password. Kentucky registrars will receive e-mail notification when the page “goes live,” along with instructions for use.

Be on the lookout....

NAACCR CTR Exam Preparation

Get ready for the fall CTR exam by enrolling in a new series of eight 2-hr sessions presented by NAACCR. On Tuesdays from July 19 through September 6 (1-3pm ET), live webinars will help candidates “get educated” on what is being tested by the 2011 exam! Experienced registrars will host the sessions --- Q&A, study materials, and practice tests are part of the package. Visit the NAACCR website to learn more about this upcoming opportunity.

Did You Know?

- An NIH study shows that the risk of developing thyroid cancer by children who were exposed to fallout at Chernobyl almost 25yrs ago has not decreased over time. (NIH website, posted 3/17/11)
- News from the ‘Annual Report to the Nation’: Rates of death due to cancer continued to decline between 2003 & 2007; the overall rate of new cancer diagnoses decreased just under 1% per year between 2003 & 2007. New childhood cancer diagnoses continued to increase; death rates among children with cancer decreased. (“Journal of the National Cancer Institute,” online posting 3/31/11)
- Researchers at the NIH have finished a study in which they sequenced the genes that code proteins in melanoma. In particular, they focused on metastatic melanoma cells, where the most mutations have occurred. It is expected that this genome analysis will play a big part in future diagnoses and treatments. (“Nature Genetics,” online 4/15/11)

Calendar of Events



May 15-18, 2011 - NCRA Annual Conference, Orlando FL

May 30, 2011 - Memorial Day, KCR Office Closed

June 20-23, 2011 - NAACCR Annual Conference, Louisville KY

July 4, 2011 - Independence Day, KCR Office Closed

July 19, 2011 - NAACCR CTR Exam Prep Webinars Begin

Sept 5, 2011 - Labor Day, KCR Office Closed

Sept 8-9, 2011 - KCR Fall Workshop, Louisville KY

Sept 10-24, 2011 - Fall CTR Exam Window

Abstracting Bits & Pieces

- CNS tumor reportability questions frequently wind their way to the KCR office. One resource that may answer such questions is found on the CDC website. “Collection and Coding Clarifications for Central Nervous System (CNS) Tumors” addresses schwannoma, hemangioma, and meningioma questions.
Visit www.cdc.gov/cancer/npcr/training/btr/clarification.htm and make it one of your “favorites.”
- Another NCDB submission will be due in May 2011. Analytic cases diagnosed in 2004 & 2009 must be sent in this next submission. Check the complete schedule and descriptions on the NCDB’s ‘registrars’ page’ www.facs.org/cancer/ncdb/registrars.html
- CPDMS.net was updated to CSv2 version 02.03 on Tuesday evening, April 19th. All future abstracts must be coded using the 02.03 format, regardless of accession year.
- A “Possible Therapy List” is provided to many KY hospitals periodically from KCR. This list gives information on where patients may have gone to obtain additional treatment. Does your facility find this list helpful? Please email Marilyn Wooten (marilyn@kcr.uky.edu) with your important opinion.

UK Breast Center Receives Approval

Another Kentucky hospital has been surveyed and awarded approval by the National Accreditation Program for Breast Centers (NAPBC). The University of Kentucky breast center was surveyed in November 2010 and given full 3-year accreditation. This is the fourth breast center in Kentucky to receive approval. Congratulations to our colleagues in the breast center at the University of Kentucky Medical Center!

2010 CoC Outstanding Achievement Award

The March 31, 2011 CoC “Flash” listed 90 accredited cancer programs in the United States that received the coveted Outstanding Achievement Award (OAA) for 2010. Of those 90 programs, 3 are located in Kentucky: St. Elizabeth Edgewood, St. Elizabeth Fort Thomas, and Western Baptist Hospital in Paducah. This level of achievement is the highest award given to approved cancer programs. It is extremely difficult to attain the OAA. Congratulations to all of our colleagues in the three OAA facilities. Kentucky is very proud of your accomplishments!

Open Position at KCR

KCR now has an open position for a Quality Assurance Specialist. The person in this position will spend 50% of the time participating in research studies such as the SEER Patterns of Care Studies and CDC NPCR studies conducted by KCR. Some travel is required to visit hospitals and/or non-hospital facilities to review medical records to abstract study data variables and obtain verification of data. The remaining 50% of time will involve participation in other quality assurance activities conducted by KCR such as serving on committees, attending educational meetings, providing assistance with training opportunities for cancer registrars, and participating in field studies designed by KCR or national standard setters as needed. If anyone is interested in this position and would like more detailed information, please call Mary Jane Byrne at 859-219-0773 ext 228 or email mjbyrne@kcr.uky.edu

SEER Coding Questions

Review these new SINC coding questions for ongoing education:

Question 1: Reportability – Heme & Lymphoid Neoplasms: Is a case reportable if it is stated as having a recent diagnosis of “polycythemia” and is now being treated with phlebotomy, with no additional information?

Answer: No, this case is not reported. Polycythemia (also known as polycythaemia or erythrocytosis) is a disease state in which the proportion of blood volume that is occupied by red blood cells increases. Blood volume proportions can be measured as hematocrit level. It can be due to an increase in the mass of red blood cells, “absolute polycythemia,” or to a decrease in the volume of plasma, “relative polycythemia.” The phlebotomy is treatment for the excessive blood volume. Unless this is called primary polycythemia or polycythemia vera, it is not reportable.
(SINC # 2011-0060, last updated 3/15/11; 2010 Heme & Lymph Manual & DB)

Question 2: Histology – Heme & Lymphoid Neoplasms: Is diffuse large B-cell lymphoma, germinal cell type coded to diffuse large B-cell?

Answer: Yes, code to DLBCL (9680/3). Look at the synonyms for DLBCL [in the Heme DB]; one of the synonyms is germinal centre [B]-cell like GCB.
(SINC # 2011-0062, last updated 3/15/11; 2010 Heme & Lymph Manual & DB)

Question 3: First course treatment – Heme & Lymphoid Neoplasms: Are the treatment guidelines in the “red book” still valid?

Discussion: While I realize that the Hematopoietic DB & Manual replace the “red book” guide for hematopoietic disease, I am finding no direction on coding of treatment in the new database. Can you direct me to where in the new manual I will find the treatment guidelines that were in the “red book?” As an example, the previous guidelines told us to code transfusions for myelodysplastic syndrome to “other therapy.”

Answer: We will be adding other treatment to the appropriate diseases in the Heme DB in the next revision. We will also follow through and add it to the SEER Manual and ask CoC to include it in the FORDS Manual. Blood transfusions will **not** be collected. The hematopoietic physician experts stated that transfusions are used for symptoms such as anemia, and that there is no way to identify neoplasms for which the collection of information on transfusions would be useful. The treatments that should be recorded are as follows: Record phlebotomy for polycythemia vera **ONLY**. Record aspirin, heparin, or other “blood thinning” agents for the following diseases: Myeloproliferative neoplasm, unclassifiable; Polycythemia vera; Essential thrombocythemia; Primary myelofibrosis; Myelodysplastic/ myeloproliferative neoplasm, unclassifiable; Chronic myelogenous leukemia BCR-ABL1 positive; Chronic neutrophilic leukemia; Systemic mastocytosis; Mast cell leukemia; Mast cell sarcoma.
(SINC # 2011-0067, last updated 3/16/11; 2010 Heme & Lymph Manual & DB)

Question 4: MP/H Rules/ Multiple Primaries – Breast: A patient has two separate lesions in the same quadrant with the same histology. This is one primary according to MP/H rules. Because an Oncotype Dx was done on both tumors, and the Dx recurrence was different for both, the med-onc says the patient has two primaries. The pathologist does not say anything about two primaries.

Answer: This is a single primary per breast Rule M13. The only rules we use to determine the number of primaries are the MP/H rules. Do not use other information such as Oncotype Dx for multiple primary determination. Oncotype is used to determine whether the cancer is likely to recur AND whether the cancer would benefit from chemotherapy.
(SINC #2011-0077, last updated 4/13/11; MP/H Manual)

Question 5: MP/H Rules/ Histology: Can you please tell me where to find the documentation in the MP/H manual that states that we are not to use the term “focal” in coding histology? (Ex – Neuroendocrine carcinoma with focal squamous differentiation.)

Answer: For the purposes of the MP/H rules, the term “focal” is not used to indicate a more specific histology. Terms that may be used to indicate a more specific histology are listed in the relevant histology rules. For example, see breast histology rule H3. Notice the terms listed in the note for this rule are “type, subtype, predominantly, with features of, major, with ___ differentiation, architecture or pattern.” The term “focal” is not included. This concept will be clarified in future revisions to MP/H rules.
(SINC #2011-0079, last updated 4/13/11; MP/H Manual)