A Quarterly Newsletter from the Kentucky Cancer Registry
Large Hospital Edition April 2006

IN THE ABSTRACT

KCR Spring Update Training

Registrars congregated at KCR workshops in eastern, central, and western Kentucky sites recently. Each well-attended session featured a morning full of CPDMS.net and new data elements for 2006. Afternoon training covered lymphomas and Collaborative Stage highlights. Most attendees took advantage of this opportunity to have "hands-on" CPDMS.net experience. Registrars are looking forward to the installations, projected to take place between June and August 2006.

KCR QA Manager, Reita Pardee, has requested CEU's for workshop attendees from NCRA. Details will be forthcoming.

CTR Exam News

The fall CTR exam application deadline is July 31, 2006. Testing runs from September 16th through the 30th. The current exam format includes CS Extension, Lymph Nodes, Metastasis at Diagnosis, Site-Specific Factors, and Evaluation fields. Sites covered (12) are Bladder, Breast, CNS, Colon, Corpus Uteri, Kidney, Lung, Lymphoma, Melanoma, Ovary, Pancreas, and Thyroid. Exam candidates should go to www.ctrexam.org/ for more information and to download the "2006 CTR Exam Handbook for Candidates and Application."

One new and welcome feature of the 2006 test is the availability of immediate test results reporting. In order to receive a passing grade, participants must score at least 175 correct out of 250 total questions. The 2006 test version provides immediate, although unofficial, results to each candidate upon completion of the computer-based exam. Official written results are sent within six weeks of the closing test date.

On the horizon, 2007 CTR Exams will exhibit a new content outline and weighting. There will be new "eligibility routes" beginning in 2008. In the meantime, current eligibility routes and content remain the same throughout 2006.

Results of the Spring 2006 CTR Exam are in now, and congratulations are extended to the one hundred twelve new Certified Tumor Registrars. NCRA reports that 58% of the candidates passed the exam. New Kentucky CTRs are listed in "*People News*."

Abstracting Bits and Pieces

- Hold onto 2006 cases until your CPDMS software has been updated. This will be available in early May.
- Still having trouble with CS Eval fields? For TS/Ext Eval, code to the source used in determining the farthest extension.

  Example: Pt with left lung mass underwent bronchoscopy with biopsy. CT revealed pericardial effusion. Code Eval "0", since pericardial effusion was seen on scan only.
- 75% of 2005 cases should be reported to KCR by April 2006. How does your timeliness compare?
- Know how to make case text even more perfect? Include date and source of diagnosis. This piece of documentation can help ease the pain of batch-merge conflict resolution!
- When in doubt as to how to properly code a particular data element, remember Maxine's advice - "read your manual!"

NCRA Annual Conference

It's time for NCRA's 32nd Annual Educational Conference! Cancer Registrars may visit the organization's website to register online. NCRA members pay a "Full Conference" fee of $500. Non-members must pay $645. The SEER Collaborative Stage Training on Friday, May 5th is already full. Arlington VA is the city chosen by NCRA to host this May 5-8, 2006 educational meeting. "Monumental Achievements Through Advocacy and Education" is a fitting theme for this Washington DC suburb. Marriott Crystal Gateway Hotel is the conference center. Rooms there have SOLD OUT, so late registrants must choose from a list of overflow hotels. Gaylord Travel is the official conference travel agent.

DID YOU KNOW?

- AJCC presents "Staging Moments" slide presentations that are downloadable, site-specific cases that can be used at hospital tumor conferences. Visit the website for this free service.
- The Revised 2006 SAR Training Guide, which replaces the previous online guide, is now available online.
- The Cancer Program Standards 2004 Revised Edition is available as either a complimentary electronic version, or $30 for a hard copy, which can be purchased through the ACoS.
- NCI fact sheets on the web cover everything from cancer types to therapies, support groups, smoking cessation, and End-of-Life Care. Many sheets are available in Spanish. Visit http://www.cancer.gov/cancertopics/factsheet/ for more information.
- Recent news gleaned from cancerfacts.com included an antibody showing promise against colorectal cancer, FDA approval of Taxotere in treating stomach cancer, and sputum DNA used in predicting lung cancer. Visit the website for details.
- The American Cancer Society presents "Cancer Facts and Figures 2006" and "Cancer Facts and Figures for African-Americans 2005-2006." Go to the ACS website to access these reports. Keep in mind that the numbers of new cases in these reports are annual estimates of expected new cases and deaths.
- I&R answered more than 2,800 queries with an average turn-around time of 8.7 days in 2005.

CALENDAR OF EVENTS

May 4-5, 2006 - SEER Training - Arlington VA
May 5-8, 2006 - NCRA Annual Conference - Arlington VA
June 10-17, 2006 - NAACCR Annual Conference - Regina, Saskatchewan, Canada
June 19-20, 2006 - CoC 2006 and Beyond: Measuring the Quality of Your Cancer Care - Chicago IL
July 31, 2006 - Application Deadline for CTR Exam

People News

New Hires:	**Sherry Fralick**	**Jennie Stuart Medical Center, Hopkinsville**
	Regina Higgins	**Regional Medical Center of Hopkins County, Madisonville**
	Kelly Pictor	**KCR - Western KY NHF Abstractor**
	Amy Tompkins	**Sts. Mary & Elizabeth Hospital, Louisville**
Resignations:	**Kelly Day**	**Greenview Hospital, Bowling Green**
	Mary Hogan	**Sts. Mary & Elizabeth Hospital, Louisville**
	Amy Tompkins	**Norton Audubon Hospital, Louisville**
New CTRs:	**Chalon Mask, CTR**	**Norton Suburban Hospital, Louisville**
	Amy Tompkins, CTR	**Sts. Mary & Elizabeth Hospital, Louisville**

ACoS Approval

Hazard Appalachian Regional Hospital recently received full three-year approval of its cancer program. Congratulations are extended to Agnes Caudill on this achievement.

Golden Bug Award

And the winner is….Elaine Neaves of St. Elizabeth Medical Center in Edgewood. Elaine found that you cannot enter a lymphoma of C80.9, because there is no valid CS Tumor Size acceptable to CPDMS. This "catch 22" edit check is being fixed.

A Golden Bug is also awarded to Mindy Bulishak of Central Baptist Hospital in Lexington. Mindy found that the wrong choice list was being selected while in the ACoS-only screen on palliative procedures. Congratulations to both of our latest "bug winners."

"Cancer Registrars...Advocates in Action"
Happy National Cancer Registrars Week - April 3-7, 2006

SEER CODING QUESTIONS:

The following questions have attained "Final" status in the SEER Inquiry System (SINQ). Review these examples, and apply any pertinent information to similar cases that may have been problematic in your hospital registry.

Question 1: CS Lymph Nodes--Prostate: How should CS lymph node involvement be coded for localized disease when information is missing? Please see discussion.

Discussion: Prior to initiation of collaborative stage, SEER prostate guidelines instructed us to code lymph node involvement as negative when clinical or pathologic extension was coded 10-34 and there was no lymph node information. Is this guideline still in effect, or do we follow the collaborative stage rules which require lymph node information or, in absence of note info, usual treatment for localized disease?

Answer: *For prostate and other "inaccessible sites" with localized disease, code the regional lymph nodes as clinically negative when not mentioned on imaging or exploratory surgery.*
(SINQ #2005-1122; 2004 SEER Manual, pgs 137-138 [1.d, 3.c])

Question 2: CS Tumor Size--Color: How would the size be coded in this colon case? Please see discussion.

Discussion: 3/8/04 BE: irreg 3 cm polypoid lesion in sigmoid colon
4/10/04 CT adb/pelvis: 3 cm constricting lesion in sigmoid colon Scopes
4/8/04 colonoscopy with bx: 4 cm semi-circumferential friable mass in sigmoid colon -
Path: tubulovillous adenoma
4/13/04 Laparoscopic assisted sigmoid colectomy: Sigmoid colon 5x4.5 cm polypoid mass;
Micro: WD Adenoca arising in a TV Adenoma with invasion of submucosa.
Would the size be coded to 999 or 050?

Answer: *Code CS Tumor Size 050 [5 cm]. The pathology report has priority over imaging for tumor size. Record the size of the "polypoid mass" as the tumor size. Record the largest tumor size documented.*
(SINQ #2005-1121; 2004 SEER Manual, pg 127 [3.a, 4.b])

Question 3: CS Eval--Colon: Would the TS/EXT Eval field be coded to 5? There is no mention of tumor size or extension in the path report. Should the LN Eval field be coded to 5 or 6? Please see discussion below:

Discussion: 6/30/04 CT Scan abd/pelvis: 7.5x7.2 cm large rectal mass with 1 cm nodular densities in perirectal region probably adenopathy; irregularity of perirectal soft tissue which could be due to tumor infiltration. 7/26/04 Patient has radiation therapy and 5FU. 10/19/04 LAR: MD Adenoca rectum with regional node mets (3/8).

Answer: *Based on the information provided above, code CS Tumor Size and Extension from CT scan. Code CS TS/Ext eval 5 [Surgical resection performed with presurgical treatment..size based on clinical evidence]. Code CS lymph nodes using information from resection. Code CS Reg Nodes eval 6 [Regional LN removed...with pre-surgical treatment...based on pathologic evidence].*
(SINQ #2005-1119)

Question 4: 2004 SEER Manual Errata/CS Lymph Nodes--Head & Neck: On page C-353, in the supraglottic larynx schema, there is no mention of Level IV nodes in the CS Lymph Node codes.

Answer: *The CS Steering Committee is aware of this issue and is working to resolve it.*
(SINQ #2005-1001; 2004 SEER Manual, pg C-353)

Question 5: Reportability--Brain and CNS: Is an "intradural extramedullary schwannoma (neurilemona)" reportable? Please see discussion.

Discussion: Example: Pt underwent laminectomy and excision of intradural extramedullary tumor. Many schwannomas located in the spinal area arise in a nerve root (non-reportable site). Do we assume that all schwannomas along the spinal column occur in nerve roots (and thus are not reportable) or do we accession this case because the tumor was intradural? Is there a default decision for tumors described as intradural extramedullary tumors, NOS?

Answer: *This case is not reportable. According to an expert consultant, schwannomas of the spinal cord must be derived from Schwann cells which are not a part of the CNS, so they must all come from peripheral nerves; thus they all come from nerve roots and as such are NOT REPORTABLE.*
*[KCR note: Schwannomas of cranial nerves, located intracranially, **are** reportable.]*
(SINQ #2005-1127; ICD-O-3, NPCR website)

Question 6: Histology--Breast: When the histology from a lumpectomy differs from that of a core needle biopsy, should the lumpectomy histology be coded? Please see discussion below.

Discussion: stated Histology - Page 85 of the SPM 2004, Histology Type Coding Instructions, #2. Use the histology in the final diagnosis from the pathology report. Use the pathology from the procedure that resected the majority of the primary tumor.
Based on this rule, should the following case be coded to Ductal Carcinoma (8500/31)?
Core needle bx: WD Infiltrating Ductal Carcinoma with focal lobular features.
Lumpectomy: WD Invasive Ductal Carcinoma.

Answer: *Yes, code this case to 8500/31 [Well differentiated invasive ductal carcinoma]. Code the histology stated on the pathology report from the procedure removing the most tumor tissue. A lumpectomy will usually provide more tumor tissue than a core needle biopsy.*
First, determine which specimen contains the most TUMOR tissue -- in this case the lumpectomy. Next, apply the histology coding rules to the diagnosis on that pathology report. The rationale is that a diagnosis from a smaller specimen will be less accurate and less representative of the true histology compared to a larger tumor specimen.
(SINQ #2004-1071; 2004 SEER Manual, pg 85)

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