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

IN THE ABSTRACT

KCR Spring Training 2006

Check your calendar and make reservations soon for the 2006 Spring Training session closest to your facility! KCR is pleased to provide three one-day sessions at convenient locations in eastern, central, and eastern Kentucky. Topics to be covered include the very timely "CPDMS.net", scheduled to be ready for implementation this spring, and other changes from the national data-collection organizations. This workshop is **critical** for all CPDMS users. There is no charge for the spring workshop; however, each registry **MUST** contact Barbara Klein at KCR to register for the date, location and number of attendees from that registry. (CE credits are being requested from NCRA.) Contact Barbara at 859-219-0773 x 281 or email her at bklein@kcr.uky.edu ASAP! The dates and locations are shown below:

March 30, 2006 - Campbell House, Lexington
April 6, 2006 - Hardin Memorial Hospital, Elizabethtown
April 7, 2006 - Regional Medical Center at Hopkins County, Madisonville (inside hospital, **not** Trover Tower)

KCR Abstractor's Training

Abstractor's Training classes at KCR have been scheduled in Lexington for March 8-10, 2006. Day one classes will take place in the KCR Conference Room, 2365 Harrodsburg Road, Building A, Suite A230. Days two and three are scheduled in Building B, Suite 100. Please contact Barbara Klein to sign up for these important educational sessions.

ACoS Approval

The cancer program at Our Lady of Bellefonte Hospital in Ashland recently received full three-year approval from the American College of Surgeons. Congratulations are in order for registrar Barb Fitzpatrick!

St. Joseph Hospital in Lexington has been re-approved for another three years. Kudos are extended to Sue Burns, CTR, Betty Lathery, and Larry Sutton, CTR.

Murray-Calloway County Hospital received full three-year approval status with commendation on their first survey. Kristie Kneebone, CTR is pleased to accept congratulations!

Abstracting Bits and Pieces

- Save all 2006 cases for CPDMS.net! Do not enter 2006 cases into the current software.
- 50% of 2005 cases are reportable to the KCR by January 2006.
- Timeliness takes precedence over follow-up. If your registry gets behind in timeliness, focus efforts on abstracting…
- ACoS surveyors are paying attention to text documentation, or the lack thereof. This is another reason to document, document, document!

CTR Exam Preparation Workshop

A two-day training program for registrars who are preparing to take the CTR Exam has been scheduled for February 11-12, 2006 in Phoenix AZ. NCRA has organized this workshop, which will cover ALL exam topics. The registration fee is $260 for NCRA members and $295 for non-members. It is being held from 7:00am-5:30pm on February 11th, and 7:00am-12:00 noon on February 12th at the Hilton Phoenix Airport Hotel. Contact Leticia Salam for more information: 703-299-6640 ext 314 or lsalam@ncra-usa.org.

NCRA Annual Conference

The May 5-8, 2006 NCRA Annual Educational Conference is taking place in Arlington VA at the Crystal Gateway Marriott. Conference registration is open, and both materials and forms are available online. Registration can be completed online (http://www.ncra-usa.org/conference/registration.htm).

Hotel reservations must be directed to the hotel chosen, either the "headquarters hotel" Crystal Gateway Marriott, or the "overflow hotel" Sheraton Crystal City Hotel.

The NCRA rate is $169.00 per night at the Marriott, and $156.00 per night at the Sheraton.

Please visit the following website for additional information: http://www.ncra-usa.org/pdfs/conference/travelandhotel.pdf

Fundamentals of Abstracting Workshop in Washington DC area

New cancer registrars have the opportunity to take part in a fundamentals workshop that is being held concurrently with the NCRA Annual Conference this spring. The three-day program from May 6-8 will focus on quality abstracting and data reporting practices. Registrars with less than two years of experience are the target audience. No CE credits will be offered, since the core information is classified as basic.

Calendar of Events

January 31, 2006 - CTR Exam Application Deadline
January 31, 2006 - NCRA dues and CE fees Due
February 11-12, 2006 - NCRA CTR Exam Prep Workshop - Phoenix AZ
February 28, 2006 - NCRA CE Summary Forms DUE for cycle ending 12/31/05
March 4-18, 2006 - CTR Exam Window
March 8-10, 2006 - KCR Abstractor's Training - Lexington
March 30, 2006 - KCR Spring Training - Lexington
April 6, 2006 - KCR Spring Training - Elizabethtown
April 7, 2006 - KCR Spring Training - Madisonville
May 5-8, 2006 - NCRA Annual Conference - Arlington VA

People News

New Hires:	**Nicole Catlett**	**Baptist Hospital East, Louisville**
	Corrie Mitchell	**St. Elizabeth Medical Center, Edgewood**
Resignations:	**Regina Higgins**	**Jennie Stuart Medical Center, Hopkinsville**

DID YOU KNOW?

- "Survey Savvy" is now available on CD for $150. Video and audio presentations, sample "Best Practices", and CE credits are all tied into this package. Call 312-202-5474 or go online to order.
- Although ACoS does not require followup for class 0 cases from 2006 forward, KCR still must follow those cases.
- A majority of CoC-approved cancer programs chose to release their level II year-2003 caseload data to the American Cancer Society.
- NCRA and the American Health Information Management Association (AHIMA) have teamed to produce an educational program in Cancer Registry Management. The online training is useful for beginning registrars and those wishing to "brush up" on various registry topics. Visit http://campus.ahima.org for more information.
- The Cancer Registry Staffing and Compensation Manual (2001) is available on the NCRA website; members can go to the "Members Only Section" to get a free download.
- The "2005 Annual Report to the Nation" shows that cancer death rates are still declining in the U.S. The 1.1 percent per year decline from 1993 to 2002 has been attributed to early detection, progress in prevention, and treatment.
- You can earn CE credits by reading designated "Journal of Registry Management" articles and successfully completing a quiz on each article. NCRA members pay a $25 processing fee per quiz, and deadlines are attached.

Louisville Cancer Registrars Association (LCRA) recently met and elected 2006 officers: President: Rhonda Paul, CTR; Secretary: Wendy Drechsel, CTR; Treasurer: Marge Constan, CTR. LCRA has monthly meetings with speakers.

SEER CODING QUESTIONS:

The following questions have been finalized recently by the SEER Inquiry System (SINQ). Review of these challenging coding questions may provide an additional educational resource.

Question 1: CS Extension/Histology--Melanoma: When does the term "regression" affect the coding of melanoma cases? Please see discussion.

Discussion: For melanoma, many path reports document the presence or absence of regression. At what point does the presence of regression become significant enough to code it for histology and for CS Extension?

Example 1: Skin biopsy showed malignant melanoma, Breslow thickness 0.38 mm, Clark's level II, ulceration is absent, regression is present.

Example 2: Punch biopsy showed malignant melanoma, Clark's level II, 0.34 mm maximum depth of invasion with apparent regression.

Example 3: Skin biopsy showed lentigo maligna undergoing regression.

Answer: *Regression does not affect CS staging for cutaneous melanoma. "Malignant melanoma, regressing" [8723] is coded only when it is the final diagnosis. Do not use code 8723 for the examples above.*
According to our pathologist consultant:
Melanoma can occasionally undergo "spontaneous" regression -- the tumor can become smaller, and in some cases even disappear. This phenomenon is likely due to an increased immune response on the part of the "host" (person with the melanoma). This is noted occasionally in patients with metastatic disease which gets smaller, or even disappears. We think this is also what has happened in patients who get diagnosed with metastatic melanoma, say in a lymph node, but have no primary tumor, though sometimes give a history of a skin lesion which came and then went away, or a skin lesion which was not submitted for pathological examination. In addition, we (pathologists) occasionally see biopsies which have melanoma as well as the presence of the immune reaction to it, and once in a while, the immune reaction with little or no evidence of residual melanoma.
The College of American Pathologists says that regression of 75% or more of the melanoma carries an adverse prognosis.
(SINQ #2005-1103; 2004 SEER Manual, pg C-432 [App C 7/03]; ICD-O-3)

Question 2: Surgery of Primary Site--Colon: Should we code hemicolectomy as stated by the surgeon? Please see discussion.

Discussion: For example, there is no text of the details of the surgical procedure in the operative findings and it is not clear in the pathology findings that a hemicolectomy was done. A Hemicolectomy includes the flexure and part of the transverse colon.

Answer: *Yes, code hemicolectomy as stated by the surgeon when there is no conflicting or additional information available.*
(SINQ #2005-1114; 2004 SEER Manual, pg C-229)

Question 3: Histology: When the term in the cytology report states malignant cells do we code to 8000/3 or 8010/3? What if we have no cyto/path reports but the CT states probable malignancy, do we code the histology as 8000/3 or 8010/3:

Answer: *Assign code 8001/3 [Tumor cells, malignant] when the only information available is a cytology report stating "malignant cells."*
Assign code 8000/3 [Neoplasm, malignant] when the only information available is a CT report stating "probable malignancy."
See ICD-O-3 page 27 for an explanation of "cancer" [8000] and "carcinoma" [8010].
(SINQ #2005-1115; ICD-O-3 pg 27)

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Question 4: Primary site: How do I code the primary site without the case hitting SEER edits? Please see discussion below.

Discussion: Otherwise healthy patient has a mass in groin, pathology shows PNET. Workup for a primary is negative. Tumor Board says this is an unknown primary but the SEER site/histology validation list doesn't allow C809 with 9473/3, or any ill-defined primaries with 9473/3.

Answer: *Code site to C495 [connective tissue of pelvis, groin].*
This was not called metastatic PNET and no other site of disease is noted.
PNET is a broad classification of a group of tumors that usually occur in the CNS and can also occur in soft tissue (neuroblastoma, extra-osseous Ewing sarcoma).
(SINQ #2005-1116; ICD-O-3)

Question 5: Histology--Endometrium: What code is used to represent the histology "endometroid carcinoma with squamous differentiation" for an endometrium primary?

Answer: *For cases diagnosed 2004 and later:*
Endometrioid adenocarcinoma with squamous differentiation is coded 8570 [Adenocarcinoma with squamous metaplasia].
(SINQ #2002-1168; ICD-O-3, 2004 SEER Manual; last updated 7-13-05)

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What is the diagnosis date?

Determining the correct date of diagnosis may be problematic, especially when a patient is followed by scans for a lengthy period of time before ever receiving treatment. An example would be a patient with CT scan evidence of left lung mass "suspicious for carcinoma" in March of 2003, with CT showing stable disease several months later. Patient is followed by subsequent scans for more than a year before he has a biopsy and eventual surgery for adenocarcinoma in August of 2004.

The SEER Program Manual 2004 clearly directs registrars on page 65 to code the date of diagnosis to... "the month, day and year the tumor was first diagnosed by a recognized medical practitioner, whether clinically or microscopically confirmed." For our example case above, the date of diagnosis would be March 2003.

What about first course of therapy for this example? Referring to the SEER Manual once again, we find on page 170 that first course of treatment ends one year after the diagnosis date, 'when there is no documentation of a treatment plan, a progression, recurrence or a treatment failure…" With no such documentation, the August 2004 surgery for our example case would be categorized as second course (subsequent) treatment.

Data analysis studies on your facility's cases may show sites where your diagnosis dates or surgery course codes may be in error. Lung and prostate primaries may fall into this problem area. Take the opportunity to clean up such errors while waiting to begin 2006 abstracts and the implementation of CPDMS.net software.