



KY Paper Received NCRA Award

Awards announced at the recent National Cancer Registrars Association Annual Conference in New Orleans included one for “Best Paper” published this past year in the Journal of Registry Management. The winning paper, “Increasing the Use of the Kentucky Cancer Registry as a Research Tool: An Epidemiologic Pilot Study of Ovarian Cancer”, was written by Drs. Thomas Tucker and Claudia Hopenhayn of the University of Kentucky Markey Cancer Control Program. Although neither author was in attendance at the April 13th NCRA Awards Luncheon, Kentucky registrars applauded enthusiastically upon hearing the winning entry’s origin! Congratulations are extended to “our” winners.

KY News in “CoC Flash”

The April 2005 “CoC Flash” announced the Commission on Cancer 2004 Outstanding Achievement Award Programs. The hospitals earning this recognition not only passed the ACoS Survey in 2004, but also earned a commendation rating. Of thirty-four programs earning this rating, two are located in Kentucky: St Elizabeth Medical Center in Covington and Taylor Regional Hospital in Campbellsville. Congratulations, registrars, on achieving this most difficult level of ACoS approval.

Abstracting and “All That Jazz”...

The NCRA Conference last month in jazzy New Orleans produced a few newsworthy abstracting items briefly addressed below:

- ◆ Round PSA levels off to the nearest tenth using the standard math rule (if 5 or greater, round up; if less than 5, round down).
- ◆ CS errata are available, but software will not reflect changes for some time yet. Consider holding off on abstracting 2005 prostate cases until the software update has been installed on your computer, as there are a couple of big changes with prostate data collection.
- ◆ Historical benign CNS tumors must be sequenced in with cancers and 2004-forward benign CNS tumors. (Example: patient diagnosed in 2004 with colon cancer had a benign meningioma in 1999; KCR sequence #1=meningioma [Site group 60, Other]; sequence #2=colon cancer.)

WHEN ABSTRACTING, READ YOUR CPDMS MANUAL!!!

ACoS Cancer Program Approvals

- Jennie Stuart Medical Center recently received full approval of its cancer program with no deficiencies. Congratulations are extended to Regina Higgins, CTR!
- St Claire Medical Center has received notification that its cancer program received full approval. Registrar Tracy Jean Kay is to be commended!



People News



New Hires:	Pam Collier Mary Hogan Chalon Mask Heather Bullock	Highlands Regional Medical Center, Prestonsburg Caritas Medical Center, Louisville Norton Suburban Hospital, Louisville Ephraim McDowell Medical Center - Danville
Resignations:	Marcia Smith Ginny Von Behren	Ephraim McDowell Medical Center, Danville KCR Non-Hospital Facility Abstractor
New CTRs:	Shona Harper, CTR Regina Higgins, CTR Emily Reed, CTR Sherry Gabehart, CTR	Lake Cumberland Regional Hospital, Somerset Jennie Stuart Medical Center, Hopkinsville KCR Non-Hospital Facility Abstractor Hardin Memorial Hospital, Elizabethtown

Golden Bug Award!!



Kudos to Kristie Kneebone, CTR from Murray-Calloway County Hospital for her question regarding the ACoS follow-up report and patients over 100 years of age. KCR does require follow-up on patients who attain that age distinction, even though the ACoS does not.

Calendar of Events



June 4-11, 2005 - NAACCR Annual Conference - Cambridge MA
July 31, 2005 - CTR Exam Application Deadline
August 17, 18, 19, 2005 - Abstractor's Training - Lexington KY
September 8-9, 2005 - KCR Fall Workshop - Louisville KY
September 10-24, 2005 - Fall CTR Exam

SEER CODING QUESTIONS

Questions recently finalized on the SEER Inquiry System (SINQ) are shown below. These coding directions may help you with future abstracting questions.

Question 1: CS Tumor Size (Ovary): Do we record the size of a cystic mass as the tumor size for an ovarian primary? In this case, the specimen consists of a cystic mass which measures 23x17x10cm.

*Answer: If the tumor is described as a “cystic mass,” and only the size of the entire mass is given, code the size of the entire mass, since the cysts are part of the tumor itself. **Please note: Ovarian cancer stage is not based on tumor size.** (SINQ #2004-1026; CS Manual, Part I, pg 26)*

Question 2: CS-Site Specific Factor—Prostate: If PAP is not mentioned in the chart, should site specific factor 4 be coded to 999 [unknown or no information] or 000 [test not done]?

*Answer: Code the CS Site Specific Factor 4 to 999 [Unknown or no information: Not documented in patient record]. If there is no report of a lab test in the health record, code as 999. Code this field to 000 [Test not done] when there is a statement in the record that a test was not performed. **Please note: This field will be dropped when the CS Errata are implemented.** (SINQ #2004-1016; SPCSM 2004, pg C-560)*

Question 3: CS Lymph Nodes-Breast: Please define the use of code 25 and give an example of its use. Please see discussion below.

Discussion

If a lymph node is not stated to be 'fixed' is it presumed to be 'movable'? Must there be a statement of 'movable' to use code 25?

*Answer: The word 'movable' does not have to be used to assign code 25. A 'movable' lymph node is an involved lymph node not described as fixed or matted. The general rule is to code the lesser or lower category, which would be the case if neither movability nor fixation is mentioned. See also the ****footnote on page 461 of the CS Manual Part II.** Code 25 Example: Involved lymph nodes per lymph node dissection. No mention of fixation or matting. Size of largest met within a lymph node is 4mm. (SINQ #2005-1018; 2004 SEER Manual; pg C-478 (Appendix C))*

Question 4: Surgery of Primary Site-Bladder: Which surgery code should be used for biopsy and extensive fulguration? Please see discussion below.

Discussion

Patient has a cystoscopy with biopsy and extensive fulguration. There was a path specimen for the biopsy.

The SEER note states that Codes 21 to 25 combine 20 Local tumor excision etc specimen sent to pathology from surgical event. Since there was no local tumor excision, just the extensive fulguration, would the surgery be coded to 12 or 22?

Answer: Assign surgery code 22 [Electrocautery]. In this case, a specimen was sent to pathology. Codes lower than 20 do not apply where there is a pathologic specimen. (SINQ #2005-1029; 2004 SEER Manual, pg C-607 (Appendix C))

Question 5: First course treatment/Surgery of Primary Site-Lung: How is radiofrequency ablation for lung primaries coded?

Answer: Assign code 15 (Local tumor destruction; NOS). In the Surgery of Primary Site field. RFA is a technique where a probe placed in or near a tumor sends radio waves into the tumor, causing it to heat up and kill the cancer cells. RFA doesn't fit neatly into code 12 or 13, so we are left with the NOS code. (SINQ #2005-1043; 2004 SEER Manual, pg C-393 (Appendix C))

Question 6: Reportability/Diagnostic confirmation: Can cytogenetics and molecular studies be used as a positive measure for reportability and if so, is this histologic confirmation? For chronic myelogenous leukemia, can a positive BCR/ABL result be taken for a positive diagnosis of malignancy? What is the diagnostic confirmation?

Answer: Do not determine reportability using cytogenetics or molecular studies alone. Since these are not routine screening tests, we suggest that you query the physician and review the medical record to see what prompted the study and what is being done with the result, but the test alone is not in and of itself sufficient to report the case. (SINQ #2005-1046; 2004 SEER Manual, pgs 1-3)