

# Kansas Cancer Registry Newsletter

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May 2007: Volume 11, Issue 5

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## Multiple Primary and Histology Coding Rules

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As registrars begin doing 2007 cases, it is a must that registrars know the new **MPH Rules**. Kansas Cancer Registry offered trainings in Kansas City on April 13<sup>th</sup> and in Wichita on May 4<sup>th</sup>. We had a nice turnout at both locations and enjoyed talking with those of you who were able to attend. For those of you who were unable to attend the workshop, one other option is to attend the training session offered by Missouri Cancer Registry on June 7<sup>th</sup> and June 8<sup>th</sup> at North Kansas City Hospital. Please visit Missouri Cancer Registry website for further details.

Additional MP/H Rules resources are available online:

- ❖ <http://www.seer.cancer.gov/tools/mphrules/> : Overview of new MP/H Rules
- ❖ <http://www.seer.cancer.gov/tools/mphrules/training.html> : Free web-based cancer registrar education on new MP/H Rules (Training Web Casts)
- ❖ <http://www.seer.cancer.gov/tools/mphrules/download.html> : MP/H Rules manual
- ❖ <http://seer.cancer.gov/seer inquiry/> : The SEER Inquiry System now has a new “MP/H Rules” category that will pull up all the questions & answers related to these new rules
- ❖ <http://www.facs.org/cancer/coc/fords/2007/fordsrevised0906.pdf> : (Revised for 2007 FORDS Manual)-includes information/instructions on use of new MP/H Rules

As you are abstracting 2007 cases, you can refer to the above resources to help answer any questions you may have. Also, feel free to e-mail or call your KCR contact person if you have questions.

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## Melanoma/Skin Cancer Detection and Prevention Month

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May is Melanoma/Skin Cancer Detection and Prevention Month. In honor of this month, throughout this newsletter you will find information to assist you in abstracting melanoma cases. For more information on Melanoma/Skin Cancer go to <http://www.aad.org/default.htm> .

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## A Note on Malignant Melanoma Coding

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Malignant Melanoma is a malignant neoplasm most commonly involving the skin. This cancer is identified in cells, which are capable of producing melanin. Besides being the third most common skin cancer, it is one type of skin cancer you run across daily. Melanomas are most often linked with exposure to damaging ultraviolet radiation. This radiation causes changes to occur in the epidermal melanocytes altering growth. Below is additional information on staging malignant melanoma.

### Malignant Melanoma Classification in Relation to AJCC Staging

Clark System	Breslow System	AJCC STAGE
<p style="text-align: center;"><b>Level I - Tumor <i>in situ</i></b> Tumor is confined to the epidermis and is entirely above the basement membrane.</p>	0.00-0.76 mm	0 (In Situ)
<p style="text-align: center;"><b>Level II</b> Invasive cells are only present in the papillary dermis. The tumor is usually still considered to be in the radial growth phase.</p>	0.76-1.49 mm	1 (Local)
<p style="text-align: center;"><b>Level III</b> Tumor cells are found throughout the papillary dermis with impingement on the reticular dermis. The tumor has entered the vertical growth phase.</p>	1.50-2.49 mm	1 (Local)
<p style="text-align: center;"><b>Level IV</b> Tumor cells are clearly seen between the collagen bundles of the reticular dermis.</p>	1.50-1.49 mm	1 (Local)
<p style="text-align: center;"><b>Level V</b> Tumor cells show invasion of the subcutaneous fat.</p>	4.00 mm	1 (Local)

The chart has been adapted from <http://www.dentalcare.com/soap/intermed/melan.htm>

**\*Breslow Microstaging Method-** Thickness of the lesion is measured to determine the total vertical height of the melanoma.

**\*Clark's Microstaging Method-** Categorizes different levels of invasion that reflect increasing depth of penetration into the dermal layers of the subcutaneous fat.

\* **NOTE-** when there is a discrepancy between thickness/depth of invasion **Clark's Level takes precedence.**

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## Anatomy Review

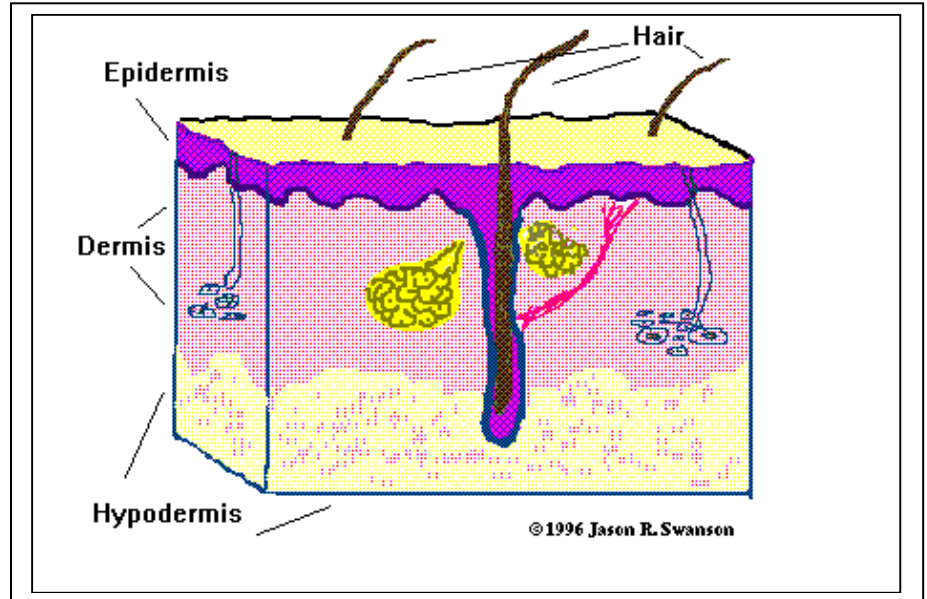
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Taken from the new MP/H Rules Manual (pages 44-45):  
[http://www.seer.cancer.gov/tools/mphrules/mphrules\\_manual\\_01012007.pdf](http://www.seer.cancer.gov/tools/mphrules/mphrules_manual_01012007.pdf)

The picture to the right shows the three layers of skin:

- ❖ Epidermis: upper surface, thin layer (outermost layer)
- ❖ Dermis: lower, intermediate thicker layer (intermediate layer)
- ❖ Hypodermis: also called subcutis or subcutaneous fat—lowest layer (innermost layer)

A melanoma becomes more invasive as it grows from the epidermis, through the dermis, into the hypodermis.



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## Questions & Answers

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From the SEER Inquiry System: <http://seer.cancer.gov/seerinqury/>

### Question

Can in situ melanoma cases have “depth of invasion” coded to something other than 999

### Answer

In situ disease can have a depth of invasion because the surface epithelium can be of varying depths without the melanoma breaking through the basement membrane.

### References

SEER EOD-88, 3rd Ed; pgs 102

*Do you have a question you would like answered in an upcoming newsletter? Email your question(s) to: [nwiedower@kumc.edu](mailto:nwiedower@kumc.edu)*

### Question

Many melanoma patients have multiple occurrences over time that are not called recurrent and often are even in the same skin subsite, some in situ only and others alternating between in situ and invasive. Should these multiple occurrences really be considered new primaries?

### Answer

Unless it is stated to be a RECURRENT or METASTATIC melanoma, record each melanoma as a separate primary when:

1. The occurrences are more than 2 months apart.
2. The fourth digit of the ICD-O topography code for skin [C44.\_] is different.
3. The first three digits of ICD-O-3 morphology c codes are different.
4. An in situ melanoma is followed by an invasive melanoma.

### Reference

1. SEER PCM, 3<sup>rd</sup> Ed.; pgs 11
2. SPCSM 2004; pgs 11-12

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## Are you Current?

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- ❖ Please submit your cases using NAACCR Version 11 after running NAACCR Version 11 Edits for all 2006 diagnosed cases
- ❖ Use Collaborative Staging & Coding Manual, Version 01.03.00 (released September 8, 2006) (<http://www.cancerstaging.org/cstage/index.html>) to calculate collaborative stage on cases currently being abstracted. Please check this site regularly for updates
- ❖ Updated codes for “Primary Payer at Diagnosis” (PRIMARY PAYER AT DX) for 2005 diagnosed cases and forward (The updated codes, and their explanation, can be found under the “Errata” section of the KCR manual (<http://www2.kumc.edu/kcr/>). Please print this page and replace the old version in your current KCR manual)
- ❖ New codes to be used for all cases diagnosed 01/01/2006 and forward:
  - “Radiation/Surgery Sequence”
  - “Systemic/Surgery Sequence”
  - “Radiation Regional Treatment Modality”
 (The new codes, and their explanation, can be found under the “Updates to KCR Manual” section of the KCR manual (<http://www2.kumc.edu/kcr/>). Please print these pages and place in your current KCR manual.)

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## Upcoming Trainings & Conferences

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- ❖ Free MP/H Rules “Training Web Casts”
  - <http://www.seer.cancer.gov/tools/mphrules/training.html>
- ❖ Kansas Cancer Registrars Association (KCRA) Annual Meeting
  - September 20-21, 2007: Wichita, Kansas
- ❖ North American Association of Central Cancer Registries (NAACCR) “Webinar” series – go to <http://www.naacr.org/filesystem/word/Hosp%20webinar%20sched.doc> for more information.
  - May 10, 2007 Abstracting Prostate Cancer Incidence and Treatment Data
  - June 14, 2007 Abstracting Lung Cancer Incidence and Treatment Data
  - September 13, 2007 Abstracting Breast Cancer Incidence and Treatment Data

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## 2006 Reporting Schedule

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Month of Diagnosis	Due to KCR by:
January 2006	July 2006
February 2006	August 2006
March 2006	September 2006
April 2006	October 2006
May 2006	November 2006
June 2006	December 2006
July 2006	January 2007
August 2006	February 2007
September 2006	March 2007
October 2006	April 2007
November 2006	May 2007
<b>December 2006</b>	<b>June 2007</b>

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We're on the web!  
[www2.kumc.edu/kcr](http://www2.kumc.edu/kcr)

*The Kansas Cancer Registry (KCR), under the direction of Dr. Sue Min Lai, has expanded in recent years to collect and maintain a population based longitudinal database of all Kansans diagnosed with cancer.*

*KCR is the only population-based source of information on cancer incidence in the State of Kansas. It provides information on the occurrence of cancer, stage at diagnosis, survival and sub-populations affected by different types of cancer. Registry information can be used by researchers to evaluate the effectiveness of new treatments and by public health professionals to implement and monitor prevention efforts.*

*Thanks to facilities across the state of Kansas who report cancer cases, KCR has quality data to help in the fight against cancer.*

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