



MP/H Rules Update

The new MP/H Rules apply to all cases diagnosed January 1, 2007 and forward. As with any change, many questions may come up while abstracting. Please call your KCR contact person to get help. Also the SEER query system and American College of Surgeons websites should help address questions concerning the MP/H Rules.

Note: Benign brain and lymphoma/leukemia cancers are NOT part of the multiple primary histology rules. You will continue to abstract these cancers as you have been doing in previous years. For Benign brain tumors sequence is 60 or 61, 62 and for Lymphoma/leukemia cancers sequence is 00 or 01, 02. Determining whether lymphomas and leukemias are recurrent or a new primary is based on the hematopoietic chart (<http://seer.cancer.gov/icd-o-3/>).

CS Coding Clarification for Bladder Cases

A coding issue which needs clarification involves *in situ* bladder cases.

Example: When the pathology report indicates either a definite statement of noninvasion, inferred noninvasion from the microscopic description, or other phrases of carcinoma *in situ*, use the behavior code of 2.

Note: CS Extension codes 01, 03, and 06 should reflect *in situ* carcinomas. (For more information, see Note 6 for Bladder CS Extension at <http://web.facs.org/cstage/bladder/Bladdercsextensionable.html>).

Incidentally, if the Bladder CS Extension code is 10, the behavior code may be 2 (*in situ*) or 3 (invasive). **If the Bladder CS Extension code of 15 or greater is used, the behavior code MUST be 3 (invasive) and NOT 2 (*in situ*).** For complete explanation please refer to the collaborative staging manual (<http://www.cancerstaging.org/cstage/index.html>)

Race and Ethnicity

When abstracting cases, please be sure to read and obtain any information you can pertaining to the race and ethnicity of the patient. For our purposes, KCR considers both of these as critical data items. Example: 01 for “White,” 02 for “Black,” and 03 for “American Indian, Aleutian, or Eskimo.” Note: “White” includes Mexican, Puerto Rican, Cuban, and all other Caucasians.

Ethnicity is a code identifying persons of Spanish or Hispanic origin, and these persons may be of any race. Example: 0 for “Non-Spanish; non-Hispanic,” 1 for “Mexican (includes Chicano),” 2 for “Peurto Rican,” and 3 for “Cuban.” If ethnicity is not documented in the chart, and the patient has an English or other non-Spanish name, code 0 rather than 9.

For a complete listing of acceptable race and ethnicity codes, please refer to the KCR Coding and Information Manual (Section 1, Page 9) which can be downloaded from our website using your hospital password.

List of Recommended Symbols

- ❖ See Section H: SEER Program *Self Instructional Manual for Tumor Registrars: Book 3—Tumor Registrar Vocabulary, Second Edition*: <http://seer.cancer.gov/training/manuals/Book3.pdf>
- ❖ See Appendix G: NAACCR *Standards for Cancer Registries, Volume II: Data Standards and Data Dictionary, Twelfth Edition*: http://www.naacr.org/filesystem/pdf/Vol_II_draft_board%20-%20Fix%20Pg%2098.pdf

Symbol	Term(s)
^	above
@	at
&	and
<	less. less than
=	equals
>	greater than, more, more than
-	negative, minus
#	number, pound(s)
+	plus, positive
X	times

Sample List of Abbreviations

- ❖ See Section H: SEER Program *Self Instructional Manual for Tumor Registrars: Book 3—Tumor Registrar Vocabulary, Second Edition*: <http://seer.cancer.gov/training/manuals/Book3.pdf>
- ❖ See Appendix G: NAACCR *Standards for Cancer Registries, Volume II: Data Standards and Data Dictionary, Twelfth Edition*: http://www.naacr.org/filesystem/pdf/Vol_II_draft_board%20-%20Fix%20Pg%2098.pdf

Abbreviation	Term(s)
ADENOCA	Adenocarcinoma
ADJ	Adjacent
ALL	Acute lymphocytic leukemia
AML	Acute myelogenous leukemia
ANAP	Anaplastic
ANT	Anterior
AP	Anteroposterior
APPROX	Approximately
AX	Axilla(ry)
BM	Bone marrow
BX	Biopsy
C/W	Consistent with
CA	Carcinoma
CM	Centimeter
CML	Chronic myeloid (myelocytic) leukemia
DCIS	Ductal carcinoma in situ
DECR	Decrease(d)
DIAM	Diameter
DX	Diagnosis

Abbreviation	Term(s)
EXT	Extend/Extension
GR	Grade
HX	History
INFILT	Infiltrating
INV	Invade(s)/invading/invasion
INVL	Involve(s)/involvement/involving
LN(S)	Lymph node(s)
LT	Left
LUOQ	Left upper outer quadrant
MALIG	Malignant
MD, MOD DIFF	Moderately differentiated
MET, METS	Metastatic/metastasis
PROB	Probable (-ly)
RT	Right
SQ, SQUAM	Squamous
SUSP	Suspicious/Suspected
W/	With
W/O	Without
XR	X-ray

2007 Reporting Schedule

Month of Diagnosis	Due to KCR by:
January 2007	July 2007
February 2007	August 2007
March 2007	September 2007
April 2007	October 2007
May 2007	November 2007
June 2007	December 2007
July 2007	January 2008
August 2007	February 2008
September 2007	March 2008
October 2007	April 2008
November 2007	May 2008
December 2007	June 2008

Are you Current for 2007 Cases?

- ❖ Please submit your cases using NAACCR Version 11.1 after running NAACCR Version 11.1 Edits for all 2007 diagnosed cases
- ❖ Use Multiple Primary and Histology Coding Rules Manual (released January 01, 2007) (http://www.seer.cancer.gov/tools/mphrules/mphrules_manual_01012007.pdf) on all cases diagnosed January 1, 2007 and forward
- ❖ 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

Upcoming Trainings & Conferences

- ❖ 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
 - September 13, 2007: Abstracting Breast Cancer Incidence and Treatment Data
 - October 11, 2007: Abstracting Melanoma Cancer Incidence and Treatment Data
 - November 8, 2007: Abstracting Gynecologic Cancer Incidence and Treatment Data
 - December 6, 2007: Hospital Cancer Registry Operations

Questions & Answers

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

Question

MP/H Rules--Breast: When an excisional biopsy removes the majority of the tumor with a diagnosis of "carcinoma," and the subsequent lumpectomy diagnosis states "microscopic residual consistent with infiltrating duct carcinoma," which report and diagnosis should be used to code the histology?

Answer

Code the histology from the pathology report with the most representative specimen (the most tumor tissue) even when the most representative specimen is less specific. Code the histology to 8010 [carcinoma] in the case described above.

References

2007 MP/H Rules

Question

MP/H Rules--Breast: If the abstractor only has the CAP protocol information and it does not include a final diagnosis, which fields of the protocol would be used to determine the histology and if there is a carcinoma in situ present?

Answer

If the CAP protocol is used in lieu of a final diagnosis, use all of the information in the CAP protocol.

References

MP/H Manual; pg 12 (General Instructions)

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

New Address for KCR

Please use our new address in all future correspondence with KCR. The address is:

**Kansas Cancer Registry
University of Kansas Medical Center
130 Support Services, MS 2009
3901 Rainbow Boulevard
Kansas City, KS 66160
Tel #: 913-588-4722
Fax #: 913-588-7384**

Kansas Cancer Registry
University of Kansas Medical Center
130 Support Services, MS 2009
3901 Rainbow Boulevard
Kansas City, Kansas 66160

Phone: 913-588-4722

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We're on the web!
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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