

Kansas Cancer Registry Newsletter



2007: Volume 11, Issue 9

National Prostate Cancer Awareness Month

September is National Prostate Cancer Awareness Month. In honor of this month, throughout this newsletter you will find information to assist you in abstracting prostate cases. For more information on Prostate Cancer go to www.fightprostatecancer.org.

The Prostate-Specific Antigen (PSA) Test

Prostate-specific antigen (PSA) is a protein produced by the cells of the prostate gland. The PSA test measures the level of PSA in the blood. The doctor takes a blood sample, and the amount of PSA is measured in a laboratory. Because PSA is produced by the body and can be used to detect disease, it is sometimes called a biological marker or tumor marker.

The test results are usually reported as nanograms of PSA per milliliter (ng/mL) of blood. In the past, most doctors considered PSA values below 4.0 ng/mL as normal. However, recent research found prostate cancer in men with PSA levels below 4.0 ng/mL. Many doctors are now using the following ranges with some variation:

- 0 to 2.5 ng/mL is low.
- 2.6 to 10 ng/mL is slightly to moderately elevated.
- 10 to 19.9 ng/mL is moderately elevated.
- 20 ng/mL or more is significantly elevated.

There is no specific normal or abnormal PSA level. The higher a man's PSA level, the more likely it is that cancer is present. But because various factors (such as age) can cause PSA levels to fluctuate, one abnormal PSA test does not necessarily indicate a need for other diagnostic tests. When PSA levels continue to rise over time, other tests may be needed.

For more information concerning the prostate-specific antigen (PSA) test, please consult <http://www.cancer.gov/cancertopics/factsheet/Detection/PSA>.

Anatomy Review

Taken from the SEER's Training Web Site: <http://www.training.seer.cancer.gov/>.

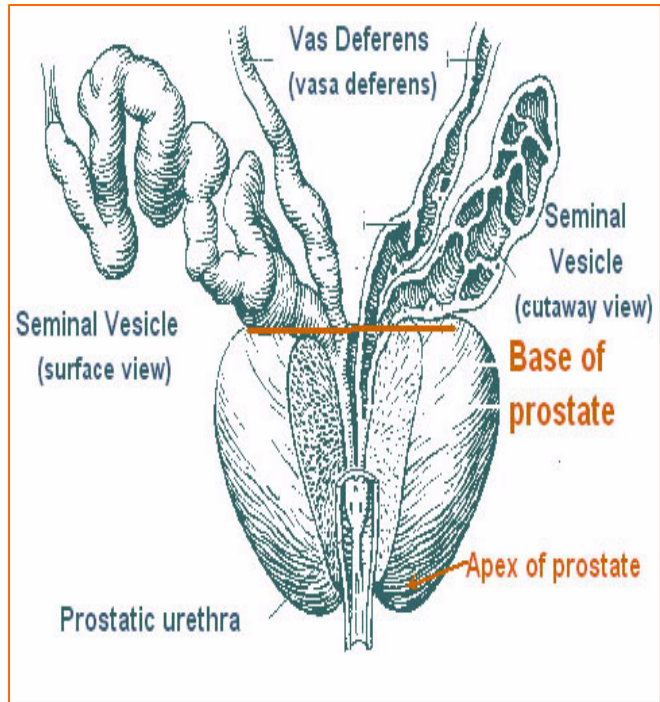
The picture to the right shows the prostate, which consists of a base, an apex, an anterior, a posterior, and two lateral surfaces.

The base is directed near the inferior surface of the bladder. The greater part of this surface is directly continuous with the bladder wall.

The apex is directed downward, and is in contact with the superior fascia of the urogenital diaphragm.

Regional lymph nodes associated with the prostate include the following:

- ❖ Periprostatic
- ❖ Hypogastric (Obturator)
- ❖ Iliac – internal, external, NOS
- ❖ Sacral – lateral, presacral, promontory (Gerota's), NOS
- ❖ Pelvic, NOS



Questions & Answers

From the ACOS Inquiry System: <http://web.facs.org/coc/>

Question

If a prostate biopsy was done in a physician's office with a Gleason score of 4+3=7 and a prostatectomy was done with a Gleason score of 4+2=6, which score is used for Collaborative Staging?

Answer

Clarification made to Prostate Schema in Version 01.02 on "recording Gleason's Score" 4/25/05. Following AJCC guidelines for coding multiple Gleason's Scores in prostate cancer, if there is more than one primary and secondary pattern value, the value to be coded is the one based on the larger tumor specimen. Please note that this rule is not the same as the rule for coding grade. Detailed information regarding this new version release is available on www.cancerstaging.org by clicking on "Collaborative Staging."

References

New Collaborative Staging Manual (version 01.03.00)

Question

Patient had a palpable prostate nodule on the left lobe and biopsies revealed adenocarcinoma in both lobes. Is the CS Ext Code 20 or 23?

Answer

CS extension code 23 would be correct if both lobes (right lobe and left lobe or bilateral disease) of the prostate were involved.

References

ACOS Collaborative Staging

Do you have a question you would like answered in an upcoming newsletter?

Email your question(s) to:

iduff@kumc.edu

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)
A-COLON	Ascending colon
ABD, ABDOM	Abdomen
ABN	Abnormal
ABS	Absent/Absence
ABST	Abstract/Abstracted
ADM	Admission/Admit
AG	Antigen
BCC	Basal cell carcinoma
BD	Bile duct
BIL	Bilateral
BMT	Bone marrow transplant
BPH	Benign prostatic hypertrophy/ hyperplasia
CHEMO	Chemotherapy
CHF	Congestive heart failure
CHR	Chronic
CIS	Carcinoma in situ

Abbreviation	Term(s)
CLL	Chronic lymphocytic leukemia
CNS	Central nervous system
DRE	Digital rectal examination
EGD	Esophagogastroduodenoscopy
ENL, ENLGD	Enlarged
EXC(D)	Excision/Excised
FNA	Fine needle aspiration
FU	Follow up
H/O	History of
LAP	Laparotomy
MRI	Magnetic resonance imaging
MULT	Multiple
OBST	Obstructed (-ing, -ion)
PIN III	Prostatic intraepithelial neoplasia, grade III
PROCTO	Proctoscopy
PSA	Prostatic specific antigen

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

Kansas Cancer Registrars Association (KCRA) Annual Meeting

The staff at KCR would like to extend our appreciation to all facilities across the state of Kansas who report cancer cases and assist us in the fight against cancer. The 22nd annual KCRA meeting will be held on September 20th and 21st at:

Via Christi Regional Medical Center
St. Joseph Campus
3600 E Harry
Wichita, KS 67218
McNamara Conference Center.

We look forward to seeing you in Wichita!

Welcome New KCR Staff!

Join us in welcoming our new staff member: *Mr. Ian Duff*

Ian has been working as a Research Assistant with the Kansas Cancer Registry for the past three months. He graduated from the University of Kansas with a bachelor's degree in Health Information Management in May 2007. Additional education includes a bachelor's degree in English. His past work experience includes newspaper reporting, data collection, and patient care. Here at KCR, Ian is assisting in case abstraction and coordinating the publication of our monthly newsletter. Welcome Ian!

New Address for KCR

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

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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.

KCR Staff

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Thank you to all KCR staff members who contributed to the publication of this newsletter.