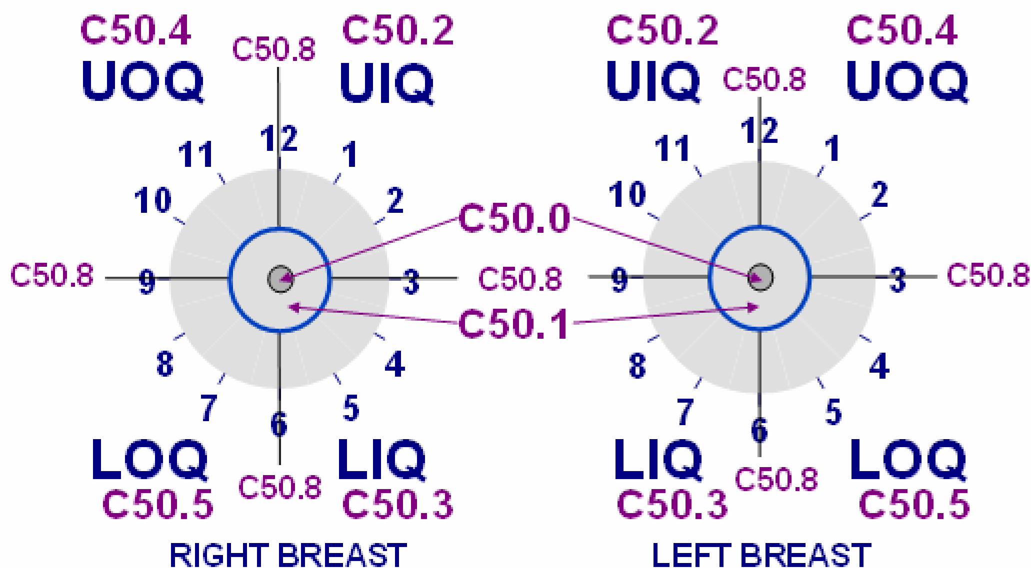
Kansas Cancer Registry Newsletter

October 2007: Volume 11, Issue 10

National Breast Cancer Awareness Month

October is National Breast Cancer Awareness Month. In honor of this month, throughout this newsletter you will find information to assist you in abstracting breast cases. For more information on Breast Cancer go to: http://www.cancer.gov/cancertopics/types/breast.

Breast Topography Codes



Upper (superior) **Lower (inferior)** **Outer (lateral)** **Inner (medial)**

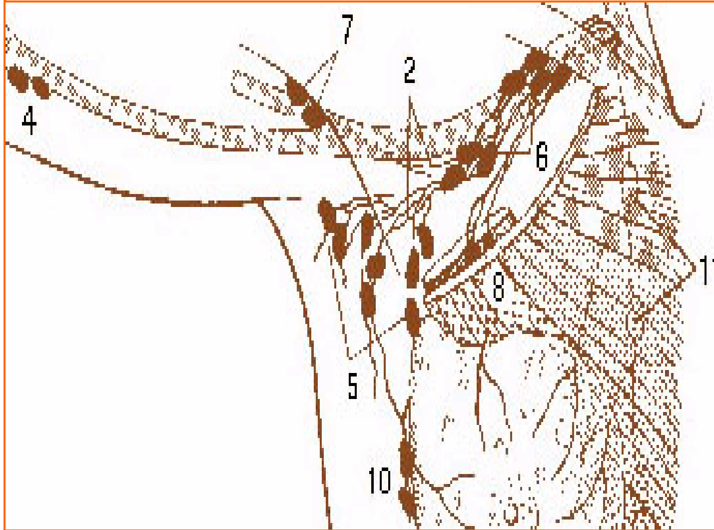
NOTE: C50.6 is the code for axillary tail or tail of breast

Reference: SEER Training Web Site: http://www.training.seer.cancer.gov/.

Anatomy Review

The picture below shows the regional lymph nodes associated with the breast.

Blood and lymph vessels form a network throughout each breast. Breast tissue is drained by lymphatic vessels that lead to axillary nodes (which lie in the axilla) and internal mammary nodes (which lie along each side of the breast bone). When breast cancer spreads, it is frequently to these nodes.



2–Axillary lymphatic plexus
4–Cubital lymph nodes *
5–Superficial axillary (low axillary)
6–Deep axillary lymph nodes
7–Brachial axillary lymph nodes
8–Interpectoral axillary lymph nodes (Rotter nodes)
10–Paramammary or intramammary lymph nodes
11–Parasternal lymph nodes (internal mammary nodes)

* Note: the cubital lymph nodes are not part of the lymph node drainage of the breast.

Reference (Anatomy Review) SEER Training Web Site: http://www.training.seer.cancer.gov/.

Questions & Answers

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

Question
If a patient had infiltrating ductal carcinoma associated with DCIS and additional separate DCIS in the same breast, is this multiple tumors in one primary tumor?

Answer
First use MP/H rule M11 which states that multiple intraductal and/or ductal carcinoma is a single primary (page 300). Then use rule H27 which states to code the invasive histology when both invasive and in situ are present (page 305). This is a single primary of infiltrating duct cell ca (8500/3).

References
2007 MP/H Rules

Question
Is code 10 or 20 used for the breast CS extension when a path report only indicates lymphatic invasion is suspected or noted?

Answer
Code 20 would be for when there is "dermal" lymphatic invasion noted. Otherwise code to 10.

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.naaccr.org/filesystem/pdf/Vol_II_draft_board%20-%20Fix%20Pg%2098.pdf

Abbreviation	Term(s)
AUT	Autopsy
AX	Axilla(ry)
CONT	Continue/continuous
CT, CT SC	CAT/CT scan/Computerized (axial) tomography (scan)
CXR	Chest X-ray
DCIS	Ductal carcinoma in situ
ER, ERA	Estrogen receptor (assay)
FNAB	Fine needle aspiration biopsy
IHC	Immunohistochemical
IPSI	Ipsilateral
IRREG	Irregular
LCM	Left costal margin
LG, LRG	Large
LIQ	Lower inner quadrant
LOQ	Lower outer quadrant
MICRO	Microscopic

Abbreviation	Term(s)
MRM	Modified radical mastectomy
NEOPL	Neoplasm
NL	Normal
PALP	Palpable/palpated/palpation
PAP	Papillary
PERC	Percutaneous
PET	Positron emission tomography
PR, PRA	Progesterone receptor (assay)
Q, QUAD	Quadrant
RO, R/O	Rule out
RESEC	Resection (-ed)
SCC	Squamous cell carcinoma
SUSP	Suspicious/suspected
TCC	Transitional cell carcinoma
UIQ	Upper inner quadrant
UOQ	Upper outer quadrant

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

- North American Association of Central Cancer Registries (NAACCR) "Webinar" series – go to http://www.naaccr.org/filesystem/word/Hosp%20webinar%20sched.doc for more information
  - 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

2007 MP/H Rules: Terms & Definitions

- From the SEER 2007 Multiple Primary and Histology Coding Rules—Breeze Sessions
"Beyond the Basics"
General Instructions
June 15, 2007:
http://seer.cancer.gov/tools/mphrules/training_advanced.html

The term **focus** is used by pathologists to describe a group of cells that can be *seen only by a microscope*. **Focus** is a tiny speck that you cannot see with the naked eye; that is why we don't count them as tumors.

Foci is the plural of focus. **Foci** means there are at least two tiny specs that cannot be seen with the naked eye. We still don't count foci as tumors for the purpose of these rules, even if there are more than one.

The previous two terms should not be confused with **focal**. The term **focal** is an adjective meaning "confined or limited to a specific area or to a specific organ." When the term is used to describe cancers it most frequently means "limited to the organ of origin, or limited to a quadrant of the organ of origin," for instance. We know this word is misused often; *don't assume* that it is a synonym for focus or foci. Even though focal is a very ambiguous word, if focal is the only word used, you default to macroscopic. Never assume this word means microscopic.

Synonyms for Breast Carcinoma "In Situ"

- From the SEER 2007 Multiple Primary and Histology Coding Rules

- Behavior code '2'
- DCIS
- Intracystic
- Intraductal
- Noninfiltrating
- Noninvasive

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

Fax: 913-588-7384

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