

Kansas Cancer Registry Newsletter



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New Benign Brain and CNS MP/H Coding Rules

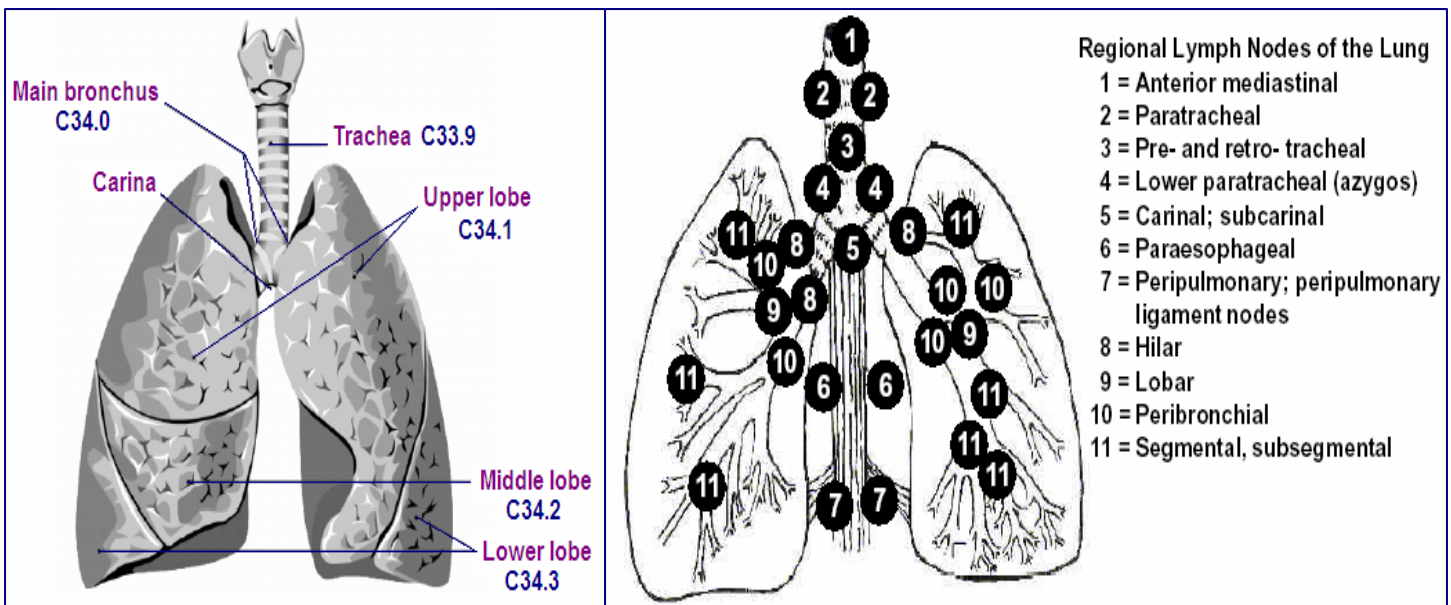
The Benign Brain and CNS Rules were released in October 2007 and are currently separate from the original 2007 manual. These rules are now available in three formats: flowchart, matrix and text. Use a single format which is best suited to your learning style.

These rules are available in PDF format and may be downloaded through the SEER website at <http://seer.cancer.gov/tools/mphrules/>.

Lung Cancer Awareness Month

November is Lung Cancer Awareness Month. In honor of this month, throughout this newsletter you will find information to assist you in abstracting lung cases. For more information on Lung Cancer go to <http://www.cancer.gov/cancertopics/types/lung>.

Anatomy Review



The lungs are the major organs of the respiratory system. The right lung is divided into three lobes whereas the left lung is divided into two lobes.

The picture to the right above shows the regional lymph nodes associated with the lung.

Questions & Answers

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

Question

A lung path said, squamous cell carcinoma with small component of adenocarcinoma. Do we use coding rule H5, H6 or H7? Do we code the histology as adenosquamous carcinoma (8560/3), adenocarcinoma (8140/3) or squamous cell carcinoma (8070/3)?

Answer

MP/H rule H5 says to use the most specific term using Chart 1 when there are multiple histologies in the same branch. Use histology code adenosquamous carcinoma 8560/3 based on the definition listed in the MP/H manual (p.33).

References

2007 MP/H Rules

Question

Patient had rt lung fna bx and a complete right pneumonectomy. Results were multiple synchronous bronchioloalveolar carcinomas in rt upper and lower lobes of lung. Lower lobe of lung also had ca in mid lung. Pathologist staged these separately. Is it coded to 34.1 and 34.8 of right lung?

Answer

Following the MP/H rules, this is a single primary according to Rule M12. It would be coded to C34.9. You cannot use .8 since it is not a single tumor overlapping multiple areas.

References

2007 MPH/H Rules

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

Email your question(s) to:

iduff@kumc.edu

Collaborative Staging & Coding Manual, Version 01.04.00

- ❖ Please read the special announcement regarding the release of Version 01.04.00 on October, 31, 2007 – go to <http://www.cancerstaging.org/cstage/csblastemailv01.04.00-10-31-07.pdf>

Obsolete Terms for Small Cell Carcinoma

- ❖ From the SEER 2007 Multiple Primary and Histology Coding Rules

- Intermediate cell carcinoma (8044)
- Mixed small cell/large cell carcinoma (8045) – Code is still used; however, current accepted terminology is ‘combined small cell carcinoma’
- Oat cell carcinoma (8042)
- Small cell anaplastic carcinoma (No ICD-O-3 code)
- Undifferentiated small cell carcinoma (No ICD-O-3 code)

Laterality

- ❖ The following sites are considered paired organs and the laterality should be coded as 1-9. This listing includes only major categories. Code laterality for all subheadings included in the ICD-O-3 under these headings, unless specifically excluded.
- ❖ Exclusions should be coded as “0”. If the site is not listed below, code laterality as “0”.

ICD-O-3	Paired Organ Site
C07.9	Parotid gland
C08.0	Submandibular gland
C08.1	Sublingual gland
C09.0	Tonsillar fossa
C09.1	Tonsillar pillar
C09.8	Overlapping Lesion of Tonsil
C09.9	Tonsil, NOS
C30.0	Nasal cavity (excluding nasal cartilage and nasal septum)
C30.1	Middle ear
C31.0	Maxillary sinus
C31.2	Frontal sinus
C34.0	Main bronchus (excluding carina)
C34.1-C34.9	Lung
C38.4	Pleura
C40.0	Long bones of upper limb and scapula
C40.1	Short bones of upper limb
C40.2	Long bones of lower limb
C40.3	Short bones of lower limb
C41.3	Rib and clavicle (excluding sternum)
C41.4	Pelvic bones (excluding sacrum, coccyx, and symphysis pubis)
C44.1	Skin of eyelid
C44.2	Skin of external ear
C44.3	Skin of other and unspecified parts of face (midline code “9”)
C44.5	Skin of trunk (midline code “9”)
C44.6	Skin of upper limb and shoulder
C44.7	Skin of lower limb and hip

ICD-O-3	Paired Organ Site
C47.1	Peripheral nerves and autonomic nervous system of upper limb and shoulder
C47.2	Peripheral nerves and autonomic nervous system of lower limb and hip
C49.1	Connective, subcutaneous, and other soft tissues of upper limb and shoulder
C49.2	Connective, subcutaneous, and other soft tissues of lower limb and hip
C50.0-C50.9	Breast
C56.9	Ovary
C57.0	Fallopian tube
C62.0-C62.9	Testis
C63.0	Epididymis
C63.1	Spermatic cord
C64.9	Kidney, NOS
C65.9	Renal pelvis
C66.9	Ureter
C69.0-C69.9	Eye and lacrimal gland
C70.0	Cerebral Meninges, NOS (cases diagnosed 01/01/2004 and forward)
C71.0	Cerebrum (cases diagnosed 01/01/2004 and forward)
C71.1	Frontal Lobe (cases diagnosed 01/01/2004 and forward)
C71.2	Temporal Lobe (cases diagnosed 01/01/2004 and forward)
C71.3	Parietal Lobe (cases diagnosed 01/01/2004 and forward)
C71.4	Occipital Lobe (cases diagnosed 01/01/2004 and forward)
C72.2	Olfactory Nerve (cases diagnosed 01/01/2004 and forward)
C72.3	Optic Nerve (cases diagnosed 01/01/2004 and forward)
C72.4	Acoustic Nerve (cases diagnosed 01/01/2004 and forward)
C72.5	Cranial Nerve, NOS (cases diagnosed 01/01/2004 and forward)
C74.0-C74.9	Adrenal gland
C75.4	Carotid body

Adapted from the FORDS Manual - 2007: <http://www.facs.org/cancer/coc/fords/2007/fordscorrected0707.pdf>

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 01.04.00 (**released October 31, 2007**) (<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.naacr.org/filesystem/word/Hosp%20webinar%20sched.doc> for more information
 - December 6, 2007: Hospital Cancer Registry Operations

Sample Lung Histology Definitions

❖ From the SEER 2007 Multiple Primary and Histology Coding Rules

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|---|--|
| <ul style="list-style-type: none">➤ Adenocarcinoma with mixed subtypes (8255): A mixture of two or more of the subtypes of adenocarcinoma such as acinar, papillary, bronchoalveolar, or solid with mucin formation.➤ Adenosquamous carcinoma (8560): A single histology in a single tumor composed of both squamous cell carcinoma and adenocarcinoma.➤ Combined small cell carcinoma (8045): A small cell carcinoma that is combined with a non-small cell carcinoma. The combinations are small cell and adenocarcinoma, or squamous cell carcinoma, or large cell carcinoma.➤ Large cell carcinoma (8012): Large cell is a diagnosis that is used when the tumor is a non-small cell carcinoma that is undifferentiated. Because the tumor is undifferentiated, the pathologist cannot find glandular (adeno), or squamous differentiation.➤ Large cell neuroendocrine carcinoma (8013): A non-small cell carcinoma with neuroendocrine differentiation proven by immunohistochemical stain, currently classified as large cell carcinoma. These tumors require further study before being included as a separate category in a histologic classification. | <ul style="list-style-type: none">➤ Neuroendocrine carcinoma (8246): Neuroendocrine carcinoma is a group of carcinomas that include typical carcinoid tumor and small cell carcinoma. Code the specific histology when given. Code neuroendocrine carcinoma, NOS (8246) when no specific histology is documented.➤ Non-small cell carcinoma (8046): The term non-small cell is used two ways, as a group term describing all carcinomas that are not small cell; and as a default diagnosis when there isn't enough tissue to classify the tumor beyond the exclusion of small cell.➤ Pleomorphic carcinoma (8022): A poorly differentiated non-small cell carcinoma (squamous cell carcinoma, adenocarcinoma, or large cell carcinoma) containing spindle cells and/or giant cells, or a carcinoma containing only spindle cells and giant cells. These fall under the general category of sarcomatoid carcinoma.➤ Undifferentiated carcinoma (8020): A high grade malignancy lacking glandular structures or other specific features that can be used to better classify the tumor. Undifferentiated carcinoma is used by pathologists when they believe the tumor is a carcinoma (not lymphoma, melanoma, or sarcoma) but they are not sure if the tumor is small cell or non-small cell. |
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New Address for KCR

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

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3901 Rainbow Boulevard,
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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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Thank you to all KCR staff members who contributed to the publication of this newsletter.