Kansas Cancer Registry Newsletter

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Coding Tumor Size and CS Tumor Size for Presurgical Treatment

❖ From the FORDS Manual: *Revised for 2007*:
http://www.facs.org/cancer/coc/fords/2007/fordscorrected0707.pdf

Tumor size is an important prognostic factor for cancer. According to the FORDS Manual (page 101), if the patient receives "neoadjuvant (presurgical) radiation or systemic therapy (chemotherapy, hormone therapy, and/or immunotherapy), then code the size of tumor documented prior to the start of first course therapy, and **do not** code the size of tumor recorded in the pathology report."

Tumor size at diagnosis is an independent prognostic indicator for many tumors and it is used by Collaborative Staging to derive TNM-T codes. According to the FORDS Manual (page 125), if the patient receives "preoperative (neoadjuvant) systemic therapy (chemotherapy, hormone therapy, immunotherapy) or radiation therapy, code the largest size of tumor whether prior to or following treatment."

Examples of Diagnostic & Nondiagnostic Terms

❖ From the FORDS Manual: *Revised for 2007*:
http://www.facs.org/cancer/coc/fords/2007/fordscorrected0707.pdf

Examples of Diagnostic Terms

- The inpatient discharge summary documents a chest x-ray *consistent with carcinoma* of the right upper lobe. The patient refused further work-up or treatment. *Consistent with carcinoma* is indicative of cancer.
- The mammogram report states *suspicious for malignancy*. *Suspicious for malignancy* is indicative of cancer.

Examples of Nondiagnostic Terms

- The inpatient discharge summary documents a chest x-ray *consistent with neoplasm* of the right upper lobe. The patient refused further work-up or treatment. *Consistent with neoplasm* is not indicative of cancer. While "consistent with" can indicate involvement, "neoplasm" without specification of malignancy is not considered diagnostic except for non-malignant primary intracranial and central nervous system tumors.
- Final diagnosis is reported as *possible carcinoma* of the breast. *Possible* is not a diagnostic term for cancer.

Questions & Answers

From the ACOS Collaborative Staging FAQ: http://www.cancerstaging.org/cstage/faq.html

Question
If invasive adenocarcinoma is found in one lobe of the prostate, and the other lobe only indicates high grade PIN (or if it shows adenocarcinoma *in situ*), is the CS Extension-Clinical Extension coded as 23 (involves both lobes) or is the case coded as involving one lobe, since only one lobe showed invasive adenocarcinoma?

Answer
Several issues come into play in this question. First, based on SEER rules, high grade PIN would be disregarded, but adenocarcinoma in situ would be a factor in determining whether one or both lobes were involved. Next, was the tumor apparent or inapparent prior to the biopsy? If it was inapparent and diagnosed by needle biopsy, then Extension code would be 15 even if diagnosed in both lobes. If it was apparent and diagnosed by needle biopsy, the code would be 23 if the second lobe was involved with adenocarcinoma in situ, but somewhere in the 20-22 range if the second lobe was involved with PIN III.

References
ACOS Collaborative Staging

Question
When a pathology report states tumor size and precedes with "approximately" or "up to" 4.5cm x 1.0cm, should this be captured as 045 or tumor less than 5cm?

Answer
Code as precisely as possible depending on the context of the measurement. "Approximately 4.5cm" should be coded 045. "Up to 4.5cm" would also be coded as 045. For example, if a report stated, "there are four tumors measuring up to 4.5 x 1cm," this statement could be interpreted as to mean that the largest dimension was 4.5 and code accordingly. (9/23/04)

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***

Feel Free to Contact Us!

Questions about abstracting cases, please
e-mail or call the following KCR staff members:

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Puzzle Fun

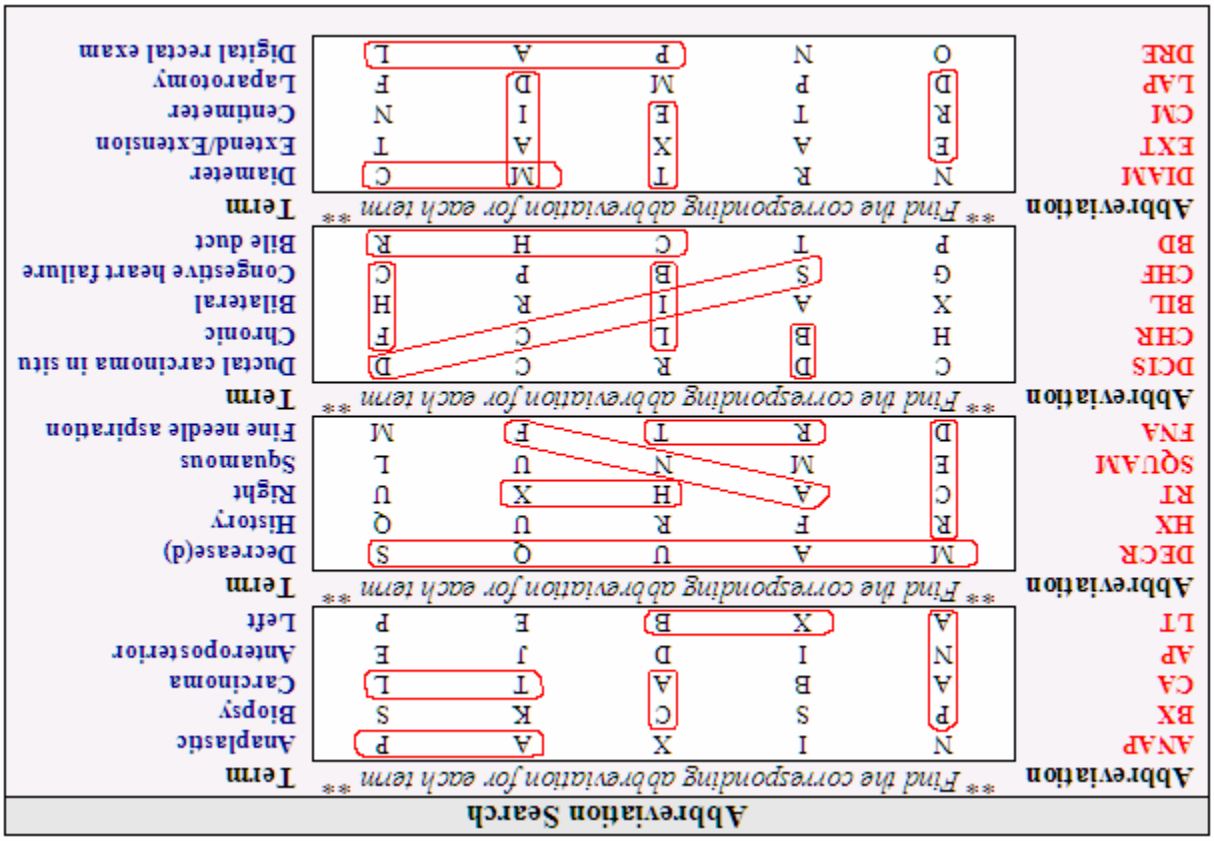
Abbreviation Search

Abbreviation	** Find the corresponding abbreviation for each term **					Term
?	N	I	X	A	P	Anaplastic
?	P	S	C	K	S	Biopsy
?	A	B	A	T	L	Carcinoma
?	N	I	D	J	E	Anteroposterior
?	A	X	B	E	P	Left

Abbreviation	** Find the corresponding abbreviation for each term **					Term
?	M	A	U	Q	S	Decrease(d)
?	R	F	R	U	Q	History
?	C	A	H	X	U	Right
?	E	M	N	U	L	Squamous
?	D	R	T	F	M	Fine needle aspiration

Abbreviation	** Find the corresponding abbreviation for each term **					Term
?	C	D	R	C	D	Ductal carcinoma in situ
?	H	B	L	C	F	Chronic
?	X	A	I	R	H	Bilateral
?	G	S	B	P	C	Congestive heart failure
?	P	T	C	H	R	Bile duct

Abbreviation	** Find the corresponding abbreviation for each term **					Term
?	N	R	T	M	C	Diameter
?	E	A	X	A	T	Extend/Extension
?	R	T	E	I	N	Centimeter
?	D	P	M	D	F	Laparotomy
?	O	N	P	A	L	Digital rectal exam



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?

- 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

- NAACCR CTR Exam Readiness Webinar Series-starting 01/08/08 (http://www.naaccr.org/index.asp?Col_SectionKey=10&Col_ContentID=473)
- North American Association of Central Cancer Registries (NAACCR) "Webinar" series – go to http://www.naaccr.org/filesystem/pdf/Hospital_course_decription_rev10-30-07.pdf for more information
    - February 14, 2008: Cancer Treatment and How to Code It: Surgery, Radiation, Systemic, and Other
    - March 6, 2008: Abstracting Thyroid Cancer Incidence and Treatment Data & Abstracting Larynx Cancer Incidence and Treatment Data
    - May 8, 2008: Data Quality and Data Use

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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.