Kansas Cancer Registry Newsletter

May 2008: Volume 12, Issue 5

Melanoma/Skin Cancer Detection and Prevention Month

May is Melanoma/Skin Cancer Detection and Prevention Month. In honor of this month, throughout this newsletter you will find information to assist in abstracting melanoma cases. For more information on Melanoma/Skin Cancer please visit the American Academy of Dermatology website at http://www.aad.org/default.htm

Deadline for Submitting 2007 Cases is Approaching

Kansas Cancer Registry's goal is to collect 100% of the cancer cases diagnosed and/or treated in the state of Kansas each year. This goal can be met if every facility checks their case finding sources thoroughly and sends all their cases in a timely manner. KCR requires that cases are reported **within six months** of diagnosis and/or admission to your facility (K.A.R. 28-70-2).

The deadline for submitting 2007 cases is quickly approaching. **All cases are due by July 1, 2008**. KCR will be contacting facilities if they are delinquent in reporting their 2007 diagnosed cases.

The fighting battle against cancer depends greatly on the diligence and timeliness of case-finding and reporting. Every hospital staff member who helps with this effort is an important member of our "Cancer Fighting Team." Everyone has the ability to make a difference in their own special way. Your help and cooperation are greatly appreciated!

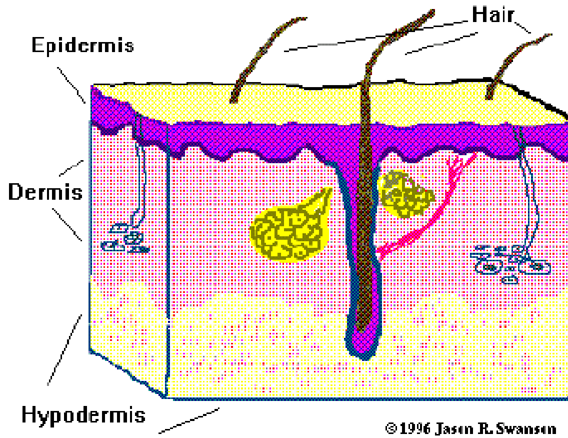
Sample Cutaneous Melanoma Definitions

❖ From the SEER 2007 Multiple Primary and Histology Coding Rules

- **In-transit metastasis:** Metastasis found in the lymphatic channels more than 2 cm away from the primary melanoma, but not reaching the regional lymph nodes.
- **Invasive tumor:** A tumor that penetrates the basement membrane and invades the dermis.
- **Lentigo maligna:** Is a specific histologic type of *in situ* melanoma. It appears as a brown or black mottled, irregular, lesion with increased numbers of scattered atypical melanocytes in the epidermis. It usually occurs on the face.
- **Lentigo maligna melanoma:** Is an invasive melanoma that begins as lentigo maligna, but usually after many years the dermis is invaded by the tumor. Once invasion has occurred, the lesion is called lentigo maligna melanoma.
- **Midline:** The middle dividing line that separates the body into right and left sides.
- **Most invasive:** The histology that has the greatest extension into the dermis or subcutaneous fat.

Anatomy Review

Taken from the MP/H Coding Rules Manual (pages 44-45):
http://seer.cancer.gov/tools/mphrules/2007_final_manualrv_with_replacement_pages.pdf



The picture to the left shows the three layers of skin:

- **Epidermis**: upper surface, thin layer (outermost layer)
- **Dermis**: lower, intermediate thicker layer (intermediate layer)
- **Hypodermis**: also called subcutis or subcutaneous fat – lowest layer (innermost layer)

A melanoma becomes more invasive as it grows from the epidermis, through the dermis, into the hypodermis.

Kansas Cancer Registry Workshop

KCR is planning to conduct a one day workshop for registrars from around the state. This workshop is tentatively scheduled for the 2nd week of July. When a final date is set, KCR will notify each facility with the exact date, time, and location. If anyone has questions that they would like to have answered at this workshop please email them to Christine Megee at cmegee@kumc.edu or fax them at 913-588-7384. Please have these questions submitted no later than Friday June 27, 2008.

Welcome New KCR Staff

KCR would like to introduce Christine Megee and Ying Liu to staff.

Christine Megee has just joined our team as a Research Assistant. She is a recent graduate from Pittsburg State University and has a Bachelor of Arts in Biology with minors in Chemistry, Physical Science, and Spanish. She can be reached by email at cmegee@kumc.edu or by phone at 913-588-4724.

Ying Liu is also a new Research Assistant who completed her training and residency in radiation oncology at Peking Union Medical College Hospital. She also has a Master's Degree in International Health. She can be reached by email at yliu@kumc.edu or by phone at 913-588-4726.

Questions & Answers

From the SEER Inquiry System: http://seer.cancer.gov/seerinquiry

Question
Histology (Pre-2007)--Skin: Does SEER consider "atypical melanocytic hyperplasia" and "severe melanotic dysplasia" as synonyms for melanoma in situ?

Answer
For tumors diagnosed prior to 2007:

No. SEER determines its reportable list from the ICD-O-3. The above terms are listed as tumor-like lesions and conditions, but are not considered in situ or malignant.

For tumors diagnosed 2007 or later, refer to the MP/H rules. If there are still questions about how this type of tumor should be coded, submit a new question to SINQ and include the difficulties you are encountering in applying the MP/H rules.

Question
EOD-Lymph Nodes--Melanoma: Should we assume that positive lymph nodes are to be considered regional if the primary site for a melanoma is not identified (i.e., C44.9)?

Answer
For cases diagnosed 1998-2003: Code the EOD-Lymph Nodes field to 8 [Lymph Nodes, NOS].

References
SEER Inquiry System

Question
MP/H/Multiple Primaries—Bladder: The new multiple primary rule M7 state that tumors diagnosed moe than three years apart are multiple primaries. Does this apply to in situ bladder tumors that occur more than three years apart and to an in situ tumor that occurs three years after an invasive tumor?

Answer

Use the MP/H rules in order. Rule M6 comes before rule M7. M6 states that bladder tumors with certain histologies area a single primary. It is a single primary regardless of timing if there is any combination of: papillary carcinoma (8050), transitional cell carcinoma (8120-8124), or papillary transitional cell carcinoma (8130-8131). Rule M7 only applies to bladder tumors with histologies other than those listed above. If you have such a case, rule M7 applies to in situ tumors and to an in situ three years after an invasive.

- Question and answer from the Florida Cancer Data System Monthly Memo March April 2008 http://fcds.med.miami.edu/memos/2008 0304memo.pdf

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

Updating Your Contact Information

If there is any change in your facility's contact information, **email (vhundley@kumc.edu)** or **fax (913-588-7384)** using the **Contact Information Form** posted on KCR website (http://www2.kumc.edu/kcr/downloads.htm)

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Data Item: Date of First Contact

Hospitals:
Record the date the patient was **first seen** at your facility (inpatient or outpatient) for **diagnosis and/or treatment of the reportable condition**. Record the date of death (DOD) for autopsy-only cases. (*This definition is different from "date of admission" field for COC approved hospitals*, which refers to the date of admission for the most definitive cancer-directed therapy). This is an eight-digit field. Record MMDDYYYY.

Example: 08/01/2000

Data Item: Marital Status at Diagnosis

Code	Description
1	Single (never married)
2	Married (including common law)
3	Separated
4	Divorced
5	Widowed
9	Unknown

Code the marital status for the patient at the time of diagnosis for the cancer being reported. If the patient has multiple primaries, marital status may be different for each primary. If a patient is 15 years of age or younger, assume the marital status is single and code "1". This data can be corrected, but **never** change or update the marital status at diagnosis based on changes in marital status **after** diagnosis.

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 cases first seen in your facility in 2007. When you start abstracting cases first seen in your facility in 2008 you should start using NAACCR Version 11.2 after running NAACCR Version 11.2 Edits.
- 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

- Kansas Cancer Registry is currently offering Abstract Plus training sessions at various locations throughout the state. Tha last training session is on June 30, 2008. **If you are interested in attending the abstract plus training, please contact Victoria Hundley ASAP at 913-588-4730 or vhundley@kumc.edu**
- The Kansas Cancer Registrars Association (KCRA) Annual Meeting is September 18-19, 2008 in Kansas City, KS
- 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
    - May 8, 2008: Data Quality and Data Use
    - July 10, 2008: Abstracting Upper Gastrointestinal Tract Cancer Incidence and Treatment Data

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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.