

Kansas Cancer Registry Newsletter



June 2008: Volume 12, Issue 6

Call for Remaining 2007 Cases

The deadline for submitting 2007 diagnosed cases is July 1, 2008. Below is the 2007 reporting schedule, and as you can see, it is quickly coming to a close. Please call KCR if you are unable to meet this deadline. Thanks again for all your hard work throughout the year!

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 30, 2008

June is Prostate Cancer Awareness

June is Prostate Cancer Awareness month. It is estimated that in 2008, 186,320 men will be diagnosed with Prostate Cancer and 28,660 men will die from the disease. Over 60% of prostate cancers are diagnosed in men aged 65 years and older. In men, screening tests such as prostate specific antigen (PSA) blood test and digital rectal exam should be routinely done beginning at 50 years of age. High-risk groups including African-American men should begin their exams at an earlier age (45 years). Throughout this issue of the KCR Newsletter there will be tips for reporting Prostate Cancer cases.

Reference: http://www.seer.cancer.gov/statfacts/html/prost.html?statfacts_page=prost.html&x=13&y=17
<http://www.cancer.org/downloads/STT/2008CAFFfinalsecured.pdf> (accessed June 6, 2008)

Prostate Grade/Differentiation

Gleason's score or pattern may be used to determine the grade for prostate cancer. If more than one type of grade is given, code grade using the following priority rules:

- 1) Gleason Score (this is the sum of the patterns, e.g., if the pattern is 2+4 the score is 6)
- 2) Terminology
- 3) Histologic Grade

Use the following conversion when the reports give only the Gleason's score (2-10) or Gleason's pattern (1-5):

Code	Score	Pattern	Grading
1	2,3,4	1,2	I Well differentiated
2	5,6	3	II Moderately differentiated
3	7,8,9,10	4,5	III Poorly differentiated

Code the differentiation when the report mentions both the differentiation and the Gleason's score.

Coding/Abstracting Date of Birth

Record the patient's date of birth as MMDDCCYY. If you do not have a complete birth date, you may record 99 for month and day, but do try to obtain the year of birth.

Code	Description
08191955	The patient's date of birth is August 8, 1955
99991932	A patient is 60 years old on June 15, 1992. The medical record does not have a date of birth. Record month as 99 and day as 99 and estimate the year as 1932
99991935	The medical record has only the year of birth

Coding/Abstracting Place of Birth

Record the three-digit geo-code for the place of birth, if known. If place of birth is unknown, record 999. Geo-codes can be found in Appendix 4 of the KCR Manual. Each state in the United States and each country in the world have a unique geo-code. If the country of birth is unknown, record **999**. **Geo-code for birth in Kansas = 065**.

Code	Description
001-099	Use the state codes as per Appendix 4
998	If place of birth is outside of the United States and no other details are given
999	Place of birth is unknown

Questions & Answers

From the SEER Inquiry System: <http://seer.cancer.gov/seerinqury/>

Question

Multiple Primaries (Pre-2007): Is an in situ tumor followed by another in situ tumor in the same location considered a new primary?

Answer

For tumors diagnosed prior to 2007:

Code as a second primary if the second in situ tumor occurred more than 2 months after the first and it is not referred to as recurrent by the clinician or pathologist. There are no special rules for determining the number of primaries when an in situ lesion follows an in situ.

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 SING and include the difficulties you are encountering in applying the MP/H rules.

References

SEER PCM, 3rd ed., page 11; SPCSM 2004, page 11

Question

Reportability: Are the terms "evolving melanoma in situ" or "evolving melanoma" considered to be reportable diagnoses?

Answer

According to SEER's melanoma expert, these cases are not reportable because there is no standard definition for the term "evolving" melanoma.

References

SEER Inquiry System

*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, E-mail (vhundley@kumc.edu) or fax (913-588-7384) using the **Contact Information Form** posted on KCR website (<http://www2.kumc.edu/kcr/downloads.htm>).

Saying Goodbye

We would like to take this opportunity to say goodbye to Ms. Patricia Noel, RHIT, CTR and thank her for her countless contributions to our work. She has been with the Kansas Cancer Registry for a little over 3 years and has decided to take her retirement and move to Colorado to be closer to her family. We wish her all the happiness and good fortune in her future endeavors.

Kansas Cancer Registry Workshop

KCR has finalized the July workshop which will be held on the 10th of July at the Varnes Center, Room 4024 at the University of Kansas Medical Center. The workshop will start at 8:30 AM and end at 3:30 PM.

Please email Christie Megee at cmegee@kumc.edu any abstract-related questions (or fax the questions to 913-588-7384). **Please have these questions submitted no later than Friday June 27, 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

- ❖ Abstract Plus training session, Tammy Walker Cancer Center Conference Room, Salina Regional Health Center, June 30th, 2008. **If interested please contact Victoria Hundley ASAP at 913-588-4730 or vhundley@kumc.edu**
- ❖ Kansas Cancer Registry Workshop, Varnes Center, Room 4024, University of Kansas Medical Center, July 10th, 2008.
- ❖ The Kansas Cancer Registrars Association (KCRA) Annual Meeting, September 18-19, 2008, Kansas City, KS
- ❖ NAACCR CTR Exam Readiness Webinar Series- (http://www.naacr.org/index.asp?Col_SectionKey=10&Col_ContentID=473)
- ❖ North American Association of Central Cancer Registries (NAACCR) “Webinar” series – go to http://www.naacr.org/filesystem/pdf/Hospital_course_decription_rev10-30-07.pdf for more information
 - July 10, 2008: Abstracting Upper Gastrointestinal Tract Cancer Incidence and Treatment Data
 - September 11, 2008: Abstracting Other Digestive System 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.

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