



July is UV Safety Month

The sunny days of summer and the intensity of its rays makes July an excellent opportunity to remind everyone of the sun's harmful effects. Wrinkles and other skin changes are caused by over-exposure to the sun. It is estimated that 40 to 50 percent of people over the age of 65 will have skin cancer at least once in their life. Everyone should take precautions such as using sunscreen and wearing protective clothing and eyewear in order to minimize their sun exposure when outside. Below is a list of people who are more sensitive to the sun and therefore more susceptible to skin cancer:

- Lighter natural skin color
- Family history of skin cancer
- Personal history of skin cancer
- Outdoor workers
- A history of blistering sunburns early in life (adult sunburns count also)
- Skin that burns, freckles, reddens easily, or becomes painful in the sun
- Blue or green eyes
- Blond or red hair
- Certain types and a large number of moles
- Rare disorders associated with impaired immunity or increased sensitivity to the sun

Information courtesy of the U.S. Department of Health and Human Services www.healthfinder.gov viewed 6/26/08

Reportable/Non-Reportable

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

Diagnostic reports often use ambiguous terminology when describing suspicious growths or lesions. We have all seen them. These reports may say something like, "the growth is suspicious for cancer" or "the lesion is a possible melanoma." Well is it cancer and is it reportable? Below are two lists of ambiguous terminology that will help you answer these questions.

Terms That Constitute a Diagnosis

- Apparent(ly)
- Appears
- Comparable with
- Compatible with
- Consistent with
- Favors
- Malignant appearing
- Most likely
- Neoplasm (beginning with 2004 diagnoses and only for C70.0-C72.9, C75.1-75.3)
- Presumed
- Probable
- Suspect (ed)
- Suspicious (for)
- Tumor (beginning with 2004 diagnoses and only for C70.0-C72.9, C75.1-75.3)
- Typical of

Terms That *Do Not* Constitute a Diagnosis *without additional information*

- Cannot be ruled out
- Equivocal
- Possible
- Potentially malignant
- Questionable
- Rule out
- Suggests
- Worrisome

Coding/Abstracting: Tobacco History

Record the appropriate code for the patient's past or current use of tobacco.

Code	Description
0	Never used
1	Cigarette smoker, current
2	Cigar/Pipe smoker, current
3	Snuff/Chew/Smokeless, current
4	Combination use, current
5	Any previous tobacco use
9	Unknown

Coding/Abstracting: Reason for No Surgery

This field must be coded whether there was cancer-directed surgery or not.

Code	Definition
0	Cancer-directed surgery performed
1	Cancer-directed surgery not recommended
2	Contraindicated due to other conditions; autopsy only case
5	Surgery of the primary site was not performed because patient died prior to planned or recommended surgery
6	Reason unknown for no cancer-directed surgery
7	Patient or patient's guardian refused
8	Recommended, unknown if performed
9	Unknown if surgery recommended or performed - no information in chart if surgery was recommended or performed; Death certificate only cases.

Questions & Answers

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

Question

Histology (Pre-2007)/Terminology: Can "pattern", "architecture", and "architectural pattern" be considered terms that indicate a majority of tumor?

Answer

For tumors diagnosed 2004 to 2006:

The terminology "Architectural pattern: _____," when used in the final pathology diagnosis, indicates a subtype that can be coded. This type of format in a pathology report is based on a College of American Pathologists (CAP) protocol. Disregard "pattern" and "architecture" when not used in accordance with the CAP protocol. See www.cap.org for cancer protocols.

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.

References

2004 SEER Manual, page 85

Question

Reportability/Terminology, NOS-- Hematopoietic, NOS: Is "smoldering" multiple myeloma reportable to SEER?

Answer

Yes, "smoldering" multiple myeloma is reportable to SEER as multiple myeloma [9732/3].

According to our pathologist consultant, "smoldering" multiple myeloma would certainly refer to a diagnosed process. Smoldering means the process is progressing, but perhaps slowly, or even at a slower pace than might be expected.

References

ICD-O-3, page 100 (WHO, 2000)

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



KCR Welcomes New Staff Member

We would like to take this opportunity to welcome our newest addition to the KCR staff, Ashley Bell. She is a Research Assistant Technician and will be working alongside Christine Megee and Ying Liu. Ashley is a recent graduate of Penn Valley Community College and has a degree in Health Information Technology. We are glad to have her working at KCR. Ashley can be reached at 913-588-4728 or by email at abell@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 the KCR website (<http://www2.kumc.edu/kcr/downloads.htm>).

Reporting Schedule

Month of Diagnosis	Due to KCR by:
January 2008	July 2008
February 2008	August 2008
March 2008	September 2008
April 2008	October 2008
May 2008	November 2008
June 2008	December 2008
July 2008	January 2009
August 2008	February 2009
September 2008	March 2009
October 2008	April 2009
November 2008	May 2009
December 2008	June 2009

Are You Current?

- ❖ Please submit your cases 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 staging on cases currently being abstracted. Please check this site regularly for updates

Upcoming Trainings & Conferences

- ❖ Kansas Cancer Registry Workshop, July 10th, 2008, Varnes Center, Room 4024, University of Kansas Medical Center, Kansas City, KS 66160 (Interested in attending the workshop, please contact vhundley@kumc.edu)
- ❖ The Kansas Cancer Registrars Association (KCRA) Annual Meeting is September 18-19, 2008 in Kansas City, KS
- ❖ North American Association of Central Cancer Registries (NAACCR) “Webinar” series – go to http://www.naacr.org/filesystem/pdf/Hospital_course_description_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
- ❖ 2008 CTR Exam: testing window September 13-27, 2008 Application Due by July 31, 2008 register at <http://www.ctrexam.org/index.html#2008>

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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.