



Kansas Cancer Registry Newsletter

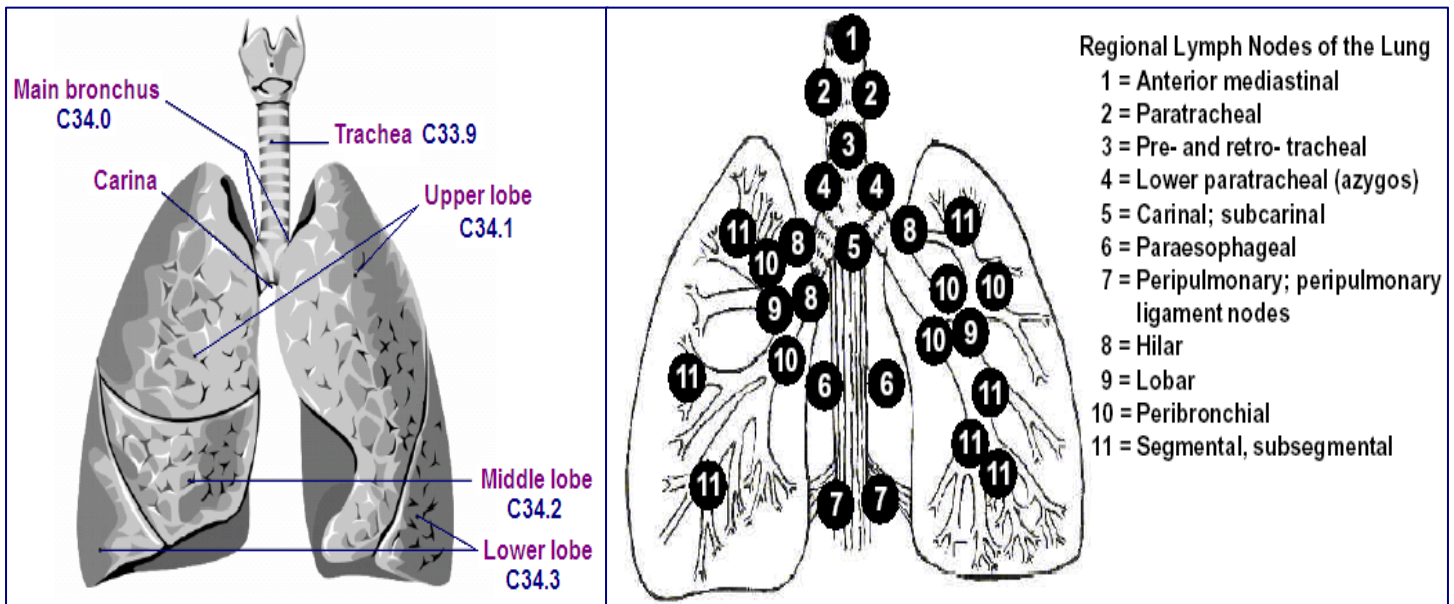
November 2008: Volume 12, Issue 11

Lung Cancer Awareness Month

November is Lung Cancer Awareness Month. In this newsletter information can be found that will help with abstracting lung cancer cases. The two most common types of lung cancer are small cell and non-small cell carcinoma. 9 out of 10 lung cancer cases are caused by smoking and the longer the patient has been smoking and the greater the amount per day leads to a higher risk of developing the disease. In the United States it is estimated that 215,020 new cases of these lung cancers will be diagnosed in 2008 and 161,840 people will die from the disease. For more information on Lung Cancer go to

http://www.cancer.gov/cancer_information/cancer_type/lung or
http://www.cancer.org/docroot/CRI/content/CRI_2_2_2x_What_Causes_Non-small_Cell_Lung_Cancer.asp?sitearea=

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.

Taken from the SEER Summary Staging Manual - 2000: <http://www.seer.cancer.gov/tools/ssm/respir.pdf>

Questions & Answers

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

Question

A patient had a lung nodule on CT which was biopsied and read as “small cell carcinoma with minor mixed non-small cell component.” The comment said the “material demonstrates features of both small cell and a minor component of non-small cell carcinoma. As such, the tumor appears to demonstrate a mixed phenotype.” What is the histology and rule for this 2007 diagnosis?

Answer

This case would be coded as combined small cell carcinoma 8045/3 which is a small carcinoma that is combined with a non-small cell carcinoma as described in the MPH coding rules 1/1/07 page 33.

References

2007 MPH/H Rules

Question

A patient with lung cancer was diagnosed when pleural fluid was positive for malignant cells, adenocarcinoma. There were multiple lung lesions in left lung. Fine needle aspiration of one left upper lobe lung mass was positive for malignant cells, small cell carcinoma. There were no other pathology or cytology reports. In the progress notes, the doctors stated this was small cell carcinoma with non-small cell carcinoma of left lung. We abstracted this as one primary (Rule M1) and with histology 8045 (combined small cell carcinoma) using Rule H6. Is this correct?

Answer

When only one tumor is biopsied and there are multiple tumors in at least one of the two lungs, it is treated as a single primary using MP/H rule M1. Use rule H13 to code histology; with the numerically higher ICD-O-3 code, 8046/3, non-small cell carcinoma.

References

2007 MPH/H Rules

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

Email your question(s) to:

cmegee@kumc.edu

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 stage on cases currently being abstracted. Please check this site regularly for updates

Sample Lung Histology Definitions

❖ From the SEER 2007 Multiple Primary and Histology Coding Rules

- **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.

- **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**.

Updating Your Contact Information

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

2008 Updated Case-Finding List

ICD-9-CM Codes	Diagnosis (in preferred ICD-O-3 terminology)
042	AIDS (review cases for AIDS-related malignancies)
140.0 - 208.9	Malignant neoplasms except 173.0-173.9
225.0 - 225.9	Benign Brain and Other Parts of Nervous System
227.3 & 227.4	Benign Pituitary Gland and Craniopharyngeal duct (227.3), Pineal Gland (227.4)
230.0 - 234.9	Carcinoma in situ (Except 232.0 – 232.9 and 233.1)
237.0, 237.1, 237.5, 237.6, 237.70, 237.71, 237.72, 237.9	Neoplasm of Uncertain Behavior Endocrine Gland and Nervous System – Includes Pineal Gland, Brain, and Spinal Cord, Meninges and Neurofibromatosis
238.4	Polycythemia vera (9950/3)
238.6	Solitary plasmacytoma (9731/3) Extramedullary plasmacytoma (9734/3)
238.71 (New Code)	Essential Thrombocythemia (9962/3) Essential Hemorrhagic Thrombocythemia Essential Thrombocytosis Idiopathic (Hemorrhagic) Thrombocythemia Primary Thrombocytosis
238.72 (New Code)	Refractory anemia (RA) (9980/3) Refractory anemia with ringed sideroblasts (RARS) (9982/3) Refractory cytopenia with multilineage dysplasia (RCMD) (9985/3) Refractory cytopenia with multilineage dysplasia and ringed sideroblasts (RCMD-RS)
238.73 (New Code)	Refractory anemia with excess blasts-1 (RAEB-1) (9983/3) Refractory anemia with excess blasts-2 (RAEB-2) (9983/3)
238.74 (New Code)	Myelodysplastic syndrome with 5q deletion (9986/3) 5q minus syndrome NOS Chronic myeloproliferative disease (9960/3) Myelosclerosis with myeloid metaplasia (9961/3) Refractory cytopenia with multilineage dysplasia (9985/3) Therapy-related myelodysplastic syndrome (9987/3)
238.75 (New Code)	Myelodysplastic syndrome, unspecified (9989/3)
238.76 (New Code)	Myelofibrosis with myeloid metaplasia (9961/3) Agnogenic myeloid metaplasia Idiopathic myelofibrosis (chronic) Myelosclerosis with myeloid metaplasia Primary myelofibrosis
238.79 (New Code)	Lymphoproliferative disease (chronic) NOS (9970/1) Megakaryocytic myelosclerosis (9961/3) Myeloproliferative disease (chronic) J5511 NOS (9960/3) Panmyelosis (acute) (9931/3)
273.2	Gamma heavy chain disease; Franklin's disease (9762/3)
273.3	Waldenstrom's macroglobulinemia (9761/3)
288.3	Hypereosinophilic syndrome (9964/3)
289.83 (New Code)	Acute myelofibrosis (9931/3)
795.06 (New Code)	Papanicolaou smear of cervix with cytologic evidence of malignancy (without histologic confirmation) (positive Pap smear)
V10.0 - V10.9	Personal history of malignancy (review these for recurrences, subsequent primaries, and/or subsequent treatment)
V58.0	Admission for radiotherapy
V58.11 – V58.12	Admission for chemotherapy
V66.1	Convalescence following radiotherapy
V66.2	Convalescence following chemotherapy
V67.1	Radiation therapy follow-up
V67.2	Chemotherapy follow-up
V76.0 - V76.9	Special screening for malignant neoplasm
V86.0	Estrogen receptor positive status [ER+] (new code)
V86.1	Estrogen receptor negative status [ER-] (new code)

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

Upcoming Trainings & Conferences

NAACCR Webinar Series 2008-2009

Kansas Cancer Registry is hosting a series of free NAACCR webinars. The dates, topics and locations are as follows:

11/6/2008	Coding Pitfalls – Kansas Cancer Registry
12/4/2008	Collecting Cancer Data: Leukemia, Lymphoma, and Other Hematopoietic Malignancies – Mt. Carmel Regional Medical Center, Pittsburg, KS
2/5/2009	Collecting Cancer Data: Pharynx - Kansas Cancer Registry
3/5/2009	Cancer Staging In-depth - Kansas Cancer Registry
4/2/2009	Collecting Cancer Data: Central Nervous System - Salina Regional Health Center, Salina, KS
6/4/2009	Collecting Cancer Data: Prostate - Mercy Health Center of Manhattan, Manhattan, KS
7/9/2009	Advanced Coding & Abstracting - Via Christi Regional Medical Center, Wichita, KS
8/6/2009	Collecting Cancer Data: Breast - St. Francis Health Center, Topeka, KS

The scheduled time for all the webinars is from 1:00PM – 4:00PM CST and includes lectures, quizzes, exercises, and a question and answer session.

To register or obtain more information about the webinars, please feel free to contact Ms. Christine Megee at 913-588-4724 (CMEGEE@kumc.edu), Ms. Ashley Bell at 913-588-4728 (ABELL@kumc.edu), or Ms. Ying Liu at 913-588-4726 (YLIU@kumc.edu)

Note: Each webinar is approved for 3 CE hours

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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.