



Kansas Cancer Registry Newsletter

December 2008: Volume 12, Issue 12

National Aplastic Anemia and MDS Awareness Week

December 1st -7th is National Aplastic Anemia and Myelodysplastic Syndrome Week. Aplastic anemia is a bone marrow disorder in which not enough red blood cells, white blood cells, and platelets are made. These cells are normally produced in sufficient quantities by stem cells in the bone marrow. People who suffer from aplastic anemia have stem cells which are damaged, severely limiting the number of cells produced causing low cell line counts. Myelodysplastic syndrome is also caused by abnormal blood-forming cells in the bone marrow. It is a disorder that in about 3 of every 10 cases progresses into acute myeloid leukemia. In honor of this week this newsletter will have tips on reporting aplastic anemia and myelodysplastic syndrome cases.

Reference: www.cancer.org (American Cancer Society)

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 or not? And is it or is it not 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**

Questions & Answers

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

Question

Histology--Hematopoietic, NOS: When both the path and clinical diagnoses simultaneously reflect reportable diagnoses but one is a worse form of the same disease process, which diagnosis do we code?

Answer

When several diagnoses are made as part of the diagnostic process within two months, code the one with the worst prognosis. Reference: <http://www.seer.cancer.gov>

Question

Reportability/Terminology, NOS--Hematopoietic, NOS: Are the diagnoses "myelodysplastic syndrome," "myelodysplastic syndrome, thrombocytopenia" and "myelodysplastic syndrome, anemia" all reportable to SEER for diagnosis 2001 and later?

Answer

"Myelodysplastic syndrome" (NOS) is reportable to SEER--ICD-O-3 code 9989/3. "Myelodysplastic syndrome, thrombocytopenia" is not reportable to SEER because "thrombocytopenia" is not reportable. "Myelodysplastic syndrome, anemia" is not reportable to SEER because "anemia" is not reportable. Reference: <http://www.seer.cancer.gov>

Question

On 5/7/07 a patient's path report states that they have myelodysplastic syndrome and the case is abstracted as such. On 12/15/07 the patient has a new path report stating that the patient has acute myeloid leukemia. Because the 2nd diagnosis is 7 months later, is it a new primary?

Answer

No. Acute myeloid leukemia is a progression of the myelodysplastic syndrome and because the patient was never stated as disease free it is a single primary. The diagnosis date is still 5/7/07 but the histology will be updated to acute myeloid leukemia to reflect the progression of the disease. Reference: <http://www.seer.cancer.gov>

Question

1/1/07 physician states probable multiple myeloma on admission H&P. 1/15/07 work-up reveals diagnosis of sarcomatoid carcinoma favoring lung origin. What is the initial diagnosis date?

Answer

The initial diagnosis date is 1/1/07 because of the word "probable" is a positive ambiguous term. The 1st diagnosis is often clinical and may never be histologically confirmed. Do not change the date of diagnosis when a later biopsy or cytology provides confirmation of a diagnosis. (KCR Manual Section 2-1)

Question

Many times radiology reports don't give enough info on the exact location/extension of a lung tumor. For example, many times it simply states the tumor is in the left upper lobe and no other info is provided. Can "30" localized, NOS be used?

Answer

Yes. According to CS Extension Note 3: Opposite Lung. If no mention is made of the opposite lung on a chest x-ray, assume it is not involved. Therefore "30" localized, NOS is an acceptable extension code if no other information is provided. Reference: CS staging <http://web.facs.org/cstage/schemalist.htm>



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



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 CTR Exam Readiness Webinar Series-starting 01/08/08
http://www.naacr.org/index.asp?Col_SectionKey=10&Col_ContentID=473

- ❖ **NAACCR Webinar Series 2008-2009**

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

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
6/11/2009	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. **Note NAACCR's CHANGE OF DATE for the June Webinar Collecting Cancer Data: Prostate.**

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

Updating Your Contact Information

2009 Contact Information

KCR is doing an annual update and needs current information from you. Please complete the form if contact/address information changed and return to KCR by mail, fax, or email by January 31, 2009.

Mail: Kansas Cancer Registry
University of Kansas Medical Center
130 Support Services Facility, MS 2009
3901 Rainbow Boulevard
Kansas City, Kansas 66160
Fax: 913-588-7384
Email: Victoria Hundley at vhundley@kumc.edu

FACILITY INFORMATION

Facility Name: _____
Facility Address: _____
City: _____
State: _____ Zip Code: _____

MAIN CONTACT PERSON

Name: _____
Title: _____
Department: _____
Phone #: _____
Fax #: _____
Email address: _____

SUPERVISOR OF MAIN CONTACT

Name: _____
Title: _____
Phone #: _____
Email address: _____

ADMINISTRATOR

Name: _____
Title: _____
Phone #: _____
Email address: _____

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

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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.