

Kansas Cancer Registry

Kansas Cancer Registry Spring Meeting

Where: Tammy Walker Cancer Center Conference Room
Salina Regional Health Center
511 S Santa Fe
Salina, KS 67402-3617

Date: 04/02/2009

Time: 10:00am - 4:30pm



Cancer Prevention and Awareness

Epidemiology or the study of factors affecting the health and illness of populations has a great impact on the way we look at the prevention and awareness of cancer and it serves as the foundation and logic of interventions made in the interest of public health and preventive medicine. Many correlations have been found between smoking, alcohol consumption, sedentary lifestyles, and nutrition intakes and the onset of certain cancers. Maintaining a healthy lifestyle with regular exercise, a healthy diet, and avoidance of tobacco and alcohol can help to reduce the risk of Cancer. Although these suggestions reduce the risk of cancer, they are not definitive of prevention. Regular screening such as a mammography for breast cancer, pap test for cervical cancer, fecal occult blood test for colorectal cancer, and other regular screenings can be paramount to early detection and treatment of a cancer.

Reference: The National Cancer Institute www.cancer.gov

Diagnostic and Non-Diagnostic Terms

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

Examples of Diagnostic Terms	Examples of Non-Diagnostic Terms
Compatible with...	Possible...
Favor...	Questionable...
Most likely...	Suggests...
Probable...	Worrisome...
Suspect...	Approaching...
Suspicious...	Very close to...
Presumed...	Next to...

For a complete list of terms please see the KCR Manual Appendix 8 - Ambiguous Terminology



Abstracting Questions and Answers

Questions adapted from:

SEER Inquiry System (www.seer.cancer.gov)

Question

Multiple primaries/Histology--Lymphoma: How many primaries should be abstracted and how should the histology field(s) be coded in this situation? How would the bone marrow involvement by only NHL be handled? Composite lymphoma (9596) as defined by SEER and ICD-O is NHL and HD in one node which fits the final impression on the removed cervical node. Please see discussion.

Answer

This is a single primary. The histology code is 9596/3 [composite Hodgkin and non-Hodgkin lymphoma]. According to the Single Versus Subsequent Primaries of Lymphatic and Hematopoietic Diseases table, 9596/3 followed by 9670/3 is one primary.

Question

Is this case reportable -- needle aspiration positive for malignant cells but resection was benign? Please see discussion.

Discussion

Fine needle aspiration of the thyroid, the path. report stated it was "positive for malignant cells, favor medullary carcinoma". Subsequently underwent a thyroidectomy elsewhere and the path from the surgery was reported as benign.

Answer

This case is reportable. The cytology is positive. Report as medullary carcinoma of the thyroid.

CLARIFICATION!

The acute myeloid leukemia question posted in our December issue about updating the histology was felt to be unclear. Here is a better scenario.

Question

A path 5/7/07 said myelodysplastic syndrome. A new path 12/15/07 said the patient had acute myeloid leukemia. Do we update the histology to acute myeloid leukemia to reflect the disease progression?

Answer

The MPH Rules do not guide us for hematopoietic diseases at this time. Current rules do not allow us to change histologies once a hematopoietic disease has been reported. The AML would be considered progression of the MDS and would be documented on follow-up.

Reference: Commission on Cancer I & R www.facs.org/cancer

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

Upcoming Trainings and Conferences

- ❖ NAACCR CTR Exam Readiness Webinar Series March 2009: for more information please visit <http://www.regonline.com/builder/site/Default.aspx?eventid=666541>
- ❖ 35th Annual NCRA Conference New Orleans, Louisiana May 31- June 3, 2009 for more information visit www.ncra-usa.org
- ❖ NAACCR Annual Conference: June 13-19, 2009 San Diego, CA

NAACCR Webinar Series 2008-2009

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

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 – Kansas Cancer Registry
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)

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

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)

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 the site regularly for updates

2009 Contact Information

Please visit our website (www2.kumc.edu/kcr) under the downloads page to update your 2009 contact information and submit it to Victoria Hundley.

Email: vhundley@kumc.edu Fax: 913-588-7384

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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