

Kansas Cancer Registry



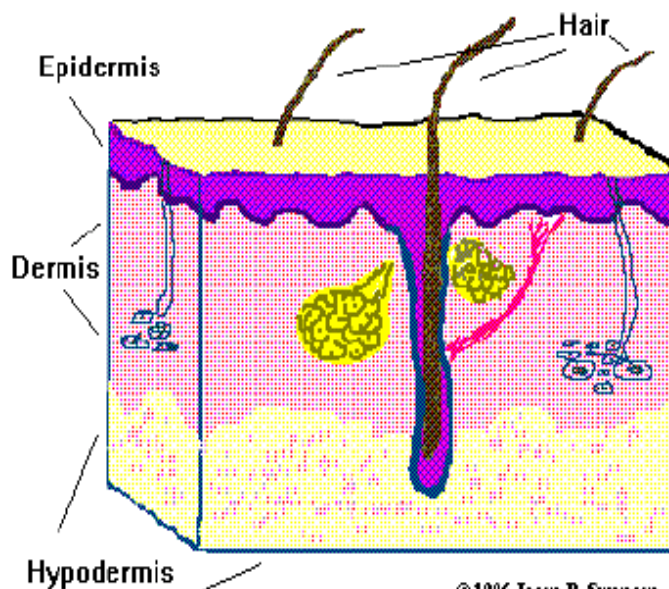
Melanoma/Skin Cancer Detection and Prevention

Skin cancer is one of the most common cancers. Melanoma is often a tumor that is brown or black and originates from the melanocytes in the skin. Melanoma causes most skin cancer deaths. The risk of getting melanoma is 1 in 50 for Caucasians, 1 in 1,000 for Blacks, and 1 in 200 for Hispanics. If detected in the early stages this cancer can almost always be cured. There are many ways to prevent this cancer: limit UV exposure, protect your skin with clothing, wear a hat, use sunscreen, and check for abnormal moles and have them removed.

Reference: http://www.cancer.org/docroot/lrn/lrn_0.asp American Cancer Society

Anatomy of the Skin

Taken from the MP/H Coding Rules Manual (pages 44-45):
http://seer.cancer.gov/tools/mphrules/2007_final_manualrv_with_replacement_pages.pdf



The picture to the left shows the three layers of skin:

- ❖ **Epidermis:** upper surface, thin layer (outermost layer)
- ❖ **Dermis:** lower, intermediate thicker layer (intermediate layer)
- ❖ **Hypodermis:** also called subcutis or subcutaneous fat – lowest layer (innermost layer)

A melanoma becomes more invasive as it grows from the epidermis, through the dermis, into the hypodermis.

Deadline for Submitting 2008 Cases is Approaching

Kansas Cancer Registry's goal is to collect 100% of the cancer cases diagnosed and/or treated in the state of Kansas each year. This goal can be met if every facility checks their case finding sources thoroughly and sends all their cases in a timely manner. KCR requires that cases are reported **within six months** of diagnosis and/or admission to your facility (K.A.R. 28-70-2).

The deadline for submitting 2008 cases is quickly approaching. **All cases are due by July 1, 2009.** KCR will be contacting facilities if they are delinquent in reporting their 2008 diagnosed cases.

Abstracting Questions and Answers (Questions adapted from: www.web.facs.org/coc Commission on Cancer website)



Question

If a biopsy said "metastatic melanoma," is this an unknown primary or skin, NOS?

Answer

FORDS, page 9 and 10 Overview of Coding Principles under Primary Site: Melanoma, code to Skin, NOS (C44.9) if a patient is diagnosed with metastatic melanoma and the primary site is not identified.

Question

For a melanoma case with lung and liver metastasis, we coded CS Mets at Dx 44. What is the difference between codes 40 and 44?

Answer

Code 40 is a NOS term where more information is not available, and it is actually derived based on the tables listed in the footnote. If more specific information is known, it should be coded to the highest applicable code. Code 44 matches the terminology in AJCC 6th Edition for M1c.

Question

For melanomas diagnosed after 1/1/04 is the FORDS tumor size field used to record the diameter of the melanoma or is it still used to record the Breslow depth?

Answer

For cases diagnosed on or after 1/1/2004, "tumor size" is documented as the greatest diameter of the melanoma lesion in FORDS and the CS Tumor size field. Depth of invasion is documented in the SSF1 field.

Questions from KCR Spring Meeting with clarifications

Question

How to code Radiation when multiple sites are treated at the same time?

Answer

SEER collects only one radiation field, Rx-Summ—Radiation. This field does not include site of treatment. The general rule when you have multiple sites treated with radiation at the same time is to code the radiation given to the primary site. If multiple sites of metastases are treated at the same time, you can use code 98 (Reference: SEER Inquiry System, April Fritz Inquiry System)

Question

What is the normal range for tumor marker of Testis cancer? (AFP, HCG and LDH)

Answer

SEER has not established standard ranges for "normal" for tumor markers. The designation of "normal" may vary from one lab to another. You should Code according to the information provided by the lab. For testis cancer: The normal range for LDH is specified by the lab (there are many LDH tests with different normal ranges). The normal range for hCG in a male is 0 ng/ml. The normal range for AFP in a male is < 15 ng/ml (Reference: SEER Inquiry System, April Fritz Inquiry System)

*Do you have any questions that you would like answered in an upcoming newsletter?
Email your question(s) to: abell@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 and Conferences

- ❖ The National Cancer Registrars Association (NCRA) 35th Annual Education Conference: May 31 – June 3, 2009, New Orleans – go to <http://ncra-usa.org/> for more information
- ❖ Annual SEER workshop Sunday May 31, 2009 in New Orleans. For more information visit <http://www.seer.cancer.gov/qi/education.html>
- ❖ The North American Association of Central Cancer Registries (NAACCR) Annual Conference: June 13-19, 2009 San Diego, CA
- ❖ The Kansas Cancer Registrars Association (KCRA) Annual Meeting: October 15-16, 2009, Hays, KS

❖ NAACCR Webinar Series 2008-2009

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

- 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)

Note: Each webinar is approved for 3 CE hours

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)

Need to Update Contact Information!

Please visit our website (www2.kumc.edu/kcr/downloads) to update your 2009 contact information and submit the form to Victoria Hundley (Email: vhundley@kumc.edu; Fax: 913-588-7384)

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

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