

Kansas Cancer Registry



Prostate Cancer

Prostate Cancer is the most common type of cancer found in men other than skin cancer. This cancer is also the second leading cause of death in males. One in six men will be diagnosed with prostate cancer in their lifetime. One of the greatest risk factors for prostate cancer is age. As age advances, the chance of getting prostate cancer goes up quickly. For early detection of this cancer, it is recommended that men be screened using PSA (prostate-specific antigen) test and DRE (digital rectal exam). High risk groups such as African-American men should begin the screening at earlier age (45 years). For all men with prostate cancer, the relative 5 year survival rate is 100%!, and the 10 year survival rate 91%.

Reference- http://www.cancer.org/docroot/CRI/CRI_2_1x.asp?dt=36

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

Call for Remaining 2008 Cases

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 the administrators at facilities if they are delinquent in reporting their 2008 diagnosed cases. Thank you for all of your hard work throughout the year!

Abstracting Questions and Answers

Questions adapted from: www.web.facs.org/coc Commission on Cancer

Question

For the PSA value in the SSF1 field, if PSA is 4.31, do we record 431 or 043?

Answer

PSA value for SSF1 would be 043.

Question

A patient with a PSA of 14.0 was given antibiotics and the PSA lowered to 7.0. They had post antibiotic tx that was positive for prostate adenocarcinoma. Do we still record the highest PSA value of 14.0?

Answer

Yes, record the highest PSA value of 14.0

Question

If a prostate bx had a Gleason's 3+4=7 and a prostatectomy showed 3+3=6, which score is used to code the 6th digit ICD-O-3 morphology code?

Answer

Please refer to note 3 in your CS manual, page 442. Following AJCC guidelines for coding multiple Gleason's Scores in prostate cancer, if there is more than one primary and secondary pattern value, the value to be coded is the one based on the larger tumor specimen.

Question

CS states to record the PSA value prior to bx or rx. Is there a time frame in coding this field when a PSA is after the bx but prior to rx?

Answer

There is currently no time frame for the PSA value prior to biopsy or treatment.

Question

Reportability/Behavior Code- Bone Marrow is T-cell large granular lymphocytic leukemia SEER reportable?

Answer

T-cell granular lymphocytic leukemia is a very indolent form of leukemia. It was assigned behavior code of 1 by the editors of ICD-0-3. The table on page 17 is the World Health Organization list of hemaptopoietic and lymphoid tumors. Who recognizes TCLGLL as a malignancy. The disease is infrequently symptomatic enough to be diagnosed. However, when any of the terms listed with code 9831 are described as malignant or aggressive, report to SEER as a malignancy with a behavior code of 3.

Do you have any questions that you would like answered in an upcoming newsletter?

Email you question(s) to: abell@kumc.edu

Congratulations!

We would like to take the opportunity to congratulate Ying Liu on recently obtaining her CTR certification! She is a Research Associate at the registry!

Prostate Grade

Gleason's Score or pattern may be used to determine the grade for prostate cancer. If more than one type of grade is given, code grade using the following priority rules:

- 1) Gleason Score (this is the sum of the patterns, e.g., if the pattern is 3+4 the score is 7)
- 2) Terminology
- 3) Histologi Grade

Use the following conversion when the reports give only the Gleason's Score (2-10) to Gleason's pattern (1-5)

Code	Score	Pattern	Grading
1	2,3,4	1,2	I Well differentiated
2	5,6	3	II Moderately differentiated
3	7,8,9,10	4,5	III Poorly differentiated

Upcoming Trainings and Conferences

- ❖ The North American Association of Central Cancer Registries (NAACCR) Annual Conference: June 13-19, 2009 San Diego, CA
- ❖ NAACCR CTR Exam Readiness Webinar Series Session starts July 21, 2009 see NAACCR website for details
- ❖ 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	Essential Thrombocythemia (9962/3) Essential Hemorrhagic Thrombocythemia Essential Thrombocytosis Idiopathic (Hemorrhagic) Thrombocythemia Primary Thrombocytosis
238.72	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	Refractory anemia with excess blasts-1 (RAEB-1) (9983/3) Refractory anemia with excess blasts-2 (RAEB-2) (9983/3)
238.74	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	Myelodysplastic syndrome, unspecified (9989/3)
238.76	Myelofibrosis with myeloid metaplasia (9961/3) Agnogenic myeloid metaplasia Idiopathic myelofibrosis (chronic) Myelosclerosis with myeloid metaplasia Primary myelofibrosis
238.79	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	Acute myelofibrosis (9931/3)
795.06	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

Updating Contact Information!

Please visit our website (www2.kumc.edu/kcr/downloads)

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