

Kansas Cancer Registry

Ovarian Cancer



Ovarian Cancer is the ninth most common cancer in women. Two-thirds of women with ovarian cancer are 55 years old or greater. It is more common in white women than African- American women. Different types of tumors can start in the ovaries. Some may be benign and others malignant. Tumors in the ovary are named by the kind of cells the tumor started from and whether the tumor is benign or malignant. The 3 main types are: Germ cell, Stromal, and Epithelial tumors. The most common type of ovarian cancer is from Epithelial cells.

Only 20% of ovarian cancers are found at an early stage. Having a Tubal ligation and hysterectomy can both lower the chance of cancer. Also, taking birth control pills may reduce the risk of ovarian cancer especially for women who take the pill for 5 years or more. A women's lifetime chance of dying from invasive ovarian cancer is about 1 in 95. In this newsletter we will have questions and answers about abstracting ovarian cancer.

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

CS Site Specific Factor 1

Code	Description
000	Test not done
010	Positive/elevated
020	Negative.normal; within normal limits
030	Borderline; undetermined whether positive or negative
080	Ordered, but results not in chart
999	Not documented in patient record, unknown, or no information

Remember it is very important to code CS Site Specific Factors. For the Ovary this is the Carbohydrate Antigen 125 (CA 125) level. You will find this information in the lab tests or the physician may state this in the patients medical record.

Webinar Videos Now Online

Instructions for viewing NAACCR webinars online:

- 1) Go to the Kansas Cancer Registry website (www2.kumc.edu/kcr)
- 2) Click on Downloads, then click Webinar Series
- 3) Type in your username and password (to access this information you need to contact Mrs. Ashley Wagner at 913-588-4728 ABELL@kumc.edu, or Ms. Ying Liu at 913-588-4726 YLIU@kumc.edu)
- 4) Click on *instruction* at the top of the screen to download and install WebEx Player so you can view the posted videos
- 5) After you have completed the download you can now watch the webinar videos of the topics you are interested in!

Abstracting Questions and Answers

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

Question

Are positive omental lymph nodes, NOS regional or distant lymph node involvement for ovary primaries and why?

Answer

Omental lymph nodes would be distant lymph nodes because they are not included in the list of the regional nodes given in the AJCC Cancer Staging Manual. The omentum is a fold of the peritoneum (the thin tissue that lines the abdomen) that surrounds the stomach and other organs in the abdomen. Omental lymph nodes would not be considered retroperitoneal.

Question

With ovarian cancer, what sites within the peritoneal/pelvic cavity besides liver parenchyma would tumors need to spread to constitute distant metastases?

Answer

Common sites for distant mets would be the parenchyma of the liver, the lung, skeletal and distant lymph nodes such as supraclavicular and axillary lymph nodes (M1). Please refer to AJCC page 275 for further detail.

Question

Is a pathological finding of ovarian primary papillary serous adenocarcinoma histologically coded per ICD-O Third Edition as 8460/3 or per MP/H rules as 8323/3?

Answer

Papillary serous adenocarcinoma of GYN sites is a single histology and coded as stated in the ICD-O-3.

Question

A patient was diagnosed with carcinosarcoma of bilateral ovaries, one tumor in each ovary. Using the multiple primaries rules, I chose multiple tumors and ended at Rule M8, tumors on both sides of a site listed in Table 1 are multiple primaries. Is this two primaries?

Answer

The carcinosarcoma contains epithelial and mesenchymal cells. Unlike ovarian bilateral epithelial tumors which are coded as single primary, the carcinosarcoma (M8980/3) of both ovaries is coded separately because the MP/H rule 7 applies only for epithelial tumors. You should use the MP/H rule M8, page 324, "Tumors on both sides (right and left) of a site listed in Table 1 (page 78, MP/H) are multiple primaries." Thus, for this histology you should abstract two primaries.

*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 2009	July 2009
February 2009	August 2009
March 2009	September 2009
April 2009	October 2009
May 2009	November 2009
June 2009	December 2009
July 2009	January 2010
August 2009	February 2010
September 2009	March 2010
October 2009	April 2010
November 2009	May 2010
December 2009	June 2010

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

Upcoming Trainings and Conferences

- ❖ 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 2009-2010**
Look for more information about webinar dates in upcoming newsletters!

To register or obtain more information about the webinars, please feel free to contact Mrs. Ashley Wagner 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)

Saying Goodbye

Ms. Christine Megee, Research Assistant here at KCR has left our program. She is pursuing her graduate study in medicine. We would like to thank her for her time and hard work here and we wish her only the best in her new pursuit!

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.