

Kansas Cancer Registry



Lymphoma Awareness Month

September is Lymphoma Awareness month. There are two main types of lymphoma which are:

- Hodgkin lymphoma
- Non-Hodgkin lymphoma

Characterisitic	Hodgkin lymphoma	Non-Hodgkin lymphoma
Site of origin	Nodal	Extranodal
Bone marrow involvement	Uncommon	Common
Nodal spread CNS involvement	Contiguous Rare	Noncontiguous Rare
Curable by Chemotherapy	Yes	No

The cells in these two lymphomas look different under a microscope. Most lymphomas start in the B cells which is a lymphocyte (white blood cell). Diffuse large B-cell and Follicular lymphomas are types of Non-Hodgkin lymphoma. About 1 out of every 3 cases of lymphoma are B-cell and 1 in 5 are Follicular. The cells are large resulting in the cancer growing fast as compared to Follicular that is slow growing. B-cell lymphoma targets older adults and this lymphoma is cured with treatment. Treatment will not often cure Follicular lymphoma however people live a long time. Overtime, some Follicular lymphomas change into fast-growing Diffuse B-cell.

Hodgkin lymphoma has a specific characteristic that distinguishes it. The presence of an abnormal cell called the Reed-Sternberg cell. This lymphoma has higher incidence rates in adolescents and young adults. Radiation therapy with chemotherapy is the most common treatment approach for Hodgkin lymphoma.

September is also an awareness month for prostate, thyroid, and gynecological cancers.

References: <http://www.cancer.org/docroot/home/index.asp>

Casciatio, Dennis, Lowitz, Barry. Manual of Clinical Oncology. Philadelphia: Lippincott William & Wilkins, 2000



Coding Caution

Prostate CS TS Extension Evaluation. This data variable is sometimes miss coded lets take a few minutes to address this field.

Example: Patient comes to your hospital and has a transurethral resection of prostate (TURP).

CS TS Ext-Eval for this case should be coded as 1 not a 4. Many times a 4 will be placed here that is incorrect because a TURP is not a surgical resection. Be sure to read Note 4 in the CS TS/Ext –Eval section it states TURP of the prostate is clinical and is recorded as 1.

Abstracting Questions and Answers

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

Question

If a path report diagnosis states small lymphocytic lymphoma/chronic lymphocytic leukemia, how do we determine if it is a lymphoma or leukemia?

Answer

The rule is that when you have a stated diagnosis of CLL/SCLL and the only sites involved are blood and or bone marrow, use 9823/3 (code as a leukemia). When diagnosed in the blood, this is considered disseminated disease. If any other site is involved, such as lymph nodes, with or without blood/bone marrow involvement, code as 9670/3 (code as lymphoma). When diagnosed in the lymph node, the extent of disease is determined using the lymphoma scheme. Reference: ICD-O-3 Clarifications, 5/22/2001, item 6, page 8.

Question

A patient had a biopsy of both the stomach and the cecum and the pathology was positive for lymphoma. They were treated with a partial colectomy which confirmed the diagnosis and a couple of pericolic lymph nodes were also involved. The metastatic work up otherwise was negative. Which site is designated as the primary site of the extranodal lymphoma?

Answer

When it is not possible to identify exactly the primary site for a lymphoma, use code C77.9.

Question

Patient had metastatic neck lymphnodes, biopsied and diagnosed as squamous cell carcinoma. The physician states this is head/neck primary but the primary tumor cannot be found despite a thorough search. What is the primary site code?

Answer

The primary site code is C809 unknown primary.

Question

Lymphoma case-lymphadenopathy involves mesenteric and retroperitoneal lymph node regions (both of these LN regions are contained in C77.2), no other areas involved, bone marrow biopsy negative. What is CS extension code?

Answer

The staging is based on lymph nodes regions as defined in AJCC 6th Edition page 396, not on the site code. This would be CS Extension code 10.

Question

A patient's discharge dx said, "brain tumor." The radiology report said, "1.5cm enhancing lesion in the suprasellar region, differential dx includes optic chiasmal glioma, lymphoma, hypothalamic glioma, cranial pharyngioma, or infectious etiology, possibly enhancing meningioma." They refused further w/u. Is this reportable, and if so, what is the histology code?

Answer

Tumor is included in the ambiguous terminology that constitutes a reportable condition. The histology would be 8000/1, Neoplasm, uncertain whether benign or malignant.

*Do you have any questions that you would like answered in an upcoming newsletter?
Email your question(s) to: awagner2@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 (awagner2@kumc.edu).

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)

For Your Information

Ms. Ashley Bell now Mrs. Ashley Wagner has a new email address awagner2@kumc.edu please be sure to make this change in your contact list.

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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