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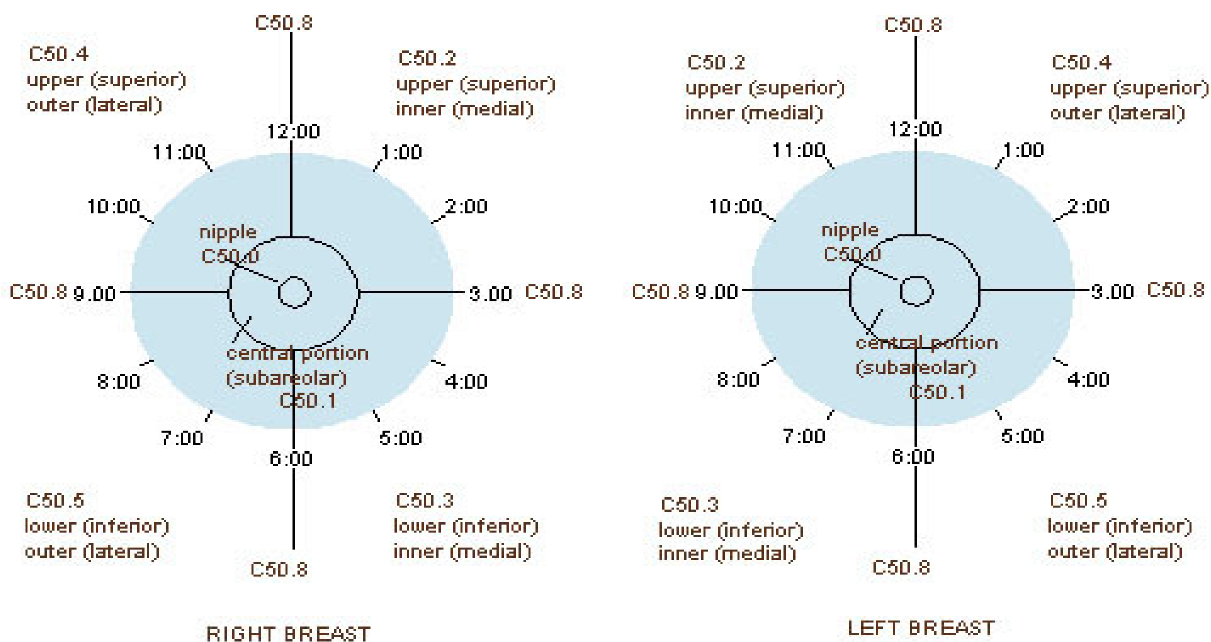
October 2009

Kansas Cancer Registry

Breast Cancer Awareness Month

October is National Breast Cancer Awareness Month. In 2009, it is estimated that 192,370 new cases of breast cancer will be diagnosed. Breast cancer is the most common cancer among women, other than skin cancer. It is also the second leading cause of death in women. The chance of a women having breast cancer during her life is 1 in 8. Right now there are more than 2 million breast cancer survivors in the United States! In this newsletter you will find information to assist you in abstracting breast cases. Below is the Topography codes for Breast.



Remember code C50.6 is the code for axillary tail or tail of breast

References: http://www.cancer.org/docroot/home/index.asp
http://www.training.seer.cancer.gov

Coding Caution

Prostate Grade

Eaxmple: Biopsy of the prostate revealed Adenocarcinoma Gleason's score 4+3=7, high grade

The grade should be coded 3 for this example. The Gleason score takes priority over the terminology. There is a chart in the FORDS Manual (page 15) that converts the Gleason score to the appropriate grade. The highest grade for prostate is grade 3.

Abstracting Questions and Answers

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

Question

A patient had a breast mass in the rt breast, DCIS with focal microinvasion and rt nipple, Pagets disease. There is a combo code of 8541/3 but since these are two separate masses with a difference in ICDO3 3rd digit is this one primary with code 8541/3 or two?

Answer

Following MP/H use rule M4, use histology rule H25 under multiple tumors abstracted as a single primary. Code 8541/3 Paget disease and infiltrating duct carcinoma.

Question

A path report said right breast with invasive ductal carcinoma with apocrine features grade 3 of 3. Is it coded 8401/3 based on Rule H12, since it states with features of?

Answer

Rule H12 states that if there are two specific duct carcinomas, the more specific would be coded. The notes also states that "features of" may be included. This gives us ductal carcinoma (8500) and apocrine (8401). Since apocrine is a more specified type of ductal carcinoma, code to 8401/3.

Question

The word suspicious. mammogram: r mass @ 4:00 is suspicious, or suspicious r breast mass. Does it need to say suspicious for, suspicious for malignancy or just suspicious?

Answer

Suspicious for a malignancy would be a term that constitutes a diagnosis, suspicious for a mass would not.

Question

A breast patient had a biopsy that showed extensive LCIS and intracystic ductal ca. A lumpectomy showed LCIS with ductal extension. Is this 8522/2?

Answer

Code the histology from the most representative specimen, the lumpectomy in this case. Apply Rule H2 and code the histology 8520/2 (LCIS).

Question

Does CS Mets at Dx codes 42 & 44 (breast primary) mean that ONLY the sites listed have mets? Patient has bone & pleural mets. Do I code 44 or 40?

Answer

The rule on pI-47, #2, is to code to the highest applicable code, which is 44.

Question

MP/H page 13 says the priority is to code histology. If a bx of a breast tumor indicates DCIS solid and cribriform type and focal lobular carcinoma insitu but the resection only reveals DCIS solid and cribriform type and no mention of lobular carcinoma insitu, do we use 8523/2 over 8522/2?

Answer

Focal means limited to one specific area, so we do not include the focal lobular information in choosing our histology code. Per Breast Rule H6, code DCIS solid and cribriform as 8523/2 since both are found on Table 3.

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 11.3A after running NAACCR Version 11.3A 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

- 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 Sustem – 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)

Reference: http://training.seer.cancer.gov/module_icdo3/icd_o_3_lists.html

Saying Goodbye

Ms. Ying Liu, Research Associate, is no longer working at KCR. She relocated and we would like to wish her the best of luck!

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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