

Kansas Cancer Registry Newsletter



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More about...the 2007 Multiple Primary and Histology Coding Rules

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You may be asking, why do we have all these new rules? What I have now is quite enough!

The current rules have been in place for over 25 years. These rules are general to all sites and do not address site specific issues.

The new rules, that will take effect for 2007 diagnosed cases, are a collaborative effort involving SEER, CoC, AJCC, CDC, NCRA and NAACCR. These rules have been developed to promote consistent, standardized coding by cancer registrars.

The new rules will have general instructions which will apply to all sites, as well as, site specific tumors. There are eight site specific

rules (lung, colon, breast, head and neck, kidney, renal pelvis/ureter/bladder, melanoma, malignant brain and other sites). These rules apply only to solid tumors. **Hematopoietic cancers are excluded from these rules.**

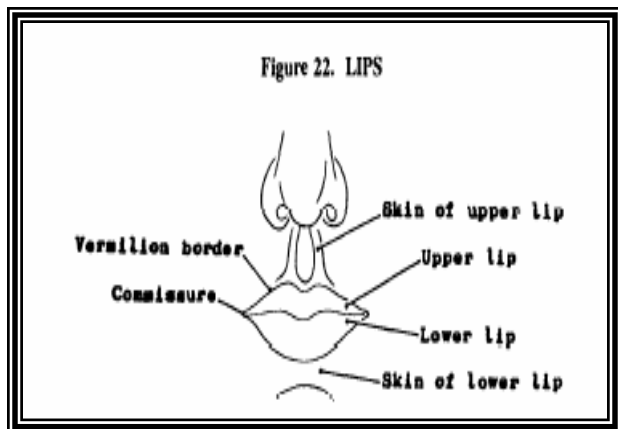
The rules are presented in 3 formats: text, flow chart, matrix. Each format is identical to the other. Why the three different formats? In doing research, it was found that one style did not suit everyone (one size does not fit all). This provides each registrar a style/format which suits their learning style. Each format starts with the unknown single or multiple tumors, followed by single tumor, followed by multiple tumors.

Histology rules start with single histology followed by multiple tumors abstracted as a single tumor.

Due to the amount of new information, it can be a bit confusing when first learning these new rules, but after some experience with the new rules, registrars should find them to be quite useful.

KCR will be providing training on MP/H rules in April 2007. A memo will be sent indicating specific dates & times. In the meantime, if you wish to look at the rules, please visit the SEER website and download a copy of the MP/H rules (<http://seer.cancer.gov/tools/mphrules/download.html>).

Anatomy Review



Determining reportable and non reportable cancers of the lip can be a little tricky and requires a good knowledge of lip anatomy. Each lip (upper & lower) is made up of two surfaces. The exposed surface that we all consider “lips” is the vermilion border and the inner surface is the labial mucosa (mucous membrane). A cancer found on either of these sites would be reportable. The skin of lip is found just above & below our upper and lower lips. Cancer found on the skin of the lip is not reportable. See the questions and answers below for a more examples.

SEER. *Self Instructional Manual for Cancer Registrars: Human Anatomy as Related to Tumor Formation*, Book 4. Retrieved January 29, 2007 from <http://seer.cancer.gov/training/manuals/Book4.pdf>.

Questions & Answers from SEER Inquiry System

<http://seer.cancer.gov/seer inquiry/>

Question

Primary Site/Reportability--Lip: Should basal cell or squamous cell carcinomas of "lip, NOS" be coded as reportable to C00._ [Lip] or to C44.0 [Skin of Lip, NOS], and therefore be considered non-reportable?

Answer

Basal cell carcinoma of lip, NOS is coded to C44.0 [skin of lip] because basal cell starts on skin cells, not mucous membrane. Basal cell carcinoma of the skin (except for genital sites) is not reportable. Squamous cell can be either skin or vermilion of lip. Read the pathology report. If the squamous cell lesion is overlapping skin and vermilion, go with the area of greatest involvement. If more than 50% of the lesion is on the vermilion, code to the vermilion [C00._] and it is reportable.

References

1. 2004 CS Manual; pg 1
2. SEER PCM, 3rd ed ;pg 6

Question

Reportability/Primary Site--Head & Neck: If a wedge resection/shield resection is performed on the lower lip for squamous cell carcinoma and the path report refers to "lip, NOS" with no mention of vermilion border, is this case reportable?

Answer

Review the operative and pathology reports, and the physical exam for mention of "mucosal surface" (reportable) or "skin" (not reportable). If neither are mentioned, lip, NOS is reportable per the ICD-O-3 code of C009.

References

1. ICD-O-3

Do you have a question you would like answered in an upcoming newsletter? Email your question(s) to nwiedower@kumc.edu

Abstract Plus now being phased in with Text Facilities

As most of you know, KCR has been helping facilities across the state “go electronic” in data submission over this past year.

All paper hospitals are now required to report electronically using the Abstract Plus software.

KCR’s new focus is to help transition our text abstract facilities to report



electronically by the end of 2007.

In the coming months, KCR will provide training to text abstract facilities. The training will cover topics such as: data entry, running error reports, and exporting saved cases to KCR using electronic media (disk/CD) or the FTP server.

New Data Fields & Software Updates

There are three new data items being collected for cases diagnosed in 2006 and forward. These new data items are:

- NEW: Radiation/Surgery Sequence (RX SUMM—SURG/RAD SEQ)
- NEW: Systemic/Surgery Sequence (RX SUMM— SYSTEMIC SUR SEQ)
- NEW: Radiation Regional Treatment Modality (RAD-REGIONAL RX MODALITY)

NOTE:

- * The new codes, and their explanation, can be found under the “Errata” section of the KCR manual (<http://www2.kumc.edu/kcr/>). Please print and add these pages to your current KCR manual.
- * Rocky facilities need to update their screens to display the new data items
- * Abstract Plus facilities will be receiving a software update from KCR soon

ROCKY Users

Attention all ROCKY users. ROCKY has a new feature that makes running/correcting errors easier. Have you seen it?

ROCKY now has a new Interactive Option. When you run the CDC edits, the “Genedits Error Report” will pop up. If you

choose the small check box in the bottom left corner that says “Interactive” it will take you directly to the field(s) in your abstract that has an error(s). The errors within the abstract are highlighted and you can correct them right there. To make sure the abstract is error free, you can rerun the error check.

Collaborative Staging-Obsolete Codes

Did you know that there are “obsolete codes” in collaborative staging?

The best way to stay abreast with the frequent changes is to either use online coding manuals or to frequently check the online manuals for changes.

The online Collaborative Staging site can be found at <http://web.facs.org/cstage/schemalist.htm>. This link has the list of site-specific schemas that can be used while collaboratively staging.

The obsolete codes are still listed on this site; how-

ever, they are marked as obsolete & users are instructed **NOT** to use them. Below is a sample case showing a comparison between current & obsolete collaborative staging codes (<http://web.facs.org/cstage/prostate/Prostateschema.htm>).

Bob is a 67 year old male recently diagnosed with prostate cancer. At his last checkup, he had an elevated PSA of 96.2 and a mass was palpated on his digital rectal exam. A biopsy was done and revealed adenocarcinoma in the left prostatic apex with a Gleason's score of 3+3. A prostatectomy was performed. It revealed adenocarcinoma arising in the left apex with extension to the left seminal vesicle. Two of five pelvic lymph nodes were also positive for prostatic adenocarcinoma.

Correct Collaborative Staging

CS Tumor Size: 999	Factor 1: 962
CS Extension: 20	Factor 2: 010
CS Ext-Eval: 4	Factor 3: 045
CS Lymph Nodes: 10	Factor 4: 230
CS Reg Nodes Eval: 3	Factor 5: 033
Reg LN Pos: 2	Factor 6: 006
Reg LN Exam: 05	
CS Mets at DX: 99	

Incorrect Collaborative Staging (Common Errors)

CS Tumor Size: 999	Factor 1: 962
CS Extension: 31 (obsolete code)	Factor 2: 010
CS Ext-Eval: 3 (no surgery code)	Factor 3: 045
CS Lymph Nodes: 10	Factor 4: 230
CS Reg Nodes Eval: 3	Factor 5: 033
Reg LN Pos: 2	Factor 6: 006
Reg LN Exam: 05	
CS Mets at DX: 99	

*Compare the bold items in each coding example. The box on the left has the correct codes.

Are you Current?

- * For 2006 diagnosed cases, please submit your cases using NAACCR Version 11 Edits
- * Collaborative Staging & Coding Manual, Version 01.03.00 (released September 8, 2006)
 - * Visit <http://www.cancerstaging.org/cstage/index.html> regularly to check for updates
- * Updated codes for “Primary Payer at Diagnosis” (PRIMARY PAYER AT DX) for 2005 diagnosed cases and forward. (The updated codes, and their explanation, can be found under the “Errata” section of the KCR manual (<http://www2.kumc.edu/kcr/>). Please print this page and replace the old version in your current KCR manual.)

Sending Comments via the KCR Website

We have made changes to our “Send Comments” link on the KCR website. Go to <http://www2.kumc.edu/kcr/comments.htm> to check it out.

Spam seems to be a common problem these days with most email accounts and our KCR email account is no different. In an attempt to discern between true emails and junk emails we have added a “Subject” box to this site.

When submitting a question or comment via the “Send Comments” link on our website, please type in your specific registry related topic along with your facility name (e.g. **Staging Question from Kansas County Hospital**).

Hopefully, this will help us weed out the good emails from the junk emails and respond to you even sooner.

Welcome New KCR Staff!

Join us in welcoming our newest staff member: *Mr. Colin Thomasset*

Colin started here at KCR at the beginning of January 2007. He graduated from the University of Kansas Medical Center with a Master of Public Health in December 2006. Additional education includes a Bachelor of Science in Environmental Studies. His past work experience includes working for three years as a Research Intern at the American Academy of Family Physicians, 2.5 years as a Research Assistant in the Energy Balance Lab at the University of Kansas, and 1 year as an Environmental Intern at the Kansas Department of Health and Environment. Here at KCR, Colin will be assisting in abstracting cases and helping with data analysis. Welcome Colin!

Upcoming Trainings & Important Dates

- * KCR will be hosting two FREE one day training seminars on Multiple Primary & Histology Coding Rules in April. Dates and locations will be announced soon.
- * KCR will be hosting a FREE one day Abstract Plus training sometime in May for facilities that are currently submitting using paper format. Date and location will be announced soon.
- * Kansas Cancer Registrars Association Annual Meeting (Wichita): September 20th & 21st, 2007

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We're on the web!
www2.kumc.edu/kcr/

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