



# Kansas Cancer Registry Newsletter

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April 2007: Volume 11, Issue 4

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## National Cancer Registrars Week: April 9-13

Mark your calendars. April 9-13 is National Cancer Registrars Week (NCRW). NCRW was established as an annual celebration to promote the amazing work of Cancer Registry professionals. NCRW was founded by National Cancer Registrars Association and is officially celebrated the second week in April; however, by the nature of their work, Cancer Registrars should be celebrated year-round for their incredible dedication toward quality cancer data management.

KCR would like to thank all of you for your hard work throughout the year. It is with your help that the Kansas Cancer Registry has been awarded the NAACCR gold standard for achievement in completeness, timeliness, and data quality of cancer reporting. Thanks again!

Governor Sebelius has also made a proclamation recognizing Cancer Registrars Week 2007. See the last page of this newsletter for a copy of this proclamation.

The theme of this year's NCRW is "*Cancer Registrars: The Core of Cancer Programs*". The NCRW Committee encourages you to take this opportunity to highlight how Cancer Registrars are the core of cancer programs. Promotional materials can be found online at <http://ncra-usa.org/join/ncrw.htm>.

Once again, to all Kansas Cancer Registrars, Happy National Cancer Registrars Week.

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## Deadline for Submitting 2006 Cases is Approaching

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KCR'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 its case finding sources thoroughly and sends all its cases in a timely manner. KCR requires that the cases be reported **within six months** of diagnosis and/or admission to your facility (K.A.R. 28-70-2).

The deadline for submitting 2006 cases is quickly approaching. **All 2006 cases are due by July 1, 2007.** See the table on the following page for the 2006 reporting schedule. KCR will be contacting facilities if they are delinquent in reporting their 2006 diagnosed cases.

Diligent effort in case-finding and timeliness of reporting is needed to help fight the battle against cancer. Every hospital staff member who helps with this effort is an important member of our "Cancer Fighting Team". Each one of us can make a difference in our own special way. Your help and cooperation are greatly appreciated!

## 2006 Reporting Schedule

Month of Diagnosis	Due to KCR by:
January 2006	July 2006
February 2006	August 2006
March 2006	September 2006
April 2006	October 2006
May 2006	November 2006
June 2006	December 2006
July 2006	January 2007
August 2006	February 2007
September 2006	March 2007
<b>October 2006</b>	<b>April 2007</b>
November 2006	May 2007
December 2006	June 2007

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## Reportable Case Definitions

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Per Kansas Statute 65-1, 168-174 and Kansas Administrative Regulation 28-70-1 through 28-70-3, cancer is a reportable disease in Kansas. Listed below are the reportable and non-reportable cancers that are required to be reported to the Kansas Cancer Registry

### Reportable:

1. **All invasive or *in situ* neoplasms**, including hematologic malignancies such as leukemia and multiple myeloma
2. **Benign brain tumors (Cases diagnosed January 1, 2004 and forward).**
3. **Pilocytic/Juvenile astrocytomas are reportable. The histology and behavior code is 9421/3**
4. **Regardless of stage, cancers involving mucous membrane sites including lip, anus, vulva, vagina, penis, and scrotum**
5. **Cancers involving the skin of genital sites (including penis, vulva, vagina and scrotum)**
6. Cases diagnosed clinically in the absence of histologic or cytologic confirmation are reportable.  
**Note:** Pathology report takes precedence over a clinical diagnosis. If the pathology report comes back as negative, then the case is not reported.

### Non-Reportable:

1. Malignant basal and squamous cell skin cancers
2. Carcinoma *in situ* of the cervix uteri (CIS)
3. Intraepithelial neoplasia of the following sites are NOT reportable:
  - Cervical intraepithelial neoplasia
  - Prostatic intraepithelial neoplasia
  - Vaginal intraepithelial neoplasia
  - Vulvar intraepithelial neoplasia

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## Primary Site Codes for Non-Malignant Primary Intracranial & CNS Tumors

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The table below is a list of the primary site codes for reportable non-malignant primary intracranial and central nervous system tumors. All histologic types with a behavior code of 0 or 1 (benign/borderline) found in these sites is reportable.

Topography	
Codes	Description
C70.0 C70.1 C70.9	Meninges Cerebral Meninges Spinal meninges Meninges, NOS
C71.0 C71.1 C71.2 C71.3 C71.4 C71.5 C71.6 C71.7 C71.8 C71.9	Brain Cerebrum Frontal lobe Temporal lobe Parietal lobe Occipital lobe Ventricle, NOS Cerebellum, NOS Brain stem Overlapping lesion of brain Brain, NOS
C72.0 C72.1 C72.2 C72.3 C72.4 C72.5 C72.8 C72.9	Spinal Cord, Cranial Nerves, and Other Parts of the Central Nervous System Spinal cord Cauda equina Olfactory nerve Optic nerve Acoustic nerve Cranial nerve, NOS Overlapping lesion of brain and central nervous system Nervous system, NOS
C75.1 C75.2 C75.3	Other Endocrine Glands and Related Structures Pituitary gland Craniopharyngeal duct Pineal gland

Havener L, Hultstrom D, editors. Standards for Cancer Registries Volume II: Data Standards and Data Dictionary, Tenth Edition, Version 11. Springfield, IL: North American Association of Central Cancer Registries, November 2004.

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## Sequence Numbers for Non-Malignant Primary Intracranial & CNS Tumors

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Now that we know what non-malignant primary intracranial and central nervous system tumors to report (wow that is a mouthful), here are a few more tips on coding the sequence number to help in abstracting these cases.

- ❖ Codes 60-88 indicate neoplasms of non-malignant behavior (behavior equals 0 or 1).
- ❖ Code 60 only if the patient has a single non-malignant primary. If the patient develops a subsequent non-malignant primary, change the code for the first tumor from 60-61, and assign codes to subsequent non-malignant primaries sequentially.
- ❖ If two or more non-malignant neoplasms are diagnosed at the same time, assign the lowest sequence number to the diagnosis with the worst prognosis. If no difference in prognosis is evident, the decision is arbitrary.
- ❖ Any tumor in the patient's past which is reportable or reportable-by-agreement must be taken into account when sequencing subsequently accessioned tumors.
- ❖ Sequence numbers should be reassigned if the facility learns later of an unaccessioned tumor that affects the sequence.

### Non-Malignant

Code	Definition
60	Only one non-malignant primary
61	First of two or more independent non-malignant primaries
62	Second of two or more independent non-malignant primaries
...	
...	(Consecutive number of non-malignant primaries)
...	
87	Twenty-seventh of twenty-seven independent non-malignant primaries
88	Unspecified number of neoplasms in this category.

Information from Facility Oncology Registry Data Standards (FORDS): Revised for 2004 and FORDS: Revised for 2007 at <http://www.facs.org/cancer/coc/fordsmanualolder.html> .

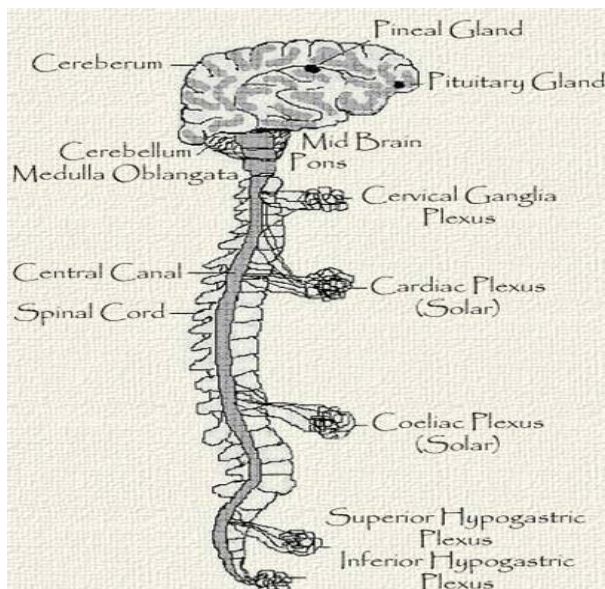
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## Anatomy Review

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As seen in the Primary Site Codes on page 3, non-malignant intracranial and central nervous system tumors consist of tumors at the following anatomical locations:

- ❖ Meninges
- ❖ Brain
- ❖ Spinal cord, cranial nerves, & other parts of the CNS
- ❖ Other endocrine glands & related structures



Picture from NPCR “Data Collection of Primary Central Nervous System Tumors” presentation at: <http://www.cdc.gov/cancer/npcr/training/btr/ppt/>.

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## Questions & Answers

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### Question

Is Langedans cell histiocytosis (9751/1) of the Meninges (C70.9) reportable?

### Answer

Yes. The criteria for reportable benign/borderline CNS tumors is based on location (site) and behavior (benign/borderline). There is no caveat for histologic type. Therefore, this would be reportable as these tumors have been reported arising from the meninges or choroid plexus.

### References

2004 SEER Manual; pg 2

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

### Brief

We regularly see histologically benign & atypical meningiomas that invade the dura and bone, and in this case, brain

### Questions

How do we code behavior and **extension on the case described?**

### Answer

The example above is a benign meningioma and not reportable prior to 2004. If the diagnosis date is 2004 or later, code the behavior as 1 (borderline malignancy). Code CS Extension as 05 (benign or borderline brain tumors). According to expert consultant, meningiomas are in the lining cells for the inner table of the skull & as such have an affinity for bone that allows them to penetrate adjacent bone without being “malignant”.

### Reference

1. ICD-O-3
2. CS Manual Part II; pg 519 (version 01.03.00)

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## Are you Current?

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- ❖ Please submit your cases using NAACCR Version 11 after running NAACCR Version 11 Edits for all 2006 diagnosed cases
- ❖ Use Collaborative Staging & Coding Manual, Version 01.03.00 (released September 8, 2006) (<http://www.cancerstaging.org/cstage/index.html>) to calculate collaborative stage on cases currently being abstracted. Please check this site regularly 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)
- ❖ New codes to be used for all cases diagnosed 01/01/2006 and forward:
  - “Radiation/Surgery Sequence”
  - “Systemic/Surgery Sequence”
  - “Radiation Regional Treatment Modality”(The new codes, and their explanation, can be found under the “Updates to KCR Manual” section of the KCR manual (<http://www2.kumc.edu/kcr/>). Please print these pages and place in your current KCR manual.)

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## Upcoming Trainings & Conferences

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- ❖ Multiple Primary & Histology Coding Rules Training. KCR will be hosting two one-day free training sessions:
  - April 13, 2007 (8:00AM-4:30PM): at Hampton Inn and Suites, Kansas City, MO
  - May 4, 2007 (8:00AM-4:30PM): Wichita, Kansas (Location TBA)
- ❖ National Cancer Registrars Association (NCRA) 33<sup>rd</sup> Annual Educational Conference – go to <http://ncra-usa.org/> for more information.
  - April 22-25, 2007: Las Vegas, Nevada
- ❖ Kansas Cancer Registrars Association (KCRA) Annual Meeting
  - September 20-21, 2007: Wichita, Kansas
- ❖ North American Association of Central Cancer Registries (NAACCR) “Webinar” series – go to <http://www.naacr.org/filesystem/word/Hosp%20webinar%20sched.doc> for more information.
  - May 10, 2007 Abstracting Prostate Cancer Incidence and Treatment Data
  - June 14, 2007 Abstracting Lung Cancer Incidence and Treatment Data
  - September 13, 2007 Abstracting Breast Cancer Incidence and Treatment Data

For those of you attending the KCR Multiple Primary & Histology Coding Rules (MP/H) Training on 4/13/07 or 5/4/07, **please bring along your MP/H Rules Manual and ICD-O-3 book**. If you do not have a manual, you can print one at:

[http://www.seer.cancer.gov/tools/mphrules/mphrules\\_manual\\_01012007.pdf](http://www.seer.cancer.gov/tools/mphrules/mphrules_manual_01012007.pdf).

STATE OF KANSAS



# PROCLAMATION BY THE GOVERNOR

TO THE PEOPLE OF KANSAS, GREETINGS:

WHEREAS, cancer registrars help health care professionals better meet the needs of patients with cancer by collecting and maintaining data on persons diagnosed with this devastating disease; and

WHEREAS, data collected by cancer registrars is used by physicians to monitor treatment and continuing care of patients and by epidemiologists to track the cancer activity throughout Kansas and the nation; and

WHEREAS, cancer registrars throughout Kansas are committed to promoting the latest medical advances in the diagnosis and treatment of cancer; and

WHEREAS, National Cancer Registrars Week recognizes the contributions that professional cancer registrars make to the field of allied health:

NOW, THEREFORE, I, KATHLEEN SEBELIUS, GOVERNOR OF THE STATE OF KANSAS, do hereby proclaim April 9-13, 2007, as

## *Cancer Registrars Week*

In Kansas and urge all citizens to join in this observance by recognizing the importance of cancer registrars to the diagnosis and treatment of cancer.

DONE: At the Capitol in Topeka  
under the Great Seal of the  
State this 5<sup>th</sup> day of  
March, A.D. 2007

BY THE GOVERNOR:

Handwritten signature of Kathleen Sebelius in black ink, written over a horizontal line.

Handwritten signature of Ron Thornburgh in black ink, written over a horizontal line.  
Secretary of State

Handwritten signature of Stephanie Nickelsen in black ink, written over a horizontal line.  
Assistant Secretary of State



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**We're on the web!**  
**[www2.kumc.edu/kcr](http://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.*