



Kansas Cancer Registry Newsletter

December 2007: Volume 11, Issue 12

Brain and CNS MP/H Coding Rules – Rule M6 Clarification

Rule M6: A glioblastoma or glioblastoma multiforme (9440) following a glial tumor is a single primary (See Chart 1).

In other words, all glial tumors listed below Glioma, NOS (9380) are considered a single primary with Glioblastoma, NOS and Glioblastoma Multiforme (9440). In this rule, it does not matter if the histologies are on the same branch of Chart 1 or not as long as they are under Glial Tumors. Rule M6 is the exception to Rule M7 and M8.

The MP/H Coding Rules Manual is available in PDF format and may be downloaded through the SEER website at http://www.seer.cancer.gov/tools/mphrules/mphrules_manual_01012007.pdf.

Reportable/Non-Reportable

❖ From the FORDS Manual: *Revised for 2007*:
<http://www.facs.org/cancer/coc/fords/2007/fordscorrected0707.pdf>

Diagnostic reports often use ambiguous terminology when describing suspicious growths or lesions. We have all seen them. These reports may say something like, “the growth is suspicious for cancer” or “the lesion is a possible melanoma.” Well is it cancer or not? And is it or is it not reportable? Below are two lists of ambiguous terminology that will help you answer these questions.

Terms That Constitute a Diagnosis

- Apparent(ly)
- Appears
- Comparable with
- Compatible with
- Consistent with
- Favors
- Malignant appearing
- Most likely
- Neoplasm (beginning with 2004 diagnoses and only for C70.0-C72.9, C75.1-75.3)
- Presumed
- Probable
- Suspect (ed)
- Suspicious (for)
- Tumor (beginning with 2004 diagnoses and only for C70.0-C72.9, C75.1-75.3)
- Typical of

Terms That Do Not Constitute a Diagnosis *without additional information*



- Cannot be ruled out
- Equivocal
- Possible
- Potentially malignant
- Questionable
- Rule out
- Suggests
- Worrisome

National Aplastic Anemia and MDS Awareness Week

December 1-7 is National Aplastic Anemia and Myelodysplastic Syndrome Week.
 Mark your calendars!

Questions & Answers

From the ACOS Inquiry System: <http://web.facs.org/coc/>

<p>Question If a metastatic site had a needle biopsy, is this a code 1 or code 3 for CS Mets Eval?</p> <p>Answer This would be a CS Mets Eval code 3, pathologic exam of metastatic tissue.</p> <p>References ACOS Collaborative Staging</p>	<p>Question For Collaborative staging, CS Mets Eval, if a patient had metastatic workup and no mets were found, what code is used?</p> <p>Answer Code the method used to determine negative metastatic disease. For example, if a CT scan of abdomen revealed no metastatic disease, the Mets Eval code is coded 0.</p> <p>References ACOS Collaborative Staging</p>
 <p><i>Do you have a question you would like answered in an upcoming newsletter? Email your question(s) to: iduff@kumc.edu</i></p>	

Puzzle Fun

Puzzle Questions

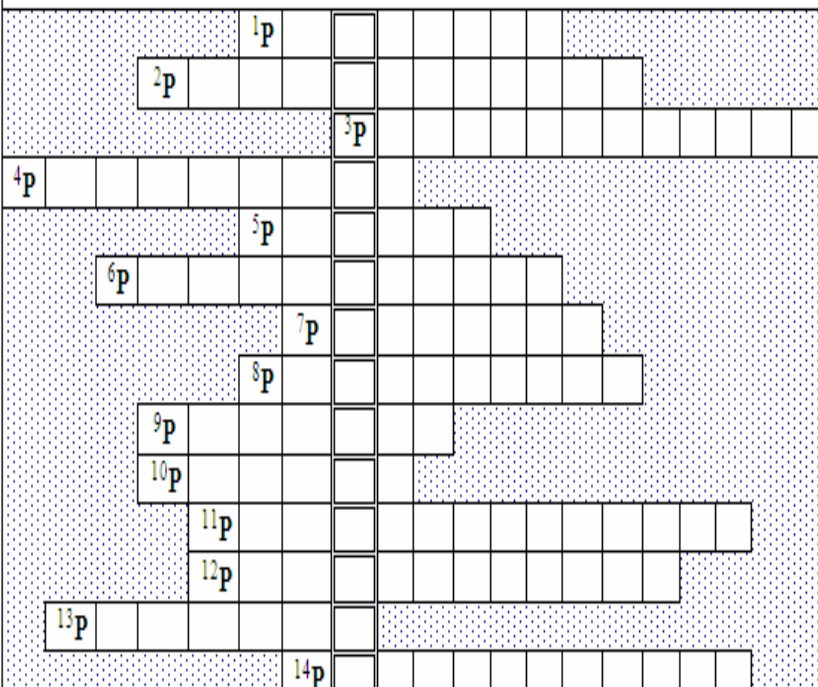
Across:

1. Collection of cells from the cervix used to detect changes that may be cancerous or lead to cancer.
2. Doctor specializing in treating children.
3. This is the partial or full removal of the prostate.
4. Inability to move all or part of body.
5. This belongs to the lower abdomen and is located between the hip bones.
6. Doctor who studies cells and tissues with the use of a microscope, in order to identify diseases.
7. Glandular organ, which is located in the abdomen, produces several hormones including insulin. It also produces enzymes that aid in digestion.
8. Tissue covering most of the organs in the abdomen and lines the abdominal wall.
9. Tube starting behind the nose and ending at the top of the trachea and esophagus.
10. Roof of mouth
11. This produces growth hormone and controls other glands and many body functions.
12. The original tumor.
13. This looks like and is administered in the same way as a drug in a clinical trial but is an inactive substance.
14. A term that refers to a condition that is likely to become cancerous.

Puzzle

**** Discover the Hidden Word by solving the words across the puzzle ****
 (Solution near end of newsletter)

Hidden Word
 ↓



Reporting Schedule

Month of Diagnosis	Due to KCR by:
January 2007	July 2007
February 2007	August 2007
March 2007	September 2007
April 2007	October 2007
May 2007	November 2007
June 2007	December 2007
July 2007	January 2008
August 2007	February 2008
September 2007	March 2008
October 2007	April 2008
November 2007	May 2008
December 2007	June 2008

2006 Diagnosed Cases

Thank you for abstracting and reporting your 2006 diagnosed cases. Kansas Cancer Registry appreciates your significant contribution towards the fight against cancer.

Please check your case-finding sources for any missed cases. These sources include: Medical Record Disease Index (MRDI); Pathology reports; Operative reports; Radiology and Nuclear Medicine reports; Cytology reports; Flow Cytometry reports; Face Sheet documents; History and Physical documents; Discharge Summary documents; Oncology Consultations; Therapy Notes and Completion Letters; TNM Staging Forms; and Treatment Plans.

We will be sending you a list of cases reported by miscellaneous sources who indicated that a particular patient was diagnosed or treated at your facility. Please review the list and let us know if you are responsible for reporting. All missed cases should be abstracted in the usual fashion and sent to KCR. *Thank you!*

Are you Current?

- ❖ Please submit your cases using NAACCR Version 11.1 after running NAACCR Version 11.1 Edits for all 2007 diagnosed cases
- ❖ 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 this site regularly for updates

Upcoming Trainings & Conferences

- ❖ NAACCR CTR Exam Readiness Webinar Series-starting 01/08/08 (http://www.naacr.org/index.asp?Col_SectionKey=10&Col_ContentID=473)
- ❖ North American Association of Central Cancer Registries (NAACCR) “Webinar” series – go to http://www.naacr.org/filesystem/pdf/Hospital_course_decription_rev10-30-07.pdf for more information
 - January 10, 2008: Hospital Cancer Registry Operations
 - February 14, 2008: Cancer Treatment and How to Code It: Surgery, Radiation, Systemic, and Other
 - March 6, 2008: Abstracting Thyroid Cancer Incidence and Treatment Data & Abstracting Larynx Cancer Incidence and Treatment Data

CTR Exam Eligibility Route Changes for 2008

- ❖ From the NCRA’s Council on Certification website: <http://www.ctrexam.org/pdfs/Eligibility2008.pdf>

The National Cancer Registrars Association (NCRA), in response to the 2005 Study of the Cancer Registry Workforce, has decided to change the path to entry by raising the degree requirement to sit for the certified tumor registrar (CTR) exam to a minimum of an associate degree by 2010. In the past, candidates could sit for the exam with the minimum of a high school or general education development (GED) diploma alone (Route 1 of the exam’s five eligibility routes). By the next exam in March 2008, candidates will need a minimum of one year college-level courses in Anatomy and/or Physiology.



Puzzle Answers

- | | | | | | | |
|-----------------|------------------|----------------|---------------|------------|---------------------|------------------|
| 1. Pap smear | 3. Prostatectomy | 5. Pelvis | 7. Pancreas | 9. Pharynx | 11. Pituitary gland | 13. Placebo |
| 2. Pediatrician | 4. Paralysis | 6. Pathologist | 8. Peritoneum | 10. Palate | 12. Primary tumor | 14. Precancerous |

2008 Contact Information

KCR is doing an annual update and needs current information from you. Please complete the form if contact/address information changed and return to KCR by mail, fax, or email by January 31, 2008.

Mail: Kansas Cancer Registry
University of Kansas Medical Center
130 Support Services Facility, MS 2009
3901 Rainbow Boulevard
Kansas City, Kansas 66160
Fax: 913-588-7384
Email: Victoria Hundley at vhundley@kumc.edu

FACILITY INFORMATION

Facility Name: _____
Facility Address: _____
City: _____
State: _____ Zip Code: _____

MAIN CONTACT PERSON

Name: _____
Title: _____
Department: _____
Phone #: _____
Fax #: _____
Email address: _____

SUPERVISOR OF MAIN CONTACT

Name: _____
Title: _____
Phone #: _____
Email address: _____

ADMINISTRATOR

Name: _____
Title: _____
Phone #: _____
Email address: _____

Thank you for the update!

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130 Support Services, MS 2009
3901 Rainbow Boulevard
Kansas City, Kansas 66160

Phone: 913-588-4722

Fax: 913-588-7384

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.

KCR Staff

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