Kansas Cancer Registry Newsletter

January 2008: Volume 12, Issue 1

Bladder MP/H Coding Rules – *Rule M9 Clarification*

Rule M9: Tumors with ICD-O-3 **histology** codes that are **different** at the first (**x**xxx), second (x**x**xx) or third (xx**x**x) number are **multiple primaries**.

Example: A pathology report states that a total cystectomy of the bladder was performed, which diagnosed a small cell carcinoma with multifocal squamous differentiation (8**07**3), as well as two separate transitional cell carcinomas with squamous differentiation (8**12**0).

Using the M9 rule, you notice that there is a difference in the histology codes (8**07**3 and 8**12**0) at the second and third number. This case should be abstracted as two different primaries.

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.

Laterality for Reportable Benign Brain Cases

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

For cases diagnosed **January 1, 2004 and forward**, please remember that the following sites are considered paired organs and the laterality should be coded as 1-9. This listing includes only major categories; code laterality for all subheadings included in the ICD-O-3 under these headings.

ICD-O-3	Paired Organ Site
C70.0	Cerebral Meninges, NOS
C71.0	Cerebrum
C71.1	Frontal Lobe
C71.2	Temporal Lobe
C71.3	Parietal Lobe
C71.4	Occipital Lobe
C72.2	Olfactory Nerve
C72.3	Optic Nerve
C72.4	Acoustic Nerve
C72.5	Cranial Nerve, NOS

Questions & Answers

From the ACOS Collaborative Staging FAQ: http://www.cancerstaging.org/cstage/faq.html

Question
If a needle biopsy was done because of elevated PSA, and we don't have any clinical information to confirm whether the case was clinically apparent or inapparent, is the CS Extension coded as 15 (Tumor identified by needle biopsy, e.g., for elevated PSA) or as 30 (Not stated if Stage A or B, T1 or T2, clinically apparent or inapparent)?

Answer
In this case, the best code is 30, since there is no clear statement of apparent or inapparent. After consultation with the AJCC curators for genitourinary tumors, a new note has been added to CS Extension to simplify coding in these situations. The new note reads, "A clinically inapparent tumor is one that is neither palpable nor reliably visible by imaging. An apparent tumor is palpable or visible by imaging. Do not infer inapparent or apparent tumor based on the registrar's interpretation of terms in the DRE or imaging reports. A physician assignment of cT1 or cT2 is a clear statement of inapparent or apparent respectively. Code to 30 (which maps to T2 NOS) in the absence of a clear physician's statement of inapparent or apparent." (Revised Answer, 10/15/07)

References
ACOS Collaborative Staging

Question
If the patient had a modified radical mastectomy, revealing a 3.0cm invasive ductal carcinoma and DCIS with perineural invasion and lymphatic involvement, does the perineural invasion and lymphatic involvement affect the CS Extension code?

Answer
Perineural invasion and lymphatic involvement do not affect the Extension code. The lymphatics are the tiny lymph channels within the primary organ. Tumor spreads along the path of least resistance and sometimes follows the nerve pathways. As long as the involvement of the nerves or lymphatics does not extend beyond the borders of the primary organ, that type of tumor involvement does not affect the extension code. (9/23/04)

References
ACOS Collaborative Staging

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

Feel Free to Contact Us!

If anyone has any questions about abstracting cases, please feel free to e-mail or contact the following KCR staff members:

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Puzzle Fun

Word Search

L	W	A	N	T	E	R	I	O	R	F	B	Y	C	H	Q	T	K	Z	J	P	Percutaneous
H	B	M	K	W	Z	V	M	E	D	W	Y	Z	E	D	A	R	G	W	E	G	Malignant
I	X	H	Q	L	P	T	L	J	W	A	B	J	H	W	E	S	Z	G	O	T	Ipsilateral
F	S	C	S	O	W	P	G	O	B	T	D	V	W	P	K	Y	W	N	R	U	Adjacent
W	B	U	Y	I	I	H	Z	W	D	O	E	J	K	E	Y	L	P	E	U	W	Lymph node
B	K	W	T	T	S	J	A	D	E	N	O	C	A	R	C	I	N	O	M	A	Abnormal
M	A	Z	L	I	A	O	W	E	V	R	Z	I	B	C	W	J	U	P	W	S	Axillary
T	Q	U	W	G	S	X	N	Y	O	S	W	U	H	U	E	W	F	L	V	A	Multiple
R	M	B	T	Y	W	N	I	G	J	Y	X	A	D	T	R	N	K	A	P	N	Suspicious
M	D	R	Z	O	P	W	I	L	A	T	K	W	A	A	C	B	T	S	H	L	Bone marrow
D	S	C	E	F	P	A	M	A	L	I	G	N	A	N	T	K	I	M	L	Z	Diagnosis
P	D	U	D	X	F	S	R	R	M	A	D	B	C	E	T	J	S	M	U	X	Papillary
U	M	K	O	C	L	P	Y	E	J	O	R	T	I	O	C	I	T	X	P	W	Grade
W	C	B	N	I	F	A	L	T	H	V	N	Y	W	U	P	N	G	R	T	I	Antigen
O	R	J	H	G	C	P	R	A	O	T	K	I	Z	S	S	Y	W	E	C	Z	Adenocarcinoma
L	Y	D	P	U	Z	I	T	L	M	V	O	W	C	H	E	G	P	R	N	B	Follow up
L	B	W	M	B	C	L	P	I	T	R	S	M	W	R	J	C	K	N	M	O	Neoplasm
O	F	E	Y	W	N	L	T	S	M	B	O	N	E	M	A	R	R	O	W	R	Chemotherapy
F	L	C	L	Q	A	A	P	P	U	X	B	N	W	H	I	C	O	C	A	K	Anterior
A	C	I	M	T	F	R	L	I	E	S	N	F	B	I	C	U	E	J	E	H	Carcinoma in situ
B	A	U	K	L	S	Y	C	A	D	R	B	D	O	A	D	W	C	N	O	E	Autopsy

Abbreviation Search

Abbreviation	** *Find the corresponding abbreviation for each term* **					Term
?	N	I	R	E	M	Percutaneous
?	L	S	C	A	S	Malignant
?	E	P	L	D	M	Ipsilateral
?	A	I	D	J	E	Adjacent
?	G	C	R	E	P	Lymph node

Abbreviation	** *Find the corresponding abbreviation for each term* **					Term
?	P	S	U	S	S	Abnormal
?	X	T	A	U	B	Axillary
?	N	U	L	X	A	Multiple
?	B	M	S	U	L	Suspicious
?	A	P	B	S	M	Bone marrow

Abbreviation	** *Find the corresponding abbreviation for each term* **					Term
?	D	P	R	X	D	Diagnosis
?	A	G	A	G	A	Papillary
?	X	A	P	R	X	Grade
?	G	A	U	P	P	Antigen
?	P	T	X	T	G	Autopsy

Abbreviation	** *Find the corresponding abbreviation for each term* **					
?	N	L	C	I	S	Follow up
?	T	P	H	H	T	Neoplasm
?	N	O	E	E	N	Chemotherapy
?	A	E	M	P	F	Anterior
?	O	N	O	U	L	Carcinoma in situ

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

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.naaccr.org/index.asp?Col_SectionKey=10&Col_ContentID=473)
- North American Association of Central Cancer Registries (NAACCR) "Webinar" series – go to http://www.naaccr.org/filesystem/pdf/Hospital_course_decription_rev10-30-07.pdf for more information
  - 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

Puzzle Fun Answers

Word Search

L	W	A	N	T	E	R	I	O	R	F	B	Y	C	H	Q	T	K	Z	J	P	Percutaneous
H	B	M	K	W	Z	V	M	E	D	W	Y	Z	E	D	A	R	G	W	E	G	Malignant
I	X	H	Q	L	P	T	L	J	W	A	B	J	H	W	E	S	Z	G	O	T	Ipsilateral
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R	M	B	T	Y	W	N	I	G	J	Y	X	A	D	T	R	N	K	A	P	N	Suspicious
M	D	R	Z	O	P	W	I	L	A	T	K	W	A	A	C	B	T	S	H	L	Bone marrow
D	S	C	E	F	P	A	M	A	L	I	G	N	A	N	T	K	I	M	L	Z	Diagnosis
P	D	U	D	X	F	S	R	R	M	A	D	B	C	E	T	J	S	M	U	X	Papillary
U	M	K	O	C	L	P	Y	E	J	O	R	T	I	O	C	I	T	X	P	W	Grade
W	C	B	N	I	F	A	L	T	H	V	N	Y	W	U	P	N	G	R	T	I	Antigen
O	R	J	H	G	C	P	R	A	O	T	K	I	Z	S	S	Y	W	E	C	Z	Adenocarcinoma
L	Y	D	P	U	Z	I	T	L	M	V	O	W	C	H	E	G	P	R	N	B	Follow up
L	B	W	M	B	C	L	P	I	T	R	S	M	W	R	J	C	K	N	M	O	Neoplasm
O	F	E	Y	W	N	L	T	S	M	B	O	N	E	M	A	R	R	O	W	R	Chemotherapy
F	L	C	L	Q	A	A	P	P	U	X	B	N	W	H	I	C	O	C	A	K	Anterior
A	C	I	M	T	F	R	L	I	E	S	N	F	B	I	C	U	E	J	E	H	Carcinoma in situ
B	A	U	K	L	S	Y	C	A	D	R	B	D	O	A	D	W	C	N	O	E	Autopsy

Abbreviation Search

Abbreviation	** *Find the corresponding abbreviation for each term* **					Term
PERC	N	I	R	E	M	Percutaneous
MALIG	L	S	C	A	S	Malignant
IPSI	E	P	L	D	M	Ipsilateral
ADJ	A	I	D	J	E	Adjacent
LN	G	C	R	E	P	Lymph node

Abbreviation	** *Find the corresponding abbreviation for each term* **					Term
ABN	P	S	U	S	S	Abnormal
AX	X	T	A	U	B	Axillary
MULT	N	U	L	X	A	Multiple
SUSP	B	M	S	U	L	Suspicious
BM	A	P	B	S	M	Bone marrow

Abbreviation	** *Find the corresponding abbreviation for each term* **					Term
DX	D	P	R	X	D	Diagnosis
PAP	A	G	A	G	A	Papillary
GR	X	A	P	R	X	Grade
AG	G	A	U	P	P	Antigen
AUT	P	T	X	T	G	Autopsy

Abbreviation	** *Find the corresponding abbreviation for each term* **					
FU	N	L	C	I	S	Follow up
NEOPL	T	P	H	H	T	Neoplasm
CHEMO	N	O	E	E	N	Chemotherapy
ANT	A	E	M	P	F	Anterior
CIS	O	N	O	U	L	Carcinoma in situ

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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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.