



Kansas Cancer Registry Newsletter

March 2008: Volume 12, Issue 3

National Colorectal Cancer Awareness Month

March is National Colorectal Cancer Awareness Month. In honor of this month, throughout this newsletter you will find information to assist you in abstracting colorectal cases. For more information on Colorectal Cancer go to <http://www.preventcancer.org/colorectal>.

Data Item Clarification: Radiation/Surgery Sequence

Radiation therapy sequence with surgery defines the order in which radiation therapy and cancer-directed surgery were delivered during the first course of therapy. If the patient had **both** cancer-directed surgery and radiation therapy as first course of treatment, then use codes in the **range of 2-6**. If the patient had **both** cancer-directed surgery and radiation therapy as first course of treatment **but the sequence is unknown**, then use **code 9**. If the patient had **NOT** received either radiation or cancer-directed surgery, then use **code 0 (Not applicable)**. Surgery is limited to "Surgery of Primary Site" only (the site specific surgery code must be in the range of 10-90). For more information refer to KCR and FORDS manuals.

Codes	Definition
0	Not applicable (Use this code for all patients NOT receiving both radiation and cancer-directed surgery).
2	Radiation therapy before surgery.
3	Radiation therapy after surgery.
4	Radiation therapy both before and after surgery.
5	Intraoperative radiation therapy.
6	Intraoperative radiation therapy with other radiation therapy administered before or after surgery.
9	Sequence unknown, but both surgery and radiation therapy were administered.

National Cancer Registrars Week is Just Around the Corner!

April 7-11 is National Cancer Registrars Week. *Mark your calendars!*
For celebration ideas, go to <http://www.ncra-usa.org/join/ncrw.htm>.

Benign Brain and CNS MP/H Coding Rules – *Rule M4 Correction*

A correction has been issued for Rule M4 in the Benign Brain and CNS Multiple Primary Rules. Revised on February 8, 2008, the corrected wording for all formats should read as follows:

Rule M4: Tumors with ICD-O-3 **topography** codes that are **different** at the second (Cxxx), third (Cxxx), **or fourth** (Cxxx) characters are **multiple primaries**.

The Benign Brain and CNS Rules were released in October 2007 and are currently separate from the original 2007 manual. These rules are now available in three formats: flowchart, matrix and text. Use a single format which is best suited to your learning style.

These rules are available in PDF format and may be downloaded through the SEER website at http://seer.cancer.gov/tools/mphrules/benign_brain.html.

Revised MP/H Coding Rules Manual

As of February 8, 2008, the Multiple Primary and Histology Coding Rules Manual has been updated with all November 2007 and all February 2008 replacement pages.

Instructions for downloading the updated MP/H Coding Rules Manual can be found at <http://seer.cancer.gov/tools/mphrules/download.html>. The coding rules are available in three formats: flowchart, matrix and text. Use a single format which is best suited to your learning style.

You may download as a single file in PDF format the complete manual with replacement pages through the SEER website at:

http://seer.cancer.gov/tools/mphrules/2007_final_manualrv_with_replacement_pages.pdf.

Updating Your Contact Information

If there is any change in your facility's contact information, **email** (vhundley@kumc.edu) or **fax (913-588-7384)** using the **Contact Information Form** posted on KCR website (<http://www2.kumc.edu/kcr/downloads.htm>).

Welcome New KCR Staff!

Join us in welcoming our new staff member: *Mrs. Cuiwei Wang*

Cuiwei has been working as a Research Associate with the Kansas Cancer Registry for the past two months. She graduated from the Iowa State University with a Master's degree in Statistics in December 2007. Additional education includes a Master's degree in Structural Engineering. Her past work experience includes working for almost ten years as a Structural Engineer in China. Here at KCR, Cuiwei is assisting in data analysis. Welcome Cuiwei!

Abstract Plus: FAQ

1. What is the Abstract Plus software?

Abstract Plus is an abstracting tool used to summarize the medical record into an electronic report of cancer diagnosis and treatment by abstractors and other individuals or groups who work with cancer data. This software was developed at CDC's Division of Cancer Prevention and Control in support of CDC's National Program of Cancer Registries (NPCR). All data items in national standard data sets, including text, are supported. (<http://www.cdc.gov/Cancer/npcr/tools/registryplus/ap.htm>)

2. Will I be notified if there is an upgrade to Abstract Plus?

Yes.

3. Whom do I contact if I have any technical questions regarding software maintenance or installation?

Please e-mail or call the following KCR staff members:

Zhimin Shen	913-588-4723	zshen@kumc.edu
John Keighley	913-588-2792	jkeighle@kumc.edu

4. Whom do I contact if I have any abstracting questions using Abstract Plus?

Please e-mail or call the following KCR staff members:

Debbie Barkley	913-588-4724	dbarkley@kumc.edu
Ian Duff	913-588-4726	iduff@kumc.edu

5. How frequently do I get an upgrade?

The answer depends upon how often the Centers for Disease Control and Prevention (CDC) update the Abstract Plus software version; and it also depends upon how often the Kansas Cancer Reporting Facility List gets updated.

6. How frequently do I report my cases?

Cases can be reported once a month or once every quarter, depending upon your caseload; however, Kansas Cancer Registry prefers reporting once a month. Prior to submitting your first set of electronic reports, please inform the KCR staff of your reporting interval. This will help us to track any reporting delinquencies.

7. What supporting documents are required, and why?

For quality assurance purposes, Kansas Cancer Registry requests you send in copies of supporting documentation for 100% of your submitted cases. The required supporting documents (or case-finding documents) include:

- Medical Record Disease Index (MRDI) Reports
- Pathology Reports; Operative Reports
- Radiology and Nuclear Medicine Reports
- Cytology Reports and Flow Cytometry Reports
- Face Sheet documents
- History and Physical (H&P) documents
- Discharge Summary documents
- Oncology Consultation documents
- Therapy Notes and Completion Letters; TNM Staging Forms; and Treatment Plans.

8. Can I use Abstract Plus for follow-up on cases already submitted to KCR?

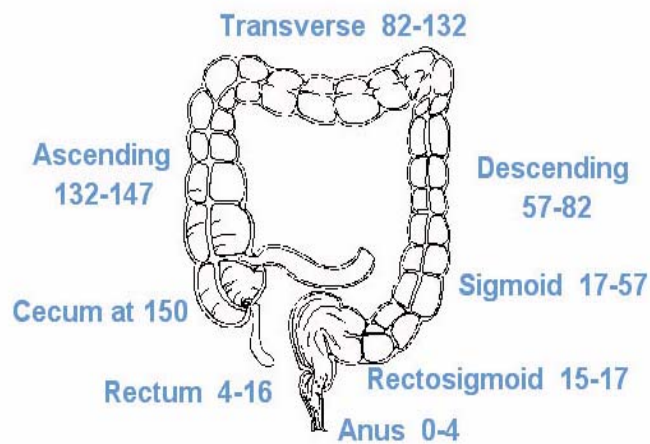
Yes.

Anatomy Review

Taken from the SEER's Training Web Site: <http://www.training.seer.cancer.gov/>

In colon cancers, the primary site is sometimes recorded as how many centimeters away from the anal verge the cancer is located versus the specific site (ascending, descending colon...). This measurement is based on how far the scope entered the colon during a colonoscopy. The charts below show you what site codes to enter based on the colonoscopy measurement, in centimeters, from the anal verge.

Colonoscopy Measurements (cm) from Anal Verge



Site	Centimeters from Anal Verge	Site Codes
Anus	0-4	C21.0
Rectum	4-16	C20.9
Rectosigmoid	15-17	C19.9
Sigmoid	17-57	C18.7
Descending	57-82	C18.6
Transverse	82-132	C18.4
Ascending	132-147	C18.2
Cecum	At 150	C18.0


In Situ Terminology for Colorectal Tumors

The following is a list of terminology used to describe *in situ* tumors in the colon/rectum:

- (adeno)carcinoma in an adenomatous polyp with no invasion of stalk
- confined to epithelium
- noninfiltrating
- intraepithelial
- intraepidermal (anus)
- involvement up to but not including the basement membrane
- noninvasive
- no stromal involvement
- papillary noninfiltrating

Questions & Answers

From the SEER Inquiry System: <http://seer.cancer.gov/seerinqury/>

<p>Question Histology (Pre-2007)–Colon: What code is used to represent the histology "adenocarcinoma arising in a papillary adenomatous polyp"?</p> <p>Answer For tumors diagnosed prior to 2007:</p> <p>Code the Histology field to 8261/3 [adenocarcinoma in a villous adenoma]. In describing colon polyps, papillary and villous are equivalent terms.</p> <p>For tumors diagnosed 2007 or later, refer to the MP/H rules. If there are still questions about how this type of tumor should be coded, submit a new question to SING and include the difficulties you are encountering in applying the MP/H rules.</p> <p>References SPCSM 2004, page 84</p>	<p>Question Histology (Pre-2007)/Behavior Code: What code is used to represent the histology "foci of well differentiated intramucosal carcinoma [carcinoma in situ] arising on the surface of a tubular adenoma"? The pathologist referred to this colon biopsy as "in situ".</p> <p>Answer For tumors diagnosed prior to 2007:</p> <p>Assign histology code 8210 [adenocarcinoma in a tubular adenoma] and behavior code 2 [in situ]. "In situ" is specified by the pathologist.</p> <p>For tumors diagnosed 2007 or later, refer to the MP/H rules. If there are still questions about how this type of tumor should be coded, submit a new question to SING and include the difficulties you are encountering in applying the MP/H rules.</p> <p>References ICD-O-3, page 106</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>		

Feel Free to Contact Us!

*Questions about abstracting cases?
Please e-mail or call the following KCR staff members:*

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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

- ❖ Between April and June, 2008, KCR will be offering Abstract Plus training sessions at various locations throughout the state – **if interested please contact Victoria Hundley ASAP at 913-588-4730 or vhundley@kumc.edu**
- ❖ The National Cancer Registrars Association (NCRA) 34th Annual Education Conference is April 28 - May 1, 2008 in Minneapolis, MN – go to <http://ncra-usa.org/> for more information
- ❖ The Kansas Cancer Registrars Association (KCRA) Annual Meeting is September 11-12, 2008 in Kansas City, KS
- ❖ 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
 - March 6, 2008: Abstracting Thyroid Cancer Incidence and Treatment Data & Abstracting Larynx Cancer Incidence and Treatment Data
 - May 8, 2008: Data Quality and Data Use

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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.