

Kansas Cancer Registry Newsletter



September 2008: Volume 12, Issue 9

National Prostate Cancer Awareness Month

September is National Prostate Cancer Awareness Month. In 2008 it is estimated that 186,320 men will be diagnosed with Prostate Cancer making it the second most common type of cancer in men next to skin cancer. The prognosis for men with this disease has been getting increasingly better. While 1 in 6 men will be diagnosed with Prostate Cancer in his lifetime, only 1 in 35 men will actually die from the disease. The current newsletter has information that will help the tumor registrars in abstracting prostate cases. Check out these websites for more information on Prostate Cancer: www.fightprostatecancer.org and www.cancer.org.

Reference: http://www.cancer.org/docroot/CRI/CRI_2_1x.asp?dt=36

The Prostate-Specific Antigen (PSA) Test

Prostate-specific antigen (PSA) is a protein produced by the cells of the prostate gland. The PSA test measures the level of PSA in the blood. The doctor takes a blood sample, and the amount of PSA is measured in a laboratory. Because PSA is produced by the body and can be used to detect disease, it is sometimes called a biological marker or tumor marker.

The test results are usually reported as nanograms of PSA per milliliter (ng/mL) of blood. In the past, most doctors considered PSA values below 4.0 ng/mL as normal. However, recent research found prostate cancer in men with PSA levels below 4.0 ng/mL. Many doctors are now using the following ranges with some variation:

- 0 to 2.5 ng/mL is low.
- 2.6 to 10 ng/mL is slightly to moderately elevated.
- 10 to 19.9 ng/mL is moderately elevated.
- 20 ng/mL or more is significantly elevated.

There is no specific normal or abnormal PSA level. The higher a man's PSA level, the more likely it is that cancer is present, but because various factors can cause PSA levels to fluctuate, such as age, one abnormal PSA test doesn't necessarily indicate a need for other diagnostic tests. When PSA levels continue to rise over time, other tests may become necessary.

For more information concerning the prostate-specific antigen (PSA) test, please consult <http://www.cancer.gov/cancertopics/factsheet/Detection/PSA>.

Anatomy Review

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

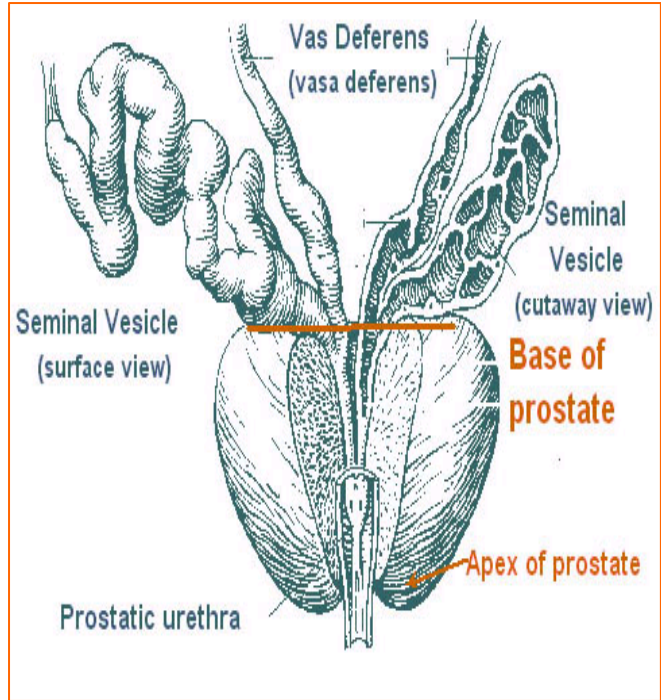
The picture to the right shows the prostate, which consists of a base, an apex, an anterior, a posterior, and two lateral surfaces.

The base is directed near the inferior surface of the bladder. The greater part of this surface is directly continuous with the bladder wall.

The apex is directed downward, and is in contact with the superior fascia of the urogenital diaphragm.

Regional lymph nodes associated with the prostate include the following:

- ❖ Periprostatic
- ❖ Hypogastric (Obturator)
- ❖ Iliac – internal, external, NOS
- ❖ Sacral – lateral, presacral, promontory (Gerota's), NOS
- ❖ Pelvic, NOS



Questions & Answers

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

Question

Physician states PSA elevated, however, PSA value is stated to have gone from 2.6 to 3.2. Do we code this as elevated even though it is still within the normal ranges?

Answer

If the physician interpretation is elevated, code as the physician stated. Since both the value and the interpretation are coded in CS, all information will be available for analysis. The normal range depends on age and other factors.

References

ACOS Collaborative Staging

Question

Patient had a palpable prostate nodule on the left lobe and biopsies revealed adenocarcinoma in both lobes. Is the CS Ext Code 20 or 23?

Answer

CS extension code 23 would be correct if both lobes (right lobe and left lobe or bilateral disease) of the prostate were involved.

References

ACOS Collaborative Staging

Do you have a question you would like answered in an upcoming newsletter?

Email your question(s) to:

cmegee@kumc.edu

Have You Checked Out the Related Links Page on the KCR Website Recently?

Please take a little bit of time to become familiar with the links posted on our related links page. These links could save you hours of time by linking you to the online collaborative staging website, the AJCC website where there is a Q&A section and many other helpful websites. These sites are especially helpful to those who are new to AbstractPlus software and are learning how to submit cases electronically and use collaborative staging schemas.

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**

Kansas Cancer Registrars Association (KCRA) Annual Meeting

The staff at KCR would like to extend our appreciation to all facilities across the state of Kansas who report cancer cases and assist us in the fight against cancer. **The 23rd Annual KCRA meeting will be held on September 18th and 19th at:**

**University of Kansas Medical Center
3901 Rainbow Boulevard
Kansas City, KS 66160
School of Nursing
Room 4024 Varnes**

We look forward to seeing you in Kansas City!

Reporting Schedule

Month of Diagnosis	Due to KCR by:
January 2008	July 2008
February 2008	August 2008
March 2008	September 2008
April 2008	October 2008
May 2008	November 2008
June 2008	December 2008
July 2008	January 2009
August 2008	February 2009
September 2008	March 2009
October 2008	April 2009
November 2008	May 2009
December 2008	June 2009

Are You Current?

- ❖ Please submit your cases using NAACCR Version 11.2 after running NAACCR Version 11.3 Edits.
- ❖ 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

- ❖ The Kansas Cancer Registrars Association (KCRA) Annual Meeting is September 18-19, 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
 - September 11, 2008: Abstracting Other Digestive System Cancer Incidence and Treatment Data

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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.