



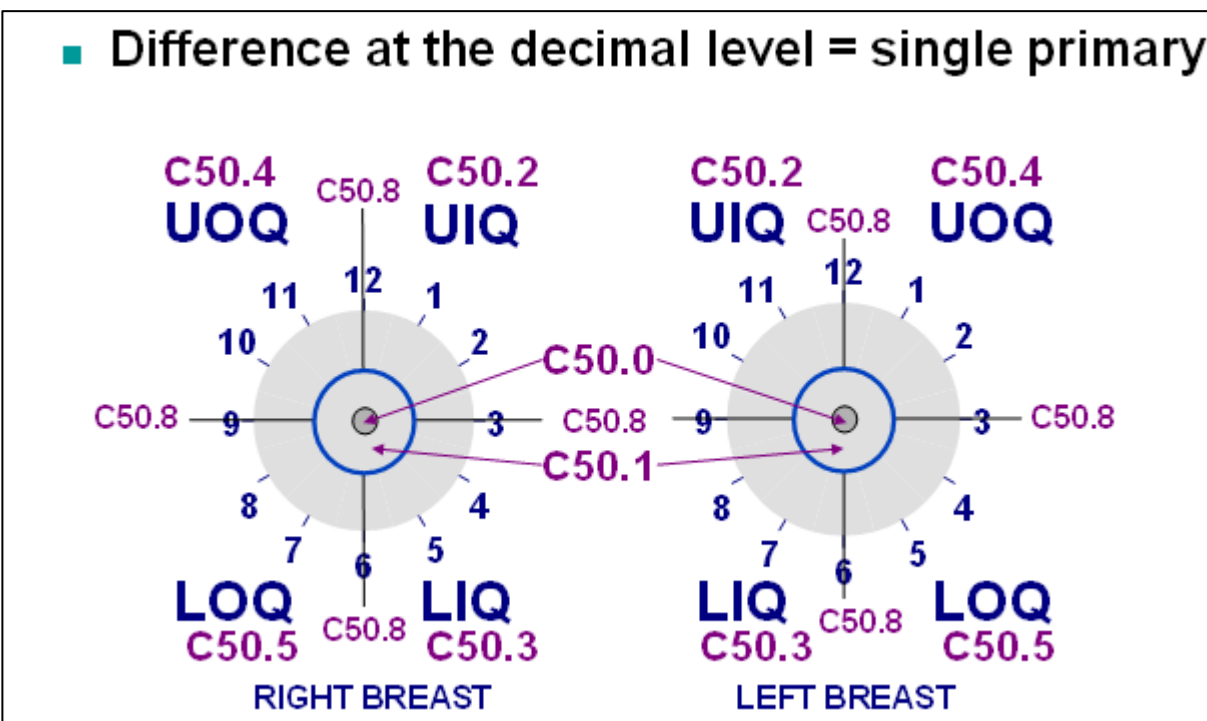
# Kansas Cancer Registry Newsletter

October 2008: Volume 12, Issue 10

## National Breast Cancer Awareness Month

October is National Breast Cancer Awareness Month. In 2008 alone, approximately 182,460 women in the United States will be diagnosed with invasive breast cancer and about 40,480 women will die from the disease. The odds of a woman getting breast cancer at some point in her life are about 1 in 8 women and the chances of dying from the disease are about 1 in 35. Improved diagnostic tools, early detection, and advanced treatment plans are improving survival rate of breast cancer patients. This newsletter contains information that will help tumor registrars in abstracting breast cases. To read more about breast cancer please visit [http://www.cancer.org/docroot/CRI/content/CRI\\_2\\_2\\_1X\\_How\\_many\\_people\\_get\\_breast\\_cancer\\_5.asp?sitearea=](http://www.cancer.org/docroot/CRI/content/CRI_2_2_1X_How_many_people_get_breast_cancer_5.asp?sitearea=)

## Breast Topography Codes



Upper (superior)    Lower (inferior)    Outer (lateral)    Inner (medial)

NOTE: C50.6 is the code for axillary tail or tail of breast

Reference: SEER Training Web Site: <http://www.training.seer.cancer.gov/>.

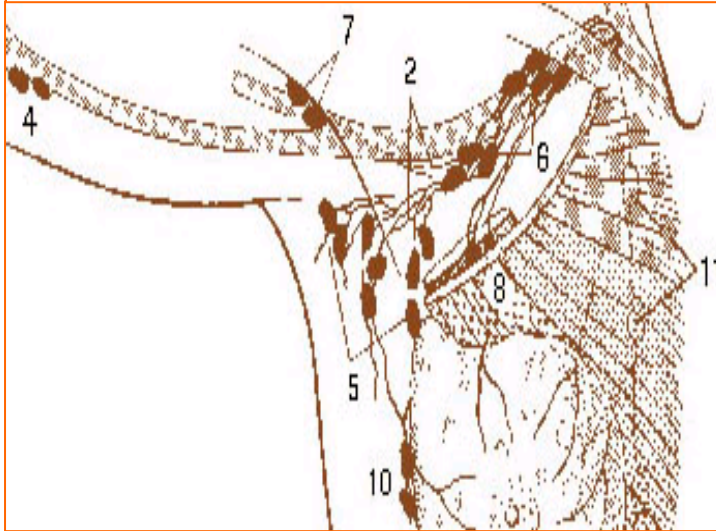
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## Anatomy Review

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The picture below shows the regional lymph nodes associated with the breast.

Blood and lymph vessels form a network throughout each breast. Breast tissue is drained by lymphatic vessels that lead to axillary nodes (which lie in the axilla) and internal mammary nodes (which lie along each side of the breast bone). When breast cancer spreads, it is frequently to these nodes.



- 2–Axillary lymphatic plexus
- 4–Cubital lymph nodes \*
- 5–Superficial axillary (low axillary)
- 6–Deep axillary lymph nodes
- 7–Brachial axillary lymph nodes
- 8–Interpectoral axillary lymph nodes (Rotter nodes)
- 10–Paramammary or intramammary lymph nodes
- 11–Parasternal lymph nodes (internal mammary nodes)

\* Note: the cubital lymph nodes are not part of the lymph node drainage of the breast.

Reference (Anatomy Review) SEER Training Web Site: <http://www.training.seer.cancer.gov/>.

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## Questions & Answers

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

### Question

Breast SSF3 states number of positive ipsilateral axillary lymph nodes. If the only node positive is a supraclavicular node, is it coded 001 or does SSF3 only apply to axillary nodes?

### Answer

Breast CS SSF3 only applies to ipsilateral axillary lymph nodes. No other regional nodes should be coded in this field, and contralateral axillary nodes should also not be coded in this field. This data field is necessary to correctly derive the AJCC stage since the different levels of regional nodes are not staged the same. Do not code the status of any nodes other than ipsilateral (same side as the primary tumor) axillary nodes in this field.

### References

ACOS Collaborative Staging

### Question

If a tumor size was 1.5mm, is it rounded to 002? If breast tumors are between 1. \_ and 9. \_ mm are mathematical principles used 1-4 round down and 5-9 round up?

### Answer

Since only whole numbers in mm can be collected, basic mathematical principles are used for rounding; 1-4 round down, 5-9 round up.

### 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](mailto:cmegee@kumc.edu)*

## Laterality

- ❖ 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, unless specifically excluded.
- ❖ Exclusions should be coded as “0”. If the site is not listed below, code laterality as “0”.

ICD-O-3	Paired Organ Site
C07.9	Parotid gland
C08.0	Submandibular gland
C08.1	Sublingual gland
C09.0	Tonsillar fossa
C09.1	Tonsillar pillar
C09.8	Overlapping Lesion of Tonsil
C09.9	Tonsil, NOS
C30.0	Nasal cavity (excluding nasal cartilage and nasal septum)
C30.1	Middle ear
C31.0	Maxillary sinus
C31.2	Frontal sinus
C34.0	Main bronchus (excluding carina)
C34.1-C34.9	Lung
C38.4	Pleura
C40.0	Long bones of upper limb and scapula
C40.1	Short bones of upper limb
C40.2	Long bones of lower limb
C40.3	Short bones of lower limb
C41.3	Rib and clavicle (excluding sternum)
C41.4	Pelvic bones (excluding sacrum, coccyx, and symphysis pubis)
C44.1	Skin of eyelid
C44.2	Skin of external ear
C44.3	Skin of other and unspecified parts of face (midline code “9”)
C44.5	Skin of trunk (midline code “9”)
C44.6	Skin of upper limb and shoulder
C44.7	Skin of lower limb and hip

ICD-O-3	Paired Organ Site
C47.1	Peripheral nerves and autonomic nervous system of upper limb and shoulder
C47.2	Peripheral nerves and autonomic nervous system of lower limb and hip
C49.1	Connective, subcutaneous, and other soft tissues of upper limb and shoulder
C49.2	Connective, subcutaneous, and other soft tissues of lower limb and hip
C50.0-C50.9	Breast
C56.9	Ovary
C57.0	Fallopian tube
C62.0-C62.9	Testis
C63.0	Epididymis
C63.1	Spermatic cord
C64.9	Kidney, NOS
C65.9	Renal pelvis
C66.9	Ureter
C69.0-C69.9	Eye and lacrimal gland
C70.0	Cerebral Meninges, NOS <b>(cases diagnosed 01/01/2004 and forward)</b>
C71.0	Cerebrum (cases diagnosed 01/01/2004 and forward)
C71.1	Frontal Lobe <b>(cases diagnosed 01/01/2004 and forward)</b>
C71.2	Temporal Lobe <b>(cases diagnosed 01/01/2004 and forward)</b>
C71.3	Parietal Lobe <b>(cases diagnosed 01/01/2004 and forward)</b>
C71.4	Occipital Lobe <b>(cases diagnosed 01/01/2004 and forward)</b>
C72.2	Olfactory Nerve <b>(cases diagnosed 01/01/2004 and forward)</b>
C72.3	Optic Nerve <b>(cases diagnosed 01/01/2004 and forward)</b>
C72.4	Acoustic Nerve <b>(cases diagnosed 01/01/2004 and forward)</b>
C72.5	Cranial Nerve, NOS <b>(cases diagnosed 01/01/2004 and forward)</b>
C74.0-C74.9	Adrenal gland
C75.4	Carotid body

Adapted from the FORDS Manual - 2007: <http://www.facs.org/cancer/coc/fords/2007/fordscorrected0707.pdf>

## 2008 Updated Case-Finding List

ICD-9-CM Codes	Diagnosis (in preferred ICD-O-3 terminology)
042	AIDS (review cases for AIDS-related malignancies)
140.0 - 208.9	Malignant neoplasms <b>except 173.0-173.9</b>
225.0 - 225.9	Benign Brain and Other Parts of Nervous System
227.3 & 227.4	Benign Pituitary Gland and Craniopharyngeal duct (227.3), Pineal Gland (227.4)
230.0 - 234.9	Carcinoma in situ ( <b>Except 232.0 – 232.9 and 233.1</b> )
237.0, 237.1, 237.5, 237.6, 237.70, 237.71, 237.72, 237.9	Neoplasm of Uncertain Behavior Endocrine Gland and Nervous System – Includes Pineal Gland, Brain, and Spinal Cord, Meninges and Neurofibromatosis
238.4	Polycythemia vera (9950/3)
238.6	Solitary plasmacytoma (9731/3) Extramedullary plasmacytoma (9734/3)
<b>238.71 (New Code)</b>	Essential Thrombocythemia (9962/3) Essential Hemorrhagic Thrombocythemia Essential Thrombocytosis Idiopathic (Hemorrhagic) Thrombocythemia Primary Thrombocytosis
<b>238.72 (New Code)</b>	Refractory anemia (RA) (9980/3) Refractory anemia with ringed sideroblasts (RARS) (9982/3) Refractory cytopenia with multilineage dysplasia (RCMD) (9985/3) Refractory cytopenia with multilineage dysplasia and ringed sideroblasts (RCMD-RS)
<b>238.73 (New Code)</b>	Refractory anemia with excess blasts-1 (RAEB-1) (9983/3) Refractory anemia with excess blasts-2 (RAEB-2) (9983/3)
<b>238.74 (New Code)</b>	Myelodysplastic syndrome with 5q deletion (9986/3) 5q minus syndrome NOS Chronic myeloproliferative disease (9960/3) Myelosclerosis with myeloid metaplasia (9961/3) Refractory cytopenia with multilineage dysplasia (9985/3) Therapy-related myelodysplastic syndrome (9987/3)
<b>238.75 (New Code)</b>	Myelodysplastic syndrome, unspecified (9989/3)
<b>238.76 (New Code)</b>	Myelofibrosis with myeloid metaplasia (9961/3) Agnogenic myeloid metaplasia Idiopathic myelofibrosis (chronic) Myelosclerosis with myeloid metaplasia Primary myelofibrosis
<b>238.79 (New Code)</b>	Lymphoproliferative disease (chronic) NOS (9970/1) Megakaryocytic myelosclerosis (9961/3) Myeloproliferative disease (chronic) J5511 NOS (9960/3) Panmyelosis (acute) (9931/3)
273.2	Gamma heavy chain disease; Franklin's disease (9762/3)
273.3	Waldenstrom's macroglobulinemia (9761/3)
288.3	Hypereosinophilic syndrome (9964/3)
<b>289.83 (New Code)</b>	Acute myelofibrosis (9931/3)
<b>795.06 (New Code)</b>	Papanicolaou smear of cervix with cytologic evidence of malignancy (without histologic confirmation) (positive Pap smear)
V10.0 - V10.9	Personal history of malignancy (review these for recurrences, subsequent primaries, and/or subsequent treatment)
V58.0	Admission for radiotherapy
V58.11 – V58.12	Admission for chemotherapy
V66.1	Convalescence following radiotherapy
V66.2	Convalescence following chemotherapy
V67.1	Radiation therapy follow-up
V67.2	Chemotherapy follow-up
V76.0 - V76.9	Special screening for malignant neoplasm
V86.0	Estrogen receptor positive status [ER+] (new code)
V86.1	Estrogen receptor negative status [ER-] (new code)

Reference: [http://training.seer.cancer.gov/module\\_icdo3/icd\\_o\\_3\\_lists.html](http://training.seer.cancer.gov/module_icdo3/icd_o_3_lists.html)

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## Updating Your Contact Information

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

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## Your KCR Contact Person

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All facilities have their own contact person who can help you with anything questions or concerns that you might have. Your contact person will either be Christine Megee, Ashley Bell, or Ying Liu. Please look for an email from your new contact person in the near future and please utilize these ladies because they are here to help you!

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## Reporting Schedule

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Month of Diagnosis	Due to KCR by:
January 2008	July 2008
February 2008	August 2008
March 2008	September 2008
<b>April 2008</b>	<b>October 2008</b>
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

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## Upcoming Trainings & Conferences

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- ❖ NAACCR CTR Exam Readiness Webinar Series-starting 01/08/08 ([http://www.naacr.org/index.asp?Col\\_SectionKey=10&Col\\_ContentID=473](http://www.naacr.org/index.asp?Col_SectionKey=10&Col_ContentID=473))
- ❖ Nation Cancer Registrars Association (NCRA) April 28- May 1, 2008 Minneapolis, MN

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## NAACCR Webinar Series 2008-2009

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*The Kansas Cancer Registry will be hosting NAACCR webinar series. The dates and topics are as follows:*

<b>11/6/2008</b>	Coding Pitfalls
<b>12/4/2008</b>	Collecting Cancer Data: Leukemia, Lymphoma, and Other Hematopoietic Malignancies
<b>2/5/2009</b>	Collecting Cancer Data: Pharynx
<b>3/5/2009</b>	Cancer Staging In-depth
<b>4/2/2009</b>	Collecting Cancer Data: Central Nervous System
<b>6/4/2009</b>	Collecting Cancer Data: Prostate
<b>7/9/2009</b>	Advanced Coding & Abstracting
<b>8/6/2009</b>	Collecting Cancer Data: Breast

The scheduled time for all the webinars is from 1:00PM – 4:00PM CST and includes lectures, quizzes, exercises, and a question and answer session. These webinars will be presented at the Kansas Cancer Registry and various locations through out the state.

***The following webinars will be hosted at the Kansas Cancer Registry:***

<b>11/6/2008</b>	Coding Pitfalls
<b>2/5/2009</b>	Collecting Cancer Data: Pharynx
<b>3/5/2009</b>	Cancer Staging In-depth

\* Locations for the other webinar dates are still being finalized and facilities will be notified when more information becomes available.

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## Are You Current?

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- ❖ Please submit your cases using NAACCR Version 11.2 after running NAACCR Version 11.2 Edits.
- ❖ Use Multiple Primary and Histology Coding Rules Manual (released January 01, 2007) ([http://www.seer.cancer.gov/tools/mphrules/mphrules\\_manual\\_01012007.pdf](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

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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.

