

# Kansas Cancer Registry

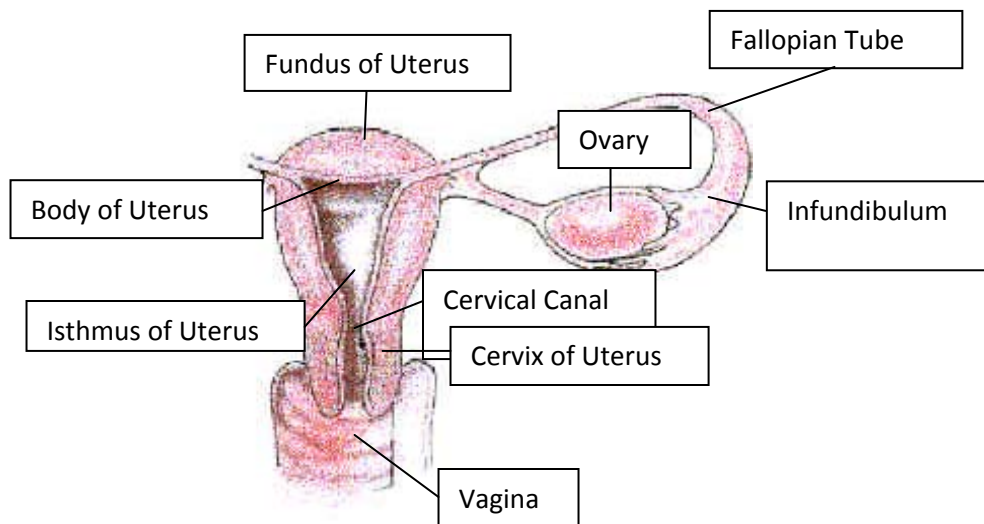


## January is Cervical Cancer Awareness Month

Cervical cancer is a cancer that starts in the lining of the cervix and usually forms slowly. There are two prominent types of cervical cancer: squamous cell carcinomas which account for 80% to 90% of all cervical cancer and adenocarcinomas which account for the other 10% to 20%. In 2008, it was predicted that 11,070 women would be affected by the diagnosis of cervical cancer and 3,870 women would die from the disease. Cervical cancer is commonly caused by the HPV virus and there is now a vaccine available to help prevent against cervical cancer formation. In honor of Cervical Cancer Awareness Month, there will be tips about abstracting cervical cancer throughout this publication.

[http://www.cancer.org/docroot/CRI/CRI\\_2\\_1x.asp?dt=8](http://www.cancer.org/docroot/CRI/CRI_2_1x.asp?dt=8) American Cancer Society

## Anatomy Review



[http://seer.cancer.gov/tools/ssm/breast\\_femgen.pdf](http://seer.cancer.gov/tools/ssm/breast_femgen.pdf)



# Cervical Cancer Questions & Answers

Questions adapted from:

SEER Inquiry System ([www.seer.cancer.gov](http://www.seer.cancer.gov))

## Question

EOD-Extension/EOD-Lymph Nodes--Cervix: How do you code these fields when the cancer extended to the pelvic wall and there are periaortic LN metastases?

## Answer

For cases diagnosed 1998-2003: Assign extension code 65 for contiguous (direct) extension of tumor from the cervix to the pelvic wall. Assign extension code 85 only if the pelvic wall is involved with discontinuous extension from the cervix; i.e., the cervical tumor spread indirectly (through lymph or vascular channels) to the pelvic wall. Code the pelvic wall involvement in the Extension field and the periaortic lymph node involvement in the Lymph Node field. When the computer does the algorithm, it will look at the periaortic lymph nodes and report the summary stage as distant and the TNM stage group as IV because periaortic nodes are M1. Do not code the periaortic lymph nodes in both fields. This is stage IV, distant disease, due to the periaortic lymph node involvement (EOD lymph nodes code 6).

## Question

Multiple Primaries (Pre-2007)/Date of diagnosis--Cervix: How is this field coded when initially carcinoma in situ is diagnosed by biopsy and at a later date invasive tumor is found pathologically?

## Answer

For tumors diagnosed prior to 2007:

Since carcinoma in situ of the cervix is not reportable to SEER (as of 1/1/1996), the diagnosis date is the date of the invasive diagnosis.

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.

## Question

Histology (Pre-2007)/Behavior Code--Cervix: How should we code "Cervix, CIN III with microinvasion"?

## Answer

For tumors diagnosed prior to 2007:

Code the Histology field to 8077 [squamous intraepithelial neoplasia, grade III] with a Behavior Code of 3 [Malignant]. Apply the matrix system rules, and change the behavior to invasive.

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.

*Do you have any questions that you would like answered in an upcoming newsletter?  
Email your question(s) to: [cmegee@kumc.edu](mailto:cmegee@kumc.edu)*

## Upcoming Trainings and Conferences

- ❖ NAACCR CTR Exam Readiness Webinar Series March 2009: for more information please visit <http://www.regonline.com/builder/site/Default.aspx?eventid=666541>
- ❖ NAACCR Annual Conference: June 13-19, 2009 San Diego, CA

### ❖ **NAACCR Webinar Series 2008-2009**

Kansas Cancer Registry is hosting a series of free NAACCR webinars. The dates, topics and locations are as follows:

2/5/2009	Collecting Cancer Data: Pharynx - <b>Kansas Cancer Registry</b>
3/5/2009	Cancer Staging In-depth - <b>Kansas Cancer Registry</b>
4/2/2009	Collecting Cancer Data: Central Nervous System - <b>Salina Regional Health Center, Salina, KS</b>
6/11/2009	Collecting Cancer Data: Prostate – <b>TBA</b>
7/9/2009	Advanced Coding & Abstracting - <b>Via Christi Regional Medical Center, Wichita, KS</b>
8/6/2009	Collecting Cancer Data: Breast - <b>St. Francis Health Center, Topeka, KS</b>

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. **Note NAACCR's CHANGE OF DATE for the June Webinar Collecting Cancer Data: Prostate.**

To register or obtain more information about the webinars, please feel free to contact Ms. Christine Megee at 913-588-4724 ([CMEGEE@kumc.edu](mailto:CMEGEE@kumc.edu)), Ms. Ashley Bell at 913-588-4728 ([ABELL@kumc.edu](mailto:ABELL@kumc.edu)), or Ms. Ying Liu at 913-588-4726 ([YLIU@kumc.edu](mailto:YLIU@kumc.edu))

**Note: Each webinar is approved for 3 CE hours**

## 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
<b>July 2008</b>	<b>January 2009</b>
August 2008	February 2009
September 2008	March 2009
October 2008	April 2009
November 2008	May 2009
December 2008	June 2009

## 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)

## Are You Current?

- ❖ 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 the site regularly for updates

### 2009 Contact Information

Please visit our website ([www2.kumc.edu/kcr](http://www2.kumc.edu/kcr)) under the downloads page to update your 2009 contact information and submit it to Victoria Hundley no later than January 31, 2009

*Email: [vhundley@kumc.edu](mailto:vhundley@kumc.edu) Fax: 913-588-7384*

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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