

# Kansas Cancer Registry



## UV Awareness

It is that time of the year again for summer! This is a great opportunity to talk about skin cancer. Skin cancer is the most common of all cancers. Melanoma accounts for less than 5% of skin cancer cases. There are many ways to reduce your risk of skin cancer:

- Limit UV exposure
- Wear a hat
- Wear sunglasses
- Use sunscreen and lip balm of at least SPF 15
- Stay in the shade as much as possible
- Check for abnormal moles and have them removed

It is important to check your skin once a month for any unusual moles, freckles or other markings. The risk of getting melanoma is about 1 in 50 for Caucasians, 1 in 1,000 for African Americans, and 1 in 200 for Hispanics.

Reference: <http://www.cancer.org/docroot/CRI/>

### CS TUMOR SIZE

For the Collaborative Stage Tumor Size for Melanoma this is the recoded size of the tumor in millimeters **not the depth or thickness**. Depth or thickness is recorded in Site-Specific Factor 1 in the Measured Thickness, Breslow's Measurement table.

### Reportable or Non Reportable?

Below is a list of Ambiguous terms used to constitute a diagnosis. Many times the physician or pathologist will use these terms to suggest tumor involvement or not. This list will help you when you have cases describing "suggests mass or neoplasm" or "compatible with carcinoma". These are just some of the many terms you may see dictated.

Terms that Constitute a Diagnosis	Terms that <u>Do Not</u> Constitute a Diagnosis
Apparent(ly)	Approaching
Compatible with	Cannot be Ruled Out
Extension "to", "into", "onto", or "out onto"	Equivocal
Favor	Possible
Fixation	Potentially Malignant
Fixed	Suggests
Most Likely	Worrisome
Presumed	
Probable	
Suspect(ed)	
Suspicious	
Typical	

## Abstracting Questions and Answers

Questions adapted from: [www.web.facs.org/coc](http://www.web.facs.org/coc) Commission on Cancer

### Question

If a biopsy said "metastatic melanoma," is this an unknown primary or skin, NOS?

### Answer

FORDS, Revised 2009, page 9 and 10 Overview of Coding Principles under Primary Site: Melanoma, code to Skin, NOS (C44.9) if a patient is diagnosed with metastatic melanoma and the primary site is not identified.[er](#)

### Question

A sentinel lymph node biopsy identified a lymph node with isolated tumor cells (<0.2mm) for a melanoma case. What is the pathological stage for the nodes?

### Answer

This would be N0 based on page 5 of the AJCC manual 6th edition due to isolated tumor cells.

### Question

Is a squamous cell carcinoma in situ, arising in a pterygium reportable? If so, what is the primary site code?

### Answer

This is not reportable since this refers to squamous cell carcinoma of the skin.

### Question

If a patient had three melanomas of the left cheek, 2 in-situ and 1 invasive, is this a single primary per rule M8 of the MP/H rules?

### Answer

You are correct, they are a single primary using rule M8 assuming that the histologies are the same at the 2nd and 3rd numbers. Curator

### Question

A patient was diagnosed on a punch bx with malignant melanoma Clark IV 0.8mm thickness and re-excision was malignant melanoma Clark III 0.5mm depth of invasion. Which thickness and Clark level is coded?

### Answer

In this case, the most extensive section of the tumor was removed through the punch biopsy. CS Extension would be code 30. SSF1 would be 080. SSF1 and SSF2 are utilized to drive the AJCC T category, not CS Extension.

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

## Reporting Schedule

Month of Diagnosis	Due to KCR by:
January 2009	July 2009
February 2009	August 2009
March 2009	September 2009
April 2009	October 2009
May 2009	November 2009
June 2009	December 2009
July 2009	January 2010
August 2009	February 2010
September 2009	March 2010
October 2009	April 2010
November 2009	May 2010
December 2009	June 2010

## 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

## Upcoming Trainings and Conferences

- ❖ NAACCR CTR Exam Readiness Webinar Series Session starts July 21, 2009 see NAACCR website for details
- ❖ The Kansas Cancer Registrars Association (KCRA) Annual Meeting: October 15-16, 2009, Hays, KS
- ❖ **NAACCR Webinar Series 2008-2009**  
 Kansas Cancer Registry is hosting a series of **free** NAACCR webinars. The dates, topics and locations are as follows:  
 8/6/2009 Collecting Cancer Data: Breast - **St. Francis Health Center, Topeka, KS**

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

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**

## 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</b>	Essential Thrombocythemia (9962/3) Essential Hemorrhagic Thrombocythemia Essential Thrombocytosis Idiopathic (Hemorrhagic) Thrombocythemia Primary Thrombocytosis
<b>238.72</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</b>	Refractory anemia with excess blasts-1 (RAEB-1) (9983/3) Refractory anemia with excess blasts-2 (RAEB-2) (9983/3)
<b>238.74</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</b>	Myelodysplastic syndrome, unspecified (9989/3)
<b>238.76</b>	Myelofibrosis with myeloid metaplasia (9961/3) Agnogenic myeloid metaplasia Idiopathic myelofibrosis (chronic) Myelosclerosis with myeloid metaplasia Primary myelofibrosis
<b>238.79</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</b>	Acute myelofibrosis (9931/3)
<b>795.06</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)

## Now Available!

On our website ([www2.kumc.edu/kcr](http://www2.kumc.edu/kcr)) we have posted videos of the NAACCR Webinar series! You may view these videos at your convenience. They are great learning tools to keep your skills fresh and up to date. We encourage everyone who was unable to attend these webinars to watch the videos. To access this information, you need 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)) and obtain the username and password.

### Updating Contact Information!

Please visit our website ([www2.kumc.edu/kcr/downloads](http://www2.kumc.edu/kcr/downloads))

Submit the updated form to Victoria Hundley (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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