



IN THE ABSTRACT

A quarterly newsletter from the Kentucky Cancer Registry

Large Hospital Edition

January 2003

KCR Cancer Incidence Report

The KCR annual Cancer Incidence Report for 1996-2000 data is currently in production and is expected to be available in print and on our web site in February. Like last year's annual report, this report will feature the most recent five years of cancer incidence rates for Kentucky, its counties, and Area Development Districts. As before, the rates are age-adjusted using the 2000 US standard population. There will be some significant changes from the previous report, however. This year, in order to be comparable to rates published in the United States Cancer Statistics book (published by a cooperative work group of CDC and SEER), the KCR annual report will include only invasive malignancies plus in situ bladder tumors. The sections containing Early Stage Breast cancer rates and Late Stage Breast cancer rates have been deleted, but a new section describing in situ breast cancer rates has been added. This will allow for comparisons between in situ and invasive breast

cancer rates. Note however, that the in situ breast cancer cases are NOT included in the total counts for All Sites.

1-877-44U-QUIT...

The National Cancer Institute has a new "Quitline" number! This new toll-free number has been dedicated as the comprehensive, one-on-one smoking quitline service in both English and Spanish. The NCI's Cancer Information Service (CIS) provides this service, and the new number should help raise public awareness of this resource. People can also reach the service by calling 1-800-4-CANCER, but the new number identifies the focus of helping tobacco users who want to stop. The Mid South CIS Regional Office, located at the U of K Markey Cancer Center, serves Alabama, Arkansas, Kentucky, Louisiana, Mississippi, and Tennessee. Kentucky currently has the highest lung cancer death rate in the United States. Pass this potentially life-saving phone number on to a family member or friend.

Attention CTR's:

Need help in maintaining your credential? Need continuing education credit? A Continuing Education Handbook is available for download via the NCRA website. Continuing education summary forms for registrars with "Even Year CE Cycle" are due February 28, 2003. Did you know CE credit is available by reading certain articles in the "Journal of Registry Management"? Take time to read your next volume for the specifics.

"The causes of lung cancer..."

Featured in the enclosed "Lung Cancer in Kentucky – Policy Brief" this edition is a report on the causes of this deadly disease. Extra copies have been provided to our newsletter, thanks to the UK Prevention Research Center.

PEOPLE NEWS



Welcome to New Hires:

Tracy Jean Kay
Sherry Gabheart
Michele Haight

St. Claire Medical Center, Morehead
Hardin Memorial Hospital, Elizabethtown
Caritas Medical Center, Louisville

Resignations:

Shelia Levins, CTR

KCR Regional Coordinator

Congratulations!

Promotions:

Bernice Slone, CTR

KCR Regional Coordinator

New CTR

Jennifer Smothers, CTR

Taylor County Hospital, Campbellsville

ACoS Cancer Program Approvals

VA Hospital in Louisville recently received full 3-year approval of its cancer program. Congratulations are extended to registrar Kathy Secoy.

NCRA Committee Member:

St. Joseph Hospital (Lexington) registrar Sue Burns, CTR, is newly appointed to the Continuing Education Committee of NCRA. Congratulations on this new opportunity to serve our national organization.

GOLDEN BUG AWARD!!!



And the winner is . . . Sue Burns! It appears that there was an error associated with PCE validation, and Sue discovered this while editing a case. Pete Ransdell has fixed this latest “golden bug”. Thanks to all of you who so diligently scrutinize our software updates!

CANCER AWARENESS DATES

January	Cervical Cancer
February 14	National (Marrow) Donor Day
March	Colon Cancer

KCR Fall 2003 Workshop Preview

The KCR fall workshop will be held in Louisville this year. Make plans to be present for a new slate of topics and speakers to educate us at the Marriott Louisville (East), near I-64 and Hurstbourne Lane. Final arrangements are being made for this meeting to take place September 11-12. Reita Pardee, QA Manager for KCR, is once again in charge of organizing the workshop. She welcomes the names of any dynamic speakers you may recommend. Call Reita at 859-219-0773 x 233 with all your workshop suggestions.

CTR Exam News

The Council on Certification is the new NCRA entity responsible for managing the CTR Exam. During this transition phase, the Council has decided not to consider any eligibility clarifications or waivers for the March 2003 CTR Exam. If you cannot determine your eligibility using the criteria below, you should defer applying for the CTR Exam until September 2003. Experience requirements must be met by the date of the Exam application deadline - February 1, 2003 for the March 15th Exam; August 1, 2003 for the September 13th Exam.

EXAM ELIGIBILITY CRITERIA - one of the following must be met:

- Route 1: Minimum two years (24 months) full-time or equivalent experience in the cancer registry field.
- Route 2: Successful completion of an NCRA-approved college level curriculum in cancer data management/cancer registry.
- Route 3. Minimum one year full-time (12 months) equivalent experience in the cancer registry field AND successful completion of college level curriculum in a recognized allied health field, as determined by NCRA's Council on Certification.
- Route 4. Minimum one year full-time (12 months) equivalent experience in the cancer registry field AND credentialed or licensed status in a recognized allied health field, as determined by NCRA's Council on Certification.

ALLIED HEALTH FIELDS WITH ELIGIBILITY STATUS

Education or credentialing in the following allied health fields may be used to meet eligibility requirements for the CTR Exam: Medicine, Nursing, Protocol Data Management, Health Information Management, Health Administration, Radiology & Laboratory Technology, Radiation Technology, and Public Health.

The Council will be able to determine eligibility for all exams after March 2003. You can resubmit your request for eligibility clarification for any future exam. If you are interested in eligibility for the September 2003 exam, please submit your request after March 2003.

Exam Application Fees are as follows: NCRA Members - \$200; All other candidates - \$275. Gayle Clutter, CTR, is the NCRA Council on Certification Administrator. Check the NCRA website www.ncra-usa.org for specific information regarding exam contents. Send email directly to the Council on Certification at ctrexam@ncra-usa.org. Prefer to speak with someone? Contact the Council at (703) 299-6640 x 12.

KCR TRAINING

Abstractor's and Operator's Training Sessions have been scheduled for February 2003. New registrars are invited to call KCR at 859.219.0773 x 281 and reserve a seat for intensive CPDMS training on February 18, 19 & 20. Registrars who would like to attend **Abstractor's Training** a second time are likewise invited to attend if there is available space. The class will be held in the CIS conference room at KCR headquarters, 2365 Harrodsburg Road, Suite A230, in Lexington. **Operator's Training** will be held on Friday, February 28 in the KCR Conference Room at the same address. All registrars who have previously completed Abstractor's Training are invited to sign up for Operator's Training. This class features instructions on how to run reports and data analysis. Call early to reserve your spot.

Training in the implementation of FORDS (Facility Oncology Registry Data Standards) and the AJCC Cancer Staging Manual, Sixth Edition, will be provided by KCR this spring. The earliest session will be held at the KCR office on Friday, April 25. The second session will be held in Louisville on May 30, and the final session will take place in Western KY on June 6. Additional details on locations and times will be forthcoming.

Calendar of Events

February 1, 2003 – CTR Exam Application Deadline

February 18-20, 2003 – KCR Abstractor's Training

February 28, 2003 – KCR Operator's Training

March 15, 2003 – CTR Exam

April 7-11, 2003 – National Cancer Registrars Week

April 25, 2003 - FORDS/AJCC Training

May 13-16, 2003 – NCRA Annual Conference - Pittsburgh, PA

May 30, 2003 - FORDS/AJCC Training

June 6, 2003 - FORDS/AJCC Training

NEW CENTRAL KY REGIONAL COORDINATOR

KCR is pleased to announce the promotion of Bernice Slone to the position of Regional Coordinator. Central KY hospitals previously served by Shelia Levins will see Bernice in her new position beginning in February.

SEER CODING QUESTIONS

Please take a few minutes to review these newly finalized coding questions from the SEER Inquiry System (SINQ). You may have discovered similar dilemmas while coding, and these answers may prove to be helpful.

Question 1: Is T cell granular lymphocytic leukemia (9831) considered reportable? On pages 102 and 160 of the ICD-O-3 book, this morphology is listed as 9831/1. But, on page 17 of the ICD-O-3 book, this is listed as 9831/3. Are there situations where it sometimes is reportable and sometimes not?

Answer: T cell large granular lymphocytic leukemia (9831) is a very indolent form of leukemia. It was assigned a behavior code of 1 by the editors of the ICD-O-3 (as noted on pages 102 and 160 of the ICD-O-3 book). The table on page 17 is the World Health Organization list of hematopoietic and lymphoid tumors; WHO recognizes TCLGLL as a malignancy. The disease is infrequently symptomatic enough to be diagnosed, but when it is, it should be reported as a malignancy with a behavior code of /3. (SINQ ID #20021213)

Question 2: The term “suspicious” is to be considered diagnostic of cancer for reportability of a tissue specimen per the SEER manual. Does the following terminology change the REPORTABILITY of the term suspicious: “suspicious for but not diagnostic of” or “suspicious for the possibility of early invasive adenocarcinoma”? The clarification may be stated in the diagnosis and at other times noted in a COMMENT. Does it matter which site the Dx applies to, for example prostate vs colon?

Answer: For reportability, interpret “suspicious for but not diagnostic of” as NOT diagnostic of cancer. The site of the cancer diagnosis does not matter. The phrase “suspicious for the possibility of early invasive adenocarcinoma” may indicate that the case is in situ. If no further information is available, this is not reportable. (SINQ ID #20021015; SEER Code Manual, pg 5)

Question 3: Gross description on breast path states “nodal tissue is matted”, but only 1/18 nodes are found to have micromets on exam. How do we code LN involvement for this case? Do we code LN involvement as 1 or 5?

Answer: Code lymph nodes as 1, Micrometastasis. The matted nodal tissue was found to contain only one node with micrometastasis when examined microscopically. Code from the micro description as the first priority and then the gross description. (SINQ ID #20021207; SEER EOD 3rd edition, pgs 1, 111)

Question 4: Should the following case be coded to myelodysplastic syndrome or acute leukemia? The patient was diagnosed 6/01 with myelodysplastic syndrome. In 9/01, patient had pretransplant bone marrow consistent with myelodysplasia evolving into an acute leukemic state. Discharge diagnosis was myelodysplastic syndrome now appearing to have transformed into acute leukemia.

Answer: Code histology as myelodysplastic syndrome and date of diagnosis as 6/01. (SINQ ID #20021129)

Question 5: A CT of the lung reveals a 2.5 cm RUL nodule in June. A Bx in July proves malignancy. A CT is done in August prior to initiating RT which reveals a 3.1 cm RUL nodule. What size is used?

Answer: Code the size as 025. Code the size documented at the time of the diagnosis. (SINQ ID# 20021165; SEER EOD 3rd edition, pgs 3, 90)

NCRA ANNUAL CONFERENCE

Cancer registrars from across the nation will converge at the David Lawrence Convention Center in Pittsburgh PA this May 13-16. "Networks of Steel: Building a World Free of Cancer" is the theme of this year's annual convention. Thirty educational sessions have been tentatively planned. Visit the NCRA website for a conference preview.