

DCRA NEWS

Delaware Cancer Registrars Association

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The 2010 changes are coming!

It is time to look ahead to what the next year in cancer data collection brings. 2010 is expected to bring with it the largest number of simultaneous data changes in cancer registry history.

There are changes coming with the Collaborative Staging Manual Version 2 (CSv2), the American Joint Commission on Cancer's Staging Manual 7th Edition (AJCC) and revisions of the Facility Oncology Registry Data Standards (FORDS) Manual as well as the College of American Pathology (CAP) Protocols. Many of these changes are inter-related.

Seasoned registrars will recognize some of the new data fields, as they were collected in the past, such as sites of distant metastasis and surgical approach.

The CSv2 will have 143 schemas compared to 94 in CSv1. The number of CS fields is expanding from 15 to 34. Specifically, the number of Site-Specific Factors will increase from 7 to 25. These will include data elements to record pre- and post- treatment staging, fields to describe the type of grading system, Lymph-Vascular invasion, and specific sites of metastatic disease. CS Extension and CS Lymph Nodes are expanding from 2 to 3 characters.

The AJCC Cancer Staging Manual 7th edition will contain new chapters for Gastrointestinal Stromal Tumors, Neuroendocrine Tumors, Merkel Cell Carcinoma, Esophagogastric, and three separate chapters for Perihilar, Distal and Intrahepatic Bile Ducts.

The Hematopoietic and Lymphoid Neoplasm Reporting and Coding Manual are changing for 2010. There will be a new Hematopoietic Database to easily distinguish new primaries from evolving disease processes. More information can be found on the SEER web site (www.seer.cancer.gov/registrar).

Thank You

DCRA Members:

As my term as the DCRA President begins, I would like to take this opportunity to thank the previous officers, **Sue Cadwallader**, **Colleen Ferber**, and **Dawn Grabowski** for serving the Delaware Cancer Registrars Association. Your efforts were greatly appreciated.

I look forward to serving the DCRA & welcome any ideas you may have for advancing our profession or our organization.

Bob McBride

Did You Know?

The Commission on Cancer's Inquiry & Response database serves as a valuable resource for thousands of new and experienced cancer registrars. Thousands of questions and answers can be found in the I & R database on their web site. If a query fails to find an answer, a question can be submitted. Visit www.facs.org/cancer/index.html for information and instructions. These are a few questions & answers that some DCRA members found interesting and/or helpful.

Question & Answers

Question #23758: Is the radiation Treatment Volume 06 or 98 when a patient has I-131 after total thyroidectomy?

Answer: I-131 given for thyroid cancer is systemic treatment and the Volume should be coded as 33, whole body because this affects the whole body.

Question #46185: What is topical nitrogen mustard coded to when given for mycosis fungoides?

Answer: Topical nitrogen mustard would be coded chemotherapy.

Question #46290: Per path report-RLL lung carcinoma composed of two totally different cell types (a collision tumor): a poorly differentiated, non-small cell carcinoma with adenocarcinomatous and squamous cell carcinomatous features and a small cell carcinoma. What is the histology code for these types of collision tumor?

Answer: By definition, a collision tumor is when two tumors grow in the same general area; one or both tumors become large enough that the two tumors "commingle" or become mixed. Per Lung Rule M11, these are separate primaries. The small cell carcinoma is coded 8041/3 (Rule H3). The non-small cell adenocarcinomatous and squamous carcinomatous features is coded 8560/3 (Rule H6).

Question #46262: Per operative note: "TURB, bladders biopsies taken. These areas were fulgurated". Is this coded 22 or 27?

Answer: The fulguration is the destruction of soft tissue by an electric current, therefore, code 22 – TURBT with electrocautery.

Question #46263: How should Tomotherapy be coded in the regional treatment modality field? (SEER issue omitted)

Answer: Tomotherapy is a form of IMRT; use code 31 from FORDS.

Question #46190: I can't seem to find out how long I need to keep registry documentation. Tumor Board material, cancer committee minutes. Is there a reference?

Answer: All documentation of cancer program and cancer registry activity meets the facility standard for retention of documents or 5 years, whichever is longer. (Refer to your hospital's document retention policy)

Question #46207: Metastatic Merkel cell is found in a lymph node. Is this coded to C44.9 or C80.9?

Answer: Merkel cell carcinoma is a rare and aggressive skin cancer. If no skin lesion found, it would be coded to C44.9.

Question #29372: Patient with invasive primary peritoneal papillary serous carcinoma involves omentum with both surface implants and stromal invasion, also with superficial implants on bilateral ovaries & fallopian tubes without significant parenchymal infiltration or mass lesions. How is the CS Extension to be coded?

Answer: This involvement would seem to be equivalent to Distant Mets. The CS Extension, although coded, is mapped according to the CS Tumor Size as shown in the footnote for the extension table.

Question #47061: Does AJCC 7th Edition staging allow physicians to assign a mixed pathologic and clinical stage similar to collaborative stage?

Answer: No, the AJCC 7th Edition has some new staging rules, but a mixed or best stage is not one of the classifications. Please review Chapter 1 in the 7th edition to understand the new rules

A Message from the DE Cancer Registry

The DE Cancer Registry will convert from NAACCR version 11 to NAACCR version 12 (v12) this year. To prepare for conversion to v12 the DCR has created a plan to coordinate with Delaware hospital cancer registries. The DCR has also contacted each registry with information regarding this plan and to ask for input.

It will benefit us all to have a plan in place for the conversion, to give us a date “to shoot for” and to incorporate in our task planning. Following are some guidelines for hospital cancer registries to keep in mind as we approach our software conversions:

- 1) It is strongly recommended that cancer registrars wait until the software has been converted to v12 to begin abstracting cases diagnosed 01/01/2010 or later. If this is not possible, then please contact the DCR.
- 2) Hospital cancer registries are advised to finish as many 2009 cases as possible before downloading the conversion to v12.
- 3) Since the v12 conversion is effective for cancer cases diagnosed 1/1/2010 forward, just prior to the central registry conversion in the late Spring, the DCR will issue a “Call for Data” for 2009 cases. This Call for Data will allow the DCR to collect any remaining 2009 cases as they are covered under v11, not v12.
- 4) Contact your software vendors now to discuss planned dates for conversion and to ask if there is any information needed from your registry to help make the conversion go smoothly.
- 5) Good communication is key to the success of this effort. Please keep DCR informed of your conversion plans, as well as any updates to these plans.
- 6) DCR staff is here to help if you have questions or concerns!

New DCRA Logo



The registry team at Bayhealth won the 2009 DCRA Logo contest. Congratulations to Janet Faulkner, RN, BSN, CTR and Pat Jones, RN, CTR. Thanks to a collaborative effort of the DCRAC, DCR & Christiana Care Health Systems, the new logo further evolved into an electronic and color-filled logo. Everyone’s participation in developing a professional logo for the DCRA is greatly appreciated.

NCRA State Basket Raffle

Each year, state registrar associations are invited to donate a raffle basket to the NCRA. Last year the DCRA basket's theme was "The Green Registrar," and contained a number of clever & useful items to promote going green. The DCRA basket was presented by the 2009 DCRA Treasurer, Dawn Grabowski, CTR (left) to the winner Kathi Boris, CTR of Augusta, Maine. The basket raffle is a great opportunity to showcase our state. Half of the funds raised are returned to the state cancer registrar associations. Janet Faulkner, CTR and Pat Jones, CTR of Bayhealth are coordinating the 2010 DCRA basket. The theme for our 2010 basket is Delaware Lighthouses. Along with baskets from other states, Delaware's will be raffled at the 2010 NCRA conference in Palm Springs, California.



Education & Events

2010 Educational Trainings for Cancer Registrars

3/22/10 Helen F Graham Cancer Center

CSv2 Presentation [Lung](#)
CSv2 Presentation [Lymphoma/Hematopoietic](#)
CSv2 Presentation [Liver](#)

3/31/10 Tunnell Cancer Center

CSv2 Presentation [Lung](#)
CSv2 Presentation [Lymphoma/Hematopoietic](#)
CSv2 Presentation [Liver](#)

4/12/10 Bayhealth Medical Center /Kent
(Following DCRA Meeting)

Csv2 Presentation - [Breast](#)

7/26/10 Bayhealth Medical Center/Kent
(Following DCRA Meeting)

CSv2: Presentation [Gynecological](#)

10/11/10 Bayhealth Medical Center/Kent
(Following DCRA Meeting)

CSv2: Presentation [GIST/Neuroendocrine](#)
CSv2: Presentation [Skin/Melanoma/Merkel cell](#)
CSv2: Presentation NCRA Archived Webinar – [Advanced Abstracting of Site Specific Factors](#)

DCRA Meetings

Date\Time	Place
4/12/10 9:30am	Bayhealth Kent-Private Dining Room #3 in basement
7/26/10 9:30am	Bayhealth Kent-General Foods Conf. rooms 3 & 4 on 1st floor
10/11/10 9:30am	Bayhealth Kent-General Foods Conf. rooms 3 & 4 on 1st floor

National/Regional Conferences

NCRA 36th Annual Educational Conference, Palm Springs, CA. 4/20-23/2010

Links to Regional Educational Resources

- www.ORANJOnline.com (New Jersey)
- www.PACR.org (Pennsylvania)
- www.TRAMD.org (Maryland)

