# Mississippi Cancer Registry Newsletter

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UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

# Mississippi Cancer Registrars Association

2019 Annual Spring Educational Meeting

April 4 & 5, 2019

Memorial Hospital at Gulfport

4500 13th Street

Gulfport MS 39502

For information, contact Beth Pennington, at

npennington@mhg.com

# Educational Corner

La'Tawnya Roby, BS, CTR
MCR Data Quality Analyst – Trainer

## Source for Coding Histology – Solid Tumors (2018 forward)

**-in this order**

1) 2018 Solid Tumor Rules https://seer.cancer.gov/tools/solidtumor/
2) ICD-O-3 Updates https://www.naaccr.org/implementation-guidelines/#ICDO3
3) ICD-O-3 Manual
4) SEER SINQ https://seer.cancer.gov/seerinquiry/index.php
5) Ask a SEER Registrar https://seer.cancer.gov/registrars/contact.html

## Lymph Node Involvement Terms

**Involvement**

| Tumor | Terms |
|---|---|
| Solid Tumors | Fixed, matted, mass in the mediastinum, retroperitoneum and /or mesentery |
| Lung | Palpable, enlarged, visible swelling, shotty, lymphadenopathy |
| Lymphoma | Any mention of lymph nodes |

**No Involvement**

| Tumor | Terms |
|---|---|
| Any Tumor (except lung) | Palpable, enlarged, visible swelling, shotty,<br>lymphadenopathy |

## Treatment Text – Surgery

• Date of each surgical procedure
• Type(s) of surgical procedure(s), including surgery to other and distant sites
• Lymph nodes removed
• Regional tissues removed
• Metastatic Sites
• Facility and date for each procedure
• Record positive and negative findings. Record Positive findings first.
• Reason for no surgery
• Other treatment information, e.g. planned procedure aborted

## Tumor Size Coding Rules

- Diameter, not depth or thickness
- Lesser than/greater than
    - Less than _ mm or less than _ cm = 1 mm less
        - <20 mm/, code as 019; <4 cm, code as 039
        - <1 mm, use code 001
    - Greater than _mm or more than _ cm = 1 mm more
        - >4 cm, code as 041; >12 mm, code as 013
    - Between two sizes
        - "between 3 and 4 cm"
          3+4=7
          7/2=3.5
          035

For tumor size, code the diameter of the tumor, not thickness or depth of the tumor. If the tumor size is reported as less than _ mm or _ cm, the tumor size should be recorded as 1 mm less. Examples: tumor size is <20 mm code as 019, tumor size is <4 cm, code the size as 039.

If the tumor size is stated as more/greater than _mm or _cm, record the tumor as 1 mm more. Examples: tumor size is >4 cm code as 041, tumor size is > 12 mm code as 013.

Record the tumor size as the midpoint between the two, when the tumor size is reported to be between two sizes. Add the two sizes together and then divide by two. Example: between 3 and 4 cm – add 3 and 4 which is 7, divide 7 by 2 to get 3.5, code in millimeters which is 035.

- Rounding (mm)
  Round down: 1-4
  2.4 mm = 002
- Round up: 5-9
  7.8 mm = 008
- Imaging/Radiography (~~pathology report, operative report~~)
  Discrepancies
- Primary tumor
- Invasive
  Mixed in situ and invasive adenocarcinoma, total 4.3 cm in size of which 1.2 cm is invasive = 012
  Lung tumor 3.6 cm SCC and SCC In Situ = 036

Round the tumor size only if described in fractions of millimeters. Round up or down to the nearest whole millimeter.

When there is no information on the pathology report or operative report, use the information about size from imaging or radiographic techniques. If there is a difference/discrepancy among the imaging without a statement from the physician specifying the most accurate imaging report, record the largest size.

Code the size of the primary tumor, not the size of the polyp, ulcer, cyst or distant metastasis.

If invasive and in situ components are both present and the invasive component is measured, code the invasive size even if it is smaller. If the invasive component is not given, record the size of the entire tumor from the operative report, pathology report, radiology report or clinical examination.

- Largest diameter/dimension
- Purely In Situ
- Microscopic residual/Surgical margins
- Pieces/chips
  Pathologist – aggregate size
  999

Record the largest diameter or dimension of the tumor, whether it is from an excisional biopsy or the complete resection of the primary tumor.

Record the size as reported for stated purely in situ lesions.

Disregard positive surgical margins or microscopic residual when coding the tumor size. Microscopic residual tumor does not affect the overall tumor size.

Tumor pieces or chips should not be added together by the abstractor to make a whole. The pieces or chips may not be from the same location or may only represent a portion of the tumor. If the pathologist states an aggregate or composite size, record that size. Record tumor size as 999 if the only measurement is a description of chips or pieces.

- Multifocal/multicentric tumors
- Unknown/Not applicable – 999

Hematopoietic, Reticuloendothelial and Myeloproliferative neoplasms (histology codes 9590-9992)

Kaposi Sarcoma

Melanoma Choroid

Melanoma Ciliary Body

Melanoma Iris

If multiple tumors or the tumor is multi-focal are reported as a single primary, code the size of the largest invasive or in situ tumor.

Code 999 is used for tumor size when the size is not known or not applicable.

Document the information in the text fields to support the coded tumor size.

## Treatment Timing

First course therapy ends when the treatment plan is completed or there is progression of disease, recurrence or treatment failure.

## Other Treatments for Hematopoietic Diseases

- Phlebotomy, blood removal, bloodletting or venesection (only for polycythemia vera)
- Blood thinners and/or anticlotting agents
- Mast cell sarcoma
- Systemic mastocytosis
- Mast cell leukemia
- Primary myelofibrosis
- Essential thrombocythemia
- Chronic myelogenous leukemia BCR/ABL1 positive
- Polycythemia vera
- Primary myelofibrosis
- Essential thrombocythemia
- Chronic neutrophilic leukemia
- Myelodysplastic/myeloproliferative neoplasm, unclassifiable

For more information contact: La'Tawnya Roby, BS, CTR
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# Cancer Registry and Surveillance Webinar Series

4/4/19 Collecting Cancer Data: Hematopoietic and Lymphoid Neoplasms

5/2/19 Collecting Cancer Data: Neuroendocrine Tumors

6/6/19 Collecting Cancer Data: Ovary

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https://www.naaccr.org/

## Congratulations

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to St. Dominic-Jackson Memorial Hospital on being named a recipient of the 2018 CoC Outstanding Achievement Award (OAA).

## Congratulations

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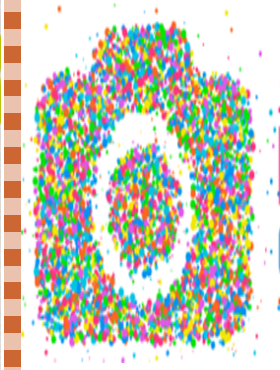
to Lisa Hamel,
on becoming the Electronic Data Source Coordinator at the Mississippi Cancer Registry.



APR 8-12 2019

# NATIONAL CANCER REGISTRARS WEEK

CANCER REGISTRARS: CAPTURING THE PICTURE OF CANCER

NCRA's 2019 ANNUAL EDUCATIONAL CONFERENCE

May 19-22, 2019 | Denver, CO

CALL FOR ABSTRACTS NOW OPEN!

NAACCR • IACR

VANCOUVER 2019

The North American Association of Central Cancer Registries (NAACCR) is pleased to invite you to attend the combined conference of NAACCR and IACR (International Association of Cancer Registries) for 2019. The conference will take place June 8 – 13, 2019, in Vancouver, British Columbia, Canada.

MISSISSIPPI CANCER REGISTRY

## MCRA Fall Educational Workshop

September 19, 2019

For more information contact: La'Tawnya Roby, BS, CTR
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# CTR Exam 2019

## Testing Dates

June 21 - July 13, 2019; application deadline: May 31, 2019

October 11 - November 2, 2019; application deadline: September 13, 2019

For more information, visit

http://www.ctrexam.org/

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