February 2016

OREGON CANCER REGISTRAR'S ASSOCIATION

PRESIDENT'S LETTER

Hi Everyone,

It's hard to believe that we are already into a new year. I don't know about you but I am looking forward to spring when we start having more daylight and we are able to enjoy the outdoors more.

I will try and keep this message short.

Just to give a little background on myself for those who don't know me. I started in the registry at Legacy Health Emanuel in 2004. I was working part-time in the Cancer Day Treatment Infusion Center at Legacy Good Sam when I was asked by the director at the time if I would like to help with the follow-up. I did this for a few months when I was offered to do it full time.

So off I went to Meridian Park where Gail Coleman and Elly Hayes (both who are now retired and the most fabulous mentors ever) gave me the most bizarre interview ever. I wasn't sure if they were interviewing me for the job or to see what kind of sense of humor I had.

I started at the bottom and worked my way up. I started taking the classes that I needed to sit for the CTR exam. My co-workers were training me on abstracting and in the spring of 2009 I sat for the exam. I failed! I was so embarrassed but I kept going and in the fall of 2009 I took it again and passed. Thank goodness!

When I received a phone call from Deb Towell in 2014 looking for people who were OCRA members to sit on the Executive Committee, I thought, why not? I enjoyed being a member and it was time for me to step outside of my box. I wanted to be part of something that might make a difference within our organization.

I always look forward to the fall workshops so I can see everyone and catch up. To get together and go over new material as a large group and ask questions. Some facilities are only a 1 or 2 person team and this is a great time for them to make connections.

OHSU did a fantastic job hosting the fall workshop in October. I enjoyed every speaker. I am looking forward to the workshop in Bend this year.

We have exciting news about our new website. DeeAnna Patton and Carol Funk have done some AMAZING work on this. They are in the process of getting our 1st round of requests/changes done. The Executive Committee is very excited for the next preview.

I will close for now. Just remember that we may all work for different health care companies but we are all co-workers. So, if you have a few minutes one day, pick up the phone or email someone on the members list that you don't know and introduce yourself.

Until next time,

Catherine Gunn

2016 OCRA President

OCRA/OSCAR ANNUAL CONFERENCE

The OCRA/OSCaR Fall Education Conference will be held in Bend, Oregon

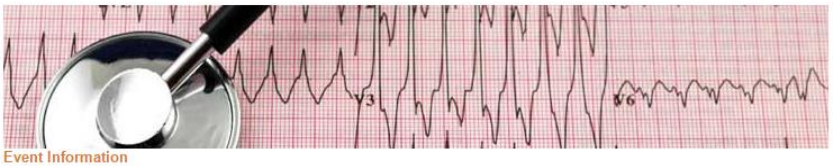
September 28-30th 2016

Arrangements have been made for the conference to be held at the Hilton Garden Inn.

There is a block of 25 rooms reserved for the conference at a rate of $146 per night. The rooms have been reserved for Tuesday Sept 27-30 for anyone who would like to arrive the night before the conference. Please reserve your room early, after August 28th any rooms left unreserved will be released.

Hilton Garden Inn

Search by keyword:
Search



Event Information

Attendee Reservations | Hotel Information

Help Print Email a Friend Bookmark Page

Need to Book Multiple Group Reservations?

OCRA/OSCaR

Welcome to the OCRA/OSCaR reservation site!

A block of rooms have been reserved for September 27, 2016 - September 30, 2016. The special room rate will be available until August 28th or until the group block is sold-out, whichever comes first.

Booking a reservation from our site is simple. To begin the process, click on "Book a Room" below to receive your group's preferred rate.

See you at the Hilton Garden Inn Bend in September! We hope you enjoy your stay and your group's event!

Quick and Easy Reservations for Attendees

Attending an event at our hotel? Special room rates have been arranged for this event. Click on the room type below to view room details.

Special Room Rates:

1 KING BED	rates from 146.00 USD/Night
2 QUEEN BEDS	rates from 146.00 USD/Night

Check-in Date:
27 September 2016 - 30 September 2016

Book **by August 28th** to reserve your room!

Terms & Conditions | Book a Room

Announcements

The New Oregon Cancer Registrar's Association Website is currently under construction and looking great!

An announcement will be sent out once it is up and live, so please stay tuned.

Find us on Facebook

Heart Cancer is there such a thing?

By Timothy J. Moynihan MD

Heart cancer (primary cardiac tumor) is cancer that arises in the heart. Cancerous (malignant) tumors that begin in the heart are most often sarcomas, a type of cancer that originates in the soft tissues of the body. The vast majority of heart tumors are noncancerous (benign).

Heart cancer is extremely rare. For example, one study reviewed more than 12,000 autopsies and found only seven cases of primary cardiac tumor. At Mayo Clinic, on average only one case of heart cancer is seen each year.

Although still rare, most cancers found in the heart have come from elsewhere in the body. Cancers that begin near the heart, such as lung cancer, can grow to involve the heart or the lining around the heart (pericardial sac). Or cancer can begin elsewhere in the body and spread to the heart through the bloodstream. Cancers that may affect the heart include breast cancer, kidney cancer, lung cancer, leukemia, lymphoma and melanoma, among others.

Cancer can affect the heart in other ways, as well. A rare type of cancer known as carcinoid tumor at times produces hormones that can damage heart valves.

Cancer treatments also can damage the heart. Cancer treatments linked to heart problems include several types of chemotherapy drugs, certain targeted therapy drugs, radiation therapy aimed near the heart, and hormone therapy. Some heart problems are detected during treatment, while others may not become apparent for many years after treatment. In many cases, the heart damage is reversible, though some types of heart damage can be permanent.

Oregon Cancer Registrars' Association NEW website coming soon

NCRA'S 42ND ANNUAL EDUCATIONAL CONFERENCE (NCRA 2016) WILL BE HELD APRIL 10-13, 2016, AT THE WESTGATE LAS VEGAS RESORT HOTEL IN LAS VEGAS, NV.

2016 OCRA ELECTED OFFICIALS

PRESIDENT: CATHERINE GUNN

PRESIDENT ELECT: CAROL FUNK

TREASURER: MELISSA ALVARADO

SECRETARY: MARSHA BEAL

PAST PRESIDENT: SHANNON RAMOS

REGISTRAR SUMBISSIONS

COUNTY CODES

In light of OSCaR's recent email regarding county code errors on submitted cases, here are a few resource links for searching the correct county code associated to the patient's address:

http://cic.naco.org/ National County Explorer offers search options by city, county, and state. Please note large cities like Portland, OR can fall into several different counties.

https://tools.usps.com/go/ZipLookupAction!input.action UPSP lets you search by address and cities. Searching by address gives you a more accurate zip code.

www.google.com and then there is good old Google. You can copy and paste the address into the search field and maps will pop up with the full address including the zip.

County code are extremely important as cancer trends and clusters are tracked at both the state and national level. Please don't assume that the county code listed in your facility's EMR is the correct code.

Happy county code finding!

Melania Tolan-Hudson, CTR
Legacy Health Good Sam

MENINIOMA'S

MENINGIOMS'A AND THEIR REPORTABILITY

Submitted by Lorraine Colwell, CTR – Legacy Health Mount Hood

Question: **20130025** **Add** **to** **Report** [X]

Question
Please clarify the reportability of a diagnosis of sphenoid wing meningioma.

Answer
The term "sphenoid wing meningioma" has been interpreted as an intraosseous meningioma of the sphenoid bone. In contrast, "sphenoid meningioma" has been interpreted as a meningioma of the sphenoid sinus. Neither is reportable at this time. The case examples provided are not reportable unless there is sufficient evidence available to confirm that the meningioma is not intraosseous and it is originating from the meninges overlying the sphenoid bone.

Question: **20100016** **Add** **to** **Report** [X]

Question
Are intraosseous meningioma's and sphenoid wing meningioma's reportable as one or more primaries?

Answer
Neither intraosseous nor sphenoid wing meningiomas are reportable at this time. These are rare meningiomas of the bone. Benign brain and CNS tumors must meet both site and histology criteria to be reportable. These tumors meet the histology criteria, but do not meet the site criteria -- bone is not a reportable site for benign brain and CNS tumors.

MENINGIOMA'S CONTINUED:

MENINGIOMS'A AND THEIR REPORTABILITY

Question: **20091127** **Add** **to** **Report** [X]

Question
How many primaries are to be accessioned for a patient with Neurofibromatosis 2 (NF2) who presents with meningioma's on the left and right side of the brain and multiple meningioma's of the spinal cord?

Answer
For cases diagnosed 2007 or later, this is three primaries. Per MP/H Benign CNS Rule M4, the meningioma's of the meninges/brain (C70.0) and meninges/CNS (C70.1) are multiple primaries. Code the meningioma's of the spine to the histology to 9530/1 [Multiple meningioma's] (Rule H6) because there are multiple tumors in the spine. Per Rule M5, the meningioma's of the right and left side of the brain are multiple primaries. Code of each to the histology 9530/0 [Meningioma, NOS] per Rule H2 because they are separate primaries (assuming there is one tumor on each side of the brain).

Question: **20071009** **Add** **to** **Report** [X]

Question
How many primaries are to be abstracted and how is laterality to be coded for two meningioma's, one occurring at the midline and the other in the right temporal region?

Answer
For cases diagnosed 2007 or later, abstract two primaries. The lateralities of both meningiomas are known. Right (code 1) and midline (code 9) are different lateralities.

Question: **20061072** **Add** **to** **Report** [X]

Question
Multiple Primaries (Pre-2007)/Histology (Pre-2007)--Brain and CNS: How many primaries should be abstracted and should the histology field(s) be coded to 9530/1 [Meningiomatosis, NOS] or 9530/0 [Meningioma, NOS] to represent a case that presents with MRI confirmed multiple meningioma's (e.g., left dura, right parasagittal region, and left frontal lobe)? **Answer**
For tumors diagnosed prior to 2007:

Abstract this case as two primaries, right and left cerebral meninges. Code the histology for both primaries to 9530/0 [Meningioma, NOS]. Use code 9530/1 [Meningiomatosis, NOS] only when the diagnosis is stated to be meningiomatosis, or multiple meningioma's.

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 SINQ and include the difficulties you are encountering in applying the MP/H rules

Question: **20041080** **Add** **to** **Report** [X]
Question
Behavior Code/CS Extension--Brain and CNS: How are these fields coded when the final diagnosis on pathology indicates that an atypical meningioma invades the brain and the bone flap specimen indicates extensive invasion through the full thickness of the calvarium?
Answer
This answer was provided in the context of CSv1 coding guidelines. The response may not be used after your registry database has been converted to CSv2.

For tumors diagnosed prior to 2004, the example above is a benign meningioma and not reportable to SEER.

For tumors diagnosed 2004 or later, code the behavior as 1 [Borderline malignancy]. Code CS Extension as 05 [Benign or borderline brain tumors].

According to expert consultant, meningiomas are in the lining cells for the inner table of the skull and as such have an affinity for bone that allows them to penetrate adjacent bone without being "malignant."

Submit all CSv2 questions to the CoC Inquiry and Response System (http://web.facs.org/coc/default.htm).

Question: **20041069** **Add** **to** **Report** [X]

Question
Is a meningioma invading the bone considered malignant and, therefore, considered SEER reportable if diagnosed prior to 2004?

Answer
The two cases above are benign meningiomas and not reportable prior to 2004. According to an expert consultant, meningiomas are in the lining cells for the inner table of the skull and as such have an affinity for bone that allows them to penetrate adjacent bone without being "malignant."

The WHO Nervous System Tumor Classification states malignant meningioma exhibits histological features of frank malignancy far in excess of the abnormalities present in atypical meningioma (WHO grade II). Examples of the histologic features of malignant meningioma are obviously malignant cytology, or high mitotic index (20 or more mitoses per 10 high-power fields). They correspond to WHO grade III and are usually fatal.

Question: **20021031** **Add** **to** **Report** [X]

Question
Primary Site--Meninges: Should the primary site for a meningioma of the right frontal lobe be coded to C71.1 or C70.0? See discussion.

Answer
Code the Primary Site field to C70.0 [cerebral meninges], the suggested site code for most meningioma's. Meningiomas arise from the meninges, not the brain (although they can invade brain). ICD-O-3 does not differentiate the specific location of the brain that the meninges cover. The information of interest to neurologists would have to be captured in an optional or user-defined field.

SCHWANNOMA'S

SCHWANNOMA'S AND REPORTABILITY

Submitted by Lorraine Colwell, CTR – Legacy Health Mount Hood

Question: **20041097** **Add** **to** **Report** [X]

Question
Is a skull tumor schwannoma considered an intracranial reportable benign tumor if the physician states it arose in the occipital nerve?

Answer
No. These schwannomas are not intracranial and therefore, are not reportable to SEER. The occipital nerve is not one of the 12 intracranial nerves (i.e., Abducens, Auditory (vestibulocochlear), Facial, Glossopharyngeal, Hypoglossal, Oculomotor, Olfactory, Optic, Spinal Accessory, Trigeminal, Trochlear, and Vagus).

Question: **20051127** **Add** **to** **Report** [X]

Question

Is an intradural extramedullary schwannoma (neurilemoma) of the spine reportable?

Answer
For cases diagnosed 2011 and later: A spinal "intradural extramedullary schwannoma (neurilemoma)" is reportable. This schwannoma originated in the spinal nerve root, C720.
See #2 under Reportability in the Data Collection Answers from the CoC, NPCR, SEER Technical Workgroup, http://www.seer.cancer.gov/registrars/data-collection.html#reportability

SCHWANNOMA'S CONTINUED:

SCHWANNOMA'S AND REPORTABILITY

Question: **20071093** **Add** **to** **Report** [X]

Question
In addition to Schwannoma, are there additional types of benign tumors that arise in peripheral nerves along the spinal cord that are not reportable?

Answer
Reportability depends on the location of the tumor. Tumors in the following sites are reportable:

- C700 - C709
- C710 - C719
- C720 - C729
- C751 - C753

Benign and borderline tumors of the peripheral nerves (C47_), including peripheral nerves along the spinal cord, are not reportable. Please note: spinal schwannomas arising in the nerve root or spinal dura are reportable.

Question: **20071132** **Add** **to** **Report** [X]

Question
Does a neurofibroma actually arise in peripheral nerve roots like a schwannoma even if it is referred to as a "C6-T1 intradural spinal cord tumor" and is therefore not reportable?
Answer
Schwannomas and neurofibromas of the peripheral nerves are not reportable. Schwannomas of the nerve root or spinal dura are reportable.

Question: **20130148** **Add** **to** **Report** [X]

Question
Are "spinal" schwannomas reportable if stated to be extradural, vertebral nerve sheath, or of specific vertebrae?

Answer
Extradural schwannomas are not reportable. Neither vertebral nerve sheath nor a location of/on a specific vertebrae confirm the origin as being either extradural or intradural. Do not report a schwannoma if it cannot be determined to be "intradural" or "of the nerve root."

Question: **20150051** **Add to Report** [X]

Question
Is schwannoma of the extracranial part of a cranial nerve reportable? Some cranial nerves, like facial nerve, have intracranial and extracranial branches.

Answer
An extracranial schwannoma is not reportable. The schwannoma must arise on the intracranial part of the nerve to be reportable.

WOULD YOU LIKE TO WRITE AN ARTICLE FOR THE NEWSLETTER? OR HAVE SOMETHING RELATED TO THE CANCER FIRLED YOU WOULD LIKE TO SHARE?

IF SO, PLEASE SEND YOUR NEWSLETTER SUBMISSIONS TO DEEANNA AT

DEEANNA.X.PATTON@KP.ORG

DEADLINE: APRIL 29, 2016