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OREGON CANCER REGISTRARS' ASSOCIATION NEWSLETTER

SPRING 2014

Inside this issue:

President's Message

I would wager that all of you are ready for winter to be over as much as I am. Our weather is such a tease, rain one day, storm the next followed by one day of sunshine! That would give anyone Spring fever right?

I want to thank all of you for supporting me this year as your president. Deb Towell did such a wonderful job as did all the people before me that I have some mighty big shoes to fill.

As we look forward to even more changes next year we have to remember that one quality that sets Cancer Registrars apart is our adaptability! Together we will learn, implement and succeed!

Speaking of learning, Connie Winkler and Carol Hammond and the education committee are already planning a great Fall Conference for us this year. Sky Lakes has hosted the conference before and I can tell you they do a great job! If anyone has a subject that you would like to see discussed please let a member of the education committee know.

Just in case you didn't get the message, the winner of the education raffle for this year is Martha Curl.

CTR exam scholarships:

As a reminder for anyone who is planning on taking the exam in the future there are scholarships available to help either defray the cost of the exam itself or to provide funding for educational tools:

MICHELE HENSON MEMORIAL SCHOLARSHIP available thru ORCA which pays for the cost of the exam up to the NCRA members' cost.

BOTH APPLICATIONS CAN BE FOUND ON THE OCRA WEBSITE:
http://www.ocra-oregon.org

Registry News

Karen Brown who worked at Kaiser has retired. Her last day at the registry was 3/13/14
She has worked in the registry for a long time and has seen and adapted to so many changes over the years.
I know she will be missed.

Here is Karen's goodbye

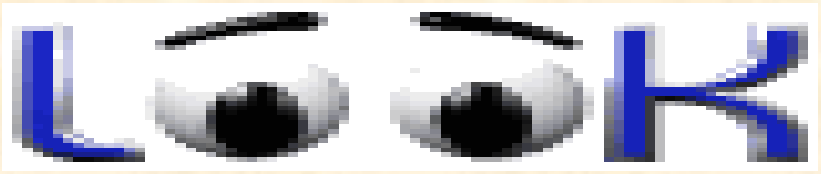
I started in the Tumor Registry in 1985, went from paper abstracting to electronic abstracting. Wow, the changes I have seen over the years!!!!!!!!!! It has been a pleasure working with all of you guys, what a great camaraderie; I will miss everyone but I am going to enjoy the next chapter of my life.

Reminder:
This year's Fall Workshop will be in Klamath Falls (K-Falls)

More Registry News

CAnswer Forum

None submitted



Interesting Tidbits

One drug to shrink all tumors

NCI launches trial to assess the utility of genetic sequencing to improve patient outcomes

Adding chemotherapy following radiation treatment improves survival for adults with a slow-growing type of brain tumor

U.S. could face shortage of cancer doctors

WINNER

Who did you say? "Martha Curl"

I would like to say thank you to OCRA for the opportunity to attend NCRA this year in Nashville with the funds from the Raffle Fund Scholarship. No one applied and received the award in 2013, therefore, those funds were combined with the raffle funds from the fall workshop in 2013 making the 2014 award $1085.02. That money will sure help me get there. I really wanted to go and applied for everything I could. I even wrote the themed essay for NCRW (and did not win) even though it wasn't for NCRA. I applied for both of the NCRA scholarships which required essays. Still hoping for that, the winner will be announced in the next couple weeks. Yes, I know I can not combine the multiple scholarships but my thought was if I got lucky enough to win one of the NCRA scholarships, I would forego the OCRA scholarship and a replacement would be drawn from the other 2 applicants.

So speaking of the applicants, I was very shocked that there were only 3 for the OCRA scholarship. I could understand not wanting to jump through the hoops of NCRA and write an essay but with OCRA, **very simple**. All you have to do is apply. Complete a very simple form and submit to the OCRA Executive Committee and a winner is drawn from the applicants. **It couldn't get any easier! So my question to you all, is why not apply?** Granted the funds may not be enough to completely pay your way to NCRA but it almost gets you there. From my understanding there are a lot of registrars attending NCRA this year but still only 3 applicants.

This isn't a first on the low interest. Usually there are just a couple of applicants or none at all. **WHY?** If there is not any interest in this program that was started then why do it? I personally love the raffles and the baskets at the FWS but it is another task that takes a lot of work from the committee and if people aren't interested in the program then maybe it needs to be reviewed for a better option or just be discontinued. (Not my choice).

Our association has definitely been declining in lack of volunteerism over the last several (or many) years and it is unfortunate to see that same lack of interest in the raffle award scholarship. I would love to see everyone apply for the scholarship that attends NCRA and for everyone to make a point to volunteer for OCRA if you have not already.

Thank you again for the opportunity to attend NCRA with this years raffle award scholarship.

Martha Curl, CTR

OSCaR's Page

OREGON STATE CANCER REGISTRY

Spring Greetings from OSCaR! Thank you in advance for all the quality cancer data you send us at OSCaR. We receive questions from registrars all over the state, requesting clarification, or answers relevant to the cancer registry industry. We thought the OCRA newsletter would be a great venue to compile questions, clarifications, etc. that we receive and answer on a quarterly basis. So below are questions we have answered in the last quarter. Our philosophy is; if one registrar has a question, maybe someone else would benefit from the answer too.

The second document is a summary of the Oregon State Cancer Registry data to support passage of law to ban under-age tanning bed usage. OSCaR's melanoma data (your data) was used extensively in the compilation of this information. As I noted earlier, the importance of your data is so valuable. If you have any questions regarding the Summary, please contact our Senior Research Analyst, Meena Patil, or Donald Shipley.

Q AND A

Question: (Regarding Spitzoid Melanoma) I have a melanoma case and the final histology on consult is a "spitzoid melanoma", I can't locate that histology except in ICD-0-3 as 8770/0 spitzoid nevus. Should I use that code and change the behavior code from /0 to /3?

There is a question in the SEER Inquiry System which relatively is the same as yours; please clarify what we should code when we see the term "spitz or spitzoid" in association with melanomas-

Answer: SEER SINQ answer-*For cases diagnosed 2007-2014: Assign code 8720/3* (malignant melanoma) for melanoma with Spitzoid feature, Spitzoid variant of nevoid melanomas, melanoma arising in Spitz nevus, or Spitzoid melanoma. The WHO (World Health Organization)Classification of tumors groups these with Nevoid melanomas and codes them to 8720/3. According to WHO, "Nevoid melanoma is a subtype of malignant melanoma of the skin that is distinctive in that the primary lesion mimics many of the architectural features of a common compound or intradermal nevus..or a Spitz nevus..These lesions are defined not as atypical nevi, but as melanomas because they involve the dermis and have the potential for metastasis". So code to 8720/3.

Question: (Regarding ICD0-3 Updates) in reading the ICD0-3 Updates, there is a behavior change in Carcinoid of the Appendix? Will these now be reportable?

Answer: There are some ICD0-03 (International Classification of Diseases for Oncology-Third Edition) clarifications and code changes that are to be used with patients diagnosed January 1, 2014 and forward (new terms, synonyms and related terms for existing ICD-0-3 codes) and also another list that are to be used with patients diagnosed January 1, 2015 and forward (that deal with a recode for enteroglucagonoma, and a reportability change in behavior for Carcinoid of the Appendix). The reportability change is a behavior code change for Carcinoid tumor, NOS of the appendix, the behavior has changed for code 8240/1 to 8240/3. So these will now be reportable starting with patients diagnosed January 1, 2015 forward.

Question: I have a bilateral lacrimal gland, marginal zone B cell lymphoma. Would I report this as two separate cases or just one?

Answer: First ascertain the primary site, either lacrimal gland or lymph nodes or both, and then consult the hematopoietic database. When you look up Marginal Cell Lymphoma, it leads you to histology 9699/3, B cell,(Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue (MALT lymphoma) –effective with cases 2001 and later, then will tell you to go to the Hematopoietic Coding Manual, Module 7, Page 34.Coding Primary Site For Lymphomas Only-PH18-27, Then go to the appropriate area that fits your case. In this case Rule PH24, an excerpt notes- Code the **primary site** to the **organ** when lymphoma only in an organ, so the primary site is substantiated, the Lacrimal gland (C69.5).

Also, we know that Lacrimal gland is listed as a paired site per FORDS. Then go to the MPH (Multiple Primary and Histology) rules, go to the "Other Sites Multiple Primary Rules" section, and in the "Multiple Tumors" section, Rules M3-M7 are ruled out and not applicable to the Lacrimal Gland primary site, we move onto Rule M8 that states; Tumors on both sides (right and left) of a site listed in Table 1 are multiple primaries. It says to consult Table 1, in the MPH "Other Sites Terms and Definitions" section which is basically the paired site table from FORDS. So with all this in mind, we feel it would warrant two primaries.

Keep in mind if you have bilateral retinoblastomas, per M4, it is always a single primary (unilateral or bilateral). Remember the MPH golden rule…..stop when your case fits the rule.

Question: We have a question regarding prostate cases when tumor is in both lobes but confined to the prostate and has a positive margin. The specific involved margin/margins are not stated. What is the correct extension code in SSF3?

Answer: In the Prostate Schema, CS Site Specific Factor 3- CS Extension-Pathologic Extension- Note 6 says: "When the apical margin, distal urethral margin, bladder base margin, or bladder neck margin is involved and there is no extracapsular extension, use code 400". So if those margins are not specific to the margins depicted in Note 6, then Code 230 would be appropriate, which is "Involves both sides/lobes, T2c." But keep in mind, when the margin is specific to the ones mentioned in Note 6 of the SSF-3 Prostate Schema, then you would use codes 400 and forward. This answer concurs with the CAnswer Forum.

Question: We have seen quite a few questions about Birads 5 category on mammograms. Can we or can't we use this as a date of diagnosis providing the histology proves the cancer later. I have written to April Fritz and this is her response:

Answer: The ACR website has a "most frequently asked questions" that includes the definitions of the Bi-rads category (from 0 to 6). The katagorien website has the same definitions with a little bit more wording in explanation (similar to SEER adding definitions to the Appendix B). http://www.birads.at/kategorien.html and another resource http://www.acr.org/SecondaryMainMenuCategories/quality_safety/BIRADSAtlas.aspx

Bi-rads 4 is a suspicious lesion—it is suspicious for being abnormal but NOT of high enough suspicion to be considered susp for malignancy. Biopsy is recommended for this category to rule out cancer. In a facility, review all biopsies that were based on or guided by a mammogram or sonogram. Of the Bi-rads 4 cases, 60% or more are benign.

Bi-rads 5 is highly suggestive of malignancy and requires biopsy and/or surgical treatment. It would be very unusual to see a Bi-rads 5 that proved to be benign.

I think the problem for registrars is a matter of semantics. Bi-rads 5 is not just "suggestive"- a word which wouldn't be allowed per FORDS for us to assume a diagnostic statement. No one told the radiologists that "highly suggestive" doesn't match tumor registry reportable/not reportable terms to make a diagnosis or to be included in the registry. They are using a term they believe to reflect their suspicious that the breast contains cancer. Not all works in the English language or in a Thesaurus reflect the meanings that FORDS/SEER/standard setters have assigned to a positive meaning versus a non-diagnostic meaning. The ACR has defined "5" as probable cancer-in other words, cancer until proven otherwise.

April Fritz's educational publication, "The Casebook" also reflects this philosophy. Here at OSCaR, we have discussed this topic in depth with our colleagues and had decided that Bi-rads 5 can be used as date of diagnosis, **if** the tissue biopsy proves cancer. We feel it is safe to "override" COC/SEER ambiguous terminology because the physicians use the words differently when they are talking about mammograms. OSCaR did send out an Egroups and various other emails with this update over the last several years. *We hope the current terminology will coincide with updates from our standard setters in the near future.*

Question- I have a case with recurrent in situ bladder cancer diagnosed over 6 months apart, for a total of 5 recurrences, four of which are under 6 months apart, one is about 4 months out. So far we have only abstracted one case (the 1st one), do I need to abstract all of these recurrences? The histologies are papillary urothelial carcinoma w/one being papillary transitional cell carcinoma.

Answer-You should only abstract the first primary of in situ PTCC or TCC. Go to the MPH Rules under the section of "Renal pelvis, Ureter, Bladder and Other Urinary sites", you will note in the Equivalent or Equal Terms, that Papillary Transitional Carcinoma and papillary urothelial carcinoma are equivalent terms, so the histologies are synonymous. You then would move to the heading "Multiple Tumors" and move through the rules, the first one that would fit your scenario is M6. M6 states that bladder tumors with certain histologies are a single primary. It is a single primary regardless of timing if there is any combination of: Papillary Carcinoma (8050), Transitional cell carcinoma (8120-8124) and Papillary Transitional Cell Carcinoma (8130-8131) are a **single** primary. This is where you would **stop** and abstract only one primary.

On another note, OSCaR will be adding the 2014 Casefinding List to our OSCaR website in the next few weeks. Our website will also provide information to eligible providers on "Meaningful Use" and cancer reporting soon. If you have questions or need an ear, please feel free to call or email us. We always enjoy hearing from you!

Claudia Feight, CTR, RHIT
Quality Assurance and Training Coordinator
Oregon State Cancer Registry

Oregon State Cancer Registry data to support passage of law to ban underage Tanning bed usage

Oregon consistently ranks among states with the highest incidence and mortality rates for melanoma. In 2008, Oregon had the high-est incidence rate in the nation (29.1 per 100,000 population compared to 19.4 per 100,000 nationally). Most important, looking at more than 10 years of cancer registry data it is noticeable that melanoma rates among females under age 45 are higher than among males of the same age. Studies have indicated that indoor tanning is associated with risk of several types of skin cancer including melanoma. It is also observed that tanning bed exposure before age 35 can significantly increase the risk of developing melanoma.[1] According to the 2011 Youth Risk Behavior Surveillance System(YRBSS) report, the prevalence of indoor tanning bed use among 12th grade girls was around 32%.[2]

According to the National Conference of State Legislatures, 33 states currently have some type of regulations for tanning bed use by minors, and recently California and Vermont have banned underage tanning bed use. Unfortunately, until last year, Oregon children under age 18 could use tanning beds with just one-time parental consent.

Considering the higher risk of melanoma among Oregonians, and especially among those under age 18, a bill was proposed for the 2013 legislative session. The bill establishes state statute for the development of administrative rules not allowing persons younger than 18 years of age to be able to use tanning devices as defined in ORS 453.726. The ORS defines tanning facilities as any entity operating a tanning device.

The legislative concept was initiated by researchers at the OHSU Knight Cancer Institute. House Bill 2896 was introduced and sponsored by both Democrats and Republicans. The State Cancer Registry staff collaborated with the public health Radiation Protection Services to prepare a bill analysis. The bill was supported by the Public Health Division at the Oregon Health Authority.

The State Cancer Registry data were used not only to identify this public health concern among Oregonians, but also was utilized throughout the legislative session to provide evidence against arguments posed by the tanning industry. The cancer registry and YRBSS data were referenced in testimony provided by OHSU Knight Cancer Institute, cancer survivors, and the Oregon Medical Association. Despite testimony from multiple national and Oregon-based tanning facilities, there was support from the House and Senate for the bill to protect Oregon's youth from a known cancer-causing practice. Eight proposed bill amendments, which would have allowed parental consent for use of tanning devices by youth age 17 and weakened parental consent procedures, were ultimately rejected. Oregon's Governor John Kitzhaber signed the bill in its original form on May 16, 2013.

By adapting the law on tanning bed ban for underage children, Oregon joined a few states in the nation that have taken an important step towards reducing melanoma incidence among youth and young adults in their states. Evidence gathered from the State Cancer Registry data together with strong support from local health professionals enabled the passage of this measure to protect minors from harmful effects of tanning bed use. Just as we have achieved significant improvements in health of children through youth tobacco control policies, this major policy implementation will certainly provide long term cumulative health benefits to Oregon youth.

References:

International Agency for Research on Cancer Working Group on Artificial Ultraviolet (UV) Light and Skin Cancer. The association of use of sunbeds with cutaneous malignant melanoma and other skin cancers: A systematic review. *International Journal of Cancer* 2007; 120 (5):1116–1122.

Eaton DK, Kann L, Kinchen S, Shanklin S, Flint KH, Hawkins J, Harris WA, Lowry R, McManus T, Chyen D, Whittle L, Lim C, Wechsler H. Youth risk behavior surveillance—United States, 2011. *MMWR Surveillance Summaries* 2012; 61(4):1–162.

MESSAGE FROM THE EDITOR

Today is not just another day; it is the present and once opened it can never be opened again. Spring is around the corner and hopefully the sun will be shining more often than not, so that we can get outside and enjoy our present.

2014
Elected Officials

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