OREGON CANCER REGISTRARS' ASSOCIATION NEWSLETTER

SPRING 2013

Inside this issue:

President's Message

Hello registrars,
Wow, I can't believe it is time for another newsletter; Spring is just around the corner, and I don't know about you but I can't wait for sunshine and more daylight hours! Just on the horizon is National Cancer Registrars Week, April 8-12, 2013. The proclamation has been sent to the governor's office to declare that time period as Cancer Registrar's week. Cancer Registrars are healthcare professionals that participate in the "war on cancer" by being advocates for this nation's cancer patient population displayed through your expertise and diligence in cancer data collection. Cancer Registrars ensure the timely, accurate, and complete collection of quality cancer data. This data is fundamental to the nation's cancer prevention and treatment efforts. Thank you for your excellence and the vital role you play in cancer epidemiology. Now is the time to brag about yourself and your profession!

The OCRA Executive committee met last month and a couple of proposed by-law changes were discussed and will be presented to the membership prior to the fall workshop for your review. And, speaking of the fall workshop, I hope you have all marked your calendars and plan on attending. The workshop is scheduled for September 18, 19, 20, 2013 at the Keizer Renaissance Inn in Salem, OR. An OCRA Ad-Hoc committee is working on the feasibility of holding a regional (interstate) workshop. Martha Curl has graciously accepted the appointment of committee lead. Thank you committee members for volunteering for this committee!

I urge you all to stay involved in our organization. OCRA is a valuable group of your peers and has a wealth of experience amongst its members. And don't forget to take the opportunity to proclaim the importance of being a cancer registrar during National Cancer Registrars Week.

Hope you have a wonderful Spring!!

Deborah Towell, CTR

OCRA President 2013

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.

ROBERT HENDRICKSON MEMORIAL SCHOLARSHIP which is available thru NCRA pays for education materials. The application is a bit longer to fill out and asks you for the top 5 resources that you would like to have paid for by the scholarship. You do not have to be a member of NCRA to apply or to be awarded the scholarship. You do have to have a good explanation why you are applying for the scholarship.

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

Registry News

Rogue Valley News

I hope you all don't mind, but I just wanted to take an opportunity to brag on my co-workers Brenda Coniff, Susan Frank and our Coordinator, Roxanne Kelley for a job well done in our recent COC survey. Asante Rogue Regional Medical Center was surveyed November 16, 2012 and received full 3 year accreditation with 5 commendations. Providence Medford Medical Center was surveyed November 15, 2012 and also received full 3 year accreditation with 5 commendations as well. Our Surveyor was Jon Britell, MD of Washington who has also surveyed OHSU in the past. He voiced how impressed he was with the amount of work load accomplished with 3.5 FTE's. Of note, Asante Rogue Regional Medical Center recently changed its name from Rogue Valley Medical Center and accessioned 1065 cases in 2011. Providence Medford Medical Center accessioned 749 cases in 2011. I am so grateful for Roxanne who is our fearless leader and despite personal challenges she faced during the year with the loss of her husband Tim, she got us through these surveys with grace and perseverance. I want to thank Susan for her professionalism and maintenance of all her follow-up duties and maintaining all of our Conferences and sometimes that is 3 conferences in 1 week on a part-time schedule. And finally, I especially want to also give a shout out to Brenda our Cancer Conference Coordinator for both RRMC & PMMC and abstractor who has decided to retire on February 15, 2013. She will be greatly missed! She has worked for Asante Rogue Regional Medical Center for 24 years. Brenda started out in the Mail Room, then onto Medical Records where she started taking college courses for 3 years in addition to starting the correspondence course through AHIMA for an RHIA degree in Health Information Management which she was unable to complete when she faced adversity with the loss of her 19 year old son, Sean in 1998. With the love of her spouse Pat of 42 years and her 4 other children, Brenda regrouped and was subsequently led to us in the Registry where she took her CTR exam in 2006. We love her so and she will be greatly missed! Susan has accepted a full time abstracting position and will be stepping into Brenda's job. Also, thank you to all of you who answer our requests for data constantly! We could not do it without all of you!

Jennifer Johnson, CTR

OSCaR

Immediate opening for the OCRA WEBSITE maintenance position. Please contact Joan.M.Pliska@state.or.us for more information

Joan Pliska is our current OCRA website communications person. She is ready to step down and hand over the duties before June 1, 2013 if not sooner. So now is the time to step forward and speak up if website management interests you or you know of someone who may have the skills. This is what Joan has to say about the current website maintenance:

As it is, I have been using Atlantic.net as the server which is fine and files can easily be updated, if you know what you are doing. However, I have also been using the Adobe program Macromedia Dreamweaver to edit the pages (using HTML). Not sure how you want to proceed because Dreamweaver is a state owned program. You don't have to have it; I believe you can use MS Word but you need to know HTML.

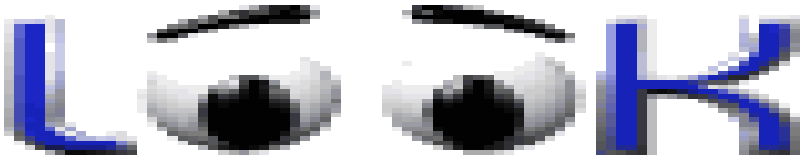
Probably, the easiest solution would be to contract with someone to monitor the website; I have no idea how much it would cost. Maybe one of the OCRA members knows someone who is good at websites and would be willing to do this for a fee.

Anyway, this is a heads up to have a replacement in place by June 1, 2013, at the latest.

More Registry News

CAnswer Forum

Nothing submitted



Interesting Tidbits

Study: More Young Women Being Diagnosed with Advanced Breast Cancer

Coffee drinkers less likely to die from oral cancers

Aspirin Again

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Coding Guidelines
(BRAIN [AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM]
MENINGES C700-C709, BRAIN C710–C719,
SPINAL CORD, CRANIAL NERVES AND
OTHER PARTS OF CENTRAL NERVOUS SYSTEM C720–C729
(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9992)

Grade[1] (NAACCR Item # 440)

Note: Refer to the Collaborative Stage Data Collection Manual for instructions on coding site-specific factors.

Astrocytoma
Grade astrocytomas (M-9383, 9400, 9401, 9410-9412, 9420, 9421) according to ICD-O-3 rules.

Term	Grade	SEER Code
Well differentiated	Grade I	1
Intermediate differentiation	Grade II	2
Poorly differentiated	Grade III	3
Anaplastic	Grade IV	4

Use the conversion table in the Grade, Differentiation, or Cell Indicator section of SEER Program Coding and Staging Manual general Instructions to code low grade, intermediate grade, and high grade.

Do **not** record the WHO Grade, Anne/Mayo, or Kemohan grades in the grade field

- Record the WHO grade in the data item CS Site-Specific Factor 1
- The use of World Health Organization coding of aggressiveness is reserved for assignment of grade for staging.

Do **not** automatically code glioblastoma multiforme as grade IV
If no grade is given, code 9 (Cell type not determined, not stated or not applicable)

Always code the Grade, Differentiation field 4 (Grade IV) for anaplastic tumors

- Anaplastic is synonymous with undifferentiated

Code the grade as documented.

Code the Grade, Differentiation field to 9 (Cell type not determined, not stated or not applicable) in the absence of a stated grade on the pathology report.

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Laterality[1] (NAACCR Item # 410)

Meningioma

Assign code 4 (Bilateral involvement, lateral origin unknown; stated to be single primary) when

- **one** meningioma extends to both right and left sides

and

- it is **not** possible to determine whether the meningioma originated on the left or the right

Surgery Codes[2] (NAACCR Item # 1640)

Clarification of surgery codes for lobectomy and gross total resection.

CoC added new brain surgery codes for cases diagnosed in 2010.

20 Local excision of tumor, lesion or mass; excisional biopsy

- specimen sent to pathology
- stereotatic biopsy of brain tumor

21 Subtotal resection of tumor, lesion or mass in brain

22 Resection of tumor of spinal cord or nerve

30 Radical, total, gross resection of tumor, lesion or mass in brain

40 Partial resection of lobe of brain, when the surgery cannot be coded as 20-30

55 Gross total resection of lobe of brain (lobectomy)

- All macroscopic tumor removed; all tumor removed to microscopic level

Note: Codes 30-55 are not applicable for spinal cord or spinal nerve primary sites

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Frequently Asked Questions

Are schwannomas reportable?[2]

Reportability depends on the primary site: When they originate in the intracranial (intradural) or intraspinal space they are reportable.

WHO has defined some new brain codes. How will these be handled?[2]

The new codes will be addressed in the MP/H revision.

All benign brain and CNS tumors other than pituitary adenomas have the rule to code scope of lymph node surgery as 9. Should this rule also apply to pituitary, craniopharyngeal duct, and pineal gland (C75.1-C75.3) be added to the primary list for this rule?[2]

Pituitary, craniopharyngeal duct, and pineal gland have been added to the list of sites for which code 9 applies in both FORDS and the 2010 SEER coding manuals.

Behavior--Brain and CNS: Can hemangioblastomas occurring in the CNS be coded as /3 (malignant) based on a radiologic or clinical diagnosis by the physician?[3]

The behavior code for hemangioblastoma can be coded to /3 when a pathologist indicates that the behavior is malignant. The behavior code should be based on a pathologist's opinion. It is usually not possible for a radiologist or patient care physician to make this determination clinically.

The histologic appearance of hemangioblastoma may resemble metastatic renal cell carcinoma; therefore, one will often see renal cell carcinoma listed as a possible diagnosis.

This does not indicate that the hemangioblastoma is malignant. Do not code the behavior as /3 based on a differential diagnosis of renal cell carcinoma.

Surgery of Primary Site--Brain and CNS: How should this field be coded when the procedure is stated to be a "stereotactic CORE biopsy" of a brain tumor?[3]

The most recent version of the Brain Site Specific Surgery schema has a note that states "Assign code 20 [Local excision of tumor, lesion, or mass, excisional biopsy] for stereotactic biopsy of brain tumor." Does this also apply to a stereotactic CORE biopsy? SINQ 20081118 also states that a stereotactic biopsy should be coded as Surgery of Primary Site code 20.

Assign code 20 [Local excision of tumor, lesion, or mass, excisional biopsy] for a stereotactic core biopsy of brain tumor.

Surgery of Primary Site--Brain and CNS: How is this field to be coded when a patient undergoes stereotactic biopsy of a brain tumor? Path specimen consists of four fragments of tissue measuring .7, .6 and .3 cm.[3]

Assign code 20 [Local excision (biopsy) of lesion or mass. Specimen sent to pathology from surgical event 20].

Are intraosseous meningiomas and sphenoid wing meningiomas reportable as one or more primaries?[3]

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.

Is an epidermoid tumor of the posterior fossa reportable?[3]

This is not reportable. It is a malformation, not a tumor, according to our expert consultant.

Laterality--Brain and CNS: When a meningioma extends to both right and left sides, is laterality coded 4 for bilateral or 9 for midline? [3]

If it is not possible to determine whether the meningioma originated on the left or the right, assign code 4 [Bilateral involvement, lateral origin unknown; stated to be single primary].

References (click on reference to go to webpage)

1. SEER Coding Guidelines for Brain.
2. Data Collection Answers from the CoC, NPCR, SEER Technical Workgroup
3. SEER Inquiry System

Please note that OSCaR will have a NAACCR webinar on CNS available for registrars within a month.

Relay For Life Quilt Raffle

Tickets $1.00 each
Drawing will be held at Relay, July 27th

QUILT 1

QUILT 2

QUILT 3

QUILT 4

Thank you-Team Candlelighters!

If anyone is interested in purchasing raffle tickets, contact Martha Curl at 541-935-2791 or Martha.curl@providence.org

National Cancer Registrar's Week
April 8~12, 2013

Let's celebrate NCRW by getting out into the community and paying it forward!

We are serving dinner at Ronald McDonald House (East), Friday, April 12th. Approximate hours are 5-7 pm.

This is a great experience. *If you want to sign up or just make a donation to help cover the cost of dinner contact:*

Martha Curl
541-935-2791
Martha.curl@providence.org
PO BOX 696
Elmira, OR 97437

MESSAGE FROM THE EDITOR

With the new year comes ch...ch…ch...changes. I don't think anyone will miss the multiple tumors, multiplicity counter and ambiguous terminology. However, now place of birth becomes Birthplace state and Birthplace country. And lastly a new appendix E for coding info on Birthplace State and Birthplace Country and so on. Where would we be without change?
Also the promise of springtime, the warmth of the sun chasing away the cold, wet, windy winter. The hope of new things and new beginnings.
Ah a new year filled with hope, if one only looks to the heavens and does not look toward earth or what lies ahead.

2013
Elected Officials

President (Duties)
Deborah Towell, CTR
deborah.j.towell@state.or.us

President Elect (Duties)
Bonnie Kubli, CTR
bkmedr@bayareahospital.org

Treasurer (Duties)
Philip Woods
pwoods@bayareahospital.org

Secretary (Duties)
Melissa Alvarado, CTR
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Past President (Duties)
Norie Vogt, LPN,
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