

Michigan Cancer Surveillance Program

October 2006 Update

Michigan Cancer Surveillance Program (MCSP) Cancer Reporting Manual ~

Coming soon! An updated copy of the MCSP Cancer Reporting Manual will be available on the State of Michigan's web site in mid October. The revised manual will be in a PDF file that can be downloaded at www.michigan.gov/mdch. Click on Providers, Departmental Forms, Cancer Reporting Forms and then Cancer Reporting Manual.

Ambiguous Terminology ~

The list for ambiguous terminology includes terms that have been mandated as reportable when used in a diagnosis. Effective with cases diagnosed January 1, 2007 and after, use the following list for ambiguous terms that are reportable.

- Apparent (ly)
- Appears (effective with cases diagnosed 1/1/1998 and later)
- Comparable with (effective with cases diagnosed 1/1/1998 and later)
- Compatible with (effective with cases diagnosed 1/1/1998 and later)
- Consistent with
- Favor (s)
- Malignant appearing (effective with cases diagnosed 1/1/1998 and later)
- Most likely
- Presumed
- Probable
- Suspect (ed)
- Suspicious (for)
- Typical (of)

There is no longer a non-reportable list of terms. If a term you are looking for does not appear on this list, the case is NOT reportable.

New Data Items ~

The following new data items effective with cases diagnosed January 1, 2007, will NOT be required to be collected or submitted to the National Program of Central Registries (NPCR) or the Michigan Cancer Surveillance Program (MCSP).

- Ambiguous Terminology (NAACCR Item #442)
- Date of Conclusive Terminology (NAACCR Item # 446)
- Date of Multiple Tumors (NAACCR Item #445)
- Type of Multiple Tumors Reported as One Primary (NAACCR Item # 444)
- Multiplicity Counter (NAACCR Item #446)

NOTE: These data items are required to be collected and submitted by SEER (Surveillance, Epidemiology and End Results Program) programs.

SEER*Rx – Interactive Antineoplastic Drugs Database ~

The SEER*RX was updated on September 11, 2006. A total of 25 new drugs and 5 new regimens were added in the latest release. In addition, approximately 100 drugs were updated with new brand names, new indications, and/or new FDA approvals. This program, which is free, can be downloaded from the SEER web site at www.seer.cancer.gov/tools/seerrx.

New Products from NCRA ~

Three new products are currently available from the National Cancer Registrars Association (NCRA). For more information on these products, visit the NCRA store at www.ncra-usa.org/store/index.htm.

Frontline Workers in Cancer Data Management: Workforce Analysis Study of the Cancer Registry Field – Information in this study will help Medical Facility Administrators, Central Registry Directors and Managers of Cancer Registrars to gain insightful knowledge for recruitment approaches and retention considerations. The information will also help you position your program and facility to understand what it will take to keep your Cancer Registry professionals and how to strategically position yourself to recruit new Cancer Registry professionals. The member price is \$65.00 and the non-member price is \$100.00.

Fundamental of Abstracting for New Cancer Registrars Training CD – If you missed the Fundamentals of Abstracting Workshop that was held in Washington, DC in May of 2006, don't worry, you can purchase the workshop through a multimedia presentation. The workshop sessions were digitally recorded on a two CD-set, which features video and audio features that you can view and listen to a presenter and see the corresponding slide or PowerPoint visual all at the same time! The sessions includes in-depth discussions on: Casefinding; Abstracting Principles; Follow-Up Principles; FORDS; ICD-O-3 Coding; SEER Summary Staging 2000; AJCC TNM Staging; Collaborative Staging; Treatment Principles; Text, EDITS, and Data Quality. As a bonus feature, the CD set also includes a downloadable PDF version of the Workshop's PowerPoint slides. The CD is \$200 for member and \$250.00 for non-member.

Bringing home the NCRA 2006 Conference on CD-ROM for Staff and Co-Workers - Sessions from NCRA's Annual Conference held in Washington, DC, on May 5-8, 2006 have been recorded on a double CD set. The CD uses a system of digitally captured video and audio; so you can view and listen to a session, see the corresponding slide or PowerPoint visual concurrently! Continuing Education hours are also made available to you on the 2-CD set by submitting the CE form plus a processing fee of \$25.00 per CE hour to the NCRA Executive Office. The cost of this two set CD is \$75.00 for member and \$90.00 for non-member.

Certified Tumor Registrars Exam ~

A new exam content outline and weighting will be implemented for the 2007 - certification exams. For more details, go to www.ctrexam.org/pdfs/ContentOutline07.pdf.

The *Central Cancer Registries: Design, Management and Use* is a study resource for the 2007 CTR exams that can be downloaded at www.ctrexam.org/resources.

Hospital Registrars and Cancer Reporter Webinars ~

The MCSP has paid the subscription fee to host the webinar series that will be presented by the North American Association of Central Cancer Registries (NAACCR) for cancer data collectors. Each webinar will address cancer data collection for a specific site. Didactic exercises will be completed and answered with the rationale presented, along with a question and answer session. Continuing education (CE) hours will be provided. The schedule for the webinars is as follows:

<u>Date</u>	<u>Title</u>
December 14, 2006	Abstracting Central Nervous System Tumor Incidence and Treatment Data
January 11, 2007	Abstracting Urinary System Cancer Incidence and Treatment Data
February 8, 2007	Abstracting Lymphoma Cancer Incidence and Treatment Data
March 8, 2007	Abstracting Colon and Rectum Cancer Incidence and Treatment Data
May 10, 2007	Abstracting Prostate Cancer Incidence and Treatment Data
June 14, 2007	Abstracting Lung Cancer Incidence and Treatment Data
September 13, 2007	Abstracting Breast Cancer Incidence and Treatment Data

If you are interested in holding one of the sessions at your facility and/or would like to attend the webinars, please contact Carmen Starkweather at 517.335.7485 or starkweatherc@michigan.gov.

NAACCR Central Registry Webinars ~

The Michigan Cancer Surveillance Program (MCSP) has also subscribed to the NAACCR Central Registry Webinars. These webinars will address site-specific cancer surveillance data collection by the central cancer registry, as well as, other registry operations and data usage topics. Didactic exercises will be completed and answered during each session, with time allotted for questions and answers. Continuing Education (CE) hours will also be available. The schedule for the NAACCR Central Registry Webinars is as follows:

<u>Date</u>	<u>Title</u>
October 19, 2006	Head and Neck Cancer Surveillance Data Collection
November 16, 2006	Central Nervous System Tumor Data Collection
December 21, 2006	EDITS: How to Use the EditWriter; How to Use the New GenEdits Plus; How to Create State-Specific Edit Sets
January 18, 2007	Female Reproductive System Cancer Surveillance Data Collection
February 15, 2007	Urinary System Cancer Surveillance Data Collection
March 15, 2007	Understanding the NAACCR Method to Estimate Completeness
April 19, 2007	The 2007 Multiple Primary and Histology Coding Rules
May 17, 2007	Lymphoma Cancer Surveillance Data Collection
June 21, 2007	GIS Applications: Great Circle Distance Calculations; Cartography and Mapping Registry Data
July 19, 2007	Prostate Cancer Surveillance Data Collection
August 16, 2007	Breast Cancer Surveillance Data Collection
September 20, 2007	Statistical Techniques Used to Analyze Surveillance Data: Trend Analysis

We are currently looking for locations for the March, April, July and September sessions. Please contact Claudia Hardin at 517.335.9967 or hardinc@michigan.gov if you are interested in letting us host one of sessions at your facility and/or would like to attend the sessions.

2007 Multiple Primary and Histology Coding Rules ~

The 2007 Multiple Primary and Histology Coding Rules will be effective for cases diagnosed January 1, 2007 and after. The files on the SEER web site at www.cancer.gov/tools/mphrules **are currently under revision and are NOT the final version.**

The MCSP staff is currently in the process of planning a workshop on the 2007 Multiple Primary and Histology Coding Rules in early 2007. Once provisions for the workshop have been finalized, a registration brochure will be forwarded to those on the MCSP mailing list.

Information about the 2007 Histology Coding Rules

Note: Do NOT use these rules to determine case reportability.

1. The 2007 Multiple primary rules **replace all previous** multiple primary **rules**.
2. The rules are **effective** for cases **diagnosed January 1, 2007** and after. Do NOT use these rules to abstract cases diagnosed prior to January 1, 2007.
3. The histology coding rules are available in **three formats**: flowchart, text and matrix. The **rules are identical**, only the formats differ. Use the set of rules in the format that is easiest for you to follow.
4. **Notes** and **examples** are included with some of the rules to **highlight key points** or to add **clarity** to the rules.
5. Rules are in **hierarchical** order within each section (Single Tumor and Multiple Tumors Abstracted as a Single Primary).

How to Use the Rules

1. Read the **General Instructions**.
2. Read the **site-specific Equivalent Terms and Definitions**.
3. Use these rules to make a decision on coding the histology for all reportable solid malignant tumors.
4. Use the multiple primary rules to determine whether the patient has a single or multiple primaries before coding the histology.
5. Code the histology for **each** primary in a **separate abstract**.
6. Use the **site-specific rules** for the following primary sites:
 - Brain, malignant (intracranial and CNS)
 - Breast
 - Colon
 - Head and Neck
 - Kidney
 - Lung
 - Malignant melanoma of the skin
 - Renal pelvis, ureter, bladder and other urinary

7. Use the **Other Sites rules** for all solid malignant tumors that occur in primary sites **not included** in the site-specific rules.
8. Determine whether the patient has a single tumor or multiple tumors that will be abstracted as a single primary.
 - a. Do NOT count metastatic tumors
 - b. When the tumor is described as multifocal or multicentric, use the Multiple Tumors module
 - c. When there is a tumor or tumors with separate foci of tumor do NOT count the foci
 - d. Only count the tumors that will be used to prepare that abstract. For example, when there are two tumors that will be abstracted as multiple primaries, you would use the Single Tumor modules to determine the histology code for each of the abstracts.
9. **Each** section (Single Tumor and Multiple Tumors Abstracted as a Single Primary) is an independent, **complete set of coding rules**. For example, if the patient has multiple tumors, that will be abstracted as a single primary start with the first rules under the heading Multiple Tumors Abstracted as a Single Primary. Do NOT use any of the rules under the header Single Tumor.
10. Use the first rule that applies and **STOP!**

Priority Order for Using Documents to Code Histology

Medical records frequently include multiple pathology reports and references to histologic diagnosis. Use the following instructions to identify which reports best represent the histology to be coded.

1. Pathology report:
 - a. From the **most representative** tumor specimen examined
 - a. From the **final diagnosis**

Note 1: Use information from **addenda** and **comments** associated with the final diagnosis to code the histology.

Note 2: A **revised/amended diagnosis** replaces the original final diagnosis. Code the histology from the revised/amended diagnosis.

Note 3: The new rules **limit** the information **to the final diagnosis**. The old rules allowed coding from information in the microscopic description. You will only use information from the microscopic portion of the pathology report when instructed to do so in one of the site-specific rules.
2. Cytology report.
3. When you do not have either a pathology report or cytology report:
 - a. Documentation in the medical record that references pathology or cytology findings
 - b. From mention of type of cancer (histology) in the medical record

Ambiguous Terms Used to Code Histology

When any of the ambiguous terms are used to describe a more specific histology, code the more specific histology.

Ambiguous terms that are characteristic (used to code histology)

Apparent (ly)
Appears
Comparable with
Compatible with
Consistent with
Favor (s)
Most likely
Presumed
Probable
Suspect (ed)
Suspicious (for)
Typical (of)

Example: Non-small cell carcinoma, most likely adenocarcinoma, Code adenocarcinoma.

EQUIVALENT OR EQUAL TERMS

Multicentric, multifocal
Tumor, mass, lesion, neoplasm

DEFINITIONS

Note: Use these terms and definitions for all reportable cases except lymphoma and leukemia primaries (M9590-9989).

Bilateral: Relating to the right **and** left sides of the body or of a body structure; bilaterality is **not** an indication of single or multiple primaries.

Clinical Diagnosis: A diagnosis that is not microscopically confirmed. It may be based on information from diagnostic imaging or the clinician's expertise.

Contiguous tumor: A single tumor that involves, invades, or bridges adjacent or connecting sites or subsites.

Focal: An adjective meaning limited to one specific area. A focal cancer is limited to one specific area or organ. The area may be microscopic **or** macroscopic.

Foci: Pleural of focus.

Focus: A term used by pathologists to describe a group of cells that can be **seen only by a microscope**. The cells are noticeably different from the surrounding tissue either by their appearance, chemical stain, or other testing.

Laterality: Indication of which side of a **paired organ/site** a tumor is located. (See Paired organ/site.)

Most representative specimen: The pathologic specimen from the surgical procedure that removed the most **tumor** tissue.

Multiple primaries: More than one reportable case.

Overlapping lesion: The involved sites are adjacent (next to each other) and the tumor is contiguous.

Paired organ/site: There are two sides, one on the left side of the body and one on the right side of the body. (See laterality)

Recurrence: This term has two meanings:

1. The reappearance of disease that was thought to be cured or inactive (in remission). The recurrent cancer starts from cancer cells that were not removed or destroyed by the original therapy.
2. A new occurrence of cancer arising from cells that have nothing to do with the earlier (first) cancer. A new or another occurrence, incidence, episode, or report of the same disease (cancer) in a general sense – a new occurrence of cancer.

Single primary: One reportable case.

Unilateral: Relating to one side of the body or one side of a body structure.

DETERMINING MULTIPLE PRIMARIES FOR SOLID MALIGNANT TUMORS

Note: The rules do not apply to hematopoietic primaries (lymphoma and leukemia) of any site or to the reportable benign or borderline intracranial or CNS tumors.

A. General Information

1. Use these rules to determine the number of reportable primaries. Do **not** use these rules to determine case reportability, stage, or grade.
2. The 2007 multiple primary and histology coding rules **replace all previous** multiple primary and histology coding **rules**.
3. The rules are **effective** for cases **diagnosed January 1, 2007** and after. Do not use these rules to abstract cases diagnosed prior to January 1, 2007.
4. Read the **General Instructions** and the **site-specific Equivalent Terms and Definitions** before using the multiple primary rules.
5. The multiple primary and histology coding rules are available in **three formats**: flowchart, text, and matrix. The **rules are identical**, only the formats differ. Use the rules in the format that is easiest for you to follow.
6. **Notes** and **examples** are included with some of the rules to **highlight key points** or to add **clarity** to the rules.

7. **Do not use** a physician’s statement to decide whether the patient has a recurrence of a previous cancer or a new primary. Use the multiple primary rules as written **unless** a **pathologist compares** the present tumor to the “original” tumor and states that this tumor is a recurrence of cancer from the previous primary.
8. Use the Determining Multiple Primaries: Hematopoietic Primaries (Lymphoma and Leukemia) rules and table “Definitions of Single and Subsequent Primaries for Hematologic Malignancies” to determine single versus multiple primaries for lymphoma and leukemia cases.

B. How to Use the Multiple Primary Rules

1. Use the **Multiple Primary** rules to **make a decision on the number of primary malignancies** to be abstracted for reportable solid malignant tumors.
2. Use the **site-specific rules** for the following primary sites:
 - Brain, malignant (intracranial and CNS)
 - Breast
 - Colon
 - Head and neck
 - Kidney
 - Lung
 - Malignant melanoma of the skin
 - Renal pelvis, ureter, bladder, and other urinary
3. Use the **Other Sites rules** for solid malignant tumors that occur in primary sites not covered by the site-specific rules.
4. Each module (Unknown if Single or Multiple Tumors, Single Tumor, Multiple Tumors) is an independent, complete set of coding rules. To determine which set of primary site rules to use:
 - a. When there is no tumor in the primary site, only metastatic lesions are present:
 - I. Use the primary site documented by a physician and use the multiple primary and histology coding rules for that primary site.
 - II. If no primary site is documented, code the primary site as unknown and use the general multiple primary and histology coding rules. Use the “Unknown if Single or Multiple Tumors” module to determine multiple primaries and the “Single Tumor” module for coding histology.
 - b. To choose the appropriate module (Unknown if Single or Multiple Tumors: Single Tumor, Multiple Tumors),
 - I. Use the multiple primary and histology coding rules for the primary site
 - II. Determine the number of tumors
 - i. Do not count metastatic lesions
 - ii. When the tumor is only described as multicentric or multifocal, use the “Unknown if Single or Multiple Tumors” module
 - iii. When there is a tumor or tumors with separate microscopic foci, ignore the separate microscopic foci and use the “Single Tumor” or “Multiple Tumor” modules as appropriate
 - iv. When the patient has a single tumor, use the “Single Tumor” module
 - v. If there are multiple tumors, use the “Multiple Tumor” module

- III. See the Equivalent Terms and Definitions for Head and Neck for guidance in coding the primary site.
- IV. Use the primary site documented by the physician on the medical record.
5. If a **single primary**, prepare **one abstract**.
6. If there are **multiple primaries**, prepare **two or more abstracts**.
7. Rules are in hierarchical order within each module (Unknown if Single or Multiple Tumors, Single Tumor, and Multiple Tumors). Use the first rule that applies and **STOP!**

Educational Opportunities ~

NCRA Online Education Center

If you're looking for CE opportunities to maintain your CTR credentials, the National Cancer Registrars Association Online Education Center provides Case Scenarios activities. The case scenarios are self-guided in which participants are presented with a mock medical record that includes demographical information, evaluation and treatment options. Each case scenario is followed by a set of assessment questions to test the participant's knowledge of abstracting. Topics include: Breast, Colon, Corpus Uteri, Head & Neck, Lung, Lymphoma, Melanoma, Ovary, Prostate and Thyroid. One case scenario is worth one CE credit hour and a limit of five CE hours will be awarded to a CTR during any two-year Continuing Education Cycle. The member price per case scenario is \$25.00; non-member price per case is \$35.00. For more information, visit the NCRA Online Education Center at www.creducationcenter.org.

Principles and Practice of Cancer Registration, Surveillance, and Control

This is an intense and comprehensive training program taught by a staff of recognized experts in cancer registration, surveillance, and control. This 5-day course is suitable for oncology program (hospital-based and central registry-based) employees with minimal knowledge of cancer, anatomy, physiology, and medical terminology. For more information, go to www.sph.emory.edu/GCCS/training/practice/index.html.

October 16-20, 2006 – Atlanta, Georgia

Advanced Cancer Registry Training

This intensive and comprehensive training program, which is taught by a staff of recognized experts in cancer registration, surveillance, and control is suitable for oncology program employees with existing knowledge of cancer, anatomy, physiology, and medical terminology who are specifically interested in learning about uses of the data. Topics included are advanced abstracting, descriptive epidemiology, analytic epidemiology, survival analysis, administrative/clinical uses of registry data, data presentation, advanced data editing and data analysis. For more information, go to www.sph.emory.edu/GCCS/training/practice/index_adv.html.

November 29 – December 1, 2006 – Atlanta, Georgia

Survey Savvy Workshop

December 4-5, 2006, at the InterContinental Hotel in Chicago, IL. Objective: understanding *Cancer Program Standards 2004*, making the most of the web-based survey application, hints for illustrating your cancer program's strengths during the on-site visit and much more. Registration deadline is Friday, November 10, 2006. For further information visit www.facs.org/cancer/index.html.

Principles of Oncology for Cancer Registry Professionals

Principles of Oncology is an intense 5-day training program in cancer registry operations and procedures. The program is suitable for cancer program employees with less than one year of experience but with minimal knowledge of cancer anatomy, and medical terminology, as well as, registrars preparing for the certification examination. This program provides instruction on basic registry concepts, such as abstracting, staging (Collaborative Staging, Summary Staging and TNM), ICD-O coding, along with how to use other resources available to registrars. For complete information about the curriculum, registration and travel information, please visit www.afritz.org/courses.htm.

December 4-8, 2006 - Reno, Nevada

What would you like to see in the *Update*? ~

If there is a topic you would like to see in the *Update* please contact the MCSP staff with your suggestion. We will certainly research the topic and include it, if possible, in the next issue. Your input is important to us, so don't be shy.

MCSP Staff ~

If you have any questions regarding cancer reporting or would like more information about in-services, please feel free to give one of us a call. In addition, if you are unable to download any of the materials listed throughout the *Update*, do not hesitate to contact us; we would be more than happy to send you copies.

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