

2014 Indiana State Cancer Registry Education News

Save the Dates: March 10, 2014 Coding Workshop
June 2, 2014 CTR Prep Workshop
August 4, 2014 Coding Workshop

All workshops will be held in Rice Auditorium at the State Department of Health. Announcements will be sent out prior to each. Laura Ruppert, the Indiana State Cancer Registry (ISCR) director, is still working with the State IT department about possible conference call or Webinar capability for these workshops.

Grade

The standard setters have collaborated to consolidate and clarify the coding rules for grade (NAACCR item #440, Grade, Differentiation or Cell Indicator) for cases diagnosed January 1, 2014 and forward. The rules were drafted by the members of the CoC-SEER-NPCR Technical Working Group that includes Margaret Adamo (NCI-SEER), Mary Lewis (CDC-NPCR), Jerri Linn Phillips (CoC), Joan Phillips (CDC-NPCR), Lynn Ries (NCI contractor), Jennifer Ruhl (NCI-SEER), and Shannon Vann (NAACCR).

The “Instructions for Coding Grade for 2014+” can be found in the PDF attachment to the e-mail or at the following link: <http://seer.cancer.gov/tools/grade/>. Please save a copy of these instructions as your reference for accurately coding grade for cases diagnosed 2014 and forward.

Please note that, while the 2013 FORDS stated that grade should be coded to “9” for cases that had grade coded in another field (such as in the Collaborative Stage Site-Specific Factors), the Indiana State Cancer Registry has always required grade be coded/converted to a specific code based on the values in the related fields.

The “Instructions for Coding Grade for 2014+” include the following important information:

- Grade definitions and valid codes.
- Link to the Hematopoietic and Lymphoid Neoplasm Database (Heme DB) and Coding Manual for coding grade for those diagnoses.
- Detailed rules and explanations for grade assignment for solid tumors.
- Grade codes to use for two, three and four grade systems.
- Tables of grade codes for special grade systems, including breast, kidney, prostate and sarcomas. (A notable change in coding rules involves the 2014 prostate grade conversion table for Gleason score. Please be sure to review the prostate section of the rules.)

SEER*Rx – Interactive Antineoplastic Drug Database

This database is updated when new drugs are approved or there is a change in the way they are coded. The most recent update was August 6, 2013. There is a “Summary of Changes” on the SEER Web site. This database can be downloaded or used on-line. If using the database as a download be sure to check the Web site to be sure a newer version hasn’t been published. To view and/or download the SEER*Rx – Interactive Antineoplastic Drugs Database, go to the SEER Web site at <http://www.seer.cancer.gov/tools/seerrx/>

Hematopoietic and Lymphoid Neoplasm Database (Heme DB) and Coding Manual

To view and/or download the Hematopoietic Database Software Version 2.3, go to the SEER Web site at <http://www.seer.cancer.gov/tools/heme/>. The latest version was updated January 17, 2014. The Heme DB coding manual is the reference source for the hematopoietic and lymphoid neoplasms (9590/3-9992/3) diagnosed January 1, 2010 and forward. The Heme DB should be used as a screening tool to assist in determining reportability. The Coding Manual should be used for reportability instructions and rules for determining the number of primaries, primary site, histology and cell lineage or phenotype. The 2014 Heme DB release consolidates all the information from the 2010 and 2012 versions. The option to switch between the 2010 to 2012 databases is no longer available. The user now must select the diagnoses year to be shown the information applicable for that year. If

you wish to have a copy of the 2010 or 2012 manual, either save the PDF copy to your computer or print it, as these manuals are no longer on the Web site. (This option is possible only if you have 2012 DB downloaded.) Registrars are not required to recode old cases based on the changes in the 2014 version. There is also a summary list of the changes on the Web site. As with SEER*Rx, this DB can be downloaded or used on-line. It is important to check with the Web site periodically to know when it has been updated.

NCDB Submissions

NCDB submissions are due January 31, 2014. Submission details are available at: <http://www.facs.org/cancer/ncdb/registrars.html>. The NCDB submission is not an Indiana State Cancer Registry requirement.

Edits

For cases where CS Mets is coded to "98," code the individual mets fields (lung, bone, brain and liver) each to "8." This would apply to the hematopoietics and the unknown or ill-defined sites. (Reference: *Collaborative Stage Data Collection System Coding Instructions, Part 1-Section 1: General Instructions*, pages 63-70.)

For some ENT sites where LN positive/LN examined are coded to 95/95 (a positive biopsy), code CS SSF 9 to "998" (no histopathologic examination of regional LN's). SSF9 code "050" (regional LN's involved pathologically, unknown if extracapsular extension) will result in an edit.

Coding Tips

1. Is a cavernoma in the brain reportable?
Yes, per SEER, cavernoma is a benign brain tumor. It is coded to the brain site of origin. The behavior is /0 and the grade is "9." Question #20081113
2. Are any of the following conditions reportable: Hemangioma, NOS (9120/0); cavernous hemangioma (9121/0); venous hemangioma (9122/0)?
 - Hemangioma and cavernous hemangioma are reportable when they arise in the dura or parenchyma of the CNS.
 - Venous hemangioma is not reportable. Venous angioma is not reportable.
3. Rituxan: Beginning with January 1, 2013 diagnoses, code Rituxan as BRM. Continue to code cases diagnosed prior to 01/01/2013 as chemotherapy.
4. Herceptin: Beginning with January 1, 2013 diagnoses, code Herceptin as BRM. Continue to code cases diagnosed prior to 01/01/2013 as chemotherapy.
5. Perjeta (Pertuzamab): Code Perjeta as BRM. It is used for Her2 positive metastatic breast cancer.
6. Lupron, a hormone used for prostate cancer, is also used for certain breast cancers and is to be coded as hormone.
7. Small Lymphocytic Lymphoma (SLL): Beginning with January 1, 2012 diagnoses, code 9670/3 is obsolete. It is felt that SLL is the same disease as Chronic Lymphocytic Leukemia (CLL). Assign code 9670/3 only for cases diagnosed prior to 01/01/2012. For cases diagnosed January 1, 2012 and forward, code SLL to 9823/3.
8. Melanoma (skin C44.0-C44.): Regressing melanoma (8723/3) is a histologic type. It should only be coded if noted as such on the pathology report. Regression, which is coded in CS SSF 8, is not the same thing. Regression is found on the path report in relation to the radial growth phase.
9. Intestinal type adenocarcinoma is a histology that usually occurs in the stomach. If this histology

is diagnosed in a colon site, see MP/H rule H3 and code to adenocarcinoma, NOS (8140/3).

10. Meningiomas arise in the meninges. For benign CNS tumors, code meningiomas to C70.__, not C71.__. If diagnosed in an intracranial site, assign code C70.0, not C70.9.
11. Code papillary serous carcinoma of the ovary or endometrium to 8460/3. Do not assign the “mixed” code 8323/3. The wording is important. Papillary serous carcinoma is not the same as papillary **and** serous carcinoma, which is coded to the “mixed” code 8323/3 when diagnosed in a gynecologic site.
12. Code micropapillary carcinoma of the thyroid to 8260/3, not 8341/3. “Micro” indicates an amount not the histology.
13. Code pituitary adenoma to 8272/0, not 8140/0.
14. Code 5-FU and Leucovorin as single agent chemotherapy (code 02). Leucovorin is an ancillary agent and not coded.
15. Lymphovascular Invasion (LVI):
 - Assign LVI code 0 for all in-situ cases.
 - Assign LVI code 9 for all unknown primaries.
 - Assign LVI code 8 for all lymphoma/hematopoietic diagnoses.
16. It is important to open your manuals and look up codes. Software look-ups do not always give enough information for the best code to be assigned.
17. As always, it is so important to document TEXT. The text in the abstract should validate the codes chosen.

2014 CTR Exam Dates

March 8-29: Application deadline is January 31.

June 21-July 12: Application deadline is May 2.

October 18-November 8: Application deadline is September 19.

The 2014 CTR Exam Handbook and Application can be found at:

<http://www.ncra-usa.org/files/public/CTRExamHandbook2014.pdf>