

Journey into the Unknown

by John Young

One of the ways in which every hospital and central cancer registry is evaluated is by the percentage of “unknowns” contained within their databases - be it unknown dates, addresses, primary site, or stage.

Both the Metropolitan Atlanta SEER Registry and the Georgia State Registry have been found lacking in the quality evaluation of their data because of the high percentage of cases with unknown stage. In fact, the Metropolitan Atlanta SEER Registry had the highest percentage of unknown Summary Stage (and “Extension” in SEER Extent of Disease) of any of the 11 SEER Registries. Both the North American Association of Central Cancer Registries (NAACCR) and the National Program of Cancer Registries (NPCR) have pointed out the high percentage of unknown stage in data for the State of Georgia.

How bad is the problem? Overall, over 15% of the cases (excluding those with primary site unknown) have been reported to the Georgia Comprehensive Cancer Registry with stage unknown. There is considerable difference by primary site, but for the four most common sites, the percentages are as follows:

- Prostate 15.2%
- Lung 13.7
- Colorectal 7.2
- Breast 6.9

So what is the problem - why so many cases reported with unknown stage, and why is the problem more acute in Georgia than in other areas? Part of the problem undoubtedly arises because much of a patient’s work up is done prior to admission, and relevant information from bone scans, liver scans, chest x-rays, etc. is not documented in the patient’s medical record.

Many registrars are reluctant to “assume” that no mention of extension or metastasis means “no involvement.” Therefore, rather than assuming that no mention of bone metastasis can be interpreted as no bone involvement, the registrar will report the case as stage unknown resulting in the high percentages of unknown stage currently in the data base.

However, the guideline from the standard-setting agencies for Stage - the American College of Surgeons Commission on Cancer and the National Cancer Institute - has always been: “Code what you know.” Therefore, if you do not know that distant

sites were involved, but you do know that regional sites and/or lymph nodes were involved, stage the cases as regional by direct extension and/or lymph nodes, as appropriate.

Similarly, if you do know the case is not in situ, but you do not know that regional or distant sites and/or nodes were involved, the case should be staged as localized.

By following the rule of “Code what you know,” the percentage of cases with unknown stage can be reduced, and data for the State of Georgia will be more similar to that of other states.

Efforts are underway at the central registry to review cases with unknown stage to determine whether an appropriate stage can be assigned based on text documentation. Unfortunately, prior to 2001, text documentation submitted to the central registry was minimal.

Therefore, many hospital registrars will be called on to assist in helping to reduce these unacceptably high percentages of unknown stage both past and future. Thank you for your cooperation and understanding in this area.

Internet Resources for Cancer Registrars

The World Wide Web has become an important source of information around the globe. Cancer registration is no exception to this trend.

There are many resources available for cancer registrars on the internet. It has become the best way to get the latest information from the cancer standard setting agencies.

The following is a list of web sites where you can download coding errata, additions, clarifications, and training:

- www.seer.cancer.gov
- www.facs.org/dept/cancer

Information specific to cancer in the State of Georgia may be found at these web sites:

- health.state.ga.us/programs/cancer/
- www.sph.emory.edu/GCCS/

You can also find cancer data and special reports on the following web sites:

- www.cancer.org
- www.naacr.org
- www.seer.cancer.gov
- www.ncra-usa.org

Special Bulletins

SEER Summary Stage 2000 manuals have been mailed to every electronic reporter in Georgia. If you have not received your copy, please call Rana Bayakly at (404) 657-1943.

GCCR is adopting the ROADS rule that laterality must be coded “0” when the primary site is unknown (ROADS page 105). Please update your SEER Program Code Manual pages 48 and 93 and your

SEER EOD Manual page 186 to reflect this rule.

ICD-O-3 errata are out. Be on the lookout for more information soon. Please update your manuals as soon as possible.

FAQ's

Q: Why do you need address at diagnosis?

A: Address at diagnosis is very important not only to the central registry but also to the hospital-based registries. It describes the patient population and is used to calculate incidence and assess risk. When a registrar is entering a case that was diagnosed and treated elsewhere, the address at diagnosis should reflect as much accurate information as possible.

For example: A patient comes to Hospital A from another state to be with family members during treatment. It is important to report the "address at dx" as the state where the patient resides and not the state where the relatives live.

If the address at diagnosis is unknown, then "unknown" should be recorded in the appropriate fields. There are also special rules to apply for persons without an apparent address. Please refer to page 54 of the ROADS manual.

Q: What is the code for surgery of primary site for an unknown primary (C80.9)?

A: The correct code for surgery of primary site for an unknown primary is "00 – none, no cancer directed surgery of primary site". For example: Patient with an unknown primary undergoes resection of solitary brain metastasis. Surgery of primary site would be "00", and surgery of other regional/distant sites would be "1".

Q: What is the proper code for surgery of primary site for a malignant lymphoma primary that only undergoes a lymph node biopsy?

A: The correct code for surgery of primary site for only a lymph node biopsy for a lymphoma primary would be: "10" as long as the surgery was not an excision of the full chain of lymph nodes. Please refer to page *D-lxxi* of the ROADS manual.

Mark Your Calendars...

GATRA/SCCRA 2001 Fall Educational Conference

"Pathways to the Future"
November 14-16, 2001
Radisson Riverfront Hotel
Augusta, Georgia

GCCR Regional Casefinding Trainings

Photocopying Hospitals Only
October 3, 2001 – VA Medical Center in Dublin, GA
October 5, 2001 – Chestatee Regional Hospital in Dahlonega, GA
October 25, 2001 – Dougherty County Health Dept in Albany, GA

The GCCR Winter Conference will be held in February 2002. More details will be coming soon.

Georgia Comprehensive Cancer Registry
Georgia Department of Human Resources
2 Peachtree St NW 14th Floor
Atlanta, GA 30303-3142

Star

The following electronic reporters have submitted on time and without rejection every month from March through August 2001:

- Athens Regional Medical Center
- Tanner Health System

The following photocopy reporters have submitted on time every month from March through August 2001:

- Appling Health Care System
- Evans Memorial Hospital
- Monroe County Hospital
- Augusta State Medical Prison
- Flint River Community Hospital
- Newton General Hospital
- Brooks County Hospital
- Grady General Hospital
- Putnam General Hospital
- Calhoun Memorial Hospital
- Jefferson County Hospital
- Washington County Regional Med Ctr
- Clinch Memorial Hospital
- McDuffie Regional Medical Center
- Wills Memorial Hospital
- Early Memorial Hospital
- Mitchell County Hospital

Great job! Keep up the good work!

Beginning with the Winter 2002 newsletter, completeness will be added to the criteria for star reporters.

Hospitals must submit at least 90 percent of expected cases on time and without rejection each month.

Thank You Note from the Georgia Comprehensive Cancer Registry

GCCR thanks the following hospitals for submitting cancer data at least two months out of three (June, July, and August 2001).

Hospitals Reported Three Months Out of Three		
Appling Health Care System	Gwinnett Medical Center	Redmond Regional Med Ctr
Athens Regional Med Ctr	Hart County Hospital	Rockdale Hospital
Atlanta Medical Center	Henry Medical Center	Screven County Hospital
Augusta State Medical Prison	Higgins General Hospital	SE Georgia Regional Med Ctr
Bacon County Health Services	Houston Medical Center	Southwest Hospital & Med Ctr
Baptist Medical Ctr	Hutcheson Medical Ctr	Spalding Regional Hospital
Brooks County Hospital	Jefferson County Hospital	St Francis Hospital
Calhoun Memorial Hospital	John D. Archbold Memorial Hosp	St Joseph's Hosp – Atlanta
Candler Hospital – Savannah	Macon Northside Hospital	St Joseph's Candler Health Sys
Central State Hospital	McDuffie Regional Med Ctr	Sumter Regional Hospital
Charlton Memorial Hospital	Meadows Regional Med Ctr	Tanner Med Ctr-Carrollton
Chatuge Regional Hospital	Medical Center of Central GA	Tanner Med Ctr-Villa Rica
Children's Healthcare of Atl at Egleston	Memorial Health Univ Med Ctr	Tift General Hospital
Clinch Memorial Hospital	Memorial Hospital and Manor	Union General Hospital
Coliseum Medical Center	Middle Georgia Hospital	University Hospital
Colquitt Regional Med Ctr	Miller County Hospital	VA Medical Center – Dublin
DeKalb Medical Center	Mitchell County Hospital	Walton Medical Ctr
Early Memorial Hospital	Monroe County Hospital	Washington County Reg Med Ctr
East Georgia Regional Med Ctr	NE Georgia Medical Center	Wellstar Cobb Hospital
Emory Cartersville Med Ctr	Newton General Hospital	Wellstar Douglas Hospital
Emory Dunwoody Med Ctr	North Georgia Med Ctr	Wellstar Kennestone Hospital
Evans Memorial Hospital	Perry Hospital	Wellstar Paulding Hospital
Flint River Community Hosp	Phoebe Putney Memorial Hosp	Wellstar Windy Hill Hospital
Floyd Medical Center	Piedmont Hospital	Wills Memorial Hospital
Grady General Hospital	Putnam General Hospital	
Hospitals Reported Two Months Out of Three		
Camden Medical Center	Jeff Davis Hospital	Smith Hospital
Candler County Hospital	Jenkins County Hospital	South Fulton Med Ctr
Children's Healthcare of Atl at Scottish Rite	Medical College of Georgia	South Georgia Medical Center
Doctor's Hospital Augusta	Memorial Hospital of Adel	Southern Regional Med Ctr
Doctor's Hospital Columbus	Minnie G Boswell Mem Hosp	St Mary's Healthcare System
Dodge County Hospital	Morgan Memorial Hospital	Stephens County Hospital
Dorminy Med Ctr	Murray Medical Ctr	Stewart Webster Hospital
Emanuel Medical Ctr	Newnan Hospital	Tattnall Memorial Hospital
Emory Adventist Hospital	North Fulton Regional Hospital	Taylor Regional Hospital
Fairview Park Hospital	Northside Hospital	The Medical Center
Fayette Community Hospital	Oconee Regional Med Ctr	VA Medical Center – Atlanta
Gordon Hospital	Palmyra Medical Center	Vencor Hospital
Habersham County Med Ctr	Peach Regional Med Ctr	West Georgia Health System
Hamilton Medical Center	Peachtree Regional Hospital	Wheeler County Hospital
Irwin County Hospital	Polk Medical Center	