GCCR Register

Georgia Comprehensive Cancer Registry

Summer 2007

Multiple Primary and Histology 2007 Rules Frequently Asked Questions

1. How do we inform pathologists that we will be coding from the final diagnosis?

Answer: Pathologists involved in the development of the rules were surprised that registrars have been incorrectly using the details described in the microscopic for coding and support the use of coding from the final diagnosis. The micro describes everything the pathologist sees (pieces of the puzzle) and not the overall impression of the tumor. When the pathologist dictates the final diagnosis they are describing their overall interpretation and using their expertise to make the diagnosis.

2. How will physician TNM stage recurrence if rule states new primary? How are physicians going to be educated about multiple primary rules? Concern about reporting recurrence and completion of staging from for recurrence versus new primary.

Answer: The rules will actually be more closely aligned with how physicians view new primary versus recurrence than in the past. The AJCC disease-specific site teams and specialty physicians were active in creating and approving the timing restrictions outlined in the new rules. Furthermore, based on the expected outcome from the statistical review of the new rules, we do not expect this to be an issue of any significance.

3. What is the expected effect on counting of incidence cases?

Answer: The MP/H Rules development team worked closely with epidemiologists and statisticians from NIH, Emory University, and NCI who carefully reviewed and compared outcomes from using the old rules versus new rules side-by-side and one rule at a time. We found nothing to indicate that we might expect a significant change in case counts or incidence rates. Most changes were measured in 100ths of one percent change. The technical documents describing the statistical review highlight differences and will be posted and made available for people who are interested in learning more about these details.

4. How much of a difference is this going to make for our case-finding load?

Answer: The rules are for determining multiple primaries and histology only. Do not apply the rules for case-finding. There should not be any significant difference in the number of cases you are reporting.

5. Are we supposed to code from charts and not the ICD-O-3 book? Is the chart all inclusive?

Answer: The ICD-O-3 editors created the charts. You can use the charts to code histology. The charts are not all inclusive. If the module tells you to use the chart, use it. If the histology is not on the charts, use the ICDO-3 book.

6. Are the 2007 MP/H Rules for 2007 cases only? What about old cases with residual or metastatic disease who come to my facility after January 1, 2007?

Answer: Use the new rules for cases diagnosed January 1, 2007 and after. Use the old rules for tumors diagnosed before January 1, 2007.

7. Will we need to record the rule number when abstracting?

Answer: No, it's not required. However, as a means of documenting how an abstractor arrived at a decision, and as a means of quality control, it would be helpful to document it in the text.

8. When will the new MP/H Rules Manual be available?

Answer: The 2007 Multiple Primary and Histology Coding Rules Manual is already available on the SEER website (http://seer.cancer.gov/tools/mphrules). The MP/H manual is available only in electronic format and will not be published in hardcopy. The manual will be incorporated into the 2007 SEER Program Coding and Staging Manual.

9. How will the manual be distributed?

Answer: It will not be printed or distributed by SEER, CoC, or NPCR. You can download the entire manual to your desktop or print it. A less cumbersome option is for each registrar to select the format they prefer (text, matrix or flowchart) and only download or print the one format. Be sure to download the Instructions, and all the documents associated with each set of site specific rules no matter which format is selected. The general instructions, the 3 sets of site-specific documents (Equivalent Terms and Definitions, Multiple Primary rules, and Histology Coding rules) must all be used together.

10. When the final diagnosis addenda, or comment states "see microscopic description", can I use information from the MICRO section to code the histology?

Answer: No. Unless otherwise stated in the site-specific rules, the histology is coded using the final diagnosis only. A reference such as this is used by the pathologist to clarify the final diagnosis and should not be construed as instruction to use anything noted in the microscopic description.

(cont. next page)

Special Bulletins

NCI in collaboration with the Rollins School of Public Health at Emory University is pleased to announce that coding of cancer treatment has been added to the exercises of the site-specific web-based training modules located at: www.training.seer.cancer.gov.

Changes in CTR Exam content and eligibility routes have been announced by NCRA for 2007 and 2008. For full details please visit: www.ctrexam.org.

We are updating our address database. If there are any errors in the contact info or address to which this newsletter was mailed, please e-mail Chrissy McNamara at: chmcnamara@dhr.state.ga.us.

Welcome Wagon

I have been with NEGA for 12 yrs and in medical records all 12. I just recently transferred to oncology registry in March of 2007.

I have been married to Doyle for 22 yrs and have a son Daniel and daughter Kaitlyn. I enjoy camping, traveling of any kind, gardening, sewing and cooking and spending time with my family

Cheryl Gantt
Northeast Georgia Med Ctr

Blue Ribbon Award

The CoC Outstanding Achievement Award (OAA) were announced in April Representing seven percent of the programs surveyed during 2006, 31 CoC-Approved Cancer Programs earned the 2006 Outstanding Achievement Award for exceptional performance.

The award is designed to recognize cancer programs that strive for excellence in providing quality care to cancer patients. To earn the OAA, a facility must demonstrate a Commendation level of compliance with seven standards that represent the full scope of the cancer program cancer committee leadership, cancer data management, clinical services, research, community outreach, and quality improvement—as well as earn a compliance rating for the remaining 29 standards.

According to the CoC, recipients are identified following the confirmation of the approval awards for all program surveyed during the calendar year. More details can be found in the CoC, Volume I Standards on page 12.

The following Georgia hospitals received the CoC Outstanding Achievement Award in 2006:

- Northeast Georgia Medical Center – Gainesville
- Gwinnett Hospital System – Lawrenceville
- Memorial Health University Medical Center – Savannah

Congratulations to OAA recipients!

(MPH FAQ's cont.)

11. Recurrence definition, is that different from current FORDS fields where we record recurrence or does this replace current FORDS field for that?

Answer: No. If the person is determined according to the MP/H rules to have a recurrence within the site-specific time frame, then the FORDS fields are coded as to recurrence, just as they are now. If the person is determined according to the MP/H rules to have a new primary, then you would not be coding the case as a recurrence, just as you now would not code a new primary as a recurrence.

12. When the pathology report from a FNA or other biopsy states a diagnosis of carcinoma in situ and the patient for some reason must wait more than 60 days for a more definitive procedure which documents invasive carcinoma, does this have to be reported as 2 primaries?

Answer: No. When the invasive component is discovered as part of the work-up phase leading to treatment decisions, the case should not be abstracted as a multiple primary. Do not count the invasive diagnosis as a new primary if a patient has not been treated and is still having diagnostic work-up greater than 60 days after the malignancy is diagnosed.

13. Will we be completing incidental update forms for new data items ambiguous terminology/date, multiplicity counts/date?

Answer: Yes, you will need to send in incidental update forms to GCCS.

14. Won't I know at time case abstracted whether it was diagnosed by ambiguous terminology within 60 days or not?

Answer: Yes, you would likely have information as to whether the patient had an ambiguous or conclusive diagnosis within 60 days. If a procedure/report is available more than 60 days after the case was accessioned based on ambiguous terminology, and a conclusive diagnosis is made, then a code 2 would be applicable. These codes represent when the ambiguous/conclusive diagnosis is made, not when the registrar is reviewing the case. Example… 6 months after diagnosis you are reviewing the record. The patient was diagnosed by ambiguous terminology, then 3 months later has a procedure or MD statement that provides conclusive diagnosis, the correct code would be 2 (ambiguous term followed by conclusive term). The patient at diagnosis would have been accessioned.

Note: The New Data Items Rules "Ambiguous Terminology" has been corrected to reflect "within 60 days", not two months.

15. What is the time frame for reporting multiple tumors?

Answer: Use the multiple primary rules for the specific site to determine whether the tumors are a single primary or multiple primary. If you have a single primary and the patient develops more than 1 tumor within the site-specific timing rule for that site, then you will record the number of tumors in the multiplicity counter and the date of multiple tumors. Example: A person is diagnosed with lung cancer 1/15/07 and then in 7/1/08 develops another lung tumor. This is determined to be the same primary per MP/H rules. The multiplicity counter would be changed from 01 to 02 and the date of multiple tumors would be 7/1/08.

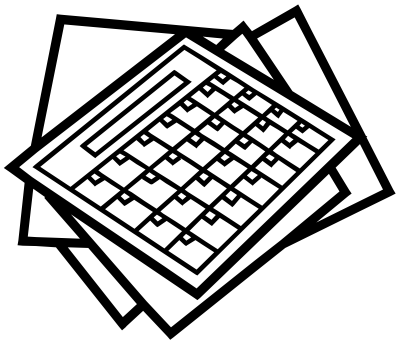
16. The term "nodule" is not included as an Equivalent Term along with tumor, mass, lesion, and neoplasm in the 2007 Lung Multiple Primary Rules. Why not?

Answer: The term "nodule" is used by radiologists to describe many types of abnormalities in the lung, not necessarily a malignancy or a primary tumor. Therefore, nodule is not an equivalent term for tumor, mass, lesion, or neoplasm.

Mark Your Calendars…

GCCR/GATRA Annual Training
followed by
The 1st Annual Survivorship Conference
September 24-28, 2007
Wyndham Peachtree Conference Center
Peachtree City, GA

GCCR will pay hotel room expenses for registrants whose reporting facility meets the following criteria: By August 2007, the facility is 95% complete for diagnosis year 2005 and 80-90% complete for diagnosis year 2006.



Cancer Registry Training
Principles and Practice of Cancer Registration, Surveillance, and Control
July 23-27, 2007

Complete details are available at http://www.sph.emory.edu/GCCS Financial assistance is available. Contact your regional coordinator.

2007 CDC Cancer Conference
Meeting Future Challenges
August 13-16, 2007
Hyatt Regency
Atlanta, GA

2007 GATRA CTR Preparation Workshop
August 24 - 25, 2007
Henry Medical Center
Stockbridge, GA

For more information contact Lori Lindsey at 770-719-6273 or Loraine.Lindsey@piedmont.org

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Georgia Department of Human Resources
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Atlanta, GA 30303-3142

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 (March, April, and May 2007).

Hospitals Reported Three Months Out of Three		
Appling Health Care System	Fairview Park Hospital	Phoebe Putney Memorial Hospital
Athens Regional Medical Center	Fannin Regional Hospital	Phoebe Worth Medical Center
Atlanta Medical Center	Fayette Community Hospital	Piedmont Hospital
Augusta Plastic Surgery Assoc, PC	Flint River Community Hospital	Polk Medical Center
Augusta State Medical Prison	Floyd Medical Center	Redmond Regional Medical Ctr
Bacon County Health Services	Gordon Hospital	Rockdale Hospital
Barrow Community Hospital	Grady General Hospital	Satilla Regional Medical Center
Berrien County Hospital	Gwinnett Health System	Screven County Hospital
BJC Medical Center	Habersham County Medical Ctr	SE Georgia Health Sys – B'wick
Bleckley Memorial Hospital	Hamilton Medical Center	SE Georgia Health Sys – Camden
Brooks County Hospital	Harbin Clinic	Select Specialty Hospital
Burke County Hospital	Hart County Hospital	Smith Northview Hospital
Calhoun Memorial Hospital	Henry Medical Center	South Fulton Medical Center
Candler County Hospital	Hillandale Hospital	South Georgia Medical Center
Candler Health System	Houston Medical Center	Southern Regional Medical Center
Cartersville Medical Center	Hutcheson Medical Center	Spalding Regional Hospital
Charlton Memorial Hospital	Irwin County Hospital	St Joseph's Hospital – Atlanta
Chatuge Regional Hospital	Jasper Memorial Hospital	St Joseph's Candler Health Sys
Children's Healthcare of Atlanta	Jefferson County Hospital	St Mary's Health Care System
Clinch Memorial Hospital	Jenkins County Hospital	Stephens County Hospital
Cobb Memorial Hospital	John D. Archbold Memorial Hosp	Sumter Regional Hospital
Coffee Regional Medical Center	Kindred Hospital	SW Georgia Regional Med Ctr
Coliseum Health System	Louis Smith Memorial Hospital	Tanner Health System
Coliseum Northside Hospital	McDuffie Regional Medical Center	Tattnall Memorial Hospital
Colquitt Regional Medical Center	Medical Center of Central Georgia	Taylor Regional Hospital
Columbus Regional Health Care Sys	Medical College of Georgia	Tift Regional Medical Center
Crisp Regional Hospital	Memorial Health Univ Med Ctr	Trinity Hospital of Augusta
Decatur Medical Center	Memorial Hospital and Manor	Union General Hospital
DeKalb Medical Center	Minnie G Boswell Memorial Hospital	University Hospital
Doctor's Hospital Augusta	Mitchell County Hospital	Upson Regional Medical Center
Doctor's Hospital Columbus	Monroe County Hospital	VA Medical Center – Atlanta
Dorminy Medical Center	Mountainside Medical Center	VA Medical Center – Augusta
Early Memorial Hospital	Murray Medical Center	VA Medical Center – Dublin
East Georgia Regional Med Ctr	NE Georgia Medical Center	Walton Medical Center
Effingham County Hospital	Newnan Hospital	Warm Springs Medical Center
Emanuel Medical Center	Newton General Hospital	Washington County Reg Med Ctr
Emory Adventist Hospital	North Fulton Regional Med Ctr	Wellstar Health System
Emory Crawford W Long Hospital	North Georgia Medical Center	Wesley Woods Geriatric Hospital
Emory Eastside Medical Center	Northside Hospital	West Georgia Health System
Emory University Hospital	Peach Regional Medical Center	Wildwood Lifestyle Center & Hosp
Evans Memorial Hospital	Perry Hospital	Wills Memorial Hospital
Hospitals Reported Two Months Out of Three		
Dodge County Hospital	Jeff Davis Hospital	Oconee Regional Medical Center
Donalsonville Hospital	Meadows Regional Med Center	Palmyra Medical Center
Emory John's Creek Medical Center	Memorial Hospital of Adel	Radiation Oncology Services
Grady Health System	Morgan Memorial Hospital	Telfair Regional Medical Center