



Coding Errors: Conversion Problems

By Phyllis Wilson, GCCS Director of Daily Operations

We recently submitted our data through 2004 diagnosis year in two submissions, SEER November 1, 2006 and NAACCR December 1, 2006. While reviewing data quality for the submissions, we found a few recurrent problems. Some of these problems were discussed during the GCCR 2006 Spring Training when 2004 data was already into us, so these errors occurred before everyone “knew better”. This will be a reminder to some and instruction to those that did not attend.

CS Tumor Size: Abstractors are often coding the CS Tumor size as 991,992, 993... instead of the stated measured size in millimeters. A 3 cm tumor is coded 030. Multiple cases for all primary sites were coded with the range from 991-999 instead of the actual size mentioned in the text of the abstract. The range codes are to be used only if the size in the MR states “greater than, less than or between”. Correctly coding size gives a more accurate derived TNM and SEER Summary Stage.

PSA, CS SSF 1: Abstractors are

converting the PSA value to the three digit CS code by incorrectly moving the decimal point. For example, the text states the PSA is 4.0 but the CS code was coded as 004 or 400, indicating the PSA was .4 or 40.0. Coding the PSA correctly gives a more accurate picture of the disease; one should question a man having extensive disease with a PSA coded 004 or likewise having local disease with a PSA coded 400.

Examples with correct codes for PSA:

4.0 PSA = 040; 3.77 PSA = 038; and 20.0 PSA = 200.

Melanoma CS Tumor Size and CS SSF 1: Once again Melanoma SIZE!!

First problem: Many cases had CS Tumor Size and CS SSF 1 coded with the same value. For example, the Tumor Size was coded 030 and CS SF1 was also coded 030. This represents that the tumor size was 3 cm (same as 30mm) and the Breslow’s depth (thickness) was 0.3 millimeters! This is a very suspicious scenario. A 3 cm lesion is about 1½ inches. This is a big lesion

with only a depth of .3 mm?? There were over a hundred cases where the melanoma tumor size and its Breslow’s depth of invasion were coded with the same value.

Second Problem: There were even more cases that had an incorrect code for Breslow’s, SSF1. Tumor depth is given in hundredths of millimeters, not centimeters!!! A melanoma depth of 3mm is coded 300, and a 0.3mm depth is coded 030.

Solution?? Refer to the CS Manual, Version 01.03.00 (Sept 8, 2006), Part II, page 349 for tumor size and page 355 for SSF1. Copy and tape the coding instructions in view of your work station as a reminder that you need to be careful in coding melanoma cases.

Professional Tumor Registrars = Quality Data = Useful Data for Physicians and Researchers

Thank you for your professionalism in all that you do to ensure that our coded data is exceptional!

New Diagnosis Codes: Effective October 1, 2006

By Reda J. Wilson, CDC Project Officer

For your information, the ICD-9-CM code for “Other lymphatic and hematopoietic tissues of uncertain behavior” has been expanded from 238.7 to 238.71-238.76 and 238.79.

The codes that have an asterisk are reportable malignancies but you may want

to add all of the new “238.7” codes to your casefinding list and add the pertinent information to your reportable list. The new codes went into effect on October 1, 2006.

Please note that the final addendum providing complete information

on changes to the diagnosis part of ICD-9-CM is posted on CDC’s webpage at: www.cdc.gov/nchs/icd9.htm.

Dx Code	Description
052.2	Postvaricella myelitis
053.14	Herpes zoster myelitis
054.74	Herpes simplex myelitis
238.71 *	Essential thrombocytopenia
238.72	Low grade myelodysplastic syndrome lesions
238.73	High grade myelodysplastic syndrome lesions
238.74 *	Myelodysplastic syndrome with 5q deletion
238.75	Myelodysplastic syndrome, unspecified
238.76 *	Myelofibrosis with myeloid metaplasia
238.79	Other lymphatic and hematopoietic tissues
277.30	Amyloidosis, unspecified
277.31	Familial Mediterranean fever
277.39	Other amyloidosis

Dx Code	Description
284.01	Constitutional red blood cell aplasia
284.09	Other constitutional aplastic anemia
284.1	Pancytopenia
284.2	Myelophthisis
288.00	Neutropenia, unspecified
288.01	Congenital neutropenia
288.02	Cyclic neutropenia
288.03	Drug induced neutropenia
288.04	Neutropenia due to infection
288.09	Other neutropenia
288.4	Hemophagocytic syndromes
288.50	Leukocytopenia, unspecified
288.51	Lymphocytopenia

Welcome Wagon

Children's Healthcare of Atlanta (CHOA) welcomes Daryl Sirard, RHIT, CTR, as their newest Tumor Registrar. Daryl is a long time Cancer Registrar, having started at VA Hospital in Long Island, NY in 1991. She achieved her CTR credential in March 1992. She is a past President of the Long Island Tumor Registrar Association as well as By-Laws Chairperson.

She moved to Georgia in 1995, first working as Director of Medical Records for a small Alcohol/Drug Rehab hospital. She has worked as a Cancer Abstractor at Emory Hospital, Gwinnett Medical, and DeKalb Medical Centers. She is a past editor of the GATRA newsletter, and continues to contribute articles.

Daryl and Bruce, her husband of 30 years, live in Lawrenceville with their 2

cats, Buzz and Sheba. She offers that even after living in New York for 13 years, one of her most incredible experiences was being present at a bank robbery in Norcross, GA in 1997! Welcome back Daryl.

Judy Andrews
Metro Regional Coordinator
Atlanta

I would like to introduce the new employees at Phoebe Putney Memorial Hospital's Tumor Registry and welcome them to the Registry field.

Tammie Horton started working in the Tumor Registry at Phoebe on September 25, 2006. She has 7 years public health experience as a Program Associate for the Office of Nursing, so I have actually known and worked with Tammie since I started working with Public Health. She always did a great job with her work there

and I'm sure will continue that in the Registry. Tammie enjoys spending time with her family and doing things with the Women's Ministry at her church. She will be in the role as a Tumor Registrar with the expectation of becoming Certified within 2 years.

Christine Racey started with the Phoebe Putney Tumor Registry on Oct 9th 2006. Chris has worked in medical field since arriving in America seven years ago. Chris previously worked for the military in

England as a civil servant. Chris enjoys reading and horseback riding in her spare time.

Both of these ladies have already attended the MP training, so they are off to a good start. The SW Region and GCCR welcomes you!

Carol Crosby
SW Regional Coordinator
Albany

Please join me in welcoming Lyn Almon to the staff of GCCS. Lyn comes to us from the Centers for Disease Control and Prevention where she served as an Epidemiologist in the Cancer Surveillance Branch. Among many other things, Lyn was the co-lead editor for the publication "United States Cancer Statistics: 2000 Incidence and United States Cancer Statistics", served as the co-lead for the NPCR Program Evaluation, and was the lead data analyst for several research projects.

Prior to her time at the CDC, Lyn was the Director of the Study Management Group at the American Cancer Society. In this position, she served as the coordinator

for the data collection of the CPS-II Nutrition Cohort Surveys, the coordinator for the acquisition and abstraction of medical records for incident cases, and the data manager for the original CPS-II cohort as well as the CPS-II Nutrition Cohort. In addition, Lyn helped to develop CPS-II Nutrition Surveys and supervised a staff of data managers and assistants to carry out the many responsibilities of the Study Management Group.

Many of you will remember Lyn from her prior life with the Georgia Center for Cancer Statistics where she served as a Research Supervisor for the CARE and Ovarian CARE studies.

Lyn joined us on December 1, 2006. She will be highly involved with many of the new research projects that are growing from the use of our Registry data. As our Registry data continues to improve in quality, more and more researchers are looking to us for collaboration. Given her vast knowledge of cancer surveillance programs and the data they collect along with her data analyst experience, we welcome Lyn to our organization to help continue the forward progress of our Registry and further the use of our data.

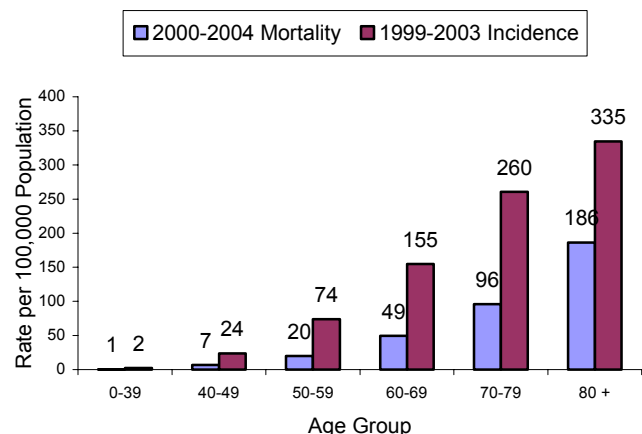
Kevin Ward
GCCS Deputy Director
Atlanta

Cancer Stat Bite

By Chrissy McNamara, GCCR Epidemiologist

- Colorectal cancer is the third most commonly diagnosed cancer and the third most common cause of cancer death among Georgia men and women.
- Based on data from GCCR it is estimated that in 2006, over 4,345 new cases of colorectal cancer will be diagnosed and about 1,650 Georgians will die from this disease.
- Colorectal cancer rarely occurs among individuals less than 40 years of age. In Georgia, adults over the age of 80 have the highest incidence of colorectal cancer.
- Mortality rates also increase with age; the highest rates are seen in adults 80 years of age and older. Before the age of 40, colorectal cancer deaths are rare. Fewer than 30 deaths occurred every year among Georgians under 40 years of age between 2000 and 2004.

Georgia Colorectal Cancer Incidence and Mortality by Age



FAQ's

Q: When should I start using the new multiple primary and histology rules and the new data items?

A: The 2007 Multiple Primary and Histology coding Rules are effective for cases diagnosed January 1, 2007 and after. The 2007 multiple primary rules will replace all previous multiple primary rules as long as the patient was diagnosed 1/1/2007 and after. For cases entering your facility in 2007 for treatment of a cancer diagnosed in 2006 use the current rules.

The 2007 New Data Items are also to be used for cases diagnosed January 1, 2007 and after. For cases diagnosed prior to 1/1/2007 leave the new data item fields blank.

Q: How do I get a copy of the new multiple primary and histology rules?

A: Determine which format you prefer, then go to the SEER website (<http://seer.cancer.gov>), download the manual and print it out.

Q: Are the multiple primary and histology rules final? When should I download them and print them out?

A: You won't be using the new rules until Spring 2007. Wait until then to download the manual in case there are further changes.

Mark Your Calendars...

GATRA CTR Workshop

February 9-10, 2007

Henry Medical Center

Stockbridge, Georgia

Cost: \$40 GATRA Members, \$55 Non-Members

Covers continental breakfast, snacks, and study guide.

Lunch and dinner on your own.

Covers all topics to be covered on the test. Has been well-attended in the past by folks from all over the southeast.

Contact: Lori Lindsey, CTR – Education Chair
770-719-6273

Loraine.Lindsey@piedmont.org

Cancer Registry Training:

Principles and Practice of Cancer

Registration, Surveillance, and Control

March 12-16, 2007

Complete details are available at <http://www.sph.emory.edu/GCCS>

Financial assistance is available. Contact your regional coordinator.

Georgia Comprehensive Cancer Registry
Georgia Department of Human Resources
2 Peachtree St NW 14th Floor
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 (September, October, and November 2006).

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

New CTRs

The following candidate successfully passed the CTR Exam in September 2006 and formally became a Certified Tumor Registrar:

- Wanda McDay – Piedmont Hospital

Congratulations!