GCCR Register

Georgia Comprehensive Cancer Registry

Spring 2006

Sequencing Tumors

By Phyllis Wilson, GCCS Director of Daily Operations

Tumor sequence, as it is reported to GCCR, is often a problem when the editors consolidate and edit cases. The following is a document detailing common issues associated with the coding of tumor sequence.

Problems:

- Reviewing abstracts in record consolidation where facilities code different tumor sequence for the same cancer. Example: Facility 1 sequences a lung as "00"; Facility 2 sequences the same lung as "02" without supporting text. Who is correct?
- Coding tumor sequence other than"00" without supporting text. Should it be changed to "00"? What was the first cancer? Was it reportable?
- Abstracts with questionable or incorrect sequence, i.e. "99", "10", "60".
- Most research studies exclude patients with multiple primaries. Researchers may waste time and effort analyzing cases when previous primaries are not recorded. Cases may also be mistakenly excluded when previous primaries are erroneously recorded.

Guidelines for Coding Tumor Sequence:

- Patient's first lifetime malignancy, behavior 2 or 3, sequence is "00". If there is no mention of a previous reportable cancer, assume it is the first and sequence it "00". Do not sequence it "99" because you do not know for sure or "01" because it is the first tumor.
- If the patient record indicates a previous malignancy, sequence current malignancy appropriately as "02" or greater and state in text what previous malignancy the patient has had to support abstractor's assignment of tumor sequence.
- Patient has more than one malignancy diagnosed at the same time at your facility.
  - Submit an abstract for each tumor and text must give details, i.e. path reports, surgical findings, only for tumor abstracted with reference to other tumor site and its diagnosis date in PE or Remarks. Do not include the same text for both tumors in each abstract!
  - Sequence by diagnosis date if diagnosed on difference days. First tumor diagnosed become "01"; second tumor diagnosed at a later date becomes "02".
  - If tumors are diagnosed on same date: the tumor with more extensive disease is sequenced as "01" and other tumor is sequence "02". If extent is the same, sequence tumor "01" with worst prognosis. If date, extent, and prognosis are same for both tumors, sequence assignment does not matter.
- Sequence "01" abstract should always have text documenting subsequent tumors and/or second abstract for a subsequent primary. Never submit sequence "01" without this documentation or second abstract; otherwise, sequence "00".

(cont. next page)

Unknown Date of Diagnosis Versus Estimating the Date

By Carol Crosby, GCCR Southwest Regional Coordinator

Most of us have been faced with the question of how to code the date of diagnosis when a patient presents to a facility with a "history" of cancer and currently has active disease.

It is the GCCR policy to estimate a date, if possible. This requires a thorough search of the entire medical record (incl. nurse's notes, social service consults, etc). If there is some mention of when the patient was diagnosed, or how long ago, we can usually code a "justified" estimate of the date. Be sure to document this in the text.

If the patient is admitted with a diagnosis of cancer and it is determined from the information given during this admission that it is part of the first course of treatment, you should estimate the diagnosis date.

However, there are cases when the diagnosis date must be coded as unknown. For instance, if a patient comes in with a history of prostate cancer and has a bone scan which is positive for bone mets, probably from prostate ca., and no other admission with additional information, the date of diagnosis must be coded using "99999999" for unknown date of diagnosis.

It has always been GCCR policy to avoid the unknowns and that continues to be the case. But you should not code the date of service or admission just because you don't know the diagnosis date. This will affect the incidence of cases by year.

Hospital registrars and contractors have indicated that they have routinely used the date of admission if they could not find or estimate a date of diagnosis. This was done in most cases because their software would not accept "99999999".

GCCR policy clearly states to use "99999999" in certain cases and vendors have addressed this issue in the past. If you are unsure of your software, please contact your vendor.

Because the unknowns must go into a pending database for further editing, it would be helpful to investigate any information documented in the charts.

If you need further clarification, please contact your regional coordinator.

Special Bulletins

In preparation for the Spring Training, please visit www.sph.emory.edu/GCCS and abstract two cases - melanoma and breast. This site will be available throughout the month of April. If you have any problems with the website, please contact Titus Fofung at GCCS - tfofung@sph.emory.edu.

We are pleased to announce that Georgia has recently received gold certification from NAACCR for five years of complete and accurate data, 1999-2003. Our data will be included in all NAACCR publications this year. Congratulations and keep up the hard work!

Cancer in Peachtree City, a special data report, is now available on the GCCR website. Please check the website regularly for the latest reports and data tables. http://health.state.ga.us/programs/gccr/data.

Tumor Sequence (cont.)

Reportability and Sequence:

- What happens when a tumor is diagnosed and the patient has a history of a previous cancer that is no longer reportable by current rules? First cancer is counted as first tumor if it was diagnosed during years the cancer was reportable. The current cancer would be second tumor.
  - Example 1: Patient has a history of CIS of the cervix diagnosed before 1996 and now has breast cancer at your facility. The breast tumor is sequence "02" and text states "patient has hx of cervix CIS diagnosed before 1996".
  - Example 2: Patient has a history of CIS of the cervix diagnosed in 1997 and now has breast cancer at your facility. The breast tumor is sequence "00".
  - If you don't know the year the CIS of cervix was diagnosed, assume that it was 1997 or later and code the current tumor as "00".
- Non-reportable skin cancers are not counted in sequencing tumors. Example: Patient has history of skin cancer of the scalp and has breast cancer at your facility, the breast cancer is sequence "00".
- Benign brain cancers are not counted in sequencing a patient's malignant tumors. Benign brain tumors are sequenced using the same rules as malignancies but start with sequence number "60". The 60 series is to be used only for benign brain tumors. If a patient previously had a benign brain tumor and now presents with a reportable in situ or malignant tumor, that new tumor should be sequenced as "00".

References: SEER Program Code Manual 2004, pgs 69-72; FORDS pg 34.

Welcome Wagon

Let me start off by saying, "I love my new career!" My name is Lynn Shepard and I work for Harbin Clinic as the new second registrar.

I am amazed at how interesting and important this field is becoming. I have the privilege of learning this new field with someone I consider the most patient and knowledgeable (and let's not forget, she still has a sense of humor) registrars I know.

I'm married and have been for 25 years to one of the most supportive husbands in the world! We have 4 grown children who are also supportive of their Mom's new career.

Reading is my true passion and it's a good thing since this job entails a lot of reading. I look forward to becoming as comfortable with all the changes that I know everyone has had to adjust to. I also look forward to meeting each of you at all of the meetings.

Lynn Shepard
Registrar – Harbin Clinic
Rome

Hello. My name is Audry Maddox. I have been married to my husband, who is an artist, for 16 years. We have an 11 year old son, who is of course, the light of my life.

I have been in the area of Calhoun, GA for most of my life. I have been working with Gordon Hospital for the past 6 years in the Medical Records Department. I am very excited about having the opportunity to build onto my Medical Office degree and working towards receiving my Tumor Registrar Certification.

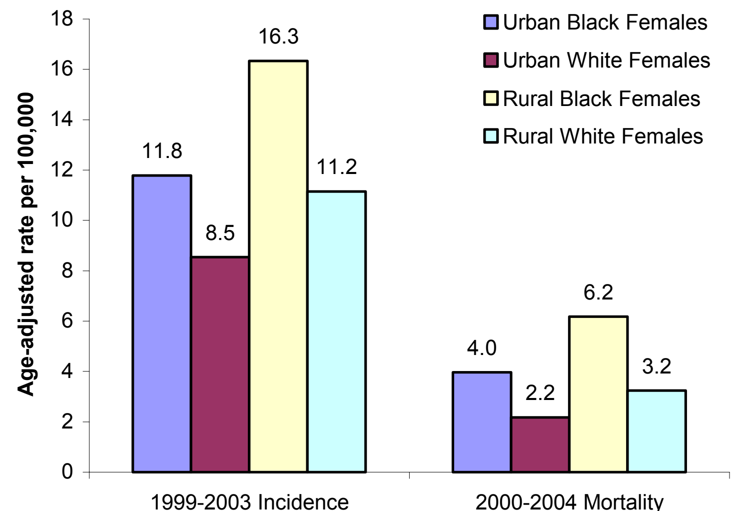
As I already realize, working the Tumor Registry is a lot of hard work, but I do feel that this is a very rewarding career choice in many ways. I look forward to working with you all.

Audry Maddox
Registrar – Gordon Hospital
Calhoun

Cancer Stat Bite

By Chrissy McNamara, GCCR Epidemiologist

- GA cancer incidence data for 1999-03 and mortality data for 2000-04 are now available on the web at http://health.state.ga.us/programs/gccr/data.asp.
- Cervical cancer can usually be found early by having regular Pap tests. With regular Pap tests and appropriate follow-up care (if needed), death from cervical cancer is almost completely preventable.
- Each year from 1999 to 2003, about 410 cervical cancers were reported to GCCR.
- White women living in urban areas of Georgia have the lowest cervical cancer incidence rate (8.5 per 100,000). Black women living in rural Georgia have the highest cervical cancer incidence rate (16.3 per 100,000).
- Each year from 2000 to 2004, about 120 Georgia women died from cervical cancer.
- White women living in urban areas of Georgia have the lowest cervical cancer mortality rate (2.2 per 100,000). Black women living in rural Georgia have the highest cervical cancer mortality rate (6.2 per 100,000).



FAQ's

Q: Patient has an upper back melanoma, 5 sentinel nodes neg on left side, right side had 1 of 4 sentinel nodes positive by IHC only. This cannot be reproduced on H&E. Is this node considered positive by Collaborative Stage?
A: Consider this node negative as there are no directions in the Collaborative Stage manual concerning IHC positive nodes for melanoma.

Q: When abstracting text, should you use mm or cm when describing tumor size?
A: When typing text in an abstract it is always best to type exactly what the report describing the tumor size states. If the tumor size is stated in mm, then type the size in your text as mm.
When typing text it is always a good idea to include all measurements of the tumor. For example, the chest x-ray might say 3cm while the path report says 2.8cm.
The only time a conversion is necessary is when you are coding the tumor size field in the abstract. When coding this field, always follow the rules in the Collaborative Staging Manual on page 127.

Mark Your Calendars…

GCCR Spring Training
May 24-26, 2006
Holiday Inn Jekyll Island Oceanside
Jekyll Island, Georgia

Space is filling quickly. Please register for the training and reserve your hotel room as soon as possible.

NPCR Education and Training Series:
How to Collect High Quality Lung Cancer Surveillance Data
March 30, 2006
1:00 – 5:00 p.m. Eastern

This is a web conference. For more information please visit the Education and Training page at http://www.naaccr.org/

NCRA 32nd Annual Educational Conference
Monumental Achievements through Advocacy and Education
May 5-8, 2006
Arlington, Virginia

Cancer Registry Training:
Principles and Practice of Cancer Registration, Surveillance, and Control
July 24-26, 2006
October 16-20, 2006

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 (December 2005, January and February 2006).

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

Blue Ribbon Award

I would like to give special recognition to Vicki Bennett, CTR from Colquitt Regional Medical Center. The Southwest Region has been having quarterly workshop trainings for the electronic facilities and have had a tremendous success (almost 100% attendance) and helpful networking!

This would not have been possible without the drive and efforts of Vicki. She has motivated, encouraged, planned, organized, & been a great team leader for these events. Her enthusiasm is contagious and she has a way of making our get-togethers fun and productive. Thanks AGAIN, Vicki.

Carol Crosby, CTR
Southwest Regional Coordinator
Albany