In The Abstract
A quarterly newsletter from the Kentucky Cancer Registry

Large Hospital Edition May 2000

KCR on the move!

The Kentucky Cancer Registry moved to a new location on April 27, 2000. The new address is:
2365 Harrodsburg Road
Suite A230
Lexington, KY 40504
Phone: (859) 219-0773 KCR main line *
Fax: (859) 219-0557

*Please make a note that the area code for the Lexington area has been changed to 859. Also, attached to the newsletter is a listing of appropriate extensions for each KCR staff member.

KCR receives the Gold!

For the third consecutive year KCR has received the Gold Certification Award from the North American Association of Central Cancer Registries (NAACCR). KCR data for 1997 met the highest standard for all of the criteria evaluated:
- completeness of case finding
- completeness of information on critical variables
- death clearance
- duplicate case identification
- edit checking
- timeliness of reporting

Frances Ross, Statewide Coordinator accepted the award at the annual NAACCR meeting in New Orleans held April 17 through April 20. KCR wishes to thank all of the registrars throughout the state. It is through your continued efforts and cooperation that we are able to achieve excellence in cancer surveillance.

New Criteria for SEER Summary Staging Adopted by NAACCR & KCR

The Uniform Data Standards Committee of NAACCR has recently approved the same time frame and criteria for SEER Summary Stage as the one that has been in effect for SEER EOD. That criteria is:

A) All information available within 4 months of diagnosis in the absence of disease progression OR
B) Through completion of surgery(ies) in the first course of treatment, Whichever (A) or (B) is longer

KCR will implement this change for cases diagnosed 1/1/2000 and beyond to coincide with the new SEER EOD coding required for the year 2000 cases. NAACCR will implement the change beginning with 2001 cases.
Did you know?

The 1999 Kentucky Medical Directory is now available for purchase. Volume one contains an alphabetic list of all currently registered physicians in Kentucky with the physicians’ address, office, telephone number, license number and speciality. Volume two is arranged by county. The charge is $15.00 plus 6% state tax and $4.00 shipping and handling for each volume. Contact the Kentucky Board of Medical Licensure Hurstbourne Office Park 310 Whittington Parkway, Suite 1B, Louisville, Ky 40222 Phone: 502-429-8046 Fax: 502-429-9923 for additional information.

The Indiana Cancer Registrars’ Association is planning a CTR Preparation Workshop for mid to late June 2000. It will be an all-day workshop held at the St. Vincent Hospitals and Health Services in Indianapolis. Contact Linda Smith of the St. Vincent Hospital and Health Services Cancer Registry at (317) 338-3820 or 8402 Harcourt Road, Room 311, Indianapolis, IN 46260 for further information.

KCR recently participated in the field testing of the new uniform data collection sets developed for breast, colorectal and prostate cancer staging. From these data sets, computer algorithms will be developed to translate the elements into an appropriate stage - TNM, EOD, SEER Summary - depending upon the staging system being requested.

Revision of the AJCC Cancer Staging Manual, 5th edition is now underway.

Plans are underway for an update to ROADS in 2002.

ICD-O 3 implementation date is scheduled for 1-1-2001.

NCRA will publish a Registry Staffing Manual and Compensation Survey this year.

Computer software entitled “EXAMPREP” is currently being developed by NCRA for registrars wishing to take the CTR exam. NCRA expects this to be available for registrars taking the exam this September.

KCR Fall Workshop - Sneak Preview

KCR is pleased to be able to combine our annual Advanced Cancer Registrars Workshop with the state’s first Cancer Control Conference of the Millennium. The conference will be held Thursday to Saturday, September 14-16, 2000. Thursday’s program will include physician speakers and topics of interest to Cancer Registrars. The programs on Friday and Saturday morning will include an introduction of the state’s new cancer plan and promote the exchange of implementation ideas.

The Cancer Control Conference will feature data collected by KCR as well as small group discussions about cancer surveillance in Kentucky, cancer education, standards of care, and insurance issues for the top six cancer types. National experts will be attending the conference and they will serve as discussants in panels with state and local experts. The combined workshop will be held at the Radisson Plaza Hotel in Lexington, KY. A flat registration fee of $65 allows you to attend all or any part of this conference. Details and a registration packet will be mailed to cancer registrars this summer.

NOTE: The EOD workshop conducted by April Fritz and held in Kentucky in March were approved by NCRRRA for 5.5 continuing education hours.
Breast Cancer Screening Saves Lives

In 1991, 35 percent of Kentucky women diagnosed with breast cancer had advanced (late stage) disease. Data from the Kentucky Cancer Registry were used to identify areas of the state with high rates of late stage breast cancer and low rates of early stage breast cancer. This diagnosis pattern suggests that a significant proportion of women were not having regular screening mammograms. These data were presented to the district cancer councils in the identified areas and used to initiate a variety of outreach activities and programs aimed at increasing the numbers of local women having regular mammograms. These efforts were coordinated by the Kentucky Cancer Program, local health departments, and community groups in the latter part of 1992. By 1996, only 30 percent of women diagnosed with breast cancer in Kentucky had late stage disease. This means that 446 of the women with early stage disease would have been diagnosed with late stage disease had the 1991 diagnosis patterns remained constant. The decrease in late stage breast cancer cases has substantial consequences both for survival and cost of treatment.

People News

Recent Resignations
Thyra Grubb - Norton Audubon Hospital, Louisville
Lenora Emery, CTR - Jewish Hospital, Louisville
Robin Fugate, CTR - Hardin Memorial Hospital, Elizabethtown
Cindy Savagian, CTR - St. Luke, Covington
Our best wishes to each!

New Hires
Miranda Boils - Hardin Memorial Hospital, Elizabethtown
Lenora Emery, CTR - Norton Healthcare, Louisville

Congratulations to new CTR’s
Wendy Heitzman - University of Kentucky Hospital, Lexington
Barbara Milam - Columbia Greenview Hospital, Bowling Green
Jana Thornton - Medical Center of Bowling Green
Abstracting Questions & Answers

Question: When coding tumor size, does the size on a CT scan take precedence over the size on an x-ray particularly if the size is smaller on the CT?

Answer: Yes. Scans take priority over routine x-rays according to the ROADS manual.

Question: What does ACoS consider as an acceptable percentage rate for cases that are staged as unknown?

Answer: The Committee on Approvals has not set a requirement for the rate of unknown stage. If at the time of survey, the rate of unknown stage of disease is more than 10% for any of the major sites of cancer, a quality management study evaluating this rate will be recommended to the Cancer Committee. However, this will not affect the approval award for the program.

Per ACoS Inquiry and Response System, # 1132, 7/22/99

Question: Can a TNM stage be assigned to cutaneous lymphoma (9709) and mycosis fungoides (9700)? If so, is the non-Hodgkin’s lymphoma chapter the correct one to use?

Answer: Yes (to all three questions) per Lynda Douglas, ACoS QA Administrator.

Question: Can a SEER Summary Stage be assigned to cutaneous lymphomas (9709) and mycosis fungoides (9700) using the SEER Summary Staging chapter “Skin Other Than Melanoma”?

Answer: Yes, according to the NAACCR Inquiry System, P.8, dated 10/27/99.

Question: In the new Workbook for Staging of Cancer, 2nd Edition, Lymphoma chapter, the following statement is made:

“According to the TNM Supplement 1993, multi-focal involvement of an extra lymphatic organ is classified as Stage I, rather than Stage IV.” This statement directly contradicts the Stage IV definition in the TNM Staging Manual, 5th Edition. Please clarify.

Answer: Use the 5th Edition TNM Staging Manual definition per Lynda Douglas, ACoS.