

ArCRA Newsletter



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Apple Blossom
Pyrus coronaria

The apple blossom was adopted as the Arkansas State Flower by the General Assembly of 1901. Apple blossoms have pink and white petals and green leaves. At one time Arkansas was a major apple-producing state. The town of Lincoln in Washington County hosts the annual Arkansas Apple Festival.



The top 3 reasons for choosing ERS ...

1. Extremely user friendly
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"ERS automates multiple cancer registry processes by merging data from Pathology, the EMR Disease Index, and various Follow-Up sources, significantly enhancing the timeliness and completeness of our registry database. Now, I wonder how we ever got along without them!"

Terri Richardson, CTR
DeKalb Medical Center
Decatur, GA

"ERS really listens to their customers and updates the system with the cancer registrars' needs in mind."

Cathy Rimmer
Forsyth Hospital
Winston-Salem, NC

"The multi-facility web version of ERS is ideally suited for our network-approved cancer program. We especially like the powerful reporting and presentation features."

Lisa Robinson
Aurora Healthcare
Milwaukee, WI

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EXTRA, EXTRA, READ ALL ABOUT IT! NEWS FROM THE EDUCATION DESK:

Manual Updates/New Revisions-

(Check your manuals for these updates/replacement pages.)

MPH Rules Replacement Pages:

<http://seer.cancer.gov/tools/mphrules/download.html>

The replacement pages are for: Benign Brain & CNS, and a February 2008 replacement page release.

FORDS 2009:

You may replace individual sections of the FORDS, or get the complete manual.

<http://www.facs.org/cancer/coc/fordsmanual.html>

Don't Forget:

Scope of Regional LN Surgery codes (FORDS, p.140):

- Use **code 2** when only a sentinel LN is aspirated, biopsied, or removed.
- Use **code 6** when a sentinel LN and regional LN are aspirated, biopsied or removed at the same time or time not stated.
- Use **code 7** when a sentinel LN and regional LN are aspirated, biopsied or removed at different times.

Collaborative Staging Extension (Clinical) - Prostate:

- Code 15 is for **inapparent** tumors and biopsy for elevated PSA. You must have a physician state that the DRE or scans state that there is no palpable or visible lesion in the prostate, OR physician stage this as a cT1. You can't use this code for a biopsy due to elevated PSA alone.
- Codes 20-24 are for **apparent** tumors in the prostate. A physician must state that there are obvious lesions in the prostate either by DRE or scans, OR stage as a cT2.
- Use Code 30 when there is no statement regarding **apparent** or **inapparent**, OR staging of the tumor.

Back To Basics

A prostate patient was diagnosed at another facility and planned to have surgery at our facility but he delayed his treatment twice. If it is now 8 months after diagnosis and his surgery was rescheduled again, is it a class 3 for us, with the initial tx defaulted to watchful waiting?

If the treatment was delayed by the patient, this is still first course of treatment. Only if the patient changed his mind and cancelled all plans for treatment would the first course be "no treatment." According to FORDS page 26, the four month guideline is to be used if there is no treatment plan, it is not to be used as an absolute deadline...per ACoS I&R.

This is a wonderful resource - ACoS I&R <http://web.facs.org/coc/default.htm>

TIMING RULE FOR TREATMENT

Pg. 26 FORDS...the first course treatment includes all methods of treatment recorded in the treatment plan and administered to the patient BEFORE disease progression or recurrence. A treatment plan describes the type(s) of therapies intended to modify, control, remove, or destroy proliferating cancer cells. If there is no treatment plan, established protocol, or management guidelines, and consultation with a physician advisor is not possible, use the principle: "initial treatment must begin within four months of the date of initial diagnosis."

TIMING RULE FOR STAGING

Pg 12 Collaborative Staging manual...the timing rule effective 1-1-2004 is "use all information gathered through completion of surgery(ies) in first course treatment, or all information available within four months of the date of diagnosis in the ABSENCE of disease progression (mets known to have developed after the diagnosis was established should be excluded), which ever is LONGER.

Remember to CYA
"Cover Your Abstract"

Save the Date!!!!



May 14th 1:00-2:30pm
NCRA Webinar: Lung cancer

May 31st- June 3rd
NCRA Annual Conference- New Orleans

June 11th 1:00-4:00pm
NAACCR Webinar: Prostate

July 9th 1:00-4:00pm
NAACCR Advanced Coding/ Abstracting

August 6th 1:00-4:00pm
NAACCR Webinar: Breast Cancer

Chemotherapy Categories

Help when looking at Chemo Drug Families

Alkylating Agents:

Earliest and most commonly used chemo agents, they are active or dormant nitrogen mustards. They work directly on the DNA and prevent cell division process by cross-linking and breaking the DNA strands and cause abnormal base pairing. They are more effective in treating slow-growing cancers. It can also lead to secondary cancers such as CML years after therapy.

Antimetabolites (Antineoplastic Agents):

Structure is similar to certain compounds such as vitamins, amino acids, and precursors of DNA or RNA, found naturally in human body. They inhibit cell division thereby hindering the growth of tumor cells. It is useful in treating chronic and acute cases of leukemia and various tumors.

Anthracyclines:

Cell-cycle nonspecific and are used to treat a large number of cancers. They are developed from natural resources. Work by forming free oxygen radicals that break DNA strands thereby inhibiting DNA synthesis and function. They form a complex with DNA an enzyme to inhibit the topoisomerase enzyme. Topoisomerase is an enzyme class that causes the supercoiling of DNA, allowing DNA repair, transcription, and replication. They can lead to damage of cells in the heart muscle along with DNA of cancer cells leading to cardiac toxicity.

Antitumor Antibiotics:

They are developed from the soil fungus Streptomyces. Widely used to treat and suppress development of tumors in the body. They form free oxygen radicals in DNA strand breaks, killing the growth of cancer cells. Most cases these drugs are used in combination with other chemotherapy agents. Most serious side effect is lung toxicity.

Monoclonal Antibodies:

They attach to certain parts of the tumor-specific antigens and make them easily recognizable by the host's immune system. They also prevent growth of cancer cell's by blocking the cell receptors to which chemicals called 'growth factors' attach promoting cell growth. These are useful in treating colon, lung, head/neck, and breast cancers. They can be combined with radioactive particles and other powerful anticancer drugs to deliver them directly to cancer cells. Using this method, long term radioactive treatment and anticancer drugs can be given to patients w/out causing any serious harm to other healthy cells of the body.

Platinums:

Platinum based natural metal derivatives. These agents work by cross-linking subunits of DNA. They act during any part of cell cycle and help in treating cancer by impairing DNA synthesis, transcription, and function.

Plant Alkaloids:

These are plant derivatives. They are cell specific, and the cycle affected based on the drug used for the treatment. These are categorized into 4 groups:

1. Topoisomerase Inhibitors:

They are categorized into Type 1 and Type 2; they work by interfering w/ DNA transcription, replication, and function to prevent DNA supercoiling.

Type 1: Extracted from the bark and wood of the Chinese tree *Camptotheca accuminata*. Form a complex w/ topoisomerase DNA. This suppresses the function of topoisomerase.

Type 2: Extracted from the alkaloids found in roots of May Apple plants. They work in the late S and G2 phases of the cell cycle.

2. Vinca Alkaloids:

They are derived from the periwinkle plant, *Vinca rosea* and are known to be used by the natives of Madagascar to treat diabetes. They are useful in treating leukemia. They are effective in the M phase of the cell cycles and inhibit tubulin assembly in microtubules.

3. Taxanes:

They were first developed in 1963 by isolating it from the bark of the Pacific yew tree, *Taxus brevifolia*. They work in the M phase of the cell cycle and inhibit the function of microtubules by binding with them. These are used to treat a large array of cancers including breast, ovarian, lung, head/neck, gastric, esophageal, and prostate cancers. Main side effect is that they lower blood counts.

4. Epipodphyllotoxins:

They are extracted from the American May apple tree (*Podophyllum peltatum*). Recently, it has been found in more quantities in the endangered Himalayan May apple tree. These are effecting in the G1 and S phases of the cell cycle. They prevent DNA replication by stopping the cell from entering the G1 phase and stop DNA replication in the S phase.

From Website: <http://www.mesotheliomaweb.org/categories.htm>

Chemotherapy Drug Table

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Chemotherapeutic agents/Antineoplastic agents

<u>Alkylating and alkylating-like agents</u>	<p><i>Nitrogen mustards:</i> (Chlorambucil, Chlormethine, Cyclophosphamide, Ifosfamide, Melphalan, Bendamustine, Uramustine).</p> <p><i>Nitrosoureas:</i>(Carmustine, Fotemustine, Lomustine, Streptozocin). <i>Platinum (alkylating-like):</i> (Carboplatin, Cisplatin, Oxaliplatin, BBR3464, Satraplatin). <i>Alkyl sulfonates:</i>(Busulfan, Treosulfan).</p> <p><i>Hydrazines:</i>(Procarbazine, Dacarbazine, Temozolomide). <i>Aziridines:</i>(ThioTEPA)</p>
<u>Antimetabolites</u>	<p><i>Folic acid:</i> (Aminopterin, Methotrexate, Pemetrexed, Raltitrexed). <i>Purine:</i>(Cladribine, Clofarabine, Fludarabine, Mercaptopurine, Pentostatin, Thioguanine). <i>Pyrimidine:</i>(Capecitabine, Cytarabine, Decitabine, Fluorouracil, Floxuridine, Gemcitabine)</p>
<u>Spindle poison/mitotic inhibitor</u>	<p><i>Taxane:</i> (Docetaxel, Paclitaxel). <i>Vinca:</i> (Vinblastine, Vincristine, Vindesine, Vinorelbine).</p>
<u>Cytotoxic/antitumor antibiotics</u>	<p><i>Anthracycline family:</i> (Daunorubicin, Doxorubicin, Epirubicin, Idarubicin, Mitoxantrone, Pixantrone, Valrubicin) - <i>streptomyces</i> (Actinomycin, Bleomycin, Mitomycin, Plicamycin) - <i>Hydroxyurea</i></p>
<u>Topoisomerase inhibitors</u>	<p><i>Camptotheca:</i> (Camptothecin, Topotecan, Irinotecan, Rubitecan), <i>Podophyllum:</i>(Etoposide, Teniposide)</p>
<u>CI monoclonal antibodies</u>	<p><i>Receptor tyrosine kinase</i> (Cetuximab, Panitumumab, Trastuzumab) - <i>CD20</i> (Rituximab, Tositumomab) - <i>other</i> (Alemtuzumab, Bevacizumab, Gemtuzumab)</p>
<u>Photosensitizers</u>	<p>Aminolevulinic acid, Methyl aminolevulinate, Porfimer sodium, Verteporfin</p>
<u>Tyrosine kinase inhibitors</u>	<p>Cediranib, Dasatinib, Erlotinib, Gefitinib, Imatinib, Lapatinib, Lestaurtinib, Nilotinib, Semaxanib, Sorafenib, Sunitinib, Vandetanib</p>
<u>Other</u>	<p><i>retinoids</i> (Alitretinoin, Tretinoin) - Altretamine, Amsacrine, Anagrelide, Arsenic trioxide, Asparaginase (Pegaspargase), Bexarotene, Bortezomib, Denileukin diftitox, Estramustine, Ixabepilone, Masoprocol, Mitotane, Testolactone, Tipifarnib</p>

Always check SEER Rx. The type of chemotherapy category (family) is usually listed under subcategory. Remember, if you change regimens and the drug is in a different family you have subsequent treatment.

ABORTED SURGERIES:

When and when not to report...

24217 10/18/2007	FORDS		Patient was dxed with prostate ca in staff physician's office and was admitted for a prostatectomy. The operation revealed spread of disease and was aborted. Is this case reportable?	This would be a Class of Case 1 if prostatectomy was part of planned first course of therapy, even though it was aborted. Code surgery as primary site surgery, nos (90).
24749 11/29/2007	FORDS		A prostate carcinoma diagnosis was made at another facility and the patient came to our facility for first course surgery/prostatectomy. The surgery was aborted due to medical complications. What is the class of case?	If there was no removal of prostate tissue, this case is not reportable for your facility. However, if a portion of the prostate was removed (but less than the planned procedure) this is a Class of Case 2 for your facility because this would be considered surgical removal of a portion of the primary site.



**Need help, clarification on codes, or just
cancer registry education?**

Please call or email:

Melissa Riddle, RHIT, CTR
Education/Training Coordinator
AR Central Cancer Registry
Phone: 501-661-2841
Email: Melissa.Riddle@arkansas.gov

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Registration is now open for: The NAACCR CTR Exam Readiness Webinar Series!!!

The NAACCR CTR Readiness Webinar Series includes:

- Online interactive 'live' instruction with experienced instructors
- Eight 2-hour sessions carefully prepared to reflect the changes to the 2009 CTR exam
- Q&A sessions, study materials, take home tests
- A timed practice test
- 3-5 registrars may participate from each site (great way to share expenses!)

The webinar series will be presented once a week Tuesdays July 21 through September 8, 2009 from 1-3 p.m. Eastern Time (ET). The testing window for the CTR exam is September 12-26, 2009. The webinar series includes a one-hour follow-up session on Tuesday, September 29, 2009 from 1-2 p.m. ET.

The cost of the entire 8 session series is \$400.

Online registration and a course syllabus can be accessed from the NAACCR website, www.naacccr.org. Contact Shannon Vann (svann@naaccr.org; 217-698-0800 ext. 9) or Jim Hofferkamp (jhofferkamp@naaccr.org; 217-698-0800 ext. 5) for more information.

New Version of Registry Plus Online Help (RPOH) Available

Be sure to get a copy of this valuable resource. Directions for installing or upgrading can be found at:

http://www.cdc.gov/cancer/npcr/tools/registryplus/rpoh_tech_info.htm

It includes the revised 2009 FORDS, the Collaborative Staging Manual and Coding Instructions manual, the Multiple Primary and Histology Coding Rules, and the ICD-O-3 morphology numerical listings.

Hope to see you there...

May 31st -June 3rd

**NCRA 2009 Annual Conference
New Orleans, LA**

Did You Know...?

NCRA is on FACEBOOK...

<http://www.facebook.com/group.php?gid=44790934291>

- Discussion boards
- Network with other registrars
- Share your knowledge
- Information on upcoming events

CancerConsultants.com

<http://patient.cancerconsultants.com>

- Reliable information about:
 - Cancer Prevention
 - Cancer screening
 - Cancer Treatment
 - Cancer Management
- Received awards for excellence; named one of the top 5 oncology Web sites by Oncology Net Guide.
- Sign up to receive daily cancer news

Data Submission Information from ACCR

A requirement that ACCR has to meet for NAACCR and NPCR is 'case completeness'. Completeness is the number of consolidated cases in the database vs. the number of expected. We have to be 95% complete at 22 months and 90% at 12 months. As of April 28th, your 12 month data is about 50% and your 22 month data is approx. 80%. January through September 2007 data should have been submitted by April 15th. We will be calling and sending out "friendly" reminders to anyone that does not submit in a timely manner. Please be prepared to present a work plan if you have fallen behind.



Door prizes are needed for the 2009 ArCRA Education Conference that will be held in Eureka Springs in October. Please contact John Guire, jguire@ftsm.mercy.net

LET'S GET UP CLOSE AND PERSONAL



Fancy tulip from Sharon DeRamus' garden.

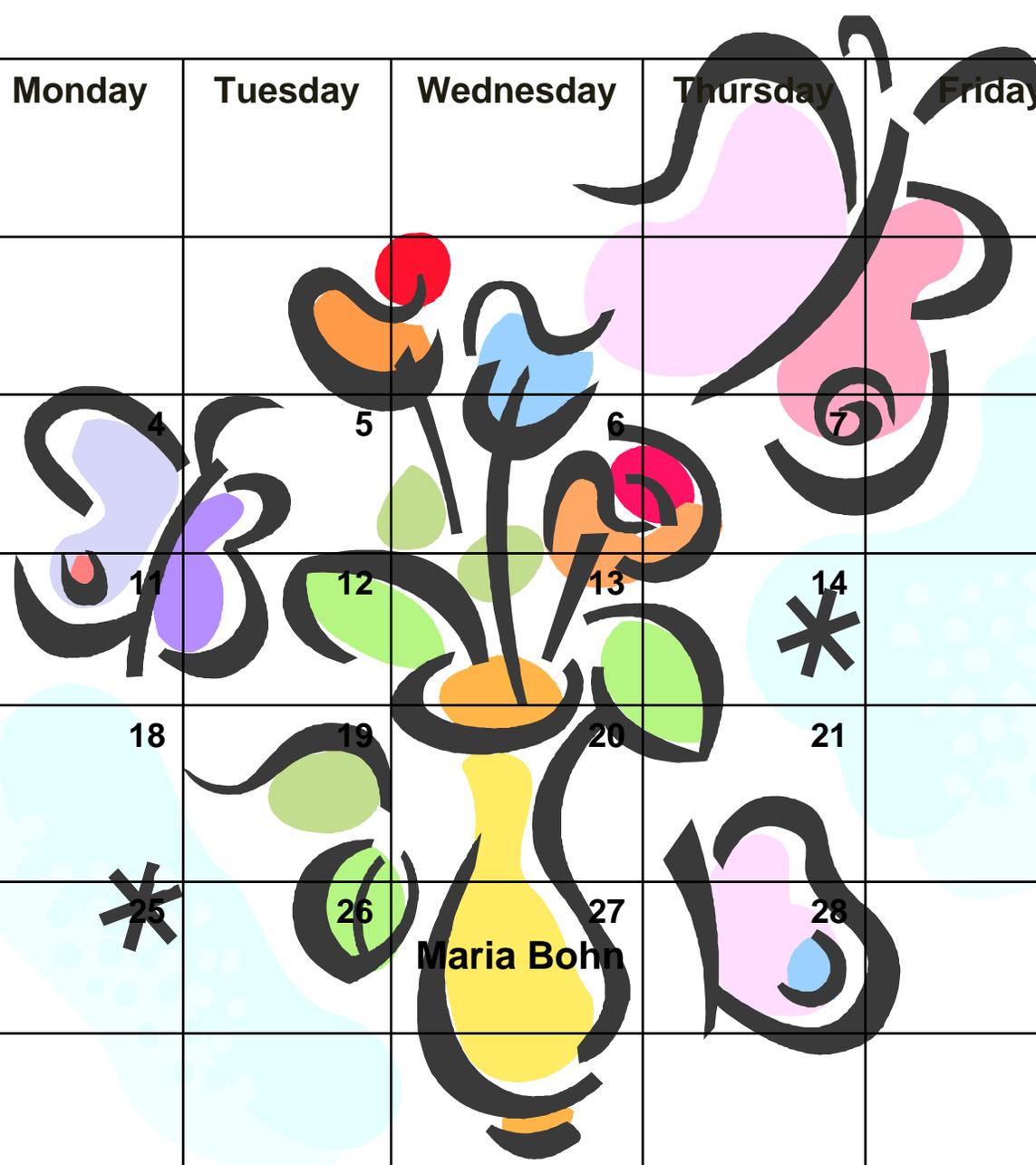


John Guire and son, Kameron.

Dianna Wilson would like to announce the birth her first grandchild, Hannah Lynn Davidyan. She was born Thursday, February 19, 2009 at 5:49 p.m. She weighed 7 lbs 5 oz and was 19 $\frac{1}{2}$ inches long. **Congratulations Grandma Dianna!**

May 2009

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
						2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						



Maria Bohn

June 2009

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	28	Lois Williams-Raynor	

