

Nov.  
2009

# ArCRA Newsletter

## *A Letter From Your 2009-2010 ArCRA President...*

Thank you for allowing me to be the president of ArCRA one more time. I have been a member of ArCRA for over 20 years and I have served on the board many times. The first thing I would like to do as president is find a better way to communicate and share information, so I am looking into the feasibility of establishing our own website. Currently we are publishing our information on ACCR's website. Having our own website will give us a larger capacity and more freedom to disseminate and share our information.

I do hope that each and every one of you considers volunteering your time to serve on at least one committee this year. Serving on a committee is a great way to get involved in our association and share your talents. Each board member is responsible for a committee. Our past President, Gigi White, has formed a committee for a new scholarship that we hope to offer our members or prospective members. President Elect, Debra Reed will be in charge of the fall meeting that will be hosted by Renee Webb and White County Medical Center in Searcy. Secretary, Sarah Fink will be asking for volunteers to assist her with the newsletter committee and Treasurer, John Guire is in charge of the ways and means committee. Dianna Wilson has agreed to be chairman of the bylaws committee and will need members to assist her with any changes to the bylaws this year. Please contact one of these members to volunteer your time and talents.

This year will be challenging with the 2010 changes coming into effect, but we will see success if we continue to share what we learn with each other. The mentorship program is a great way to do this. This program has been in existence for several years, but is still near and dear to my heart. I was mentored by Donna Laster when I came to the registry world and I knew that someday I wanted to share with others as well. If you don't think you can be a mentor, please think again. I was once told that the best way to learn a subject is to teach it. I have learned a great deal from being a mentor. Each one of them made me not only give them answers, but show them where the answers came from. As a mentor you are not expected to know everything, a new registrar just needs someone they can go to when they need some direction. If you want to be a mentor or you need a mentor please let me know and we will pair you up.

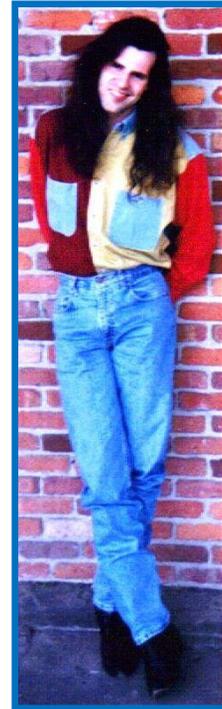
I look forward to serving you this year!

Kathy Dunaway, CTR  
ArCRA President

# MEET YOUR NEW TREASURER, JOHN GUIRE



“Well let’s see if we can spice things up a bit..... I put myself through college by working as a bouncer at a night club in Little Rock....so if anyone gets out of control at the meetings (a battle over Multiple Primaries, perhaps) I can handle it. I received my LPN license in 2006 and went straight into Tumor Registry. I received my CTR this year in March. I have worked for St. Edwards for about 5 years now. I plan on going back to college soon to finish my degree in history.



One of my best friends and mother figure, Doris, died last year of pancreatic cancer after successfully beating lung, and conjunctiva cancers. My experience with her made my job that much more important. She also helped me pick Kameron’s name and was there every step of the way during the adoption process no matter how sick she was. That little boy is everything to me, it meant a lot that Doris got to meet him before she passed.



When I was younger, I did a couple of fashion shows and even came in third in a modeling contest, which was quite a contrast from being the kid in 4H living on a farm and caring for livestock . I have one brother that I am very close to who lives in Atlanta, GA, a sister I unfortunately don’t talk to, and my mother...who has always been more like a daughter to my brother and I. I've narrowly dodged getting married twice, and now have a partner named Ty. ”





# Happy *Fall* from the ACCR!

## **DATA SUBMISSION**

Thank you all for your 2007 data submissions. The QA Staff at ACCR will be working this month to prepare our state data for submission to NPCR and NAACCR in December. We truly appreciate your hard work and efforts to get the data in on time.

## **ACCR ANNUAL STATE MEETING**

Hopefully you've seen the e-mail announcing our plans for the 2010 Annual State Education Conference. I know it's early but please mark your calendars and plan to attend. Encourage your supervisor and managers to come for the workshop because this will give them much needed information about our profession and skill set and hopefully give you all some much needed exposure. If any of you have information you want to make sure we present, please don't hesitate to send me an e-mail. I'd love to hear from you!

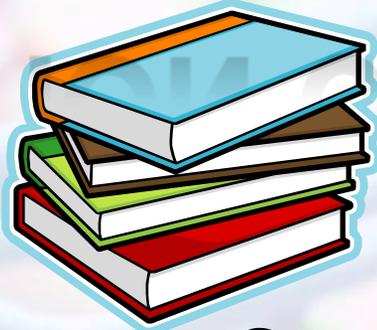
## **CDC/NPCR AUDIT**

The Arkansas Central Cancer Registry will be audited by CDC/NPCR in May 2010 on our 2007 data submissions. We will be notified in February which facilities have been selected for the audit. A total of 9 facilities (3 alternates) will be audited and if your hospital is selected, ACCR will contact you and send a packet to your facility for review. The actual audit process will be the week of 5/3 – 5/14/2010. Please know that your cooperation and compliance with this process is greatly appreciated.



# EDUCATION CORNER

By:  
Melissa Riddle  
ACCR



## Prostate Cases Apparent vs. Inapparent

There are NO terms that tell us what is to be used to determine apparent vs. inapparent. You can only use what the physician states on his DRE, imaging and/or clinical staging. If there is no specific mention of a negative DRE or benign DRE don't interpret as inapparent tumor. Likewise, if the physician states that the prostate is hypoechoic on ultrasound that can not be interpreted as apparent tumor. (Read Prostate CS Exten Note 2)

### Remember:

1. Throw out the old rules (those terms from SEER EOD)
2. Don't interpret the DRE or Imaging
3. Look for a physician's clinical staging (*don't laugh too much*)

# CASE EXAMPLE

Physical Exam: 72yo white male was seen with elevated PSA. DRE: Prostate gland moderately enlarged with each lobe about 2.5x1.5cm, relatively flat and smooth.

Scans: CXR: negative

Labs: PSA: 10.5 (high)

Operation: Prostate needle biopsy

Pathology: Prostate biopsy: L prostate Gleason 6 adenocarcinoma, R prostate: Gleason 7 (4+3) Adenocarcinoma

AJCC Staging: cT2c N0 M0 (per physician)

***What are the CS Extension and CS TS/Extension for this case?***

Did you know that prostate CS Extension codes 20-24 are to be used only for clinically/radiographically apparent tumors and you can not use biopsy information (Note 2, D)?

That means if a physician stages a case cT2a you can code CS extension 21. This is based on a physician's clear statement of apparent tumor.

Also, if a physician makes the statement that the DRE revealed cancer involving both the R and L lobes of the prostate, you can code CS extension 23, based on a physician's clear statement of apparent cancer/tumor in the prostate.

You may NOT use the information from the biopsy of the prostate to determine the number of lobes involved. This can only come from the clinical or radiographic information.



# Brain Surgery

**Please be careful when choosing brain surgery codes.**

Code:

- 20 Local excision (bx) of lesion/tumor/mass includes:  
Subtotal resection (tumor/lesion/mass)  
Partial resection (tumor/lesion/mass)  
Debulking (tumor/lesion/mass)  
Total resection (tumor/lesion/mass)  
Gross resection (tumor/lesion/mass)
- 40 Partial resection (partial lobectomy) includes:  
Partial lobe  
Partial meninges  
Partial nerve(s)
- 55 Gross total resection (lobectomy) includes:  
Total lobectomy  
Total lobectomy plus more  
Radical lobectomy resection

**It is rare for a patient to undergo a total lobectomy. Please be sure to review the OP report when the physician states "gross resection" performed. Many times they are referring to the gross resection of tumor not the lobe.**

# CASE EXAMPLE

The patient was referred to a neurologist because of a right side hearing loss and possible acoustic tumor.

CT scan on 3/1/2007 diagnosed right acoustic neuroma.

On 3/31/07 the patient had a craniotomy. There was a protrusion of tumor in the vestibule that appeared to come from the cochlea. Facial nerve was spared. There was total tumor resection with clear margins.

***What is the surgery code for this case?***



## Breast CS Tumor Size: Needle Biopsies

CS part 1, p. I-27 letter j: For an incisional needle biopsy, code tumor size as 999 in the absence of a clinical size. Do not code the tumor size from a needle biopsy UNLESS no residual tumor is found on further resection.

SINQ information #20041102:

Rule 4.j on page 128 of the 2004 SEER Manual states "Do not code the tumor size from a needle biopsy unless no residual tumor is found on further resection".

CS Tumor Size--Breast: How is this field coded when a core needle biopsy removes the majority of the tumor? Please see discussion below.

Example:  
3/04/04 core biopsy Rt breast grade 1 infiltrating ductal carcinoma tumor size 0.8cm.  
3/10/04 Lumpectomy: 3mm focus of residual infiltrating ductal carcinoma. If we can not take the size of the core needle biopsy, do we use the residual size of 3mm or the clinical size which was 1cm on mammogram?

Code the tumor size from the mammogram. Do not code the tumor size from the needle biopsy because residual tumor was present in the lumpectomy specimen

### Remember:

- If your biopsy specimen contains more tumor than your resection, then take the clinical size.
- Take the tumor size from the needle biopsy when it removes the entire tumor.

# CASE EXAMPLE

1. Core biopsy taken R breast: 4mm infiltrating ductal carcinoma

Lumpectomy R breast: 1cm infiltrating ductal carcinoma

CS TS: 010 (1cm from lumpectomy, larger than biopsy specimen)

2. Mammogram: suspicious 1cm mass in L breast UOQ, highly suspicious for breast cancer

L breast core biopsy: 8mm invasive ductal carcinoma

L breast lumpectomy: no residual carcinoma

CS TS: 008 (taken from biopsy because no residual tumor)

3. Mammogram: mass noted in UIQ R breast highly suspicious for breast cancer

R breast needle biopsy: 9mm DCIS

R breast lumpectomy: 2mm residual DCIS

CS TS: 999 (smaller amount residual tumor following needle biopsy, and no tumor size on mammogram)



**Want to know if you got the answers  
right to the case examples?**

**Submit your answers to:**

**[Melissa.Riddle@arkansas.gov](mailto:Melissa.Riddle@arkansas.gov)**



# UPCOMING NAACCR WEBINARS



***December 3<sup>rd</sup>***

**1-4pm**

**Lung**

***January 7<sup>th</sup>***

**1-4pm**

**Change Management**

***February 4<sup>th</sup>***

**1-4pm**

**Soft Tissue Sarcoma &  
GIST**

# Cancer Registry

because efficiency matters.



I have high expectations, so I need flexible software that is fully integrated and configured for the way I work. Designed, developed and tested in partnership with leading cancer centers in the U.S. and around the world, Impac Software's cancer registry system streamlines data entry, analysis and data flow among the entire cancer center team. The result is a cancer registry system that saves time, reduces cost and helps to ensure high quality data I can rely on.

Call 1-888-GO-IMPAC or visit [www.Impac.com/registry](http://www.Impac.com/registry)

Impac Software. Leaders in Cancer Registry Solutions.

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Practice Management • Clinical Laboratory • Pathology • Cancer Registry



**ELEKTA**  
IMPAC SOFTWARE



# Trick-or-Treat!



Amy Greer's son,  
Hunter



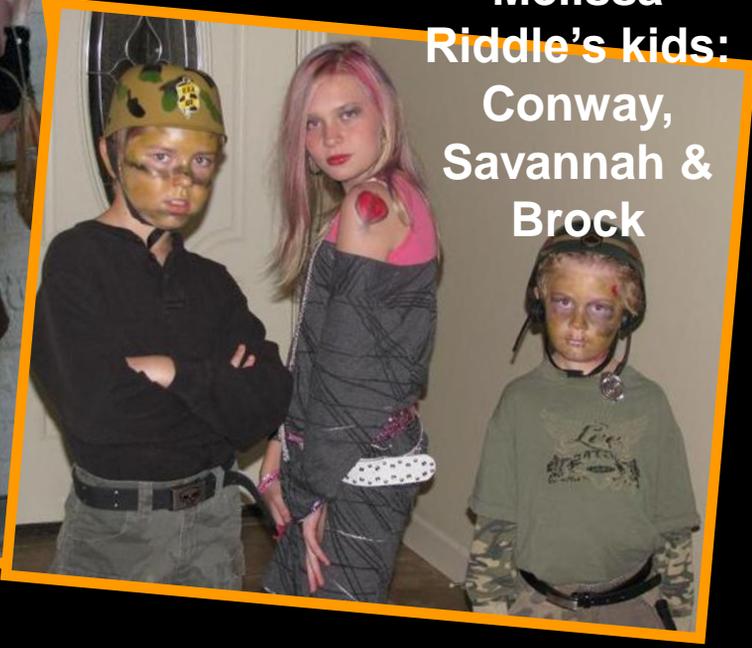
Laura Pickering &  
brother, Brandon



John Guire's  
son, Kameron



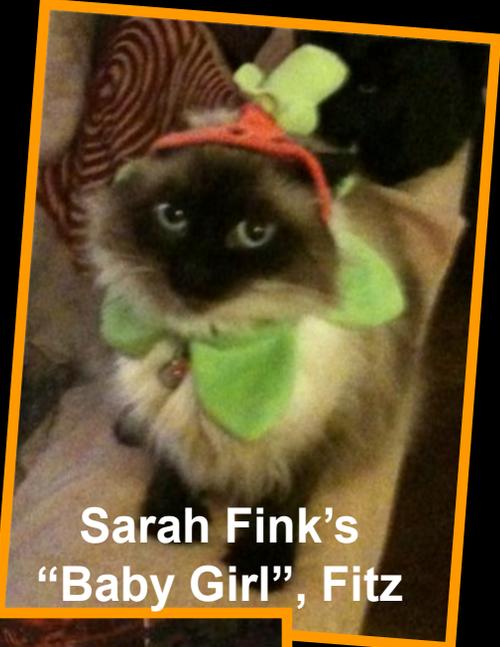
Sharon Deramus',  
granddaughters,  
Candace & Carlie



Melissa  
Riddle's kids:  
Conway,  
Savannah &  
Brock



Kathy Webber's sons,  
Nathan & Grant with friend  
Marco (sumo lady)



Sarah Fink's  
"Baby Girl", Fitz



Gigi White's Son,  
Parker, Jason, and Parker's best  
friend, Jackson

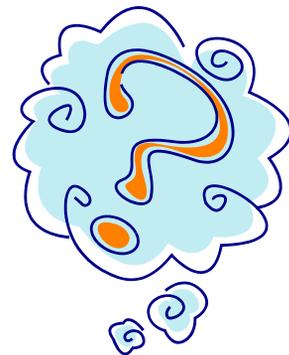


Karyn Cramer's kids,  
Kevin, Abby & Erika



Sarah  
Fink

# How Would YOU CS This Case???



**By: Cynthia Gulley, ACCR**

(8-30-06) Mammo...Nodular density 8 o'clock R Breast, large AX LN's bilaterally

(1-5-07) R Breast Excisional BX...1.7 cm PD Duct CA, neg margins.

(1-15-07) CT Scan...Enlarged R AX LN's, susp for mets LAD.

(1/15/07) Bone Scan...Uptake in T-spine worrisome.

(1/19/07) MRI...Multiple LN R Axilla.

(1/22/07) MRI Spine...Multiple mets.

Per I&R...CS Manual Page 1-12...CS staging represents the aggregate information obtained during the period of diagnosis and work-up, not just the initial contact with the patient. Within the limits of the timing rule, if further diagnostic tests show more precise extension or a more precise tumor size, this revised information is not considered disease progression.

(1-31-07) Neoadjuvant chemo and adjuvant chemo

(7-11-07) RE-excision R breast and Sent and Axillary Lymph Node Dissection... No residual dz, 0/4 ALN neg, 0/4 SLN neg

(9-26-07) XRT

*Answers on following page....*

## **CS Tumor Size 017**

*CS manual pg. 25 3a. Record tumor size from path report when pt receives no XRT or systemic tx prior to surgery.*

**CS Ext 10**

**CS Ext Eval 3**

*CS manual pg I-31 3c. If pt had surgery followed by other treatments code 3.*

**CS Reg LNs 60**

*CS manual pg. 374 NOTE 3: If no LNs were removed for evaluation, or if neoadjuvant therapy was given and the clinical LN involvement is AS extensive or MORE extensive than the pathologic LN involvement (Reg Nodes Eval code 5), then use only the following codes for clinical evaluation of regional nodes: 00, 29, 51, 50, 74, 75, 76, 77, 78, 80, 99.*

**CS Reg LN Eval 5**

*CS manual pg. I-44 3c. If the pt receives preop (neoadjuvant) systemic therapy (chemo, hormones, immunotherapy) or XRT, the clinical status of LNs takes precedence, use code 5.*

*Pg. I-44 3d. If the size, number or ext of regional LN involvement determined prior to treatment was the basis for neoadj therapy, use code 5. However, if more extensive tumor is found during LN examination after neoadj therapy, use code 6.*

**CS Mets 44**

**CS Mets Eval 0**





**THANK YOU**

to everyone who helped  
make the 2009 ArCRA  
Conference such a  
**HUGE success!!**

**FOR THOSE  
NOT IN  
ATTENDANCE,  
HERE'S WHAT  
YOU MISSED!**

# AR Made NAAACCR GOLD Certification

## Why Being GOLD Certified is So Important:

If we don't have high quality data, data that meets "silver or gold" standard for completeness, accuracy and timeliness, our data does not get used in the calculation of standard incidence statistics. That means the numbers stating the burden of cancer that come out in the various official publishing's will not include our numbers. We don't want our labor to be in vain. We want all the collecting, abstracting, and massaging of the Arkansas cancer data to be recognized. Most importantly, we want to contribute to the reduction of cancer in patients. This won't happen if the researchers and scientists don't use our data, and they won't if the quality standards are not met.

-Theressia Mitchell, RHIT, CTR



...And  
Celebrated  
with a  
DELICIOUS  
Cake!

# Celebrities!



**Sonny  
&  
Cher!**

**Wait...  
TWO  
Chers?!**





# Karaoke!!



“Mustang Sally”!!



“These Boots  
Are Made for  
Walking”!!



“RESPECT”!!







# Business Meeting





# The Top 3 Reasons for Choosing ERS



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

*Cathy Rimmer  
Forsyth Hospital  
Winston-Salem, NC*

**1. Extremely user friendly**

**2. Great customer service**

**3. Guaranteed performance**



"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*



"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*



## What can ERS do for you?

To learn more about ERS or to schedule a demo, call or visit our website today

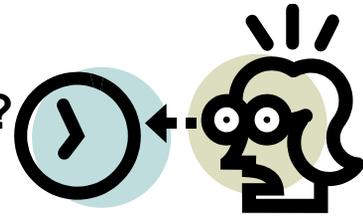
**1-800-824-9020 | [www.ers-can.com](http://www.ers-can.com)**



# CTR Exam Information

By: Karyn Cramer

Can you see the light at the end of the tunnel?  
Man, the pressure is almost over.



NCRA has now posted the schedule for the CTR exam in 2010.

[www.ctrexam.org](http://www.ctrexam.org)

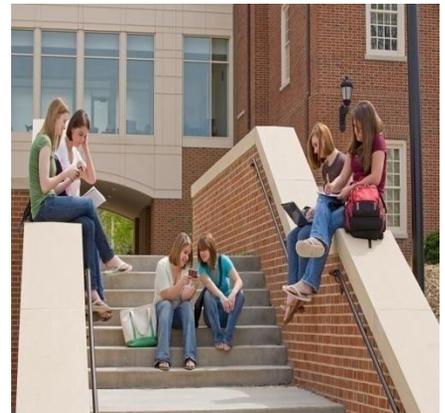


The dates are **March 6-10, 2010 (Deadline Jan. 31, 2010)** or **September 11-25, 2010 (Deadline July 31, 2010)**. You will need to log onto the website and request a handbook for the CTR exam. This has your registration application in it.

There is a **CTR Exam Prep Workshop in Baltimore, Maryland, Jan 30-31, 2010**, you can check this out online also from the NCRA website. They are also offering a **Webinar, March 4, 2010**. It is 1 hour long and will go over computer sections and tips for taking the test.

*\*Above information is taken from the NCRA website for the CTR exam.*

I am trying to get a study group together (Cynthia is going to be helping me study.) We will arrange a meeting place when I find out who is interested. Just shoot me an email and I will get with you. Just trying to find ways to help, I know that I do better studying with a group.



Gigi is also trying to get anyone interested in a prep class to get with her. The state maybe able to get a workshop here in Arkansas if there are enough interested. YEAH!!!!!!

# Shirley Gann

July 15, 1941 – November 1, 2009



*Shirley worked at NARTI since 1987. She started out as a transcriptionist for the radiation oncologist and soon after that she started working in the Cancer Registry. Shirley was voted employee of year by her co-workers in 1989. She learned to abstract and became a CTR in 1990.*

*Shirley was a diligent worker. She had to be forced to take her vacation days. NARTI (Hope Cancer Resources now) has a policy that all employees need to take at least 40 consecutive hours off of work. She hated that policy. When she was sick she was forced to go home and stay home until she felt better. She would say, "I can't miss work. We are so far behind." My response was "one day or one week will not make a difference, Shirley."*

*Shirley loved attending meetings sponsored by ArCRA and ACCR. As many of remember she always sat in the front row with her tape recorder running. She would listen to the tapes in her car while driving to and from work. She was a quiet, unassuming and sweet lady.*

*There is a visitation for Shirley today, Friday November 6<sup>th</sup> from 11:30am to 12:30pm at her church with graveside services at Coffelt Cemetery in Vaughn. Memorials may be made to Radiant Life Church, in care of Benton County Funeral Home, 306 N. Fourth Street Rogers, AR 72756. Online condolences may be made at [www.benton-countyfuneralhome.com](http://www.benton-countyfuneralhome.com).*

*We will miss you, Shirley.*

# Miscellaneous...

To see the 2009-2010 ArCRA officers, click on the link below.

<http://www.healthyarkansas.com/arkcancer/ArCRA/arcra.html>

## **REMINDER!!!**

Annual dues are due **1/1/2010**...the membership form is available on the ArCRA website at the link below....

<http://www.healthyarkansas.com/arkcancer/ArCRA/Pages/Documents.html>

The NCRA Program Recognition Committee has determined that the

**"The times they are a changing... stay educated!"**  
program supports **12.25 CE hours.**

St. Edward Mercy Medical Center's supervisor/manager of the cancer registry will be changing this month to **Marilynn Frazier**, it was **Nancy Larimer**.

## **VOLUNTEERS NEEDED!!!**

Debra Reed, this year's President-Elect, is needing volunteers to serve on her Educational Program Committee to plan and prepare for next year's ArCRA meeting. Jennifer Fielding has already agreed to help. If anyone is interested, please see her contact information below:

[Debra.Reed2@va.gov](mailto:Debra.Reed2@va.gov)

Or

(501)257-6913

I would like to thank the UAMS ladies for their prayers concerning my daughter, Crystal, who passed her tests and is now an FAA Air Traffic Control in Seattle, WA. I had a wonderful time at the State Registrars Conference! I also enjoyed Louanne's teachings.

Thank you again,  
Cissy Carrigan, CTR  
UAMS

Dec 4<sup>th</sup> will be Sue Ann Caudell's 16<sup>th</sup> year anniversary since her successful heart transplant. Congratulations, Sue Ann!

To download presentations from the conference, click on the link below.

<http://www.healthyarkansas.com/arkcancer/ArCRA/Pages/Conferences.html>