



Monthly E-Newsletter January 2022

A Focus On: Leukemia

Registry Updates!

Great News!! NCRA Approved the IDOH Monthly Webinar Series!

October 2021 & November 2021 IDOH Webinar Series (Lymphoma and Corpus Uteri) are now approved for NCRA CE's. You may go back and re-print your certificates for these webinars with the new NCRA number at the [FLccSC](#) website. Going forward, certificates of completion will contain the NCRA number for all attendees who pass the short quiz after viewing the webinar (either live or recorded).

Of Interest Corner

It's a New Year and a new You! Make a resolution to become a CTR (Certified Tumor Registrar) and become a part of the driving force for cancer care!

- In the past, cancer registrars were trained on the job. Today, post-secondary education programs around the country teach cancer data management. Possible college courses that a student might take to earn a degree in this field include cancer and its management, medical terminology, anatomy and physiology, computers in healthcare, biostatistics and epidemiology, cancer data abstracting, database record management, cancer program management, cancer registry procedures, among others.
- NCRA accredits both Associate Degree Programs, Bachelor Degree Programs, and Certificate Programs in Cancer Registry Management. These accredited programs follow standards set by NCRA's Formal Education Program Review Committee. The curriculum content is consistent in all the NCRA accredited programs, but may differ according to the schedules (semester, rolling admission), tuition (in-state, out-of-state), and type of instruction (self-directed online or classroom/online instructor-led). In addition to NCRA accredited programs at community colleges, NCRA offers a self-directed, online certificate in Cancer Registry Management through the American Health Information Management Association (AHIMA).
- To obtain a list of programs to work towards completion of the CTR program (either in a Certificate program or undergraduate degree program) visit: <https://www.ncra-usa.org/Education/Accredited-Education-Programs/Associate-and-Certificate-Programs>

We look forward to you becoming a part of the future of Cancer Registry in the great state of Indiana!

Did you know that January is Cervical Cancer Awareness Month?

Cervical cancer was once a leading cause of cancer death for women in the United States. Today, screening and prevention have greatly reduced the impact of this form of cancer.

- In a study published in *Cancer Epidemiology, Biomarkers & Prevention*, a journal of the American Association for Cancer Research (AACR), researchers investigated the types of HPV infections in 12,514 women aged 15 to 45 and found that the seven subtypes of the virus targeted by Gardasil 9 accounted for about 91 percent of the most advanced cervical precancers, meaning that Gardasil 9 could prevent nine out of 10 cases of cervical cancer.
- There is a lack of public awareness and adherence to vaccination programs in the U.S. The Centers for Disease Control and Prevention (CDC) recommends vaccination for girls and boys ages 11 to 12.
- Usually cervical cancer develops slowly over time, and another powerful preventive measure is Pap test screening, a procedure during which cells are collected from the surface of the cervix and examined. The Pap test can both detect cancer at an early stage, when treatment outcomes tend to be better, and detect precancerous abnormalities, which can then be treated to prevent them from developing into cancers.

Abstracting Training

Upcoming Training (01/25/2022 @ 12pm eastern)

Registration Required: 1 CE (Cat A) Available with quiz submission at end of presentation. (Free!)

Link: [FLccSC Website](#)

IDOH Webinar Series: [Abstracting Leukemia](#)

Overview: Upon completion of this course, the learner will be able to put into action all the elements involved with abstracting Leukemia cases. The learner will also understand the etiology of Leukemia and will be able to identify key characteristics and risk factors. The learner will leave with a better understanding of Leukemia and how to utilize all resources available for abstracting these types of cases.

Coding News

2022 Revisions to the Heme Manual 2021

- Diagnostic confirmation section of the manual updated to indicate which histologies have a default code of 3 (histology plus immunophenotyping/genetics) and those that should never have a code 3.
- The Hematopoietic database has a new field called "Diagnostic Confirmation." Information for each /3 histology has information about diagnostic confirmation added.
- For 9896/3: Alternate name "AML with recurrent genetic abnormalities, NOS" was removed from this code and was moved to 9861/3. Due to questions received about a case presented at NCRA and then consultation with a Hematopoietic expert, it was determined that this alternate name was incorrectly placed in code 9896/3 and the appropriate place for this alternate name was in 9861/3.
- Additional information added in 9861/3 about the "AML with recurrent genetics abnormalities" group.
- For 9811/3, the more specific B-cell lymphoma/leukemias were added as a reference.

2022 Solid Tumor Rules New Release: The September 2021 update includes changes that apply to cases diagnosed January 1, 2022 and after. The editors recommend that until these changes are implemented, registrars continue using the current Solid Tumor Rules (PDF, 7.0 MB), updated December 2020 (for cases diagnosed from January 1, 2018 through 12/31/2021.) Click here for [link](#) to this document.

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QA Corner

Question 1. SEER INQ (20200012) How many primaries are accessioned for a patient diagnosed with myelodysplastic syndrome (MDS) with ring sideroblasts in 2005, and stated to have progressed to high risk disease/early evolving acute myeloid *leukemia* (AML) in 09/2019?

Answer: Abstract a single primary as we do not abstract early/evolving AML. This is still one primary until there is a confirmed diagnosis of AML.

Question 2. SEER INQ (20210044)-Plasma Cell Myeloma: Can serum protein electrophoresis (SPEP) be used as a definitive diagnostic method in the absence of a bone marrow biopsy? Is it appropriate to assign code 5 (Positive laboratory test/marker study) if there is no histological confirmation?

Answer: Assign code 5 in Diagnostic Confirmation. We consulted with an expert hematopathologist who stated that SPEP would qualify for a diagnostic confirmation code of 5. He also stated that normally a SPEP is followed by a bone marrow biopsy.

Question 3. SEER INQ (20210039) Lymphoma: Is a 2021 right tongue base biopsy showing diffuse large B-cell lymphoma (DLBCL) (9680/3) a new primary following a prior history of hairy cell leukemia-variant (HCL-v) (9591/3) in 2011?

Answer: Abstract two primaries. This is a transformation from a chronic disease (the Hairy Cell Variant) to an acute disease (DLBCL). Although this rare situation is not clearly covered in the *Hematopoietic* rules, the fact that this was originally a Hairy Cell Leukemia variant means that the DLBCL is a new primary. SPEP has been added to the Definitive Diagnostic Methods for plasma cell myeloma (9732/3).

For further clarification look up the SEER number at [seer.Cancer.gov](https://seer.cancer.gov) and view the discussion.

Knowledge

Ambiguous Terms that Constitute a Diagnosis	
Apparent(ly)	Presumed
Appears	Probable
Comparable with	Suspect(ed)
Compatible with	Suspicious (for)
Consistent with	Tumor* (beginning with 2004 diagnoses and only for C70.0–C72.9, C75.1–75.3)
Favors	Typical of
Malignant appearing	
Most likely	
Neoplasm* (beginning with 2004 diagnoses and only for C70.0–C72.9, C75.1–75.3)	

Source: STORE 2021

Knowledge Check!

Ambiguous Terminology: Can you pick it out of the diagnosis?

Select the imaging with ambiguous terminology which constitutes a diagnosis.

- MRI Spine: Lesions in right 8th and 11th rib presumed myeloma until proven otherwise.
- CT Lung: Right cervical lymph-node lesion favors DLBCL.
- MRI Pelvis: Diffuse bulky pelvic adenopathy, possibly lymphoma.
- US Neck: Large left cervical mass either lymphoma or reactive lymph nodes.
- MRI Pelvis: Mass in abdomen, appears to be a neoplasm, likely a lymphoma.

Answers: A and B are correct. C-possibly is not ambiguous. D. either or is not ambiguous. E. "neoplasm" is not a malignant tumor and "likely" is not ambiguous.

Puzzle Fun!

Each letter in the phrase has been replaced with a random letter or number. Use the decoder to try to decode the message!

Decoder

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
				20							7		2				18	23	24						

Message

						N	E				E		R	S			R							R
21	12	22	22	14		2	20	6		14	20	12	18	23		16	18	15	19		14	15	25	18

							N		E	R		R	E			S	T	R		!
4	8	15	21		13	12	2	13	20	18		18	20	10	4	23	24	18	14	

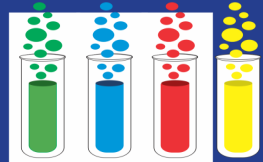
Answer: Happy New Years From Your IDOH Cancer Registry!

Lab Tests 101

How much do you know about lab tests?

Match the test (left) to the definition (right):

- Complete Blood Count
- Urinalysis (Urine cytology)
- Blood Chemistry
- Immunophenotyping
- Cancer Gene Mutation Testing
- Tumor Marker Test
- Sputum Cytology (Culture)
- Cytogenetic Analysis



1. C; 2. H; 3. A; 4. E; 5. B; 6. G; 7. F; 8. D

- Measures metabolites, electrolytes, fats, proteins (enzymes), BUN and creatinine.
- Detects the presence or absence of specific inherited mutations in genes that are known to play a role in cancer development.
- Measures blood cells including RBC, WBC, platelets, hemoglobin.
- Detects the changes in the number and/or structure of chromosomes in WBC or Bone Marrow
- Identifies cells based on the types of antigens present on a cells surface. Used to diagnose & stage cancers of the blood and other hematologic disorders.
- Detects the presence of abnormal cells in mucus and other matter brought up by the lungs.
- Measures levels of specific proteins or genes in tissue, blood, or other bodily fluids that may be signs of cancer or noncancerous conditions.
- Presence of abnormal cells from the urinary tract.

To **promote** **protect** and **improve** the health and safety of all Hoosiers

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