Cancer Registry Newsletter

March 2024

Registry Updates

Cancer data submissions:

The Indiana State Cancer Registry (ISCR) has moved away from FTP program to receive submissions to Web Plus. All reporters should currently be utilizing Web Plus to submit data to ISCR. If any reporters did not receive instructions and Web Plus login information, please contact Padmini Pasam at ppasam@health.in.gov immediately. The submission files should only be in NAACCR xml format. Wwille not accept RMCDS format or any non-NAACCR format submissions.

RMCDS to SEER DMS migration:

ISCR is migrating from RMCDS to SEER DMS. Hospitals that are utilizing free RMCDS software will not be supported by us beyond June 30. Any hospitals currently utilizing RMCDS software that would like to continue with it must contact RMCDS prior to June 30.

- RMCDS contact: Daniel Denhalter- Daniel.Denhalter@utah.edu, 801-581-4307

Reminder about Web Plus file upload naming convention

You are required to name your submission file with the three-digit facility ID, "Data, followed by the date you are uploading the file. This will help our systems to track your submissions effectively.

Example 1: If your facility id is 000 and the date of submission is Feb 15, 2024, then you will name your file as "000Data02152024.xml"

If you are uploading multiple files on the same day, then add numbering at the end. **Example 2:** If you are submitting more than one file on the same day, for your second file add "-2" at the end "000Data02152024-2.xml"

This will allow us to track your submissions much effectively and avoid any confusion.

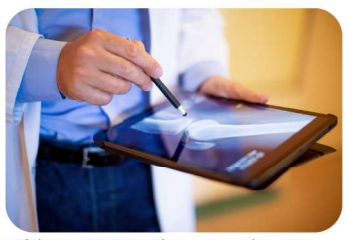
Basics on Bone Cancers

Did you know the human adult body has 206 bones, all of which can develop cancer? Here are some facts about the six common types of bone cancers:

1. Osteosarcoma - Most common form of bone cancer, commonly found in ages 10-30
2. Ewing sarcoma– Second most common form of bone cancer, found in children and teens
3. Chondrosarcoma - Originate in cartilage cells and commonly found in ages 20 and older
4. Chordoma - Slow-growing tumor in bones of spine or skull base and found in ages 30 and older
5. Giant cell tumor of bone - Usually benign tumors but can become malignant
6. Fibrosarcoma of bone - Usually occurs in patients 50 and older
7. High-grade undifferentiated pleomorphic sarcoma (UPS) of bone-commonly occur in soft tissue surrounding ones and occurs in patients with irradiated bone, Padget disease, or infarct.

Source

Coding Assistance



Question: Is chondrosarcoma grade 1 reportable?

Answer: Chondrosarcoma grade 1 (9222/1) is not reportable, per ICD-O-3.2, for diagnosis years **2021 and previous**. This is a synonym of atypical cartilaginous tumor, and borderline (behavior /1). As of 2022, if diagnosed with a chondrosarcoma grade 1 tumor, report as **9222/3** (behavior 3 malignant). Source

Question: Can we assume the primary site for "chordoma" is soft tissue if the bone is not stated?

Answer: Default the coding of the primary site field for chordomas to the bone where the tumor began in the body if the primary site is not clearly stated to be soft tissue. Bone is often the primary site for chordomas. Based on advice from pathologist consultants, this is one of those situations where we can be quite comfortable with a default, in this case to bone, not soft tissue. Chordoma is a tumor arising in the nucleus pulposis, presumably from remnants of notochord - thus its exclusive origin is in the sacrococcygeal region, spheno-occipital region, and vertebral bodies, otherwise known collectively as the axial skeleton. Any "chordoma" in soft tissue (with no relationship to axial skeleton) is probably a myxoid chondrosarcoma or parachordoma (extremely rare). Source

Question: What is the "periosteum" of the bone and is it included in the primary site coding for bone (C40_, C41_)?

Answer: The periosteum is the layer of fibrous membrane covering the bone. It contains blood vessels and nerves. If the tumor arises in the periosteum, code the bone of origin (i.e., C402, long bone of lower limb, if originating in femur). Source

Question: For summary staging of osteosarcoma of long bones of lower limb (C402) which nodes are considered "regional?"

Answer: Refer to Appendix I of the Summary Stage Manual for assistance locating nodes and their regions within the body. The nodes in the close vicinity of the tumor would be considered regional for each case. (i.e., for a tumor of the proximal femur (near the groin), inguinal nodes are within the femur's vicinity and would be regional to this site).

Source

Upcoming Training

Sign Up for Webinar Series: Abstracting Bone Cancer

When is it? Noon EDT, March 26

What is it? Upon completion of this course, the attendee will be able to put into action all elements involved with abstracting bone cancer cases. The attendee will also understand the etiology of bone cancer and will be able to identify key characteristics and risk factors related to the diagnosis of bone cancer. The attendee will leave with a better understanding of bone cancer and how to utilize all resources available for abstracting these types of cases.

Where do I sign up? CLICK THIS LINK

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

Indiana Department of Health
2 North Meridian Street • Indianapolis, Indiana 46204 • 317-233-1325 • health.in.gov