



Cancer Registry Newsletter

April 2024

Registry Updates

Indiana cancer reporting facilities:

- We understand that the software migration transition project at the Indiana State Cancer Registry initially may create reporting challenges among some facilities; however, despite this migration project, it is imperative that all hospitals and other cancer care providers report cancer cases to the Indiana Department of Health (IDOH) no later than six (6) months following the date of such diagnosis. ([IGA | 2021 Indiana Code](#) refer to IC 16-38-2-3 reports for those reportable tumors outlined in our ISCR reporting manual which can be found at [Health CDPC Policy and Procedure Manuals](#))
- If you have any questions pertaining to Indiana State Cancer Registry (ISCR) reporting requirements, please email Patrick Sweany, health information consultant, at psweany@health.in.gov
- If you have technical issues regarding the process to submit cancer cases via WebPlus (which went into effect Feb. 1), reach out to Padmini Pasam at PPasam@health.in.gov

Thank you for your patience and your hard work in ensuring that all reportable cancer cases are submitted in a timely manner.

The Basics of Mesothelium

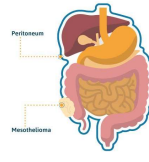
- The mesothelium covers the lungs, heart, testis, and lines the abdomen
- Most common mesothelioma: Pleural Mesothelioma
- The primary function of the mesothelium is to provide a protective surface
- This surface is flexible and not restrictive of the organs it covers



Pleural diseases:
Covers lungs and chest-wall (**most common**)



Pericardial: Covers the heart



Peritoneal: Covers the abdominal organs and abdominal wall



Tunica vaginalis:
Covers the testes

Source: [Asbestos.com](https://www.asbestos.com)

Mesothelioma Coding and Staging

Question: What is the correct primary site code for peritoneal mesothelioma in a female? When I use C482, it seems that the fields are all geared toward primary peritoneal carcinoma with FIGO staging, etc.

Answer: For mesothelioma, NOS (9050) and epithelioid mesothelioma (9052) of the peritoneum for females, assign C481, C482, or C488 as appropriate based on the site of origin in the medical documentation. The primary peritoneal Ca schema is assigned and you will need to complete the SSDIs for FIGO staging, CA-125 PreTx Interpretation, and Residual Tumor Volume Post Cytoreduction.

If the histology is 9051 or 9053 with primary site of C481, C482, or C488 for females, the retroperitoneum schema is assigned. The only SSDI for this schema is bone invasion. (Source: [SEER Inquiry](#))

Question: Can clinical grade be assigned for a left pleura biopsy positive for biphasic malignant mesothelioma high grade?

Answer: Grade would be coded to 9 per the grade manual. We cannot convert high grade into codes 1-4 and mesothelioma does not have the A-D codes. (Source: [Table 2, Grade Manual v3.1](#))

Question: If contralateral hilar lymph nodes are involved in a pleural mesothelioma case, are these considered to be distant mets?

Answer: Contralateral nodes are considered N2 per AJCC 8th Edition, N2 includes contralateral hilar, mediastinal, or supraclavicular nodes. (Source: [AJCC 8th Edition](#), Chapter 37)



For more training on Abstracting Mesothelioma, join the IDOH monthly webinar!

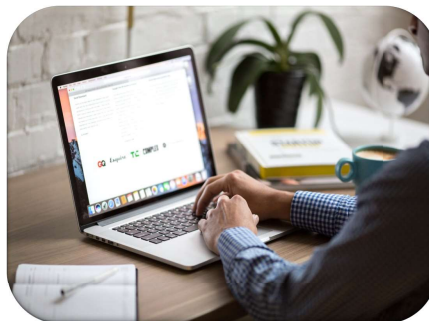
Upcoming Training

Sign Up for IDOH Monthly Webinar Series: Abstracting Mesothelioma

When is it? Noon EDT, April 30

What is it? Upon completion of this course, the attendee will be able to put into action all the elements involved with abstracting mesothelioma cases. The attendee will also understand the etiology of mesothelioma and will be able to identify key characteristics and risk factors related to the diagnosis of mesothelioma. The attendee will leave with a better understanding of lung 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

