



# ArCRA Newsletter



Fall/Winter

March 2012

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## ArCRA Executive Committee:

President:	Lois J. Williams-Raynor, B.A., RHIA, CPC, CTR	<a href="mailto:williamsraynorloisj@uams.edu">williamsraynorloisj@uams.edu</a>
President-Elect:	Melissa Riddle, RHIT, CTR	<a href="mailto:riddlemelissa@ymail.com">riddlemelissa@ymail.com</a>
Immediate Past President:	Debra Reed, CTR	<a href="mailto:debra.reed2@va.gov">debra.reed2@va.gov</a>
Secretary:	Dianna L. Wilson, RHIA, CTR	<a href="mailto:dianna.wilson@mercy.net">dianna.wilson@mercy.net</a>
Treasurer:	Maria Bohn	<a href="mailto:maria.bohn@arkansas.gov">maria.bohn@arkansas.gov</a>
ACCR Liaison:	Sue Ann Caudell, CTR	<a href="mailto:sue.caudell@arkansas.gov">sue.caudell@arkansas.gov</a>
Bylaws Chair:	Kathy Dunaway, CTR	<a href="mailto:kathy.dunaway@elekta.com">kathy.dunaway@elekta.com</a>

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## *A Message From Your 2011-2012 ArCRA President*



Hello Fellow ArCRA Colleagues:

We have not seen each other since September 2011 and it is already March 2012. Wow, this year is passing along fast! Well as you remember during our annual conference I stated my platform is “Advocacy.” Therefore, all decisions I have made and will make have been from this viewpoint. I truly believe this is our year to advocate our profession as Cancer Registrars. Even our national association is leading the way as registrars from every State will join forces and participate in the “WALK ON THE HILL: A DAY OF ADVOCACY,” on Thursday April 19, 2012.

In early February, I met with Theressia Mitchell, Abby Holt and Karyn Cramer to strategize how, when and where we could focus our advocacy efforts. I asked Karyn Cramer to chair an Advocacy subcommittee to motivate and encourage registrars to actively advocate in their local area/region. Karyn has been very involved in her local community and is an excellent choice to get the job done. Karyn recently reached out to several registrars in specific-focused areas to ask them to become “Advocacy Warriors,” (Karyn’s name not mine). Even if Karyn didn’t call upon you directly and you have any ideas to share, please don’t hesitate to get involved – this is definitely a team effort.

My next venture will be to give the “Mythical Registry” presentation I recently informed you all about by e-mail to requests myths, unknowns and/or misconceptions others have about what we do (profession) and who we are (professionals). If you ever had the thought, “if there was one thing I would like administration, the facility as a whole, and/or my manager and co-workers to know is \_\_\_\_\_,” then you qualify to send that statement in. Remember you do not have to limit it to one statement. The presentation is scheduled during National Cancer Registrars Week on Wednesday April 11, 2012 at noon during Grand Rounds at the Winthrop P. Rockefeller Cancer Institute. You all are welcome to attend.

I'll end on this note: I think each of you are special. I know that as a whole we almost never get recognized for the tremendous hard work that we do. One thing we can learn from history is that when we all pull together to have one voice people tend to listen. This year in 2012 let's let our voices be heard!

From the Heart,

*Lois J. Williams-Raynor*  
2011-2012 ArCRA President



## *36<sup>th</sup> Annual ArCRA Educational Meeting Held In Texarkana, AR*

A BIG thank you to the hosts and program committee of the 2011 ArCRA Annual Meeting. 47 ArCRA members attended the annual meeting in Texarkana, September 14-16, 2011.

### *Executive Committee News*



**Orientation Held:** New this year! An orientation session was held for all Executive Committee members, including all Committee Chairs, at the first Executive Committee meeting held in December. All articles in the Bylaws, as well as how the association, Executive Committee, and committees function together, were covered in detail. This was new this year and implemented to give new Executive Committee members and committee chairs an in-depth introduction and understanding of ArCRA functions.

**Advocacy Subcommittee:** A new subcommittee has been created by our President, Lois Williams-Raynor. This is not a standing committee but relevant to Lois's term as president and relates to her focus on advocacy for her term as president as described in her article above. Karyn Cramer has agreed to chair this subcommittee.

### *Committee Reports:*

#### **Treasurer's Report: Maria Bohn**



Total membership for 2012 is 63. This is down 12 members from 2011 which was at 75 members.

Total membership dues collected to date for 2012:	1300.00
Total monies collected for Lucy Utterback scholarship in 2012:	\$72.50
Total monies collected for Shirley Gann scholarship in 2012:	\$72.50

Overall total monies collected to date in 2012:	\$1445.00
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**Education and Program: Jennifer Fielding, RHIT, CTR**

Dates: Thursday-Friday, October 18-19, 2012.

Saturday, October 20, 2012 - Race for the Cure.

Location: Little Rock, AR

The committee has plans to incorporate Lois’s platform of “advocacy” into the theme of this year’s conference. A goal has been set to incorporate the Race for the Cure in 2012 as part of our activities as a group which will give us a great opportunity for all to advocate for the cancer registry profession.

Plans are also being made to hold an open panel discussion and invite outsiders to attend a 1-1/2 hour session where we discuss obstacles/challenges of being cancer registrars or working in registries. What are our obstacles, challenges, successes, visibility/recognition, education, opportunities, etc.

Watch for more exciting news from the Education and Program Committee on our upcoming meeting this fall.

**Bylaws: Kathy Dunaway, CTR**

Please review the ArCRA bylaws and if you have changes that you would like made please send them to me. All suggested changes will be reviewed and voted on at the next annual meeting.

Kathy.dunaway@elekta.com



**Historian: Barbara Murchison, RHIA, CTR**

A request was sent to the ArCRA membership for any photos of previous ArCRA events so that these can be incorporated into the ArCRA scrapbook. Only one response has been received so far. Please look through your ArCRA pictures and see what you can contribute. For the future: Would like to publish some historic photos in the quarterly newsletter and have some fun naming the members or creating a caption for the photo. We are also looking at possibly having the history of ArCRA on our website. Open to suggestions.....

**Scholarship: Theressia Mitchell, RHIT, CTR**

The Scholarship Committee is busy working on refining the processing procedures for our scholarships.



Lucy Utterback Scholarship: Three requests were received and approved in 2011 for annual meeting funds. Additionally, one request for funds for the CTR exam was received and approved.

Shirley Gann Scholarship: One application was received and approved in November from an Individual requesting funds for college courses with cancer registry career goals.



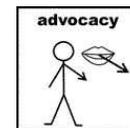
**Ways and Means: Roberta Adams**

The Committee is planning on doing holiday themed baskets for raffle this year. This will include themes for Christmas, Easter, Celebrate America (4<sup>th</sup> of July, Memorial Day, Labor Day, Veterans Day), Fall (Halloween, Thanksgiving, etc.), and Holiday Spa as examples.

The Committee is also working closely with the Education and Program Committee.

### **Advocacy: Karyn Cramer, CTR**

We have formed a Committee that will focus on how to get our profession out of the basement and in the minds of others. Our jobs are on the front line of the war on cancer and many people and departments do not even know we exist.



Here are a couple of suggestions that were mentioned for the "National Cancer Registry Week":

\* I was asked to do this at our facility. I will be making a story board to post outside our cafeteria for the week of "National Cancer Registrars Week"

\*Tracy also suggested that we ask if we could put it in your local newspapers or in the facility newsletter.

Keep watching we will post more...Don't be afraid to step out of that box of comfort. Let people know what you do....Be a WARRIOR!

### **Nominating Committee: Jennifer Fielding, RHIT, CTR**

The Nominating Committee will be soliciting nominations via the summer edition of the ArCRA newsletter and will be sending an e-mail to the members for potential nominations as well. Everyone look forward to hearing from us and give some really serious thought to running for office and serving your association.



### **ACCR Liaison: Sue Ann Caudell, CTR**

- ACCR completed the 2009 Data Submission to NAACCR and the CDC (NPCR) in December. All Edits fell within the Gold status but we will have to wait and see on our counts and for the final decision which is a long process. Thanks for everyone's hard work (in and out of the state offices).
- Staffing: We have 3 new employees Lindsey Sizemore, Cheryl Washington, and Tammy Henderson. They are currently working on training. We still have open positions that are posted.
- ACCR has to report 1 year data for 2010 cases in March; and we are concentrating on abstracting 2010 cases at this time, these will go through the merging and editing process prior to submission. All facilities were asked to submit any remaining 2010 cases by the March 2, 2012 deadline.
- ACCR is in the 5<sup>th</sup> year of our 5 year CDC grant; we don't know at this time if the grant will be renewed.
- We have a CTR, Donna Laster, as a representative for ArCRA on the ACCR Advisory Committee.

### **ArCRA Website: Kathy Dunaway, CTR**

Please visit the ArCRA website at <https://arcra-usa.org/site/>. If you have Anything you would like to add or suggestions please send them to me.

[Kathy.dunaway@elekta.com](mailto:Kathy.dunaway@elekta.com).



## NCRA Liaison: Debra Reed, CTR

2012-2013 NCRA election results are in and one of our members has been elected to a NCRA Board position. Congratulations to Dianna Wilson, the new NCRA Treasurer Junior. You can view the entire election results at <http://www.ncra-usa.org>.



## NCRW 2012: National Cancer Registrars Week

### Cancer Registrars: Partners in Progress | April 9 - 13, 2012

NCRW was established as an annual celebration to promote the amazing work of Cancer Registry professionals. Founded by National Cancer Registrars Association, NCRW is officially celebrated the second week in April; however, by the nature of their work, Cancer Registrars should be celebrated year-round for their incredible dedication toward quality cancer data management.

NATIONAL CANCER REGISTRARS WEEK APRIL 9 - 13, 2012



### NCRW e-Postcards

Go Green. Download the [NCRW 2012 ePostcard](#) and email it to your colleagues and administrators. [PDF]

### New: 2012 Casefinding Lists

2012 Casefinding Lists and 2012 Cause of Death Casefinding Lists are now available on the SEER Web site. <http://www.seer.cancer.gov/tools/casefinding/index.html>.



## *Education Corner*

### Information gleaned from merging cases at ACCR:

#### Breast:

- Use partial mastectomy, nos (general term and non-specific) if you have no operative or pathology report and you cannot determine anything else. Use excisional biopsy/lumpectomy if the operative note and path report state that the tissue removed was the tumor with or without some of the tissue around the tumor. Surgeons sometimes call it a partial mast and then go back b/c of positive or close margins and do another partial mast. Code the first procedure to 22-lumpectomy and the 2nd procedure to 23-re-excision.
- If the patient has a lumpectomy and the nipple is not excised, you cannot assume that Paget's disease is negative and you must code 999 (unknown).
- HER 2 - test (SSF's), that are marked 998 Test not done (test not ordered and not performed). With no text stating test not done, and I believe we were taught that if no

info in medical record (even if we believe no test was done). Stating no test done we are to put 999 unknown.

- Example: Stereotactic breast bx: NEEDLE BX: RT BREAST: INVASIVE MAMMARY CARCINOMA, PROBABLE BASAL TYPE, GRADE 3. SEE COMMENT. COMMENT: BLOCK #1 WILL BE SENT FOR ER And PR TO BE REPORTED IN AN ADDENDUM. HER-2/NEU WILL BE REPORTED SEPARATELY. Path came back tripple negative and lumpectomy was negative for residual and sent LNs were negative. What is histology for this breast case?

Answer: There are some descriptions based on gene and immunohisto studies that show the prognosis of the patient. Triple negative is one of those. Basal type is another description of that. This pathologist has not given you ANY cell type to code -- mammary is not a cell type for us (does he mean ductal? lobular? medullary?) and basal type is not cell type. One web site noted: "Most studies divide breast cancer into four major molecular subtypes: Luminal A; Luminal B; Triple negative/basal-like; HER2 type."

### **Lung:**

- SSF2...visceral pleural invasion. Note 2: Code results as stated on the pathology report. Code 998 if no histologic examination of pleura to assess pleural layer invasion. Note 3: If pleural/elastic layer invasion (PL) is not mentioned on the pathology report, code 999. Note 4: An FNA is not a histologic specimen and is not adequate to assess pleural layer invasion. If only an FNA is available, use code 998.

### **Cervix:**

CIN III is not the same as CIS. CIN III needs to be addressed as its next progression and is usually (not always) CIS, then invasive - either way, CIN III & CIS need attention, but CIS is stage 0, CIN III is not. See <http://www.inspire.com/groups/national-cervical-cancer-coalition/discussion/cin-iii-is-not-the-same-as-cis/> for further information.

### **General:**

- LVI...registrar must code 9 unknown if no mention in path report...it case is in-situ registrar codes 0-none...path report must specify LVI is neg to code 0.
- if a Reg LN is bx'd, aspirated, or removed (exc bx) this gets coded as Scope of Reg LN Surgery.
- Pathology report states non-small carcinoma but physician states in clinical notes adenocarcinoma. Code what the pathology report states.

### **Radiation:**

- When you code radiation, you code the dose that was given to the primary site FIRST. If there was no dose to the primary site, THEN you can code what was given to a metastatic site.  
Example: In this case, 20Gy (2000cGy) was given to the cervix, which was the primary. The 5040 was given to the pelvic LNs (a possible metastatic site, but not the primary). Which is why they do the brachytherapy -- to get a curative dose delivered specifically to the cervix. If they did the 5040 straight to the cervix in beam fashion, they turn the labia, vagina, etc. into tissue paper which is not a good idea. So the dose to the cervix was 20Gy in beam, then 888888 in boost with brachy codes. The 5040 pelvic LN can be documented in text, but it does not belong in the primary site RT documentation.

### **Change in CS LN Eval Codes (v02.02.00 and later)**

- Note 1: This field is used primarily to derive the staging basis for the N category in the TNM system. It records how the code for the item "CS Lymph Nodes" was determined based on the diagnostic methods employed and their intent.

- Note 2: In the 7th edition of the AJCC manual, the clinical and pathologic classification rules for the N category were changed to reflect current medical practice. **The N is designated as clinical or pathologic based on the intent (workup versus treatment) matching with the assessment of the T classification. When the intent is workup, the staging basis is clinical, and when the intent is treatment, the staging basis is pathologic.**
  - A. Microscopic assessment including biopsy of regional nodes or sentinel nodes if being performed as part of the workup to choose the treatment plan, is therefore part of the clinical staging. **When it is part of the workup, the T category is clinical, and there has not been a resection of the primary site adequate for pathologic T classification (which would be part of the treatment).**
  - B. Microscopic assessment of regional nodes if being performed as part of the treatment is therefore part of the pathologic staging. **When it is part of the treatment, the T category is pathologic, and there has been a resection of the primary site adequate for pathologic T classification (all part of the treatment).**
- Note 3: Microscopic assessment of the highest N category is always pathologic (code 3).
- Note 4: If lymph node dissection is not performed after neoadjuvant therapy, use code 0 or 1.
- Note 5: Only codes 5 and 6 are used if the node assessment is performed after neoadjuvant therapy.

### Scope of Regional LN Surgery:

Case Scenario:

1-1-11...Mammo: R breast with 10 cm mass suspicious for malignancy

1-2-11...R breast bx...path: pos for duct ca

1-3-11...R sentinel lymph nodes excised...path: 1/3 sent LNs pos

2-1-11...neoadj chemo given

3-1-11 R breast MRM...path: 3.0 cm duct ca...0/11 axillary LNs neg

How to Code:

Date of 1<sup>st</sup> Course Treatment: 1-2-11 (sent LN surgery)

Date of 1<sup>st</sup> Surgical Procedure: 1-2-11 (sent LN surgery)

Scope of Regional LN Surgery, code 2 (sent LN bx)

Date of Most Definitive Surgical Resection of Primary Site: 3-1-11 (R MRM)

Surgical Procedure Primary Site: 51 (MRM w/o removal of contralateral breast)

Scope of Regional LN Surgery: 7 (sent LNs and axillary LNs removed at different times)

You must code your last Scope of Regional LN Surgery as 7 - Sentinel node biopsy and code 3, 4, or 5 at different times (Code 2 was followed in a subsequent surgical event by procedures coded as 3, 4, or 5)

## Upcoming Webinars

April 4<sup>th</sup> – Collecting Cancer Data: Lower GI

May 3<sup>rd</sup> – Collecting Cancer Data: Hematopoietics

June 14<sup>th</sup> – Using and Interpreting Data Quality Indicators

July 12<sup>th</sup> – ICD O-10 & Cancer Surveillance

August 2<sup>nd</sup> – Collecting Cancer Data: Melanoma of Skin

September 6<sup>th</sup> – Coding Pitfalls





## *ArCRA Forms*

See the next page for ArCRA forms:  
Membership Application Form



# ARKANSAS CANCER REGISTRARS ASSOCIATION MEMBERSHIP APPLICATION FORM

**Active:** \_\_\_\_\_ \$20.00  
\_\_\_\_\_ \$30.00 (after February 15)

**Associate:** \_\_\_\_\_ \$10.00  
\_\_\_\_\_ \$15.00 (After February 15)

**Corporate:** \_\_\_\_\_ \$100.00 (1 to 5 members) \_\_\_\_\_ \$200.00 (6 to 10 members)  
\_\_\_\_\_ \$300.00 (11 to 15 members)

Would you like to include a donation to the Lucy Utterback Scholarship program? Please write in the amount and add to your dues. Yes, I would like to donate \$\_\_\_\_\_.

Would you like to include a donation to the Shirley Gann Scholarship program? Please write in the amount and add to your dues. Yes, I would like to donate \$\_\_\_\_\_.

**Total Enclosed:** \$ \_\_\_\_\_

**Name:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_

**Preferred Address:** \_\_\_\_\_

**Date of Birth (optional)** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail address:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**NOTE: YOU WILL RECEIVE AN ELECTRONIC RECEIPT VIA THE EMAIL YOU PROVIDED.**

**Would you like to be contacted for CTR contract work by independent consulting companies?**

Yes \_\_\_\_ No \_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Complete form and make check payable to Arkansas Cancer Registrars Association (ArCRA) and mail to:**

**Maria Bohn**  
**ArCRA Membership**  
**14318 Hilario Springs Rd**  
**Little Rock, AR. 72206**

I hereby apply for membership and agree to abide by the bylaws and conduct myself professionally in accordance with the code of ethics of the association.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_