



Minnesota Cancer Surveillance System NOTES



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NEW MULTIPLE PRIMARY & HISTOLOGY CODING RULES TO BE IMPLEMENTED JANUARY 1, 2007

Elaine Collins, RHIA, CTR

Cancer registrars apply standardized rules to medical information describing the diagnosis of cancer, to determine the number of primary cancers that may occur in an individual and to assign codes that specify the site and histology, or body organ and cell/tissue type where the cancer originated. The codes for site and histology are published by the World Health Organization in the *International Classification of Diseases for Oncology*, currently the third edition implemented in 2001 (ICD-O-3). The ICD-O is updated periodically to reflect changes in scientific understanding of carcinogenesis within the human body and to allow for appropriate coding and classification of cancer histologies. The ICD-O-3 includes revised codes for lymphomas and leukemias, and additional codes for other solid tumors to allow for greater specificity of individual cell types or description of complex or mixed cell types composing the tumorous lesions. Registrars' efforts to adapt the existing coding rules or standards to the ICD-O-3 coding scheme revealed shortcomings in those rules, and in January 2003 a Multiple Primary and Histology Task Force (MP/H) was formed to address this issue and develop a new set of coding standards which could be applied consistently to cancer information by all registrars and result in biologically valid determinations of the number of primary cancers and descriptions of their cellular origin.

The MP/H project was sponsored by the Surveillance Epidemiology and End Results (SEER) program within the National Cancer Institute (NCI), and the task force included membership from the SEER regions throughout the United States, state central registries, the American College of Surgeons (ACoS) Commission on Cancer (COC), the American Joint Committee on Cancer (AJCC), the National Program of Cancer Registries (NPCR) within the Centers for Disease Control and Prevention (CDC), the National Cancer Registrars Association (NCRA), the North American Association of Central Cancer Registries (NAACCR), and the National Cancer Institute of Canada (NCIC). Guided by specialty pathologists and clinicians, the Task Force also sought regular consultation with the editors of ICD-O-3. SEER has performed extensive testing of the rules on its database.

The MP/H rules developed by the Task Force will be implemented for all cancers diagnosed starting January 1, 2007. The rules present a standardized process across all cancer sites (except for the hematopoietic neoplasms) for determining the number of primary cancers and assigning histology codes. The registrar first determines the primary site and number of tumors involved in the disease process, then follows a sequence of rules within a coding module based on primary site and number of tumors to determine the number of separate primary cancers, and then follows a sequence of rules within a coding module based on site and number of tumors abstracted as a single cancer to assign a single histology code to the cancer. *(continued on next page)*

(Task Force Rules: Continued from page 1)

The rules include general terms and definitions that apply to all the included cancers, plus terms and definitions for each set of site-specific rules. Site-specific rules are available for head and neck, colon, lung, melanoma of the skin, breast, kidney, renal pelvis/ureter/bladder, and malignant brain tumors. Cancers for other body sites (except for the hematopoietic and benign CNS neoplasms) are included in an "other" group of rules. The rules are presented in three formats, text, matrix, and flowchart; and users are encouraged to work with the format that best fits their style for processing information and applying instructions. The rules contain background information about cancer sites and histologies, and some of the sections also refer to and use tables presenting relationships between histologies as identified by their ICD-O-3 codes.

SEER initiated an intensive registrar "train the trainer" program for the MP/H rules in the summer of 2005, with support from NPCR for central registry participation. The state-based trainers are now charged with conducting nationwide training for all registrars in the use of the rules. NAACCR and NPCR are also sponsoring a series of webinars, or cancer site-specific web-enhanced information sessions, on the new multiple primary and histology rules, collaborative staging, and assignment of treatment codes. An MCSS staff member has participated in the SEER train the trainer sessions and is currently conducting training for in-house coding staff.

The Minnesota Cancer Registrars Association held a four-hour training session at its fall workshop, and MCSS and MCRA are planning a further training session in the spring of 2007, closer to the time when Minnesota registrars will start to apply the new rules to their case abstracting. The MCSS is also addressing the impact of the rules on its established case consolidation procedures. The rules continue to be clarified as they are being disseminated and SEER is receiving feedback from training sessions throughout the country. As stated, the goal is consistent, standardized cancer information, which can be reliably used to delineate the cancer burden in the country and form the basis for developing cancer plans and evaluating their impact on the population.

STAFFING UPDATE

Nancy Dean became the MCSS Assistant Director for Information Management on October 23. Nancy has extensive experience in managing IT projects, and we are delighted to have her join us.

Jill Kyvig began work with the MCSS on December 5 as the MCSS Notes editor and contract manager. Welcome Jill!

Lynell Hage will be leaving the MCSS in mid-December after showing Jill "the ropes." We will miss you!

THE ROLE OF THE MINNESOTA CANCER SURVEILLANCE SYSTEM (MCSS) AND REVIEW OF CURRENT STUDIES

John Soler, MPH, Epidemiologist

One of the legislatively mandated objectives of the Minnesota Cancer Surveillance System (MCSS) is to "promote high quality research to provide better information for cancer control...." MCSS carries out this mandate by working with qualified researchers who are studying risk factors and causes of cancer. Since 1988, MCSS has participated in numerous epidemiological studies, mainly but not exclusively with researchers at the University of Minnesota and the Mayo Clinic.

Researchers must demonstrate that they have the required qualifications, that their proposed research has sufficient scientific and social merit, that the research as proposed is likely to provide answers to the hypotheses, and that they have an adequate plan to protect the private information. A Scientific Peer Review Committee provides advice to the Commissioner of Health on these topics. Minnesota law provides that, after a proposed study has been approved by the Commissioner, a contract can authorize the researcher to act as an agent of the MDH to contact and request informed consent from eligible cancer patients to participate in the study. Before work can start on any research project, a federally approved Human Subjects Committee with appropriate jurisdiction must also approve it. Researchers are bound by HIPAA if they are health care providers who are covered by HIPAA or if they work for a HIPAA covered entity. Regardless of whether a researcher is covered by HIPAA, all researchers are bound by the very stringent requirements of the Minnesota Government Data Practices Act and the additional privacy protections in the MCSS statutes. MDH is not a HIPAA covered entity, but MDH has to comply with the Minnesota Government Data Practices Act and the MCSS statutes.

Following is a listing and summary of current, ongoing studies.

The Cooperative Family Registry for Colon Cancer Studies is a nine-year national, multicenter study, for which the Minnesota recruitment efforts are set to end in 2007. It began in 1997 with Dr. Jack Mandel and later Dr. Tim Church of the University of Minnesota (School of Public Health, Division of Environmental and Occupational Health) involved in patient recruitment during the first half of the study and Dr. Noralane Lindor of the Mayo Clinic (Department of Medical Genetics) involved in recruitment throughout. The aim of the study is to assemble a large cohort of *(continued on next page)*

(Review of Current Studies: Continued from page 2)

of families with multiple cases of colon cancer. Close to 10,000 patients have been deemed eligible (given age, histology, and other eligibility requirements) and were contacted. As expected, only a small percentage of those meeting the initial eligibility criteria were actually invited into the family registry, based on their confirmed family histories. Following informed consent from the participants, DNA is banked from their tumor and blood. The registry thus will serve as a resource for multiple investigations of the genetics of colon cancer. The registry has obtained a federal certificate of confidentiality.

Colon cancer is a preventable disease. It is nearly always preceded by a premalignant lesion, which can be successfully removed endoscopically. Other than asking patients about family history, we lack the ability to know which individuals are at a heightened risk for colon cancer and who would benefit most from enhanced surveillance. We also lack simple, noninvasive methods for detection of premalignant colonic changes. The Family Registry will serve as a resource for continued research to ascertain epidemiological risk factors, as well as to discover additional risk factors such as common low penetrance genes or environmental exposures, all of which may lead to improved targeting of cancer prevention efforts.

The Predictors of Adult Leukemia in Minnesota (PALM) Study focuses on myeloid leukemia with Dr. Julie Ross of the University of Minnesota Cancer Center as the principal investigator. Beginning in 2006 and expected to continue through much of 2009, the goal will be to recruit into the study as many adults as possible (about 700 patients) who are diagnosed with either Acute (AML) or Chronic Myeloid Leukemia (CML). Due to the often-poor prognosis for those with AML and thus the necessity to contact them as soon as possible, Dr. Ross is using both sentinel physicians and MCSS's rapid ascertainment process for recruiting patients. Controls are selected from the Minnesota Driver's License/ID card records.

Little is known about the etiology of adult leukemias. Past studies have explored the relationship between farming and the risk of leukemia, many of which have shown positive associations with AML and CML. This study will examine relationships of these cancers with farming exposures, use of non-steroidal anti-inflammatory drugs, obesity, and certain genetic susceptibility genes as collected through either cheek cell samples or blood/marrow samples. The study proposes to also explore polymorphisms in several genes important in aspirin, benzene, and pesticide metabolism, as well as genes important in obesity.

Indoor Tanning Use, DNA Repair, and Risk of Melanoma is a study to assess whether indoor tanning is a risk factor for melanoma, as well as to examine the role of DNA repair in modifying the risks of melanoma associated with ultraviolet radiation exposure.

Dr. DeAnn Lazovich of the University of Minnesota, Department of Epidemiology, is the principal investigator for this study, which is currently funded by the National Institutes of Health and previously by the American Cancer Society. The study started in 2004 and will continue into 2009. Researchers expect that approximately 1150 persons will be recruited, out of 1800 potentially eligible cases between the ages of 25 and 59. 1150 controls without melanoma will be selected from Minnesota driver's license records.

The incidence of melanoma skin cancer has risen dramatically since the mid-1950s. Solar ultraviolet radiation is an established risk factor for melanoma, with the magnitude of the risk depending on patterns of sun exposure, intermittent or cumulative, frequency of sunburn, and inherited susceptibility to its effects. The Centers for Disease Control and Prevention and other health experts recommend avoidance of all sources of ultraviolet radiation, yet millions of Americans intentionally expose their skin to artificial ultraviolet radiation emitted by tanning beds and booths. Because the epidemiological evidence regarding the relationship between indoor tanning and melanoma is inconclusive, the indoor tanning industry aggressively promotes the benefits and downplays the potential risk of its services. The results of this study will provide important information to the public health community to assist in formulating messages to educate the public, with a goal of reducing the risk of melanoma.

Statistical Models for Cancer Control and Epidemiology, a four-year study ending in June 2007, is being conducted by Dr. Bradley Carlin, University of Minnesota, Division of Biostatistics. Dr. Sally Bushhouse, Director of MCSS, is a co-investigator. This study is a statistical analysis of three issues related to access to care:

1) Whether increased distance to the nearest radiation facility decreases the likelihood a woman will receive breast conserving surgery (BCS) vs. mastectomy. 2) How many of the roughly 1200 Minnesota women per year who opt for BCS actually get the recommended follow-up radiation? 3) Does survival from cancer vary as a function of the distance from the patient's residence at diagnosis to the nearest hospital or cancer center (stratifying and/or controlling for cancer type, stage at diagnosis and other available factors)? MCSS has done a great deal of work over the past three years to improve the quality of its address information, so that distances can be calculated with good accuracy.

These questions are being analyzed because of a 1999 study done in Iowa which suggested that women in rural areas may be opting for mastectomy rather than BCS (e.g. lumpectomy followed by radiation) more often than their urban and suburban counterparts, partially due to difficulty in reaching the nearest radiation facility.

This data analysis will provide a basis for sound statistical inference and decision making when breast cancer treatment is evaluated. It will help cancer control planners to determine whether breast cancer treatment and cancer survival of Minnesota women depends in part upon the portion of the state in which they live.



The Minnesota Cancer Surveillance System (MCSS) is the state's cancer registry. It is an ongoing program within the Section of Chronic Disease and Environmental Epidemiology at the Minnesota Department of Health (MDH).

***** SAVE THE DATES*****

NAACCR 2007 Cancer Surveillance Institute I: Principles & Public Health Applications February 5-9, 2007 Tampa, FL
http://www.naacr.org/index.asp?Col_SectionKey=10&Col_ContentID=65

Cancer Summit 2007 May 8, 2007
 Earle Brown Center Heritage Center, Brooklyn Center, MN
http://www.cancerplanmn.org/Cancer_Summit_2007.html

NAACCR 2007 Annual Conference June 3-9, 2007
 Detroit, MI
http://www.naacr.org/index.asp?Col_SectionKey=10&Col_ContentID=396

MCSS Notes

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- Dec 14, 2006
- Jan 11, 2007
- Feb 8, 2007
- March 8, 2007
- May 10, 2007
- June 14, 2007
- Sep 13, 2007

»»»»»»»»»»NAACCR Webinar Series««««««««««

The Minnesota Cancer Surveillance System is sponsoring a series of 8 webinars for Hospital Registrars and Cancer Reporters beginning in Oct, 2006. Each webinar will address cancer data collection for a specific site and will include information on anatomy, multiple primary and histology coding rules, collaborative staging, and treatment data items as required by the American College of Surgeons Commission on Cancer. These will be offered in 3 locations simultaneously to minimize travel distances.

For locations, time and more details visit:
<http://www.health.state.mn.us/divs/hpcd/cdee/mcss/webinars.html>

CTR Exam Prep Workshop

This special 2-day workshop is designed to prepare candidates for the Certified Tumor Registrars Credentialing Exam (CTR Exam). Visit the following web site for more detailed information.

<http://www.ncra-usa.org/education/index.htm#sub3>

**National Comprehensive Cancer Network (NCCN) 12th Annual Conference
 Clinical Practice Guidelines & Quality Cancer Care**

Agenda and speakers information available at:
<http://www.nccn.org/professionals/meetings/12thannual/agenda.asp>
