

The Criterion

California Cancer Registry

March, 2009

Chirps!

Reportability:

- ☐ The following histologies of the skin (site codes C44.0-C44.9) are not reportable:
 - 8000-8005 Neoplasms, malignant, NOS, of the skin
 - 8010-8046 Epithelial carcinomas of the skin
 - 8050-8084 Papillary and squamous cell carcinomas of the skin
- ☐ Effective with cases diagnosed January 1, 1996, carcinoma in situ (including squamous cell and adenocarcinoma) of the cervix and CIN III (cervical intraepithelial neoplasia, grade III) are no longer reportable.
- ☐ Benign schwannomas (9560/0) of the cranial nerves are reportable. Benign schwannomas occurring in the spinal cord, peripheral nerves, or peripheral nerve root are not reportable. Reference: DSQC 2007-05 statewide memo.

Patient Identifiers:

- ☐ Address At Diagnosis: While processing Correction records, many corrections are in the Address at Diagnosis field for NEW addresses several years after diagnosis. If a patient has moved to a new address, enter the new address only in the Contact Address field.
- ☐ Race Code: The CCR only requires race code text documentation for unusual cases (see DSQC 2002-06 statewide memo). The visual editors would like to say “thank you” to those registrars who take the time to document race codes on all of their cases. This documentation is extremely useful when consolidating conflicting information from several facilities.

Tumor Data:

- ☐ Sequence Number: Patient with only ONE reportable cancer will have a 00 sequence (60 for benign tumors), not 01. Cases are being submitted with sequence number 01 without documented history of another cancer and another primary is not in our statewide database. Please document other reportable cancers on the abstract. This information is very helpful should the visual editor need to set an Over-Ride Flag verifying the number of primaries.
- ☐ Chronic Lymphocytic Leukemia: Very often there is documentation on the abstract that the patient has a history of CLL, yet the statewide database has no abstract from the facility for the CLL. Note: CLL is a chronic disease and the patient is rarely disease free. Reporting the case at first discovery would prevent follow-back to the facility when a death certificate has CLL listed as a cause of death.
- ☐ Lymphoma, small intestine: Primary lymphoma of the small intestine, particularly the ileum, usually arise in Peyer’s Patches which is lymphoid tissue; these cases should use Lymphoma CS Extension codes for lymph nodes and other lymphatic tissue and not extralymphatic organ/site.
- ☐ Papillary Carcinoma, Thyroid: Code 8260 is listed as a synonym in ICD-0-3 for papillary carcinoma of the thyroid; use 8260 rather than code 8050. Reference: SINQ 20071036 and MP/H Coding Rules, Other Sites, H4
- ☐ Papillary Carcinoma, Renal Pelvis: Papillary carcinoma of the renal pelvis is a specific type of renal cell carcinoma; code to 8260. Reference: MP/H Coding Rules, Kidney, Table 1