# JANUARY 2019 E-Tips

New Jersey State Cancer Registry
Cancer Epidemiology Services
http://www.nj.gov/health/ces
(609) 633-0500

## IS THIS *REPORTABLE*?

**Atypical small acinar proliferation (ASAP) PIN 4-** is not **reportable**. Patients with ASAP found on prostate needle biopsy will likely undergo another biopsy. https://seer.cancer.gov/seerinquiry/index.php?page=view&id=20180094&type=q

**Primary hepatic neuroendocrine tumor (PHNET)-** PHNET is **reportable** as are other digestive system NETs. There is no specific histology code for PHNET. SINQ 20180097 suggests we use histology code 8240/3. For more details see: https://seer.cancer.gov/seerinquiry/index.php?page=view&id=20180097&type=q

**Neuroendocrine microtumor-** is **reportable**. "Microtumor" refers to the size/amount of NET and not to a histologic type. Per SINQ 20180096 https://seer.cancer.gov/seerinquiry/index.php?page=view&id=20180096&type=q

**Monoclonal B-cell lymphocytosis (MBL)**- According to SINQ 20180050 monoclonal B-cell lymphocytosis is **not reportable**. This term will be removed from 9823/3 since it is a /1 (has its own code). MBL is a condition in which a higher than normal number of identical B cells are found in the blood. Lymphocytosis by itself and without further specification means an increase of lymphocytes. This can be caused by many different factors. Monoclonal B-cell lymphocytosis is a condition that resembles chronic lymphocytic leukemia (CLL) and is defined as the presence of CLL-phenotype cells in the peripheral blood in the absence of other features of CLL or SLL. But follow up should be conducted to assure that this has not evolved into a lymphoma.

https://www.cancer.gov/publications/dictionaries/cancer-terms/def/monoclonal-b-cell-lymphocytosis

https://seer.cancer.gov/seerinquiry/index.php?page=view&id=20180050&type=q

## New Treatment for Gastroenteropancreatic Neuroendocrine Cancers

Peptide Receptor Radionuclide Therapy (PRRT) is a radiopharmaceutical (nuclear medicine therapy) that travels throughout the body looking for a somatostatin receptor within neuroendocrine tumors (NET). NETs that form in the midgut area, from the jejunum to the ascending colon, are the most common cancerous NET. These tumors overexpress receptors for a hormone called somatostatin.

Once absorbed into the tumor the radioactive material starts to break down and kill tumor cells. PRRT was approved in 2018 to treat gastroenteropancreatic neuroendocrine tumors in adult patients. It uses lutetium Lu 177 dotatate, which is being studied in the treatment of other types of cancer. Infusion is typically given every 8 weeks for a total of 4 doses. Look for the drug LUTATHERA®.

According to SINQ 20180106 it is to be coded as Other Therapy, code 1.

https://seer.cancer.gov/seerinquiry/index.php?page=view&id=20180106&type=q

https://www.cancer.gov/news-events/cancer-currents-blog/2017/new-treatment-neuroendocrine-tumors

http://cinj.org/rutgers-cancer-institute-new-jersey-and-robert-wood-johnson-university-hospital-are-first-state

## *NJSCR Presents:* Spend the Day at the Registry

Please join the New Jersey State Cancer Registry for this full-day interactive workshop designed to give hospital registrars a better understanding of the central cancer registry. Meet the NJSCR staff and see first-hand how your data becomes part of our research and publications. Topics covered include data linkages and follow-up, special studies, death clearance and quality control.

**April 3, 2019 *or***

**June 4, 2019**

**9 AM-4 PM**

**135 E State St. Trenton NJ 08608**

**Earn 5.5 CEs!**

To register for this informative event, visit:
https://www.state.nj.us/health/ces/documents/Brochure%20revised%20for%202019%20dates.pdf

Questions can be sent to your facility's NJSCR Representative or by calling 609-633-0500. DO NOT REPLY to this email.