

## ABSTRACTING AND CODING BOOT CAMP: CANCER CASE SCENARIOS

2017-2018 NAACCR WEBINAR SERIES

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### Q&A

- Please submit all questions concerning webinar content through the Q&A panel.
- Reminder:
- If you have participants watching this webinar at your site, please collect their names and emails.
- We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.

## Fabulous Prizes



3

## AGENDA

- Grade
- ICD-O-3
- Sentinel & Regional Lymph Node Data Items
- Radiation
- New AJCC Related Data Items

4

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## WHERE CAN I FIND IT?

Visit:

<https://www.naaccr.org/2018-implementation/>

For discussions related to 2018 Implementation visit:

<https://www.naaccr.org/forums/forum/2018-implementation/>

You will need to login to your MyNAACCR account.

5



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## 2018 GRADE



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## GRADE CODING INSTRUCTIONS

- Effective with Cases Diagnosed January 1, 2018 and forward
- Classification now varies by tumor site and/or histology
- Three different data items
  - Grade Clinical
  - Grade Pathological
  - Grade Post-Therapy

7

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## GRADE DATA ITEMS

- Grade Clinical
  - Before any treatment whether surgical resection or neoadjuvant therapy
- Grade Pathological
  - Tumor has been resected and no neoadjuvant therapy was administered
- Grade Post-Therapy
  - Tumor has been resected following neoadjuvant therapy

8

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## POP QUIZ 1

A patient had a CT of the head and neck which showed a soft mass in the larynx with extension into the thyroid cartilage. A laryngoscopy and biopsy showed a suprahoid mass. Final pathologic diagnosis: moderately differentiated squamous cell carcinoma. The patient then had a radical laryngectomy. Final pathologic diagnosis: verrucous carcinoma, poorly differentiated.

Grade Clinical	2
Grade Pathological	3
Grade Post-Therapy	blank

9

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## POP QUIZ 2

A patient with a history of hematuria had a cystoscopy that showed a bladder tumor. A biopsy of the tumor confirmed papillary urothelial carcinoma. The patient went on to have a transurethral resection of the bladder tumor (TURB). Final pathologic diagnosis from TURB: papillary urothelial carcinoma, high grade with invasion into smooth muscle. The patient was then given chemotherapy followed by a radical cystectomy. Final pathologic diagnosis: residual foci of high-grade papillary urothelial carcinoma.

Grade Clinical	H
Grade Pathological	9
Grade Post-Therapy	H

10

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## POP QUIZ 3

- A chest x-ray showed an opacity in the right upper lobe of the lung. A biopsy confirmed anaplastic small cell carcinoma. The patient was then treated with chemotherapy and radiation.

Grade Clinical	4
Grade Pathological	9
Grade Post-Therapy	blank

11

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## POP QUIZ 4

A patient has an 8 mm mole on his right foot which changed color and texture. The mole was excised and the final pathologic diagnosis showed acral lentiginous melanoma, Clark level III. The patient then had a wide excision. The pathology from the wide excision showed a single margin with residual melanoma in situ.

Grade Clinical	9
Grade Pathological	9
Grade Post-Therapy	blank

12

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## POP QUIZ 5

A patient had a biopsy of a liver tumor. Final pathologic diagnosis: poorly differentiated adenocarcinoma, most likely from an ovarian primary.

Grade Clinical	9
Grade Pathological	9
Grade Post-Therapy	blank

13

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## POP QUIZ 6

A patient had an excisional biopsy of an unusual patch of skin on her right flank. The biopsy confirmed Mycosis Fungoides. No further tissue was removed. The patient was treated by a medical oncologist.

Grade Clinical	8
Grade Pathological	8
Grade Post-Therapy	blank

14

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## POP QUIZ 7

- A patient was found to have a tumor in the left temporal region. A biopsy of the tumor confirmed a WHO grade 2 WHO Grade 3. The patient went on to have surgical resection of the tumor. Final pathologic diagnosis: Anaplastic Astrocytoma.

Grade Clinical	2
Grade Pathological	2
Grade Post-Therapy	blank

15

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## QUIZ 1

GRADE

16



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## ICD-O-3



17

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## IMPORTANT REMINDER

Please check the 2018 ICD-O-3 Update Table first to determine if the histology is listed. If the histology is not included in the update, then review the ICD-O-3 and/or Hematopoietic and Lymphoid Database and/or Solid Tumor (MP/H) rules.

## USING TABLE 1

- Status
- ICD-O-3 Morphology Code
- Term
- Reportability (Reportable Y/N)
- Comment

Status	ICD-O-3 Morphology Code	Term	Reportable Y/N	Comments
New code/term	8519/2	Pleomorphic lobular carcinoma in situ (C50. _)	Y	ICD-O-3 rule F DOES NOT APPLY to code 8519. Invasive pleomorphic lobular carcinoma is coded 8520/3

19

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## POP QUIZ 8

- Final Diagnosis: left lung, minimally invasive adenocarcinoma, non-mucinous

Primary Site	2018 Histology	2017 Histology
C34.9	8256/3	8140/3

Status	ICD-O-3 Morphology Code	Term	Reportable Y/N	Comments
New code/term	8256/3	Minimally invasive adenocarcinoma, non-mucinous (C34._)	Y	

20

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## POP QUIZ 9

- Final Diagnosis: biopsy, body of pancreas, mixed acinar ductal carcinoma

Primary Site	2018 Histology	2017 Histology
C25.1	8552/3	8523/3

Status	ICD-O-3 Morphology Code	Term	Reportable Y/N	Comments
New code/term	8552/3	Mixed acinar ductal carcinoma	Y	Cases diagnosed prior to 1/1/2018 use code 8523/3

21

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## POP QUIZ 10

- Final Diagnosis: adenocarcinoma of the stomach

Primary Site	2018 Histology	2017 Histology
C16.9	8140/3	8140/3

22

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## QUIZ 2

ICD-O 3

23

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## SENTINEL & REGIONAL LYMPH NODE DATA ITEMS

24

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## NEW DATA ITEMS

- Date of Sentinel Lymph Node Biopsy
- Sentinel Lymph Nodes Examined
- Sentinel Lymph Nodes Positive
- Date Regional Lymph Node Dissection

25

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## DATE OF SENTINEL LYMPH NODE BIOPSY

- Records the date of the sentinel lymph node(s) biopsy procedure
- Required for breast and melanoma cases only
- Do not record the date of lymph node aspiration, fine needle aspiration, fine needle aspiration biopsy, core needle biopsy or core biopsy

26

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## SENTINEL LYMPH NODES EXAMINED

- Records the total number of lymph nodes sampled during the sentinel node biopsy and examined by the pathologist.
- Required for breast and melanoma cases only
- Record the total number of nodes from the sentinel node biopsy procedure regardless of sentinel node status

27

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## SENTINEL LYMPH NODES EXAMINED

Code	Definition
00	No sentinel nodes examined
01-90	Sentinel nodes were removed (code the exact number of sentinel lymph nodes examined)
95	No sentinel nodes were removed, but aspiration of sentinel node(s) was performed
98	Sentinel lymph nodes were biopsied, but the number unknown
99	It is unknown whether sentinel nodes were examined, not applicable or negative, not stated in patient record

28

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## SENTINEL LYMPH NODES POSITIVE

- Records the exact number of sentinel lymph nodes biopsied by the pathologist and found to contain metastases
- Required for Breast and Melanoma cases only
- Record the total number of positive nodes from the sentinel node biopsy procedure regardless of sentinel node status

29

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## SENTINEL LYMPH NODES POSITIVE

Code	Definition
00	All sentinel nodes examined are negative
01-90	Sentinel nodes are positive (code exact number of nodes positive)
95	Positive aspiration of sentinel lymph nodes was performed
97	Positive sentinel nodes are documented, but number is unspecified, For breast only: SLN and RLND occurred during the same procedure
98	No sentinel nodes were biopsied
99	It is unknown whether sentinel nodes are positive, not applicable, not stated in patient record

30

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## DATE REGIONAL LYMPH NODE DISSECTION

- Records the date non-sentinel regional node dissection was performed
- For Breast and Melanoma cases:
  - If SLN biopsy done and then subsequent separate RLND, record date of RLND in this data item. Record SLN in the Date of Sentinel Lymph Node Biopsy.
- For all other cases:
  - Record the date of the regional lymph node dissection in this data item

31

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## POP QUIZ 11

On 1/1/18 a patient had core needle biopsy of primary breast tumor and of an enlarged axillary lymph node. Final diagnosis showed Infiltrating ductal carcinoma with the lymph node positive for metastatic ductal carcinoma. The patient then opted for neoadjuvant treatment followed by lumpectomy and axillary node dissection. The surgical lumpectomy and axillary node dissection was done 03/1/18. 23 axillary lymph nodes were removed that were negative for metastasis.

32

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## POP QUIZ 11(CONT.)

Date of Sentinel Lymph Node Biopsy	blank
Sentinel Lymph Nodes Examined	00
Sentinel Lymph Nodes Positive	98
Date Regional Lymph Node Dissection	03012018
Regional Lymph Nodes Positive	00
Regional Lymph Nodes Examined	23

33

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## POP QUIZ 12

- A patient had biopsy proven acral lentiginous melanoma. Sentinel lymph node biopsy was done 1/12/18. 1 of 2 sentinel lymph nodes were positive for isolated tumor cells. The patient then had wide re-excision with lymphadenectomy on 2/3/18. Final diagnosis stated residual melanoma in situ and 10 popliteal nodes resected, all negative for metastasis.

34

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## POP QUIZ 12 (CONT.)

Date of Sentinel Lymph Node Biopsy	01122018
Sentinel Lymph Nodes Examined	02
Sentinel Lymph Nodes Positive	01
Date Regional Lymph Node Dissection	02032018
Regional Lymph Nodes Positive	01
Regional Lymph Nodes Examined	12

35

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## POP QUIZ 13

- 2/22/18 a patient presented for a low anterior resection of the rectum. Final diagnosis: Adenocarcinoma with 1/36 lymph nodes positive for metastatic adenocarcinoma.

36

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## POP QUIZ 13 (CONT.)

Date of Sentinel Lymph Node Biopsy	blank
Sentinel Lymph Nodes Examined	blank
Sentinel Lymph Nodes Positive	blank
Date Regional Lymph Node Dissection	02222018
Regional Lymph Nodes Positive	01
Regional Lymph Nodes Examined	36

37

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## QUIZ 3

SENTINEL & REGIONAL LYMPH NODES DATA ITEMS

38

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## RADIATION

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39

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## RADIATION DATA ITEMS

- Phase I-III Radiation Primary Treatment Volume
- Phase I-III Radiation to Draining Lymph Nodes
- Phase I-III Radiation Treatment Modality
- Phase I-III External Beam Radiation Planning Technique
- Phase I-III Dose per Fraction
- Phase I-III Number of Fractions
- Phase I-III Total Dose
- Number of Phases of Radiation Treatment to this Volume
- Radiation Treatment Discontinued Early
- Total Dose

40

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## CONVERSION

- As part of the conversion process (v16-v18) the new radiation fields will be populated based on the current radiation fields.
  - New radiation fields will be completed for all diagnosis years
  - Old radiation codes will no longer be collected for any year

41



## RADIATION TREATMENT MODALITY

### Current FORDS CODES

Code	Label
20	External Beam, NOS
31	IMRT
50	Brachytherapy, NOS
51	Brachytherapy Intracavitary, LDR
52	Brachytherapy Intracavitary, HDR
53	Brachytherapy, Interstitial, LDR
54	Brachytherapy, Interstitial, HDR

### New STORE CODES

Code	Label
02	External Beam, photons
03	External beam, protons
04	External beam, electrons
05	External beam, neutrons
06	External beam, carbon ions
09	External Beam, NOS
10	Brachytherapy, intracavitary, LDR
11	Brachytherapy, intracavitary, HDR
12	Brachytherapy, Interstitial, LDR
13	Brachytherapy, Interstitial, HDR
14	Brachytherapy, electronic
19	Brachytherapy, NOS

42

## EXTERNAL BEAM RADIATION PLANNING TECHNIQUE

### Current FORDS CODES

Code	Label
20	External Beam, NOS
31	IMRT
50	Brachytherapy, NOS
51	Brachytherapy Intracavitary, LDR
52	Brachytherapy Intracavitary, HDR
53	Brachytherapy, Interstitial, LDR
54	Brachytherapy, Interstitial, HRR

### New STORE CODES

Code	Label
00	No radiation treatment
01	External beam, NOS
02	Low energy x-ray/photon therapy
03	2-D therapy
04	Conformal or 3-D conformal therapy
05	Intensity modulated therapy
09	CT-guided online adaptive therapy
10	MR-guided online adaptive therapy
88	Not Applicable
98	Other, NOS
99	Unknown

43



## POP QUIZ 14

- A patient with cT1 cN2a cM0 adenocarcinoma of the rectum presents for neoadjuvant concurrent chemotherapy and radiation.
  - 7/17/17-Xeloda
  - 7/17/17 - 8/18/17 5040 cGy 10 MV photon beam to the rectum in 28 fractions. CT was done for IMRT planning purposes.

44



## POP QUIZ 14 (CONT.)

	Phase 1	Phase 2	Phase 3
Radiation Primary Treatment Volume			
Radiation Treatment Modality			
Radiation to Draining Lymph Nodes			
External Beam Radiation Planning Technique			
Dose per Fraction			
Number of Fractions			
Total Dose			
Number of Phases of Radiation Treatment to this Volume			
Radiation Treatment Discontinued Early			
Total Dose			

45

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## POP QUIZ 15

- A 62 year old with a recent diagnosis of breast cancer. She was initially treated with a left segmental mastectomy that showed pT2 N1a<sub>(sn)</sub> cM0 disease. Adjuvant chemotherapy and radiation is recommended.
- She received proton radiation at your facility.
  - A 3D conformal planning technique was used for treatment planning.
  - She received 45 cGe to the left breast and regional lymph nodes in 25 fractions of 1.8cGe.
  - She had an additional boost to the resection cavity of 14 cGe in 7 fractions of 2cGe

46

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## POP QUIZ 15 (CONT.)

	Phase 1	Phase 2	Phase 3
Radiation Primary Treatment Volume	40	41	
Radiation Treatment Modality	03	03	
Radiation to Draining Lymph Nodes	04	00	
External Beam Radiation Planning Technique	04	04	
Dose per Fraction	00180	00200	
Number of Fractions	025	007	
Total Dose	004500	001400	
Number of Phases of Radiation Treatment to this Volume	02		
Radiation Treatment Discontinued Early	01		
Total Dose	005900		

47

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## QUIZ 4

### RADIATION

48



## AJCC DATA ITEMS-SUFFIX

49

## NEW AJCC RELATED DATA ITEMS

Length	Name
15	AJCC TNM Clin T
4	AJCC TNM Clin T Suffix
15	AJCC TNM Clin N
4	AJCC TNM Clin N Suffix
15	AJCC TNM Clin M
15	AJCC TNM Clin Stage Group
15	AJCC TNM Path T
4	AJCC TNM Path T Suffix
15	AJCC TNM Path N
4	AJCC TNM Path N Suffix
15	AJCC TNM Path M
15	AJCC TNM Path Stage Group
15	AJCC TNM Post Therapy T
4	AJCC TNM Post Therapy T Suffix
15	AJCC TNM Post Therapy N
4	AJCC TNM Post Therapy N Suffix
15	AJCC TNM Post Therapy M
15	AJCC TNM Post Therapy Stage Group

50

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## T SUFFIX

- (m) for Multiple synchronous tumors OR For thyroid differentiated and anaplastic only, multifocal tumors
- (s) For thyroid differentiated and anaplastic only, Solitary tumor
- Leave this field blank if (m) or (s) do not apply.

51

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## N SUFFIX

- (sn) Sentinel node procedure with or without FNA or core needle biopsy
- (f) FNA or core needle biopsy only
- Leave this field blank if sentinel node biopsy or FNA was not completed

52

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## POP QUIZ 16

- Thyroidectomy and excision of thyroglossal duct cyst:
  - 0.7 cm papillary carcinoma, right thyroid, extends to thyroid capsule but not through.
  - A second papillary carcinoma measuring .5cm is found in the right thyroid.
  - Three lymph nodes negative for metastasis.
  - No indication of distant metastasis

Data Item	8 <sup>th</sup> ed
Path T	<b>pT1a</b>
Path T Suffix	<b>(m)</b>
Path N	<b>pN0</b>
Path N Suffix	<b>blank</b>
Path M	<b>cM0</b>
Stage	<b>2B</b>

53



## POP QUIZ 17

- Imaging showed a 1cm malignant appearing tumor in the right breast. No clinically enlarged nodes.
- Core biopsy of breast tumor:
  - Nottingham Grade 2
  - Invasive ductal carcinoma
  - Her 2 negative, ER +, PR +
- Sentinel lymph node biopsy: 1 of 4 nodes positive for micrometastasis

Data Item	8 <sup>th</sup> ed
Clinical T	<b>cT1b</b>
Clinical T Suffix	<b>Blank</b>
Clinical N	<b>cN1mi</b>
Clinical N Suffix	<b>(sn)</b>
Clinical M	<b>cM0</b>
Stage	<b>2B</b>

54



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## QUIZ 5

### STAGE DATA ITEMS



55

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## COMING UP....

- Collecting Cancer Data: Pancreas
  - 04/05/2018
- Directly Coded Stage
  - 05/03/2018

56

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## Fabulous Prizes Winners



57

## CE CERTIFICATE QUIZ/SURVEY

- Phrase
- Link

<https://www.surveygizmo.com/s3/4221708/Boot-Camp-2018>

58

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