# Q&A Session for Abstracting and Coding Boot Camp: Cancer Case Scenarios

# Thursday, March 2, 2017

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Q1: Will the "What you need to know" document be included with the Q&A? I don't see it with the course material.

A1: Here is a link to access the *What You Need to Know for 2017* document as well as the 2016 Implementation Guidelines: <https://www.naaccr.org/implementation-guidelines/>. The *What You Need to Know* *for 2017* document was recently revised March 2017. I would review the Revision Control table and note that the clarification for the bronchio-alveolar histologies has been removed.

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Q2: So if a NIFTP is diagnosed prior to 2017, can I code it to 8343/3 as per SEER SINQ 20160040?

A2: The SEER SINQ 20160040 states to code as 8340/3 and to document in the text field. Here is the link: <https://seer.cancer.gov/seerinquiry/index.php?page=view&id=20160040&type=q>

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Q3: Invasive mucinous adenocarcinoma =8253/2?­

A3: Thank you for catching that Invasive Mucinous Adenocarcinoma should be 8253/3

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Q4: ­I told Jim that #2 has a type Infra should be Intra that is the definition for intra in "C"­

A4: Thank you for catching that. You are correct that question #2 on the Medical Terminology and Anatomy quiz Infra should be Intra.

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Q5: ­PMB (private postal mail box) address are submitted. Can you clarify that these addresses should be corrected?­

A5: We do not want any PO Box information of any type in the street address fields unless there is absolutely no other address information available for time at diagnosis. PO Boxes of any kind can be put in the current address fields and in the supplemental address field. However, if a PO Box is the only address available, put the PO Box information in the street address fields—do not leave address at diagnosis fields blank.

Q6: ­Please verify...do we put in the street address or the nursing home name?

A6: Yes—if a patient is living in a nursing home or other group facility (jail, rehab, etc) at time of diagnosis, the street address of the facility is to be put in the address at diagnosis fields. Any associated PO Box and the name of the facility should be entered into the supplemental address field.

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Q7: ­If only PO Box address available, does it go in street address field or Supplemental field?­

A7: If PO Box address is the only information available, then it is entered into the street address fields. Do not leave those fields blank.

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Q8: ­On the Summary Stage & TNM for question 2: our AJCC 7th edition has chapter 3 for the Lip & Oral Cavity. The quiz says chapter 4...? ­

A8: ­Thanks for catching this. It should say Chapter 3:Lip and Oral Cavity, Chapter 4: Pharynx and Chapter 5­: Larynx.

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Q9: ­[Summary Stage & TNM quiz question #14] Pathologic Staging section in AJCC Ovary chapter states "Surgery & biopsy of all suspected sites of involvement provide the basis for staging." Does this mean that you can pathologically stage any T for ovary with NX?­

A9­: No. Only cases with pT3c with no LNs removed. This is the only category where if LNs are negative or positive the stage group remains IIIC. See link to CAnswer Forum Post.

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging/gynecologic-sites-chapters-33-39/66317-ovarian-pathological-staging>

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Q10: Do lab text field only apply to tumor markers?

A10: No. In the lab tests field you can place information about any pertinent labs that would apply to the cancer diagnosis, or site specific factor fields. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q11: ­Can we assign the code 8341/3 papillary microcarcinoma when it is diagnosed as this on a pathology report ? or should we code all of these as 8260/3 ?­

A11­: According to SEER SINQ 20150023 if the primary is thyroid and the pathology states papillary microcarcinoma or micropapillary carcinoma, code 8260 is correct. Here is a link <https://seer.cancer.gov/seerinquiry/index.php?page=view&id=20150023&type=q>

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Q12: ­Can you please review Q3 how to code micropapillary carcinoma of the thyroid?­

A12: The term micropapillary does not refer to a specific histologic type. It means the papillary portion of the tumor is minimal or occult (1cm or less in diameter). This applies to micropapillary carcinomas of the thyroid only. Reference SINQ 20150023

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Q13: ­MPH quiz question 2 - wouldn't it all be one tumor/primary (rule M2), coded 8120/3 per later path, since it was only biopsied on 1/5/15 and a follow-up TURBT was planned for ~3 weeks later (implying residual tumor remained at dx, to be resected)?­

A13: You are Correct! My scenario was flawed! (Just like abstracting I was not “seeing” what I wrote). My apologies. Thank you for catching that! The correct answer is One primary, using Rule M2.

If there had been two TURBTs 63 days apart with the first showing carcinoma in situ and the second showing an invasive urothelial ca- that would have been two tumors using rule M5.

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Q14: ­Re: Multiple Primary Rules quiz question 5: For colon cancers, are the following terms equivalent: flat, frank, sessile? Please address during appropriate time in presentation.­

A14: The terms flat and sessile are equivalent. The term “frank” means a tumor that is obvious or apparent. “There is a frank (obvious) tumor at the sigmoid junction”.

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Q15: ­Thyroid question-I stopped at M6-single primary­

A15: Rule M6 in the Other Sites module states “Follicular and papillary tumors in the thyroid within 60 days of diagnosis are a single primary. The tumors in this example are diagnosed over 60 days apart.

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Q16: ­How many primaries would you code if you have a squamous cell in L lung 2009 (tx and resected) then 2016 multiple tumors and only 1 biopsied = squamous cell tumor in R lung. There has been some confusion in our facility for when we use rule M1 vs M8­. To clarify, we would have a primary dx in 2009, but then more than 3 yrs later there are 'multiple' tumors in the opposite lung. We don't know if this is just 1 primary 2009 with presumed mets 2016­.

A16: If the physician is not describing the 2016 tumors as mets we can’t assume they are. We would need to follow the multiple primary histology rules. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q17: ­For endometrial cases with the morphology of serous carcinoma 8441/3 why do these come up on the NAACCR clean up to check morphology and site? Is this the correct morph code? ­­I get NAACCR edits occasionally and c54.1 and 8441/3 are always are on there to check to see if site/ morph is correct so just wondering why it is always on this edit.

A17­: It looks like this should have been corrected back in v13 (2013). If anyone is still getting the edit they need to contact their software vendor.

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Q18: Can you please explain the rules on when to use blanks, 88's, and x's when doing TNM staging?

A18: AJCC has a presentation on when to use blanks, 88’s and x’s. It is titled *Explaining Blanks and X, Ambiguous Terminology and Support for AJCC Staging:* Here is the link: <http://cancerstaging.org/CSE/Registrar/Pages/Presentations.aspx>. In general you would use blanks if the case does not meet the criteria for stage classification. You would use X or a valid value when the case does meet the criteria for stage classification. You would use 88 when stage is not defined by AJCC.

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Q19: ­Does this webinar meet the requirement for hours toward staging CEUs?­

­A19: This is from Robin Billet: I'm on Council for Certification for NCRA. Yes, site specific NAACCR webinars count for 3 CE's each. Generally the July webinar is not site specific and will not count. 2 site specific NAACCR webinar will satisfy the 4 hour category A requirement.­­ Boot Camp and Coding Pitfalls webinars will apply to category.

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Q20: ­NCRA's cancer registry education has a section that is helpful for text, called "Informational Abstracts", it includes helpful tips like where to find certain information in the medical records, example text, etc. 12 of them are available for various sites­­ [www.cancerregistryeducation.org/rr](http://www.cancerregistryeducation.org/rr)­.

A20: ­Thanks for the information! I will be sure to include this in the Q&A­

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