

**Collecting Cancer Data:  
Melanoma**

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2013-2014 NAACCR Webinar Series  
April 3, 2014

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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.

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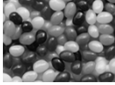

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**Fabulous Prizes**


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**Agenda**

- Overview
  - Quiz 1
- Staging
  - Quiz 2
- Treatment
  - Quiz 3
- Case Scenarios

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Overview

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**The Numbers**

- Estimated new cases and deaths from melanoma in the United States in 2014
  - New cases: 76,100.
  - Deaths: 9,710.

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**Risk Factors**

- Personal or family history of melanoma
- Presence of atypical or numerous moles
- Sun sensitive skin
  - Sunburn easily
  - Difficulty tanning
  - Natural blond or red hair
- History of excessive sun exposure
- Use of tanning booths
- Diseases that suppress the immune system

American Cancer Society, Facts and Figures 2012




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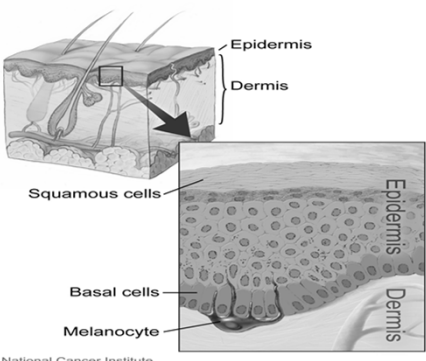
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**Melanoma**

- Melanoma is a malignant tumor of melanocytes, which are the cells that make the pigment melanin



National Cancer Institute

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**Melanoma**

- Most melanomas arise in the skin; they may also arise from mucosal surfaces or at other sites to which neural crest cells migrate
  - Eye
  - Mouth
  - Larynx
  - Lip
  - Sinus
  - Etc.




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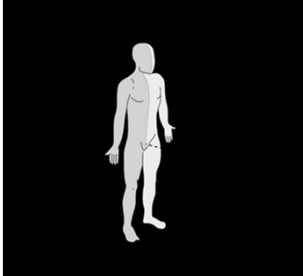
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### Anatomy



- Laterality
  - C44.1 Skin of eyelid
  - C44.2 Skin of external ear
  - C44.3 Skin of other and unspecified parts of face
  - C44.5 Skin of trunk
  - C44.6 Skin of upper limb and shoulder
  - C44.7 Skin of lower limb and hip
- C44.4 Skin of scalp and neck is not considered a paired organ
  - Laterality **may** be coded for this site

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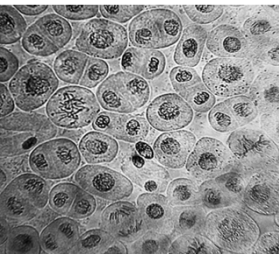
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### Mitotic Rate



- Pathologist counts the number of cells actively dividing
- Mitotic rate is the second most powerful predictor of survival outcome (after tumor thickness)

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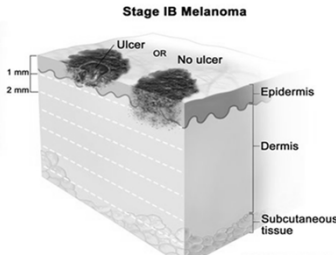
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### Ulceration

- Absence of an intact epidermis
- Survival rates are lower for patients with ulceration than for patients without ulceration and similar tumors



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### Growth Phases

- Radial Growth Phase (RGP)
- Vertical Growth Phase (VGP)

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### Regression

- Melanoma regression does not refer to a specific histology
  - It is the size and physical appearance of the lesion
  - Shrinking in size is the immune system's reaction to the melanoma
  - It may indicate a poor prognosis
- Only code regressing melanoma (8723/3) if it is the final diagnosis
- Regression does not affect staging

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### Prognostic Factors

- Thickness of the tumor
  - Breslow's Depth
- Ulceration
- Mitotic rate
- Clark Level
  1. In situ
  2. Papillary Dermis invaded
  3. Papillary-reticular dermal interface invaded
  4. Reticular dermis invaded
  5. Subcutaneous tissue invaded

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### Histology

- Melanoma-8270-8290
  - Superficial spreading melanoma – 70%
    - Grows horizontally first (RGP)
  - Nodular melanoma – 15%
    - Most aggressive
  - Lentigo maligna melanoma – 10%
    - Least aggressive
  - Acral lentiginous melanoma – 5%
    - Most common in dark-skinned people
  - Desmoplastic melanoma - rare
    - Characterized by non-pigmented lesions
    - Lymph node metastasis is rare

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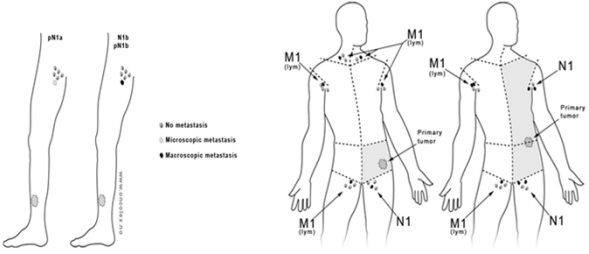
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### Regional Lymph Nodes



<http://www.oncolex.org/en/Melanoma?lg=print> 

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### Regional Lymph Nodes

<p><b>Micrometastasis</b></p> <ul style="list-style-type: none"> <li>▪ No clinical or radiographic evidence of lymph node metastasis.           <ul style="list-style-type: none"> <li>▪ Metastasis is too small to be detected by palpation or imaging.</li> <li>▪ “Clinically occult”</li> </ul> </li> </ul>	<p><b>Macrometastasis</b></p> <ul style="list-style-type: none"> <li>▪ Metastatic lymph nodes can be detected by palpation or by imaging.</li> </ul>
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### Regional Lymph Nodes-Clinical Assessment

- Palpation
- Imaging
  - CT
  - MRI
  - PET or PET/CT
- Ultrasound
- Fine Needle Aspiration


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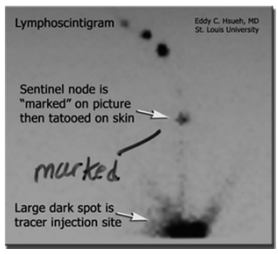
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### Regional Lymph Nodes-Pathologic Assessment



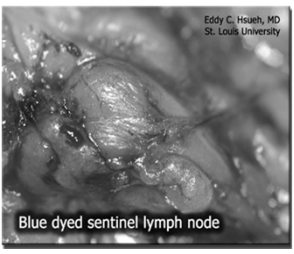
Lymphoscintigram

Sentinel node is "marked" on picture then tattooed on skin

marked

Large dark spot is tracer injection site


Eddy C. Hsueh, MD  
St. Louis University



Blue dyed sentinel lymph node

Eddy C. Hsueh, MD  
St. Louis University

<http://www.melanomahopenetwork.org/TwoCol.asp?SID=5811>




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### Regional Lymph Nodes-Pathologic Assessment

- Complete regional lymphadenectomy



Superficial lymph nodes in the groin. The superficial nodes lie below the inguinal ligament and spread on both sides of the great saphenous vein.

www.oncolex.no




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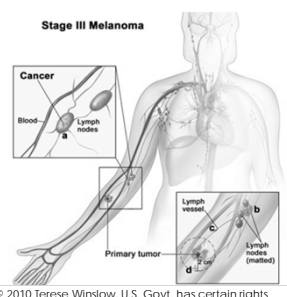
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### Prognostic Factors

- Number of positive lymph nodes
- Macro vs. Micro lymph node metastasis
- In-transit metastasis



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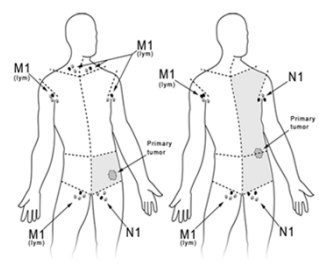
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### Distant Metastasis

- Site of distant metastasis
  - M1a
    - Skin
    - Subcutaneous tissue
    - Distant lymph nodes
  - M1b
    - Lung
  - M1c
    - All other sites
- Elevated serum lactate dehydrogenase (M1c)



www.oncolink.ca




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### Prognostic Factor-LDH

- Serum lactate dehydrogenase (LDH)
  - Blood test
  - Elevated LDH can help predict survival for patients with distant metastasis.
  - Can be a good indicator of recurrent disease.
- LDH is not an effective test to diagnose melanoma
- LDH is not an effective test to identify regional or distant metastasis




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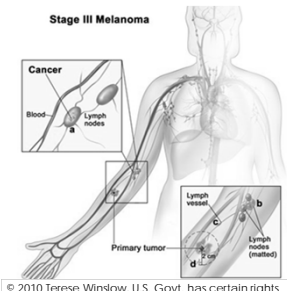
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### Unknown Primary Site

- Metastatic melanoma with not apparent primary should be coded to C44.9
  - Metastatic melanoma to the lymph nodes, skin, and subcutaneous tissue should be considered regional (stage III) if no sign of additional metastasis



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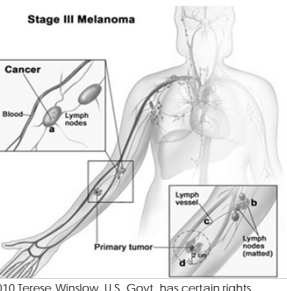
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### Unknown Primary Site

- In the absence of additional metastasis
  - Metastatic melanoma in the lymph nodes should be considered regional (stage III)
  - Metastatic melanoma to the skin and subcutaneous tissue should be considered regional (stage III)



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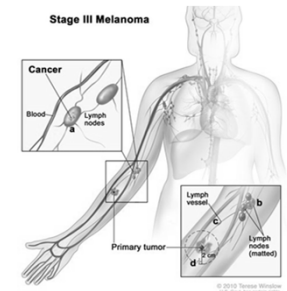
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### Unknown Primary Site

- Metastatic melanoma to all other sites should be considered distant metastasis (stage IV)



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**Staging Systems**  
Melanoma of the Skin




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**Collaborative Stage Data Collection System**  
V02.05  
MelanomaSkin




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**CS Tumor Size: Melanoma Skin**

- Record largest dimension of primary melanoma
- Tumor size is not a determinant in AJCC T category or Summary Stage




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**CS Extension: Melanoma Skin**

- Code the greatest extent of invasion of primary melanoma
  - Clark level or pathologic description of extent
    - Record higher code if discrepancy between the two
  - Regardless of whether procedure performed was biopsy or excision

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**CS Extension: Melanoma Skin**

CS Ext. Code	Clark Level	Anatomic Extent
000	I	In situ, intraepidermal, intraepithelial, noninvasive
100	II	Papillary dermis invaded
200	III	Papillary-reticular dermal interface invaded
300	IV	Reticular dermis invaded
500	V	Subcutaneous tissue invaded

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**CS Extension: Melanoma Skin**

- T category
  - CS Extension code = 000
    - Tis
  - CS Extension code = 100-300, 400-800, or 999
    - Measured thickness of tumor (SSF1)
    - Absence or presence of ulceration (SSF2)
    - Primary tumor mitotic count/rate (SSF7)
      - For certain cases only
  - CS Extension code = 310-380 (stated as T\_)
    - CS Extension
    - Measured thickness of tumor (SSF1)
    - Absence or presence of ulceration (SSF2)
    - Primary tumor mitotic count/rate (SSF7)
      - For certain cases only

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**Pop Quiz**

- History: 58 year-old female has 0.5 cm right forearm lesion. No lymphadenopathy present.
- Excision of lesion left forearm: Nodular melanoma without ulceration extends to margin, Breslow depth 0.6 mm, Clark level II; mitotic rate is less than 1 per square mm.
- Wide re-excision left forearm: Residual melanoma in situ; margins clear.

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**Pop Quiz**

- What is the code for CS Tumor Size?
  - a. 001
  - b. 005
  - c. 006
  - d. 050
- What is the code for CS Extension?
  - a. 000: In situ
  - b. 100: Clark level II
  - c. 400: Skin/dermis NOS; Localized NOS
  - d. 999: Unknown

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**CS Lymph Nodes: Melanoma Skin**

- Code involvement of regional nodes by primary site
  - CS Lymph Nodes = 100 – 118
    - Primary nodal basin
      - Regional for AJCC and Summary Stage
    - Secondary nodal basin
      - Regional for AJCC
      - May be distant for Summary Stage
  - Matted nodes
    - CS Lymph Nodes = 170-195

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**CS Lymph Nodes: Melanoma Skin**

- Code any involvement of melanoma in lymph nodes regardless of size
  - Code isolated tumor cells (ITC) as lymph node involvement
    - CS Lymph Nodes = 010
- Code involvement of bilateral or contralateral nodes for head, neck, and trunk tumors

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**CS Lymph Nodes: Melanoma Skin**

- Code statement of N\_ with no other information on regional nodes
  - Code 121: Clinically N1
  - Codes 122-124: Pathologically N1\_
  - Code 125: N1; no information on clinical or pathologic evaluation
  - Code 128: Clinically N2
  - Codes 152-153: Pathologically N2\_
  - Code 154: N2c with no other info on satellite nodules
  - Code 155: N2; no information on clinical or pathologic evaluation
  - Code 158: Pathologically N2
  - Code 225: N3

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**CS Lymph Nodes: Melanoma Skin**

- Code satellite lesions/nodules or in-transit metastasis
  - WITHOUT regional node involvement or involvement not stated
    - CS Lymph Nodes = 140-151
  - WITH regional node involvement
    - CS Lymph Nodes = 200-223

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**CS Lymph Nodes: Melanoma Skin**

- N Category
  - CS Lymph Nodes codes = 010-118, 121-128, 152, 153, and 155-158
    - If CS Lymph Nodes Eval = 0, 1, 5, 9 (clinical), N category depends on Clinical Status of Lymph Node Mets (SSF3)
    - If CS Lymph Nodes Eval = 2, 3, 6, 8 (pathologic), N category depends on Clinical Status of Lymph Node Mets (SSF3) and Regional Nodes Positive

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**Regional Nodes Positive**  
**Regional Nodes Examined**

- Count lymph nodes with isolated tumor cells (ITC) as positive and examined lymph nodes
- Do NOT count satellite nodules or in-transit metastasis as positive or examined lymph nodes

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**Pop Quiz**

- Final path diagnosis: Malignant melanoma, left mid back, 2 cm, Clark level III, Breslow depth 2 mm; 0.7 cm in situ melanoma satellite lesion 1 cm from primary melanoma. No clinical lymphadenopathy and no lymph nodes removed.

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**Pop Quiz**

- What is the code for CS Lymph Nodes?
  - a. 00: No regional lymph node involvement
  - b. 100: Regional nodes NOS
  - c. 140: Satellite nodule(s) or in-transit metastases less than or equal to 2cm from primary tumor WITHOUT regional lymph node involvement or involvement of regional nodes not stated
  - d. 200: Satellite nodule(s) or in-transit metastases WITH regional lymph nodes listed in code 100.

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**Pop Quiz**

- What is the code for Regional Nodes Positive?
  - a. 00: All nodes examined negative
  - b. 01
  - c. 98: No nodes examined
  - d. 99: Unknown
- What is the code for Regional Nodes Examined?
  - a. 00: No nodes examined
  - b. 01
  - c. 98: Regional lymph nodes surgically removed but number of lymph nodes unknown/not stated and not documented as sampling or dissection; nodes examined, but number unknown
  - d. 99: Unknown

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**CS Mets at DX: Melanoma Skin**

- Record distant metastasis at time of melanoma diagnosis
- M category
  - CS Mets at DX = 05, 10, 42, 43, 52, 53, 55, 56, or 60
    - M category based on status of serum LDH (SSF4)

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**SSF1**

- Measured Thickness (Depth), Breslow Measurement
  - Documents depth of invasion of primary melanoma
  - Predicts risk of nodal metastasis
  - Is a factor in determining T category
  - Record to hundredths of mm as documented in path report
  - Record greatest measurement from any procedure whether biopsy or excision

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**SSF2**

- Ulceration
  - Is the absence of intact epidermis over the melanoma
  - Is an important adverse prognostic factor
  - Is a factor in determining T category
  - Record presence or absence of ulceration as documented in path report
    - Code as 000 (no ulceration present) if there is no documentation or mention of ulceration in path report

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**SSF3**

- Clinical Status of Lymph Node Mets
  - Tumor burden in regional nodes is an important prognostic factor
    - Micrometastases
      - Clinically inapparent metastasis histologically diagnosed after sentinel node biopsy and lymphadenectomy (if performed)
    - Macrometastases
      - Clinically detected nodal metastasis confirmed by lymphadenectomy or nodal metastasis with gross extracapsular extension
  - Is a factor in determining N category

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**SSF4**

- Serum Lactate Dehydrogenase (LDH)
  - Is a significant predictor of survival among patients who present with or develop distant metastasis
  - Record range for positive LDH prior to treatment or within 6 weeks of diagnosis
    - First positive test is priority
  - Is a factor in determining M category
  - Use same test to code SSF4, SSF5, and SSF6




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**SSF4**

- Positive LDH results from 2 lab tests required to code as positive
  - Assign code 000 (within normal limits) if 1<sup>st</sup> test positive and 2<sup>nd</sup> test negative
  - Assign code 998 (test not done) if 1<sup>st</sup> test positive and no 2<sup>nd</sup> test performed
  - Assign code 999 (unknown) if 1<sup>st</sup> test positive and no information about 2<sup>nd</sup> test
  - Assign code 000 if only 1 test performed and it is within normal limits




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**SSF5**

- Record LDH value prior to treatment or within 6 weeks of diagnosis
  - Record LDH value for values 001 through 800
  - Record range of LDH value for values 801 and greater
- Use same test to code SSF4, SSF5, and SSF6




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**SSF6: LDH Upper Limits of Normal**

- Record upper limits of normal for LDH test as listed in the lab report
- Use same test to code SSF4, SSF5, and SSF6

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**SSF7**

- Primary Tumor Mitotic Count/Rate
  - Increasing mitotic rate correlates with decline in survival
  - Based on number of mitoses in one square mm surrounding a 'hot spot' or a field with representative mitosis
  - Is a factor in determining T category
  - Record mitotic rate/count as documented in path report

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**AJCC Cancer Stage**  
 Melanoma of the Skin  
 Chapter 31

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**AJCC Cancer Stage: Melanoma Skin**

- T category
  - Tis: Melanoma in situ
  - T1: Melanoma 1.0 mm or less in thickness
    - T1a: Without ulceration and mitoses < 1/mm<sup>2</sup>
    - T1b: With ulceration or mitoses > or = to 1/mm<sup>2</sup>
  - T2: Melanoma 1.01 - 2.0 mm
    - T2a: Without ulceration
    - T2b: With ulceration

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**AJCC Cancer Stage: Melanoma Skin**

- T category (continued)
  - T3: Melanoma 2.01 - 4.0 mm thickness
    - T3a: Without ulceration
    - T3b: With ulceration
  - T4: Melanoma > 4.0 mm thickness
    - T4a: Without ulceration
    - T4b: With ulceration

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**AJCC Cancer Stage: Melanoma Skin**

- N category
  - Micrometastases
    - Clinically inapparent metastasis histologically diagnosed after sentinel node biopsy and lymphadenectomy (if performed)
  - Macrometastases
    - Clinically detected nodal metastasis confirmed by lymphadenectomy or nodal metastasis with gross extracapsular extension

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**AJCC Cancer Stage: Melanoma Skin**

- N1: 1 regional node involved
  - N1a: Micrometastasis
  - N1b: Macrometastasis
- N2: 2-3 regional nodes involved
  - N2a: Micrometastasis
  - N2b: Macrometastasis
  - N2c: In transit met(s)/satellite(s) WITHOUT metastatic nodes
- N3: 4 or more metastatic nodes OR matted nodes OR in transit met(s)/satellite(s) WITH metastatic node(s)



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**AJCC Cancer Stage: Melanoma Skin**

- M category
  - LDH level used to delineate M

M Category	Site	LDH
M1a	Distant skin, subcutaneous, or nodal metastases	Normal
M1b	Lung metastases	Normal
M1c	All other visceral metastases Any distant metastases	Normal Elevated



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**AJCC Cancer Stage: Melanoma Skin**

- Stage grouping
  - Clinical stage
    - Microstaging of primary melanoma and clinical/radiologic evaluation for metastases
  - Pathologic stage
    - Microstaging of primary melanoma and pathologic information about regional nodes after partial or complete lymphadenectomy
    - *Exception:* Stage 0 or IA do not require pathologic evaluation of lymph nodes

Information source: AJCC Cancer Staging Manual, 7<sup>th</sup> Ed., page 326



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Clinical Stage Groups: Melanoma Skin			
Stage 0	Tis	N0	M0
Stage IA	T1a	N0	M0
Stage IB	T1b	N0	M0
	T2a	N0	M0
Stage IIA	T2b	N0	M0
	T3a	N0	M0
Stage IIB	T3b	N0	M0
	T4a	N0	M0
Stage IIC	T4b	N0	M0
Stage III	Any T	> or = N1	M0
Stage IV	Any T	Any N	M1




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Pathologic Stage Groups: Melanoma Skin			
Stage 0	Tis	N0	M0
Stage IA	T1a	N0	M0
Stage IB	T1b	N0	M0
	T2a	N0	M0
Stage IIA	T2b	N0	M0
	T3a	N0	M0
Stage IIB	T3b	N0	M0
	T4a	N0	M0
Stage IIC	T4b	N0	M0




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Pathologic Stage Groups: Melanoma Skin			
Stage IIIA	T1-4a	N1a	M0
	T1-4a	N2a	M0
Stage IIIB	T1-4b	N1a	M0
	T1-4b	N2a	M0
	T1-4a	N1b	M0
	T1-4a	N2b	M0
	T1-4a	N2c	M0
Stage IIIC	T1-4b	N1b	M0
	T1-4b	N2b	M0
	T1-4b	N2c	M0
	Any T	N3	M0
Stage IV	Any T	Any N	M1




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**Pop Quiz**

- History: 58 year-old female has 0.5 cm right forearm lesion. No lymphadenopathy present.
- Excision of lesion left forearm: Nodular melanoma without ulceration extends to margin, Breslow depth 0.6 mm, Clark level II; mitotic rate is less than 1 per square mm.
- Wide re-excision left forearm: Residual melanoma in situ; margins clear.

- What is the clinical stage?
- What is the pathologic stage?

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**Summary Stage 2000**  
Melanoma of skin, vulva, penis, and scrotum

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**Summary Stage 2000: Melanoma Skin**

- In situ (0)
  - Noninvasive; intraepithelial
  - Basement membrane of epidermis is intact; intraepidermal
  - Clark level I
  - CS Extension = 000

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**Summary Stage 2000: Melanoma Skin**

- Localized (1)
  - Papillary dermis invaded; Clark level II
  - Papillary-reticular dermal interface invaded; Clark level III
  - Reticular dermis invaded; Clark level IV
  - Skin/dermis NOS
  - Localized NOS
  - CS Extension = 100 – 400




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**Summary Stage 2000: Melanoma Skin**

- Regional by Direct Extension (2)
  - Subcutaneous tissue invaded (through entire dermis); Clark level V
    - CS Extension = 500
  - Satellite nodule(s) NOS; satellite nodules < or = 2 cm from primary tumor
    - CS Lymph Nodes = 140 or 154




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**Summary Stage 2000: Melanoma Skin**

- Regional lymph nodes(s) involved only (3)
  - Regional nodes by primary site
    - CS Lymph Nodes = 100, 110, 121 – 125, 150, 152, 153, 170, 180, or 800
- Regional by BOTH direct extension AND regional lymph node(s) involved (4)
  - Summary Stage 2000 codes 2 + 3
- Regional NOS (5)
  - CS Lymph Nodes = 128, 151, 155, 158, 200, 220, or 225




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**Summary Stage 2000: Melanoma Skin**

- Distant site(s)/lymph node(s) involved (7)
  - Distant lymph nodes
    - CS Lymph Nodes = 115, 118, 190, 195, or 223
    - CS Mets at DX = 10
  - Further contiguous extension
    - CS Extension = 800
  - Metastasis
    - CS Mets at DX = 05, 42-44, 55-60
  - Metastasis + distant lymph nodes
    - CS Mets at DX = 52 - 54

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**Pop Quiz**

- Final path diagnosis: Malignant melanoma, left mid back, 2 cm, Clark level III, Breslow depth 2 mm; 0.7 cm in situ melanoma satellite lesion 1 cm from primary melanoma. No clinical lymphadenopathy and no lymph nodes removed.
- What is the code for Summary Stage 2000?
  - a. 1: Localized
  - b. 2: Regional by direct extension
  - c. 3: Regional lymph nodes
  - d. 4: Regional by BOTH direct extension AND regional lymph node(s) involved

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**Questions?**  
Quiz

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**Treatment**  
Melanoma of the Skin




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**Biopsies**




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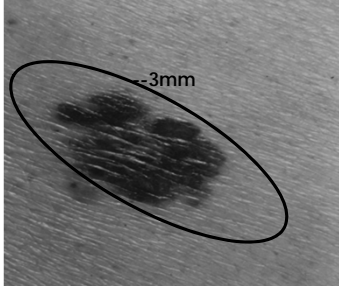
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**Excisional Biopsy**

- Suspicious pigmented lesions usually undergo an excisional biopsy
  - 1-3mm margins
  - Elliptical shape
  - Should be done with future lymphatic mapping in mind




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**Punch Biopsy**

- For some sites a standard excisional biopsy may be inappropriate
  - Face, palmar surface of the hand, sole of the foot, distal digit, subungal (under a nail)
  - Very large lesions
- May be excisional or incisional



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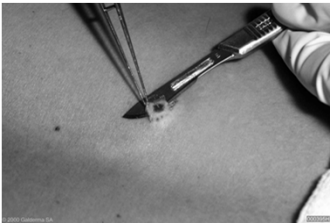
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**Shave Biopsy**

- Superficial
  - "Shaves" off the epidermis and part of the dermis
  - May compromise pathologic diagnosis and Breslow's thickness.
- Deep
  - "Scoops" out the suspicious lesion with sufficient depth to stage
- Least invasive type of biopsy
  - No stitches



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**Coding Surgical Procedures**

- Incisional biopsy
  - Removal of the tumor with positive margins
    - Punch
    - Shave
    - Elliptical
  - Code as a diagnostic staging procedure (02)
- Excisional biopsy (27)
  - Elliptical
  - Shave
  - Punch

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### Coding Surgical Procedures

- Biopsy of primary tumor followed by gross excision of the lesion (codes 30-33)
  - Incisional biopsy followed by gross excision
  - Excisional biopsy with margins less than 1cm
  - Does not have to be done under the same anesthesia




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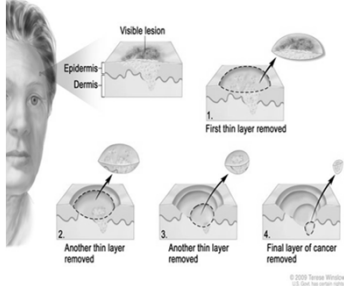
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### Coding Surgical Procedures

- Mohs Surgery
  - 34-margins unknown
  - 35-margins 1cm or less
  - 36-margins 1cm or more



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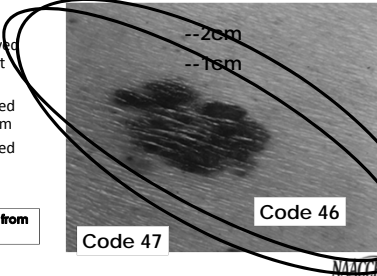
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### Coding Surgical Procedures

- Wide excision
  - Code 45 if the nearest involved margin is more than 1cm, but unknown how much more.
  - Code 46 if the nearest involved margin is >1cm and < or = 2cm
  - Code 47 if the nearest involved margin is > 2cm



Margins are based on path report not from the operative report




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**Wide excision**

- In situ melanoma
  - 0.5cm
- Stage IA
  - 1cm margins
- Breslow's depth of 1.01 to 2.0mm
  - 1-2cm margins
- Breslow's depth more than 2.1 mm
  - 2cm margins

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**Surgery Coding Tips**  
Melanoma

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**Diagnostic Staging Procedure**

- If the tumor is very large or in a site that is difficult to biopsy, the physician may choose to take a small sample of the tumor rather than remove the entire tumor.
  - If this is done, the margins on the specimen sent to pathology will be grossly positive.
  - This would be coded as a diagnostic staging procedure code 02.

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**Excisional Biopsy**

- If a physician suspects melanoma, they will probably try to remove the entire lesion. This may be done as a standard excisional biopsy, punch biopsy, or a shave biopsy.
  - Regardless of the approach, this procedure should be coded using the surgery code 27.
  - If the margins of the biopsy are microscopically positive or there is no information about the margins, assume it was an excisional biopsy.
  - The surgeon will attempt to take 3-5mm of healthy tissue and will try minimize damage to the lymphatics.

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**Wide Excision**

- Following the excisional biopsy the patient will probably have a wide excision.
  - A wide excision removes a margin of healthy tissue from around the melanoma site.
- If a sentinel lymph node biopsy is recommended, it will be done prior to the wide excision.

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**Wide Excision**

- If the margin of healthy tissue is 1cm or less, code this procedure using codes 30-33.
  - Codes 30-33 would also be used if the margin of healthy tissue is not stated.
  - Even though these codes reflect two procedures, the date of surgery when assigning codes 30-33 is the date of the wide excision.

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**Wide Excision**

- Code 30 is used if the original excisional biopsy was a standard excisional technique or if the technique was not indicated.
- Code 31 is used if the original excisional biopsy was a shave biopsy.
- Code 33 is used if the original biopsy was incisional and then a wide excision was done (the incisional biopsy was coded as a diagnostic staging procedure).
- If your facility only codes one surgery for each abstract (i.e. hospital only reporting to the state cancer registry), use the code for the most definitive procedure.**




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**Wide Excision**

- Code 45 is used if the patient has a wide excision and the margins are more than 1cm, but it is not documented if they are more or less than 2cm's.
- Code 46 is used if the patient has a wide excision and the margins are more than 1cm and it is documented that the margins are equal to or less than 2cm's.
- Code 47 is used if the patient has a wide excision and the margins are more than 2cm's.




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**Wide Excision**

- When a wide excision with 1-2cm margins is performed (code 46), followed by re-excision for wider margins:
  - If the total combined resection margins are >2cm, use code 47
  - If no information is available of the path report does not describe the distance from the margins to the previous spot, code the re-excision as 46 (two entries with surgical code 46)




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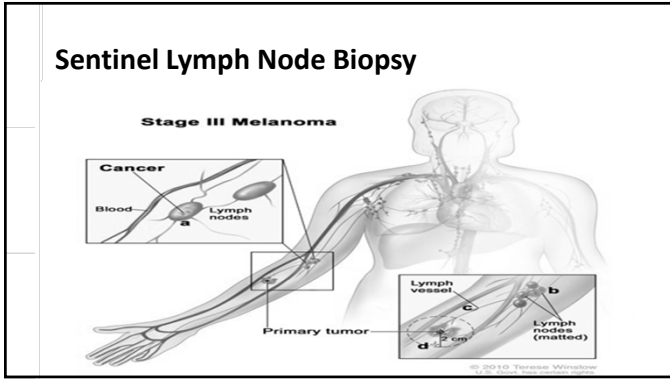
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**Lymph Node Dissection**

- Clinically negative lymph nodes
  - If sentinel lymph node is negative, regional node dissection is not required
  - If sentinel lymph node is positive, dissection of the lymph node basin should be offered
- Clinically positive lymph nodes
  - Lymph node dissection of the lymph node basin should be offered

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**Adjuvant treatment**

- Stage III (lymph node positive)
  - Interferon (BRM)
    - Low dose or intermediate dose
    - High-dose or pegylated interferon
- Stage IV (distant metastasis)
  - Clinical Trial
  - Chemotherapy
  - Ipilimumab (BRM)
  - Excision of solitary metastatic lesions

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Questions?




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**Coming Up...**

- Collecting Cancer Data: Colon and Rectum
  - May 1, 2014
- Collecting Cancer Data: Liver
  - June 5, 2014




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**And the winners are.....**


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**CE Certificate Quiz/Survey**

- Phrase
- Link
  - <http://www.surveygizmo.com/s3/1598933/Melanoma-2014>




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**Thank You!!!!**

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Please send any questions to:  
 Jim Hofferkamp [jhofferkamp@naaccr.org](mailto:jhofferkamp@naaccr.org)  
 Shannon Vann [svann@naaccr.org](mailto:svann@naaccr.org)




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