

Collecting Cancer Data: Ovary

2013-2014 NAACCR Webinar Series
December 5, 2013

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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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Fabulous Prizes








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Agenda

- Grade Coding Instructions 2014
- Overview
- Staging Systems for Ovary
- Treatment

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Instructions for Coding Grade
1/1/2014 and Forward

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Grade

- Coding grade has been complicated by
 - Site-specific grading systems
 - Differing instructions in FORDS and SEER PCSM
- Revised instructions
 - <http://seer.cancer.gov/tools/grade/>
 - Are applicable for cases diagnosed 1/1/2014 and forward
 - Will be incorporated in 2014 FORDS and 2014 SEER PCSM

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Grade

Alternate Name	Item #	Length	Source of Standard
Grade, Differentiation, or Cell Lineage Indicator (SEER/CCCR) Grade/Differentiation (CoC)	440	1	SEER/CoC

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Coding Grade for Hematopoietic & Lymphoid Neoplasms

- Cell indicator describes lineage or phenotype of cell
- Codes 5-8 used only for hematopoietic & lymphoid neoplasms

Terminology	Grade Code
T-cell; T-precursor	5
B-cell; Pre-B; B-precursor	6
Null cell; Non T-non B	7
NK cell (natural killer cell)	8
Grade unknown, not stated, or not applicable	9

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Coding Grade for Hematopoietic & Lymphoid Neoplasms

- Determine histology using Hematopoietic & Lymphoid Neoplasm Manual
- Apply the grade of tumor rules to determine the cell indicator for the histology

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Coding Grade for Solid Tumors

- Grade measures resemblance of the tumor cells to organ of origin
- Codes 1-4 and 9
- 3 systems
 - 2-grade
 - 3-grade
 - 4-grade

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Coding Grade for Solid Tumors

1. Code grade prior to neoadjuvant treatment even if unknown
2. Code grade from primary tumor only
3. Code grade for histologic terms that imply grade
 - Carcinoma, undifferentiated (8020/34)
 - Follicular adenocarcinoma, well differentiated (8331/31)
 - See Instructions document for entire list

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Coding Grade for Solid Tumors

4. In situ
 - a. Code grade for in situ tumor if given
 - b. Code grade for invasive portion of tumor, even if unknown, for tumors with both in situ and invasive components
5. Code highest grade from applicable system if there is more than 1 grade even if only a focus; priority order for applicable systems
 - a. Special grade systems listed in #6
 - b. Differentiation per #7
 - c. Nuclear grade per #7
 - d. Code it if not clear if differentiation or nuclear grade
 - e. Terminology per #8

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Coding Grade for Solid Tumors

6. Use special grade systems first

CS Schema	Special Grade System
Breast	Nottingham or BR Score/Grade (SSF7)
Prostate	Gleason's Score on Biopsy/TURP (SSF8)
Prostate	Gleason's Score on Prostatectomy/Autopsy (SSF10)
Heart, Mediastinum	Grade for Sarcomas (SSF1)
Peritoneum	Grade for Sarcomas (SSF1)
Retroperitoneum	Grade for Sarcomas (SSF1)
Soft Tissue	Grade for Sarcomas (SSF1)
Kidney Parenchyma	Fuhrman Nuclear Grade (SSF6)

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Coding Grade for Solid Tumors

7. Use two-, three-, or four-grade system

a. Two-grade system

Term	Description	Grade Code	Exception for Breast & Prostate
1/2, I/II	Low grade	2	1
2/2, II/II	High grade	4	3

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Coding Grade for Solid Tumors

7. Use two-, three-, or four-grade system

b. Three-grade system

Term	Description	Grade Code	Exception for Breast & Prostate
1/3	Low grade	2	1
2/3	Intermediate grade	3	2
3/3	High grade	4	3

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Coding Grade for Solid Tumors

7. Use two-, three-, or four-grade system

c. Four-grade system

Term	Description	Grade Code
1/4	Grade I; Well differentiated	1
2/4	Grade II; Moderately differentiated	2
3/4	Grade III; Poorly differentiated	3
4/4	Grade IV; Undifferentiated	4

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Coding Grade for Solid Tumors

8. Terminology

Description	Grade	Code	Exception for Breast & Prostate
Differentiated NOS	I	1	
Well differentiated	I	1	
Only stated as 'Grade I'	I	1	

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Description	Grade	Code	Exception for Breast & Prostate
Fairly well differentiated	II	2	
Intermediate differentiation	II	2	
Low grade	I-II	2	1
Mid differentiated	II	2	
Moderately differentiated	II	2	
Moderately well differentiated	II	2	
Partially differentiated	II	2	
Partially well differentiated	I-II	2	1
Relatively or generally well differentiated	II	2	
Only stated as 'Grade II'	II	2	

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Description	Grade	Code	Exception for Breast & Prostate
Medium grade, intermediate grade	II-III	3	2
Moderately poorly differentiated	III	3	
Moderately undifferentiated	III	3	
Poorly differentiated	III	3	
Relatively poorly differentiated	III	3	
Relatively undifferentiated	III	3	
Slightly differentiated	III	3	
Dedifferentiated	III	3	
Only stated as 'Grade III'	III	3	

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Coding Grade for Solid Tumors

Description	Grade	Code	Exception for Breast & Prostate
High grade	III-IV	4	3
Undifferentiated, anaplastic, not differentiated	IV	4	
Only stated as 'Grade IV'	IV	4	
Non-high grade		9	

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Coding Grade for Solid Tumors

9. If no description fits or grade is unknown prior to neoadjuvant therapy, code as 9 (unknown)

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Special Grade System Rules

- Breast
 - Use Bloom Richardson (BR) or Nottingham score/grade to code grade based on SSF7
 - Code grade using the following priority
 - BR scores 3-9
 - BR grade (low, intermediate, high)
 - Do not use the table if only grade 1-4 with no information on score and unclear if it is Nottingham or BR grade
 - Code highest score if multiple scores are reported

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Special Grade System Rules: Breast

Description	CS Code	Grade Code
Score of 3	030	1
Score of 4	040	1
Score of 5	050	1
Score of 6	060	2
Score of 7	070	2
Score of 8	080	3
Score of 9	090	3
Low grade, BR grade 1, score not given	110	1
Medium (intermediate) grade, BR grade 2, score not given	120	2
High grade, BR grade 3, score not given	130	3

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Special Grade System Rules

- Kidney parenchyma
 - Use Fuhrman Nuclear Grade to code grade based on SSF6
 - Do NOT use for renal pelvis

Description	CS Code	Grade Code
Grade 1	010	1
Grade 2	020	2
Grade 3	030	3
Grade 4	040	4

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Special Grade System Rules

- Soft Tissue includes soft tissue, heart, mediastinum, peritoneum, and retroperitoneum
- Use Grade for Sarcomas to code grade based on SSF1
- Record grade from any three-grade sarcoma grading system
- Code terminology using table from #8

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Special Grade System Rules

- Soft tissue

Description	CS Code	Grade Code
Specified as grade 1 [of 3]	010	2
Specified as grade 2 [of 3]	020	3
Specified as grade 3 [of 3]	030	4
Grade stated as low grade NOS	100	2
Grade stated as high grade NOS	200	4

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Special Grade System Rules

- Prostate
 - Use highest Gleason score from biopsy/TURP (SSF8) or prostatectomy/autopsy (SSF10)

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Special Grade System Rules: Prostate

Gleason Score	CS Code	Grade Code	AJCC 7 th	SEER 2003-2013
2	002	1	G1	G1
3	003	1	G1	G1
4	004	1	G1	G1
5	005	1	G1	G2
6	006	1	G1	G2
7	007	2	G2	G3
8	008	3	G3	G3
9	009	3	G3	G3
10	010	3	G3	G3

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Overview
Ovary

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Statistics

- Estimated new cases and deaths from ovarian primaries in the United States in 2013
 - New cases: 22,240
 - Deaths: 14,030

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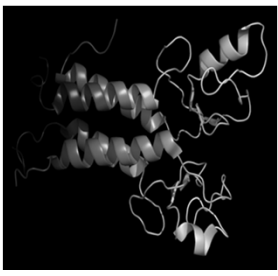
Risk Factors

- ~5-10% of ovarian cancers are familial
 - Highest risk is for women with two or more first degree relatives with the disease
 - Three distinct hereditary patterns have been identified:
 - Ovarian alone
 - Ovarian and breast
 - Ovarian and colon

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BRCA

- BRCA1 and BRCA2 are human genes that produce tumor suppressor proteins
- Inherited mutations increase the risk of female breast and ovarian cancers

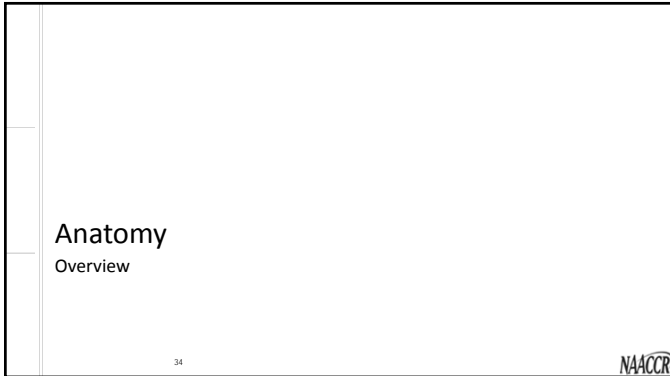


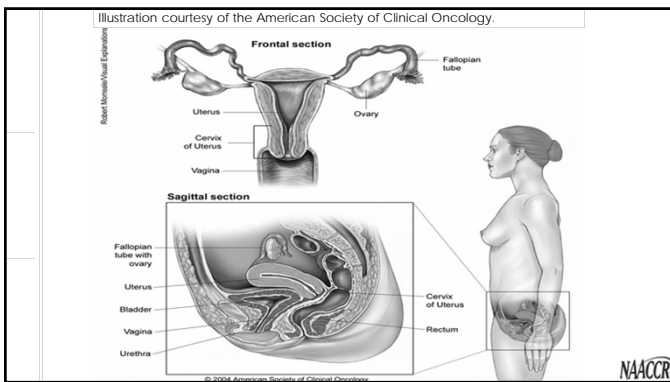
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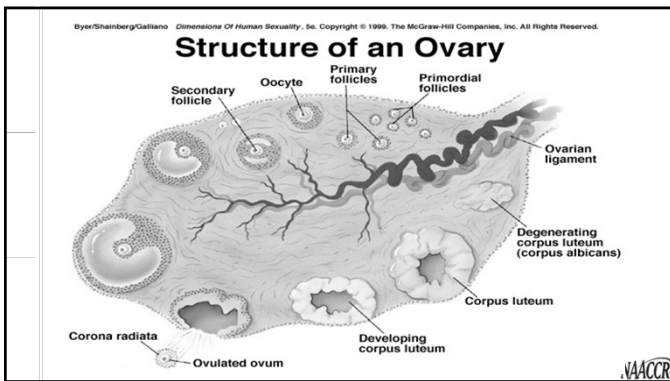
BRCA

<ul style="list-style-type: none"> ▪ General population <ul style="list-style-type: none"> ▪ ~12% of women will develop breast cancer ▪ ~1.4% will develop ovarian cancer 	<ul style="list-style-type: none"> ▪ BRCA 1 or BRCA2 gene mutation positive population <ul style="list-style-type: none"> ▪ ~55-60% women with BRCA1 and about 45% with BRCA2 mutation will develop breast cancer by age 70. ▪ ~30% of women with BRCA1 and about 11-17% of with BRCA2 will develop ovarian cancer by age 70.
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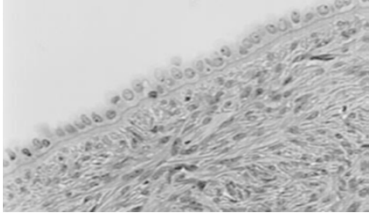
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Surface Epithelium

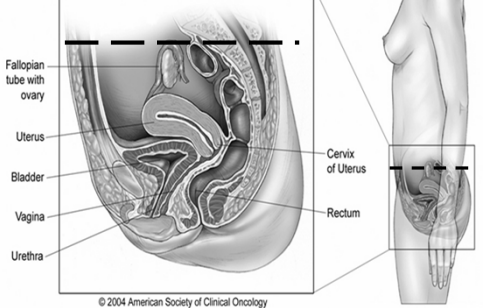


- Ovarian Surface Epithelium (OSE)
- Basement membrane
- Tunica albuginea

<http://www.reproduction-online.org/content/123/6/743.full.pdf>

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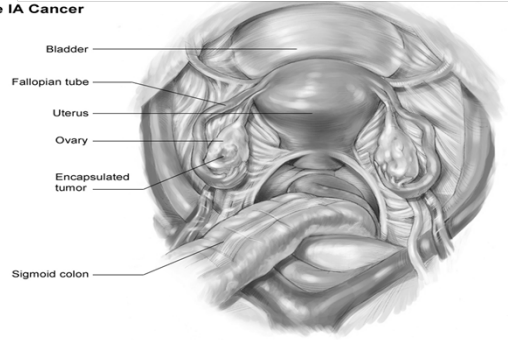
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See note 4 under CS Extension

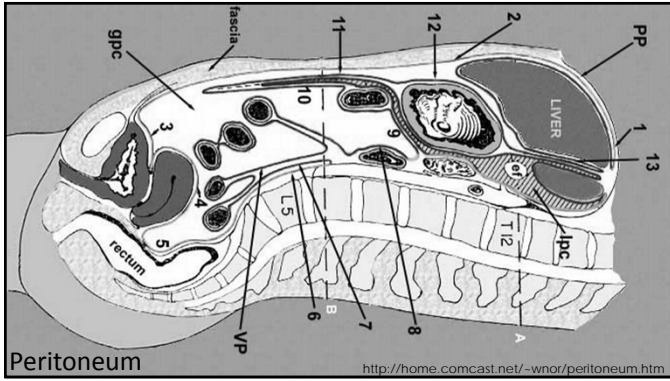
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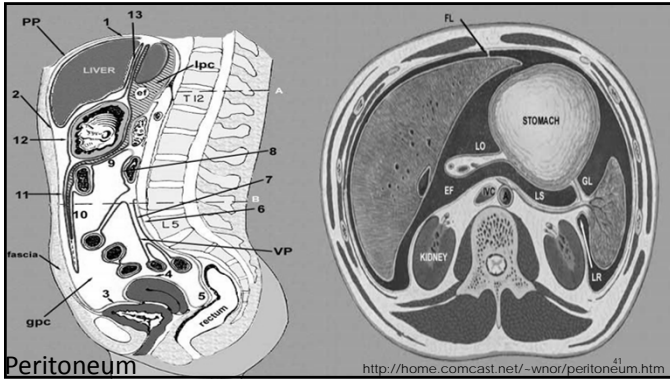
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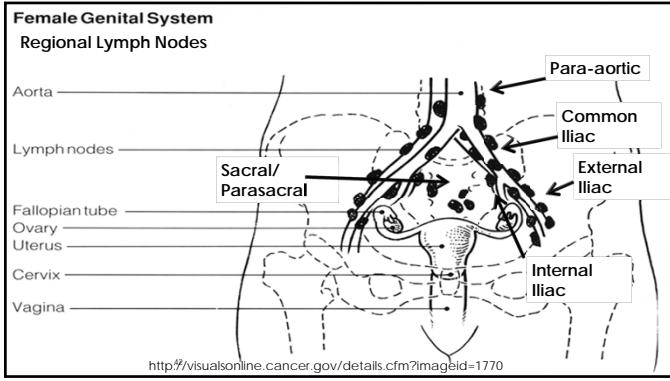
Stage IA Cancer

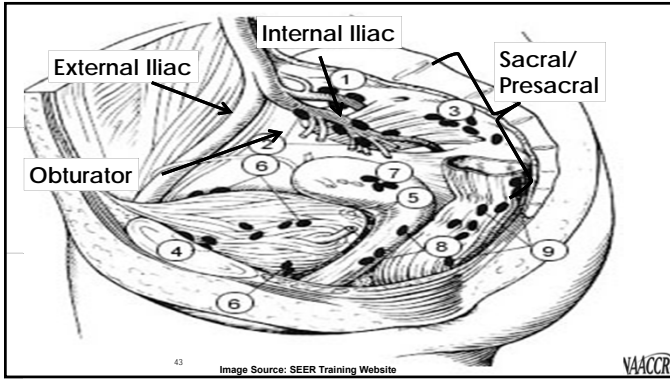


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Common Metastatic Sites

- Parenchymal Liver
 - *Metastasis on the liver capsule is not distant*
- Lung
- Pleural Effusion
 - Must have positive cytology
- Skeletal Metastasis
- Supraclavicular and axillary lymph nodes

Illustration courtesy of the American Society of Clinical Oncology.

Epithelial Tumors

- Make up ~80-90% of malignant ovarian tumors
 - Serous cystadenocarcinoma 8441/3
 - Endometrioid carcinoma 8380/3
 - Mucinous cystadenocarcinoma 84703
 - Clear cell adenocarcinoma 8310/3
 - Undifferentiated carcinoma 8020/3

Non-Epithelial Tumors

- Germ Cell Tumors make up ~10-15% of all malignant ovarian tumors
 - Dysgerminoma 9060/3
 - Endodermal sinus tumor 9071/3
 - Embryonal carcinoma 9070/3
- Sex Cord Stromal Tumors make up ~5-10% of all malignant ovarian tumors
 - Granulosa-stromal cell tumor 8620/3
 - Androblastoma 8630/3
 - Other unclassified sex cord stromal tumors (many cell types)

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Other Terms

- Krukenberg tumor 8490
 - Metastatic signet ring cell carcinoma
 - Metastatic tumor to the ovary from a primary in the gastrointestinal tract
- Pseudomyxoma peritonei 8480
 - Metastases from mucinous cystadenocarcinoma in which the peritoneum becomes filled with a jellylike material that causes abdominal distention and compresses the bowel, requiring periodic surgical debulking

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Multiple Primary Rules

- Other Rules
 - Rule M7
 - Bilateral epithelial tumors (8000-8799) of the ovary within 60 days are a single primary
 - Rule H16
 - Code the appropriate combination/mixed code (Table 2) when there are multiple specific histologies or when there is a non-specific histology with multiple specific histologies

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Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Gyn malignancies with two or more of the histologies in column 2	Clear cell Endometrioid Mucinous Papillary Serous Squamous Transitional (Brenner)	Mixed cell adenocarcinoma	8323
Papillary and Follicular		Papillary carcinoma, follicular variant	8340
Medullary	Follicular	Mixed medullary-follicular carcinoma	8346

Questions?
Quiz 1

Staging Systems
Ovary

CS Tumor Size: Ovary

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

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CS Extension-Clinical Extension: Ovary

- Code 000 = In situ
 - AJCC considers in situ carcinoma of ovary impossible and 000 maps to TX
- AJCC TNM values correspond to FIGO stages
 - Record extension detail if available in preference to stated FIGO stage
 - FIGO IIIC is based on extension and/or regional node involvement
 - Code as FIGO IIIC in CS Extension only if it is known that it is based on tumor extension

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CS Extension-Clinical Extension: Ovary

- Extension and discontinuous metastasis to pelvic organs
 - Adnexa, NOS; bladder and bladder serosa; broad ligament (mesovarium); cul de sac; fallopian tubes; parametrium; pelvic peritoneum; pelvic wall; rectosigmoid; rectum; sigmoid colon; sigmoid mesentery; pelvic ureter; uterus and uterine serosa
- Extension and discontinuous metastasis to abdominal organs
 - Abdominal mesentery; diaphragm; gallbladder; infracolic omentum; kidneys; large intestine except rectum, rectosigmoid, and sigmoid colon; liver (peritoneal surface/capsule); omentum; pancreas; pericolic gutter; peritoneum, NOS; small intestine; spleen; stomach; and ureters outside pelvis

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CS Extension: Ovary

- AJCC Cancer Stage
 - T1 NOS: Limited to ovaries (1 or both); FIGO I NOS
 - CS Extension = 310
 - T1a: Limited to 1 ovary; FIGO IA
 - CS Extension = 100 or 150
 - T1b: Limited to both ovaries; FIGO IB
 - CS Extension = 200 or 250
 - T1c: Limited to 1 or both ovaries with any of the following: Ruptured capsule, tumor on ovarian surface, malignant cells in ascites or peritoneal washings; FIGO IC
 - CS Extension = 350 – 450

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CS Extension: Ovary

- AJCC Cancer Stage
 - T2 NOS: Involves 1 or both ovaries with pelvic extension; FIGO II NOS
 - CS Extension = 650 or 660
 - T2a: Extension and/or implants on uterus and/or tubes; FIGO IIA
 - CS Extension = 500 – 550
 - T2b: Extension and/or implants on other pelvic tissues; FIGO IIB
 - CS Extension = 600 – 615
 - T2c: Pelvic extension and/or implants with malignant cells in ascites or peritoneal washings; FIGO IIC
 - CS Extension = 620 – 645

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CS Extension: Ovary

- AJCC Cancer Stage
 - T3 NOS: Involves 1 or both ovaries with microscopically confirmed peritoneal metastasis outside the pelvis; FIGO III NOS
 - CS Extension = 730 – 800
 - T3a: Microscopic peritoneal metastasis beyond pelvis; FIGO IIIA
 - CS Extension = 700
 - T3b: Macroscopic peritoneal metastasis beyond pelvis 2 cm or less in greatest dimension; FIGO IIIB
 - CS Extension = 710
 - T3c: Macroscopic peritoneal metastasis beyond pelvis more than 2 cm in greatest dimension; FIGO IIIC
 - CS Extension = 720

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CS Extension: Ovary

- Summary Stage 2000
 - In situ: Noninvasive; intraepithelial
 - CS Extension = 000
 - Localized (L): FIGO IA, IB, or I NOS
 - CS Extension = 100-310; 460
 - Regional by direct extension (RE): FIGO IC, IIA, IIB, IIC, or II NOS
 - CS Extension = 350 – 450; 500 – 660
 - Distant extension (D): FIGO IIIA, IIIB, IIIC, or III NOS
 - CS Extension = 700 – 800

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Pop Quiz

- Bilateral salpingo-oophorectomy with debulking path report: Right and left ovaries, papillary serous cystadenocarcinoma; implants sigmoid colon, invasive papillary serous cystadenocarcinoma; uterus, papillary serous cystadenocarcinoma; appendix, papillary serous cystadenocarcinoma involving serosa; omentum, papillary serous cystadenocarcinoma; peritoneal fluid, papillary serous cystadenocarcinoma; FIGO IIIB.

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Pop Quiz

- What is the code for CS Extension?
 - 410: Tumor limited to ovary(ies) WITH malignant cells in ascites or peritoneal washings
 - 710: Macroscopic peritoneal implants beyond pelvis, less than or equal to 2 cm in diameter, including peritoneal surface of liver; FIGO Stage IIIB
 - 730: Tumor involves one or both ovaries with microscopically confirmed peritoneal metastasis outside the pelvis, NOS
 - 750: Peritoneal implants NOS

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CS Lymph Nodes: Ovary

- Code regional node involvement including bilateral and contralateral named nodes
 - Iliac, pelvic, aortic, retroperitoneal, inguinal, & lateral sacral
 - AJCC N1
 - Summary Stage 2000 RN
 - FIGO IIIC

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CS Lymph Nodes: Ovary

- AJCC TNM values correspond to FIGO stages
 - FIGO IIIC is based on extension and/or regional node involvement
 - Code physician's s statement of FIGO IIIC in CS Lymph Nodes if based on regional node involvement or if not specified
- Assume lymph nodes are not involved
 - Statement of 'adnexa palpated' but no mention of lymph nodes
 - Surgery performed but no mention of lymph nodes

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Pop Quiz

- Patient diagnosed with ovarian endometrioid adenocarcinoma with pelvic and peritoneal implants and metastasis to omental lymph nodes.
- What is the code for CS Lymph Nodes?
 - 000: No regional node involvement
 - 100: Pelvic NOS
 - 200: Retroperitoneal NOS
 - 500: Regional lymph nodes NOS

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CS Mets at DX: Ovary

- Code involvement of:
 - Distant lymph nodes
 - Supraclavicular, axillary
 - Hematogenous metastasis
 - Includes liver parenchymal metastasis & pleural effusion WITH positive cytology
 - EXCLUDES involvement of organs by peritoneal seeding or implants
- AJCC M1
- Summary Stage 2000 D
- FIGO IV

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Pop Quiz

- Patient diagnosed with ovarian endometrioid adenocarcinoma with pelvic and peritoneal implants and metastasis to omental lymph nodes. Chest x-ray is positive for pleural fluid. Cytologic exam of pleural fluid is negative for malignancy.
- What is the code for CS Mets at DX?
 - 00: No distant metastasis
 - 10: Distant lymph nodes
 - 40: Distant metastasis(except distant lymph node(s) and involvement of other organs by peritoneal seeding or implants including: Liver parenchymal metastasis; Pleural effusion WITH positive cytology
 - 99: Unknown

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SSF1: Carbohydrate Antigen 125 (CA-125)

- Tumor marker useful in monitoring treatment and recurrence of ovarian cancer
- Record clinician’s interpretation of highest CA-125 value prior to treatment
 - Record blood or serum CA-125 NOT results from fluid of chest or abdominal cavity

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Pop Quiz

- Pelvic CT scan: 3 cm mass of right ovary, probably malignant.
- CA-125: 24 u/ml (Normal 1-35)
- Bilateral TAH BSO: Cystadenocarcinoma confined to right ovary. No malignancy in other tissues.
- What is the code for SSF1?
 - 010: Positive/elevated
 - 020: Negative/normal
 - 030: Borderline
 - 987: Test ordered, results not in chart

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SSF2: FIGO Stage

- Federation of Gynecology and Obstetrics (FIGO) stage
 - Collected for all gynecologic sites
 - Adapted in AJCC staging
 - In situ stage no longer included for ovary
 - Record code 987
- Record FIGO stage as documented in patient’s health record
 - Registrar should not code FIGO stage based on T, N, & M categories

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SSF2: FIGO Stage

- FIGO Stage I: Tumor limited to ovaries (1 or both)
 - Codes 100 – 130
- FIGO Stage II: Tumor involves 1 or both ovaries with pelvic extension
 - Codes 200 – 230
- FIGO Stage III: Tumor involves 1 or both ovaries with microscopically confirmed peritoneal metastasis outside the pelvis
 - Codes 300 – 330
 - IIIC: Peritoneal metastasis outside the pelvis > 2 cm AND/OR regional node metastasis (Code 330)
- FIGO Stage IV: Distant metastasis
 - Code 400

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Pop Quiz

- Bilateral TAH BSO: Cystadenocarcinoma confined to right ovary. No malignancy in other tissues.
- What is the code for SSF2?
 - 100: FIGO Stage I
 - 110: FIGO Stage IA
 - 987: Carcinoma in situ
 - 999: Unknown

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SSF3: Residual Tumor Status & Size After Primary Cytoreduction

- Cytoreductive surgery (debulking)
 - Surgical removal of as much cancer in pelvis and/or abdomen as possible so chemotherapy is more effective
- Record whether patient had chemotherapy prior to cytoreductive surgery and the amount of residual tumor
- Residual disease after surgery is most important prognostic factor for patients with advanced ovarian cancer

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Pop Quiz

- Right salpingo-oophorectomy, left ovarian cystectomy, omentectomy, and unilateral pelvic/periaortic lymphadenectomy operative report: 30cm right adnexal mass which, on frozen, was consistent with mucinous cystadenocarcinoma; left ovary enlarged and consistent with fibroma; the left ovarian mass was excised with healthy ovary left behind; pelvic/periaortic nodes appeared normal as did the omentum and upper abdomen, including liver and diaphragm, and the rest of the pelvis.
- Path report: Right ovary had mucinous borderline tumor with intraepithelial carcinoma; the left ovarian tumor showed Brenner tumor; the lymph nodes and omentum were negative; pelvic wash was negative.

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Pop Quiz

- What is the code for SSF3?
 - 000: No gross residual tumor nodules
 - 010: Residual tumor nodule(s) 1 centimeter (cm) or less AND neoadjuvant chemotherapy not given or unknown if given
 - 990: Macroscopic residual tumor, size not stated AND neoadjuvant chemotherapy not given or unknown if given
 - 998: No cytoreductive surgery performed

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Questions?
Quiz 2

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Surgery and Systemic treatment
Treatment

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Diagnosis

- Difficult to diagnose at an early stage
 - Bloating
 - Pelvic pain
 - Difficulty eating
 - Pelvic Mass

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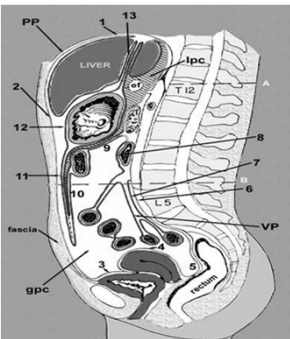
Diagnosis

- Ultrasound for initial evaluation
- CT to assess for metastasis
- FNA should be avoided
 - Could rupture a cyst spilling malignant cells into the peritoneal cavity

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Diagnosis

- Surgical-pathological evaluation of the abdomen and pelvis is necessary to diagnose ovarian cancer and rule-out other primaries
 - Laparotomy is the most widely recognized surgical/pathologic staging procedure
 - Laparoscopy may be used for suspected early stage disease



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Treatment-Stage IA or IC

- Patients that wish to maintain fertility may receive a unilateral salpingo-oophorectomy
 - Preserving the uterus and contralateral ovary

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Surgical Procedure of Primary Site: Ovary

- Codes 35 - 37
 - Unilateral (salpingo-)oophorectomy
 - Code 35: unknown if hysterectomy was done
 - Code 36: WITHOUT hysterectomy
 - Code 37: WITH hysterectomy

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Treatment-Stages II, III, IV

- Primary treatment for presumed ovarian cancer primarily consists of surgical staging (laparotomy, TAH BSO) and if appropriate chemotherapy.
- Some patients may have neoadjuvant chemo therapy prior to a debulking procedure.

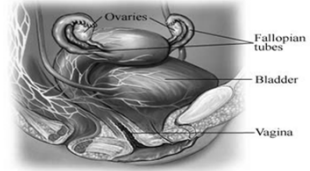
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Surgical Procedure of Primary Site: Ovary

- Codes 50 - 52
 - Bilateral (salpingo-)oophorectomy
 - Code 50: unknown if hysterectomy was done
 - Code 51: WITHOUT hysterectomy
 - Code 52: WITH hysterectomy

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Surgical Procedure of Primary Site: Ovary



Codes 50-52: BSO with or without hysterectomy

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Surgical Procedure of Primary Site: Ovary

- Codes 55 - 57
 - Unilateral or bilateral (salpingo-) oophorectomy WITH OMENTECTOMY; partial or total
 - Code 55: unknown if hysterectomy was done
 - Code 56: WITHOUT hysterectomy
 - Code 57: WITH hysterectomy

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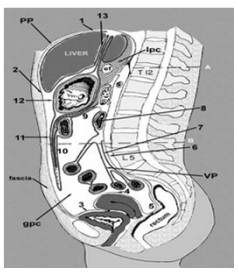

Surgical Procedure of Primary Site: Ovary

- Code 60 - 63
 - Debulking; cytoreductive surgery
 - Tumor reduction surgery
- Code 60: NOS
- Code 61: WITH colon and/or small intestine resection
- Code 62: WITH partial resection of urinary tract
- Code 63: Combination of 61 and 62



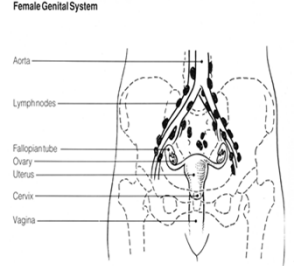

Cytoreduction

- The surgeon attempts to remove all metastatic disease greater than 1cm.

Regional Lymph Node Surgery

- Patients with tumor nodules $\leq 2\text{cm}$ outside of the pelvis (stage IIIB or higher) should have bilateral pelvic and para-aortic lymph node dissection

Chemotherapy

- Intraperitoneal (IP) single and multi-agent
 - Cisplatin
 - Cisplatin, paclitaxel
- Intravenous (IV) single and multi-agent
 - Paclitaxel followed by carboplatin
 - Docetaxel followed by carboplatin
- Patients with bulky stage III or IV disease or who are poor surgical candidates may be candidates for neoadjuvant chemotherapy

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Questions?


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Case Scenarios

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Coming Up...

- Collecting Cancer Data: GIST
 - January 9, 2014
- Collecting Cancer Data: Treatment Data
 - February 6, 2014




And the winners are.....




CE Certificate Quiz/Survey

- Phrase
- Link
 - <http://www.surveygizmo.com/s3/1464051/Ovary>



Thank You!!!!

Please send any questions to:
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