**Q&A Session**

**Collecting Cancer Data: Melanoma**

**April 3, 2014**

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Q: ­If you have 1 lymph node positive for melanoma and can't identify the primary site, how should the following fields be coded: CS Lymph Nodes, Regional Nodes Positive/Examined, Scope of Regional Lymph Node Surgery, and Surgery to Distant Sites? We are presently working on a case like this. Thanks!­

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A: ­I would code CS LN as 100, regional nodes NOS; regional nodes positive = 01; regional nodes examined = 01; scope of regional node surgery would be the procedure performed - was it sentinel node biopsy or excision? Surgery to distant sites would be none.

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Q: ­Is this an exception for just melanoma? We are confused about rule H in the collaborative stage manual V.02.05 Instructions for CS Lymph Nodes. Can you explain the use of code 100 vs. 800? Thanks.­

A: ­Yes, it is an exception for melanoma. I would use CS LN code 100 in this situation because with the number of lymph nodes positive and clinical status of nodes, a specific N category will be derived. If you use code 800, N1NOS will be derived.

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Q: ­If a case has no statement of Clark level or pathologic description to describe extension, but it does have a thickness of 2.02 mm. Would you code CS Extension as 360 (stated as T3/AJCC manual) or 400, localized NOS?­

A: ­I would code as 400 localized NOS.­

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Q: ­To clarify, satellite nodules or in-transit metastasis are coded in CS Lymph Nodes but are not counted when coding regional nodes positive and examined. Is that correct?­

A: ­Correct!­

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Q: ­Would you ever take the regression depth into consideration when coding Breslow's depth especially if the regression is noted to be more extensive?­

A: ­No, a registrar should not do that.­

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Q: ­For SSF4, what do you code if 1st test is negative and 2nd test is unknown? ­

A: ­If 1st test is negative and you don't know if a 2nd test was done, code results as negative/within normal limits in SSF4.­

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Q: If you have 1 positive and 1 negative LDH, what do you code in SSF5?­

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A: ­If the first LDH test is positive and the second LDH test is negative, code as within normal limits in SSF4. Code the lab results from the negative test in SSF5 and the upper limit of normal from the negative test in SSF6.­

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Q: ­If you do not have LDH levels, can you assign M1a, b or c? If you don't have an LDH how do you assign? ­

A: ­This question has been sent to the CAnswer Forum. Please follow at

<http://cancerbulletin.facs.org/forums/showthread.php?9000-LDH-Level-and-M1-status&p=22791#post22791>

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Q: ­Please clarify quiz 1 question 10. We think it should be D as the primary site is unknown.­

A: ­The primary site would be C44.9. According to the AJCC manual, this would be considered a regional lymph node.­ (AJCC Cancer Staging Manual 7th Ed. page 334)

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Q: ­Why is tumor size 001 instead of 003 in quiz 2 question #1?­

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A: ­The measurement was 0.3 mm. Tumor size is recorded to the closest mm in CS Tumor Size. General instructions say to code tumor size measurement of 0.1 to 0.9 mm as 001 in CS Tumor Size.

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Q: ­Why wouldn't the answer to question 9 in quiz 2 be d) 999, because the slide for unknown primary site states in absence of additional metastasis?­

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A: ­Because of the lung metastasis, the stage group will be stage IV. I would still code lymph node involvement in CS Lymph Nodes to get an N category.­

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Q: ­For the scenario for quiz 2 questions 11-13, the Breslow depth was 1.6 verified measurement. Wouldn't the pT be 2b?­

A: The Breslow depth was ­1.6 cm not mm­. That is why the pT is 4b.

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Q: ­Where is the reference to coding lymph nodes to regional when you have an unknown primary melanoma (C449)­?

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A: ­This is based on info in AJCC Cancer Staging Manual 7th Ed. page 335. I don't find documentation in CS, but to get a derived stage III for the unknown melanoma with lymph node involvement, then nodes need to be coded in CS Lymph Nodes, not in CS Mets at DX. ­

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Q: in quiz 2 question #11, why wouldn't the clinical stage also be T4b? Per AJCC: Clinical staging includes microstaging after complete excision.

A: There is no information from the biopsy about Breslow depth/thickness of the primary melanoma. That is what should be coded in the clinical stage.

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Q: ­If the pathology report does not state the margin, can you use the OP report margin when coding surgical procedure of primary site?­

A: No

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Q: In ­case scenario 1, 4-5 cm lesion described in the physical exam. Why not code CS Tumor Size 995?­

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A: The lesion was located 4-5 cm above the right ear per the history. It was stating location of the melanoma, not the tumor size.

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Q: ­In case scenario 3, what are the axillary soft tissue metastasis in the sentinel node biopsy with free deep margins? I coded CS LN as 151 for that. This is separate from the right chest wall lesion with positive deep margin.­

A: ­The metastasis in the soft tissue was removed along with the lymph nodes. The lymph nodes were negative. I considered this distant metastasis.­

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Q: Shouldn’t the CS Extension code for ­case scenario 3 be 300? Where is the 500 coming from?­

A: ­On the wide excision there was residual melanoma invading into the deep subcutaneous tissue. So this would be assigned code 500.­

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