# Abstracting & Coding Boot Camp: Cancer Case Scenarios

2014-2015 NAACCR Webinar Series March 5, 2015

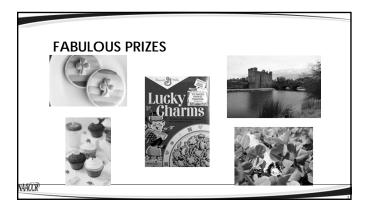
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# Q&A

 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.



Things Are Changing.....AGAIN

2015 DATA COLLECTION CHANGES

#### 2015 CHANGES

- NAACCR 2015 Implementation Guidelines and Recommendations
- Plan for implementation of NAACCR Standards for Cancer Registries Volume II, Data Standards and Data Dictionary Version 15
- http://www.naaccr.org/LinkClick.aspx?fileticket=iD QUZb2CDPY%3d&tabid=161&mid=523

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# STANDARD SETTERS

- Commission on Cancer (CoC)
- Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR)
- National Cancer Institute (NCI) Surveillance, Epidemiology, and End Results (SEER) Program
- Canadian Council of Cancer Registries (CCCR)

#### **NEW DATA ITEMS**

New Survival Data Items	
Data Item Name	Item#
Surv-Date Active Followup	1782
Surv-Flag Active Followup	1783
Surv-Mos Active Followup	1784
Surv-Date Presumed Alive	1785
Surv-Flag Presumed Alive	1786
Surv-Mos Presumed Alive	1787
Surv-Date DX Recode	1788

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### **CHANGED DATA ITEMS**

- Sex (Item #220)
- Code 4 updated
- Transsexual NOS
- Code 5 added
- Transsexual, natal male
- Code 6 added
- Transsexual, natal female

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# **CHANGED DATA ITEMS**

• Country codes (Item #s 102, 254, 1832, 1847, 1944)

Old Code	New code
XYG	YUG
XCG	CSK
BND	BRN
SWK	SVK
VLT	VUT
	XYG XCG BND SWK

# HEMATOPOIETIC & LYMPHOID NEOPLASM CODING MANUAL & DATABASE

- Update released 1/14/15
- Revision History for the Hematopoietic Project
   http://seer.cancer.gov/tools/heme/update.html
- Provides data collection rules for hematopoietic and lymphoid neoplasms diagnosed 2010 and forward
- · Web-based version of database
- · Stand-alone version of database

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# HEMATOPOIETIC & LYMPHOID NEOPLASM CODING MANUAL & DATABASE CHANGES

- Diagnostic confirmation
- · Code 1
- Peripheral blood smear can be counted as a histologic diagnoses for All hematopoietic histologies (9590/3-9992/3 or no /3)
- CBC and WBC can be used for leukemias only (9800-9948)
- · Code 3
- Genetics and/or immunophenotyping added to all applicable diseases on database

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# HEMATOPOIETIC & LYMPHOID NEOPLASM CODING MANUAL & DATABASE CHANGES

- Obsolete Hematopoietic Histologies
- 24 histologies designated as obsolete in Heme Database & Manual 1/1/2010
- Conversion
- · Apply to histology, primary site, and grade
- Based on rules in the Database and Manual
- The Hematopoietic Conversion Documentation
- Appendix B of NAACCR 2015 Implementation Guidelines and Recommendations

# HEMATOPOIETIC & LYMPHOID NEOPLASM CODING MANUAL & DATABASE CHANGES

- First Course of Treatment for Hematopoietic Neoplasms
- New section provides information on coding treatment
- M Instructions and Rules
- · Changes are minor and clarify
- PH Instructions and Rules
- Primary Site Coding Instructions
- Histology Coding Instructions

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# HEMATOPOIETIC & LYMPHOID NEOPLASM CODING MANUAL & DATABASE CHANGES

- Appendix F: Non-reportable terms
- Deleted
- Glossary
- New feature
- Terms underlined in hematopoietic entry and can be clicked to see definition

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#### ICD-O-3

- Guidelines for ICD-O-3 Update Implementation
- http://www.naaccr.org/LinkClick.aspx?fileticket=u7 d3sB71t5w%3d&tabid=126&mid=466

#### ICD-O-3

- 2015 Reportability and Recode Changes
- Reportability and Behavior Change
- Code carcinoid tumor NOS of appendix (C18.1) to 8240/3
- Recode Changes

Enteroglucagonoma, NOS         8157/1         8152/1           Enteroglucagonoma,         8157/3         8152/3	ode	2015 and Later Cod	Pre-2015 Code	Term
Enteroglucagonoma, 8157/3 8152/3		8152/1	8157/1	Enteroglucagonoma, NOS
malignant		8152/3	8157/3	

#### ICD-O-3

- New codes cannot be used for 2015 diagnoses because they are not acceptable histologies for CS algorithms
- Use ICD-0-3 Histology Code Crosswalk to code new terms using current codes
- Appendix A of NAACCR 2015 Implementation Guideline

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#### ICD-O-3

- Online version of ICD-O-3 from International Agency for Research on Cancer
- http://codes.iarc.fr/
- Use ICD-O-3 (2000) for solid tumors
- Do <u>not</u> use ICD-O-3 (2011)
- Use histology rules from Hematopoietic and Lymphoid Neoplasm Coding Manual and Database
   Refer to the NAACCR Guidelines for ICD-O-3 Update Implementation for the list of ICD-O-3 code changes effective 1/1/2015
- Use histology rules in MP/H Manual for solid tumors

### STAGE COLLECTION REQUIREMENTS

- CoC 2015 Requirements
- CS v02.05 required
- Directly assigned AJCC TNM (clinical and pathologic) required for class of case 10-22

### STAGE COLLECTION REQUIREMENTS

- CDC NPCR 2015 Requirements
- CS v02.05 required
- Directly assigned SEER Summary Stage 2000 required by all facilities
- Directly assigned AJCC TNM (clinical and pathologic)
- Required from CoC accredited hospitals
- · As available from non-CoC facilities and small providers

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# STAGE COLLECTION REQUIREMENTS

- NCI SEER 2015 Requirements
- CS v02.05 required
- Directly assigned AJCC TNM (clinical and pathologic)
- Required from CoC accredited hospitals when available

### STAGE COLLECTION REQUIREMENTS

- CCCR Requirements
- CS v02.05 required until the end of 2016 diagnosis year
  - Plan to implement collection of AJCC TNM stage with expected release of AJCC Cancer Staging Manual, 8th Edition

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# **OTHER REQUIREMENTS 2015**

- CDC NPCR
- · All treatment and associated dates for all cancers
- NCI SEER
- Treatment associated dates for all cancers

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Quiz 1

**CHALLENGING ANATOMY** 

Quiz 2

**DATA ITEMS BESIDES SITE** MORPHOLOGY...THEY ARE **IMPORTANT!** 

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#### PRIMARY PAYER: DISPARITIES RESEARCH

- Proxy for class/income, risk factors based on access to care, quality of care
- · Condensed groups for analysis
- Insured vs uninsured; private insurance vs public insurance
   Affordable Care Act may facilitate specialized comparisons
   eg Private Managed Care versus Private Fee for Service
- No insurance: 01 versus 02
- Do not "wait" for most current information
- Do not include insurance obtained after diagnosis
   Eg disease specific insurance or public insurance applied for after diagnosis
- 99 is a valid code
- · Combo codes

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#### **POP QUIZ**

- A 55 year old Virginia woman is diagnosed with stage IV breast cancer. Her treatment is paid for by the state Breast and Cervical Cancer Prevention Program. How do you code primary payer?
- A. 02, not insured, self-pay
- B. 10, insurance, NOS
- c. 31, Medicaid
- D. None of the above

### ADDRESS AT DX: GEOSPATIAL RESEARCH

- Incidence, mortality, treatment, and survival
- · Vary by geography
- · Map data, visualize relationships, generate hypotheses
- · Geospatial research
- Relationships among place and health
- Proxy for class/income, physical access to care, regional systems
- Environmental, demographic, proximity to care, group-level effects, cancer clusters

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#### **ADDRESS AT DX**

- · Street address, supplemental address, city, zip
- Street address, supplemental address, city, zip
  No PO Boxes
  Do not preface address with PO Box; place PO Box in Supplemental
  Florida edits
  Google, DMV or other external sources
  Not Current address

- Homeless—address of hospital diagnosis; homeless in supplemental address field
- Dependent fields

- County, census tract, block group
   Geocading (ang/lat)
   Area-based data (poverty, urban/rural status, urban/rural commuting codes)
- Linkage variables

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#### **POP QUIZ**

- A 67 year old homeless man is admitted through the emergency department for mouth ulcers and ear ache and is diagnosed with oral cancer.
- A. "Homeless" in street address, unknown city, county and zipcode
- B. Address fields for hospital with "Homeless" in supplemental field
- c. Address fields for hospital
- D. Unknown" in street address, unknown city, county and

Quiz 3 **IDENTIFYING & CODING PRIMARY** SITE & HISTOLOGY FOR **COMPLICATED CASES** NAACCR<sup>2</sup>

Quiz 4 STAGING CONUNDRUMS

# **HER2 TESTING**

- Recommendations for Human Epidermal Growth Factor 2 Testing in Breast Cancer
   http://www.cap.org/apps/cap.Portal? nfpb=true&cntvwrPtlt actionOverride=%21-portlets%21-content viewer%22-show&cnt wrPtlf%7BactionForm.contentReterence%7D=contintees%21-immunohistochemistry%21-her2\_index.html&\_pageLabel=cnt\_vwr
- ASCO-CAP HER2 Test Guideline Recommendations
- Summary of Recommendations
- http://www.cap.org/apps/cap.Portal? nfpb=true&cntvwrPtlt actionOveride=%2/portlets%2/content/viewer%2/show&cntvwrPtlf%/BactionForm.contentReterence%/D=committees%2/mmunohistochemistry%2/her2\_index.html&\_pageLabel=cntvwr

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#### **2013 RECOMMENDATION**

- Report HER2 test result positive
- IHC 3+ based on circumferential membrane staining that is complete, intense
- ISH positive based on:

- ISH positive based on:
   Single-probe average HER2 copy number ≥6.0 signals/cell
   Dual-probe HER2/CEP17 ratio ≥2.0; with an average HER2 copy number ≥4.0 signals/cell
   Dual-probe HER2/CEP17 ratio ≥2.0; with an average HER2 copy number <4.0 signals/cell
   Dual-probe HER2/CEP17 ratio < 2.0; with an average HER2 copy number <4.0 signals/cell

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#### **EXAMPLE**

- HER2 FISH test result: Ratio of 1.52; average copy number 6.0 signals/cell; elevated HER2
- What is the code for CS SSF10 (FISH Lab Value)?
- · What is the code for CS SSF11 (HER2: FISH Test Interpretation)?

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Quiz 5

**TREATMENT** 

Quiz 6

DO YOU KNOW YOUR STANDARD SETTERS?

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### COMING UP...

- Collecting Cancer Data: Stomach & Esophagus
- 4/2/15
- Collecting Cancer Data: Larynx & Thyroid

• 5/7/15

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ink http://www.surveygizmo.com/s3/2033273/Boot-Camp-2015