

**NAACCR 2013-2014 Webinar Series**

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Treatment  
February 6, 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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**Fabulous Prizes**








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**CHANGE!**

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**First and most importantly.....**

- **READ**
- Updates
  - State & Regional Registries
  - Commission on Cancer
  - SEER

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**Second and also important...**

- Know what is being transmitted when you send an abstract to your central registry and to the NCDB.
  - What surgical events are being transmitted?
  - What radiation codes are being sent?
- Not everything you code is transmitted!

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**Determining Treatment**

- Physical exam
- Diagnostic tests, imaging, and biopsies
- Staging
- Patient’s personal situation
- Possible side-effects & risks

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**Treatment Plan**

- Treatment intention
  - Cancer-directed treatment
  - Non-cancer directed treatment
- Part of patients record
  - Discharge Plan
  - Protocol or Management guidelines
  - Initial treatment must begin within 4 months from the date of diagnosis

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**Commission on Cancer Requirements:  
Stage and Treatment Planning**

Standard 4.3:

- The cancer committee, or other appropriate leadership body, develops a process to monitor physician use of stage, site-specific prognostic indicators, and evidence –based national treatment guidelines in treatment planning for cancer patients.
- The findings of the monitoring are presented at least annually to the cancer committee, or other appropriate leadership body, and are documented in the minutes.

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**Hospital Cancer Conference Activity  
Cancer Committee Report 1/2014**

<p><b>FACILITY-WIDE TUMOR BOARD</b> 11 Meetings held Total cases presented = 32 Prospective cases = 32</p> <p><b>BRAIN &amp; SPINE CONFERENCE</b> 21 Meetings held Total cases presented = 107 Prospective cases = 107</p> <p><b>WOMEN'S CONFERENCE</b> 6 Meetings held Total cases presented = 13 Prospective cases = 12</p>	<p><b>ATTENDANCE</b> Medical Oncology = 82% Surgery = 82% Radiation Oncology = 100% Pathology = 100% Diagnostic Radiology = 100%</p> <p><b>ATTENDANCE</b> Medical Oncology = 93% Surgery = 100% Radiation Oncology = 93% Pathology &amp; Diagnostic Radiology attendance not required</p> <p><b>ATTENDANCE</b> Medical Oncology = 83% Surgery = 100% Radiation Oncology = 83% Pathology = 100% Diagnostic Radiology = 100%</p>
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**TOTAL CASES PRESENTED = 152**  
**PROSPECTIVE CASES = 151**  
**PERCENTAGE OF PROSPECTIVE CASES 99%**  
**PERCENTAGE OF ANALYTIC CASES (695) 22%**  
**CASES ELIGIBLE FOR CLINICAL STAGING 69**  
**CLINICAL STAGING DISCUSSED 52 (75%)**  
**NCCN TREATMENT GUIDELINES DISCUSSED AT ALL CONFERENCES**

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**Treatment information used in Coding Staging Fields**

- AJCC
  - T, N, M
  - Stage Descriptor
- Collaborative Staging
  - CS Tumor Size Extension Evaluation
  - CS Lymph node evaluation
  - CS Mets Evaluation
  - CS Site-Specific Factors

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**Complete Treatment Information**

- First course of treatment may not occur at the reporting facility
- Open communication
  - Cancer registries
  - Physician offices
  - Facilities
- Create treatment follow-up process
  - Standard letter
  - Electronic process

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**First Course of Treatment**

- Includes all methods of treatment recorded in the treatment plan
- Administered to patient before disease progression or recurrence.
- Types of treatment
  - Surgery
  - Radiation
  - Systemic Treatment
  - Other Treatment
  - Palliative Care
  - No Treatment

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**First Course of Treatment**

- All Malignancies except Leukemia
  - Includes all planned & administered treatment
  - Multiple modalities, span a year or more
- Leukemias
  - Includes all planned and administered treatment
  - Record all remission-inducing or maintaining tx
  - Multiple modes, may span a year or more
  - Relapse after achieving 1<sup>st</sup> remission, Treatment given is documented as subsequent

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**Date First Course of Treatment**

- Records date treatment (surgery, radiation, systemic , or other therapy) began
- Calculate the delay between diagnosis and treatment initiated
- Starting point for calculating survival
- Date for watchful waiting, no treatment, or refusal of treatment.

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**Documenting Text**

- Text...
  - Summarizes the patient's experience & collapses it into codes
  - Ensures reliability & accuracy of coding
  - Further describes diagnosis, staging, treatment, follow-up and survivorship
  - Standardized: Facility, State/Regional, or National

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**Text**

- PE (Physical Exam)
- X-Ray
- Scopes
- Lab Tests
- OP (Operative Findings)
- Path
- Primary Site
- Histology
- Staging
- Remarks
- Surgery
- Radiation-Beam
- Radiation-Other
- Chemotherapy
- Hormone
- BRM
- Transplant/Endocrine
- Other

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**Surgery**

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**Date of Most Definitive Type of Surgical Procedure**

- Records the date of the most definitive surgical procedure of the primary site performed as part of the first course of treatment
  - Date corresponding to Surgical Procedure of the Primary Site
  - Code 00000000
  - Code 99999999

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**Surgical Procedures**

- Excisional biopsies
- Surgery to remove regional tissue
- Multiple surgeries of primary site
- Palliative procedures
- Incomplete treatment information

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**Surgical Procedure of Primary Site**

- Site-specific codes in Appendix B of FORDS
- Software capabilities
- Multiple procedures recorded
- Responses are hierarchical
- 98 Takes precedence over 00

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**Scope of Regional Lymph Node Surgery**

- Collected even if surgery of the primary site was not performed
- Record aspirations, biopsy or removal of lymph nodes to diagnose or stage
- Codes are hierarchal
- Subsequent procedures include cumulative effect if 2 or more lymph node procedures performed
- Use operative report to determine if sentinel lymph node biopsy or dissection or both

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**Scope of Regional Lymph Node Surgery**

- Code 9
  - CNS primaries, lymphomas, hematopoietic disease, unknown or ill-defined primary
- Do not code surgery to distant lymph nodes in scope of regional lymph node surgery
- Coding info in scope of regional lymph node surgery is not necessarily treatment for class of case
- Palliative care

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**Surgical Procedure-Other Site**

- Non-primary tissue
- Highest number code
- Incidental removal
- Unknown, ill-defined, and hematopoietic sites
- Palliative care

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**Date of Surgical Discharge**

- Length of stay
- Patient expired
- Outpatient surgery

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**Readmission Within 30 Days**

- Quality of care
- Readmission to same hospital
- Treatment of this cancer
- Review treatment plan
- Review comorbidities and complications

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**Reason No Surgery Given**

- Surgical procedure of primary site coded 00
- Multiple treatment options offered
- No treatment accepted
- Patient refused
- Unknown

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**Quiz 1**



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**Radiation**

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**Radiation**

- Radiation therapy uses high-energy radiation to kill cancer cells by damaging their DNA.
  - Radiation therapy can damage normal cells as well as cancer cells. Therefore, treatment must be carefully planned to minimize side effects.
  - A patient may receive radiation therapy before, during, or after surgery, depending on the type of cancer being treated.
- One half of all cancer patients receive radiation therapy

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**Intent**

- Curative: Kills cancer cells while causing minimal damage to normal cells & tissue
- Adjuvant: Given in addition to other treatments
- Palliative: Given to relieve pain or other adverse cancer symptoms

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**Radiation**

- Date treatment started
- Regional or Boost
- Treatment planned but not started
- Treatment information incomplete

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**Location Radiation Treatment**

- Where radiation therapy was administered
- Used to identify referral patterns
- Quality improvement and outcomes
- Palliative Radiation is coded in this field AND Palliative care field

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**Location, Location, Location**

- How do you code radiation to multiple sites (volumes)?
- How do you code radiation to the primary sites in addition to regional lymph nodes?
- How do you code radiation to metastatic sites?

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**Radiation Treatment Volume**

- Anatomic target of most clinically significant radiation therapy
- Anatomical structures targeted by radiation therapy
- Patterns of care

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16	Kidney	The target is primary or metastatic disease in the kidney or the kidney bed after resection of a primary kidney tumor. Adjacent lymph node regions may be included in the field.
17	Abdomen (NOS)	Include all treatment of abdominal contents that do not fit codes 12-16.
18	Breast	The primary target is the intact breast and no attempt has been made to irradiate the regional lymph nodes. Intact breast includes breast tissue that either was not surgically treated or received a lumpectomy or partial mastectomy (C50.0-C50.9, Surgical Procedure of Primary Site [NAACCR Item #1290] codes 0-24).
19	Breast/lymph nodes	A deliberate attempt has been made to include regional lymph nodes in the treatment of an intact breast. See definition of intact breast above.
20	Chest wall	Treatment encompasses the chest wall (following mastectomy).
21	Chest wall/lymph nodes	Treatment encompasses the chest wall (following mastectomy) plus fields directed at regional lymph nodes.
22	Mantle, Mini-mantle	Treatment consists of a large radiation field designed to encompass all of the regional lymph nodes above the diaphragm, including cervical, supraclavicular, axillary, mediastinal, and hilar nodes (mantle), or most of them (mini-mantle).  This code is used exclusively for patients with Hodgkin's or non-Hodgkin's lymphoma.

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**I-131 for Thyroid Ablation**

- Iodine-131 therapy is given to patients with thyroid cancer who have had a total thyroidectomy (surgery), but a iodine body scan shows that they still have activity in the residual thyroid tissue and/or in metastatic lesions.
- Given in capsule form, Iodine-131 will dissolve in the stomach and travel systemically throughout the body, being absorbed by whatever thyroid tissue is remaining.

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**What Volume is Coded for I-131 for Thyroid?**

- The I-131 is systemic radiation treatment, which is differ from the loco-regional radiation therapy that is administered to the tissue of interest. In systemic radiation therapy, the patient swallows or receives an injection of a radioactive substance, such as iodine 131 or other radioactive substance that travels throughout the body.
- The radiation using I-131 is coded to volume Whole Body (code 33).

<http://cancerbulletin.facs.org/forums/showthread.php?353-I-131-radiation-ablation-therapy-for-thyroid-CA&highlight=thyroid>

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**Regional Treatment Modality**

- Dominant radiation therapy modality
- Evaluate patterns of radiation oncology care
- Frequently delivered in 2 or more phases
  - Regional
  - Boost
- Photons and X-rays are equivalent
- Code IMRT or conformal 3D when mentioned
- Radioembolization coded as brachytherapy

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20	External beam, NOS	The treatment is known to be by external beam, but there is insufficient information to determine the specific modality.
21	Orthovoltage	External beam therapy administered using equipment with a maximum energy of less than one (1) million volts (MV). Orthovoltage energies are typically expressed in units of kilovolts (kV).
22	Cobalt-60, Cesium-137	External beam therapy using a machine containing either a Cobalt-60 or Cesium-137 source.  Intracavitary use of these sources is coded either 50 or 51.
23	Photons (2-5 MV)	External beam therapy using a photon producing machine with a beam energy in the range of 2-5 MV.
24	Photons (6-10 MV)	External beam therapy using a photon producing machine with a beam energy in the range of 6-10 MV.
25	Photons (11-19 MV)	External beam therapy using a photon producing machine with a beam energy in the range of 11-19 MV.
26	Photons (>19 MV)	External beam therapy using a photon producing machine with a beam energy of more than 19 MV.
27	Photons (mixed energies)	External beam therapy using more than one energy over the course of treatment.

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31	IMRT	Intensity modulated radiation therapy, an external beam technique that should be clearly stated in patient record.
32	Conformal or 3-D therapy	An external beam technique using multiple, fixed portals shaped to conform to a defined target volume. Should be clearly described as conformal or 3-D therapy in patient record.
40	Protons	Treatment delivered using proton therapy.
41	Stereotactic radiosurgery, NOS	Treatment delivered using stereotactic radiosurgery, type not specified in patient record.
42	Linac radiosurgery	Treatment categorized as using stereotactic technique delivered with a linear accelerator.
43	Gamma Knife	Treatment categorized as using stereotactic technique delivered using a Gamma Knife machine.

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**Radiation**

- Stereotactic Body Radiation
  - Code 41-Stereotactic radiosurgery, NOS
- Intraoperative Radiation Therapy (IORT), Image Guided Radiation Therapy (IGRT), Brainlab
  - Code based on the modality used
- Cyberknife
  - Code as Linac radiosurgery (42)

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50	Brachytherapy, NOS	Brachytherapy, interstitial implants, molds, seeds, needles, radioembolization, or intracavitary applicators of radioactive materials not otherwise specified.
51	Brachytherapy, Intracavitary, LDR	Intracavitary (no direct insertion into tissues) radio-isotope treatment using low dose rate applicators and isotopes (Cesium-137, Fletcher applicator).
52	Brachytherapy, Intracavitary, HDR	Intracavitary (no direct insertion into tissues) radioisotope treatment using high dose rate after-loading applicators and isotopes.
53	Brachytherapy, Interstitial, LDR	Interstitial (direct insertion into tissues) radioisotope treatment using low dose rate sources.
54	Brachytherapy, Interstitial, HDR	Interstitial (direct insertion into tissues) radioisotope treatment using high dose rate sources.
55	Radium	Infrequently used for low dose rate (LDR) interstitial and intracavitary therapy.
60	Radioisotopes, NOS	Iodine-131, Phosphorus-32, etc.

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**Radiation**

- Radioembolization
  - 'Sir-Spheres', 'TheraSphere', 'SIRT', or 'TARE' (Trans-Arterial Radio-Embolization)
  - Code as brachytherapy

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**Regional Dose: rGy**

- Total dose regional radiation therapy
- Unit of measure is centiGray
- Evaluates patterns of radiation care
- Do not include Boost
- Code 88888 for brachytherapy or radioisotopes

50 Gy = 5,000 cGy = 05000

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**Boost Treatment Modality**

- Dominant modality to deliver boost dose
- Evaluate patterns of care
- Record dominant modality
- External beam fields of reduced size
- Boost may precede regional treatment


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**Boost Dose: rGy**

- Same guidelines as Regional Dose: rGy
- Records the additional does delivered by the boost fields or devices




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**Number of Treatments To This Volume**

- Total number of treatments
- Evaluate patterns of care
- May include several treatment portals, still on session
- Total number of fractions = sum of regional & boost treatments
- Each administration of brachytherapy or implants is a single fraction




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**Radiation Surgery Sequence**

- Sequence of radiation and surgical procedures
- Review surgical procedure fields
- If not surgery performed, code 0
- If surgery & radiation performed use codes 2-9
- If multiple first course treatments provided, use code that defines the first sequence

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**Date Radiation Ended**

- When did patient complete radiation treatment?
- Factor in tumor control & treatment morbidity
- Evaluates quality of care
- Brachytherapy date will be the same as Date Radiation started
- May be incomplete

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**Reason No Radiation**

- Code 1
  - Treatment plan offered multiple alternative treatment options and patient selected plan that did not include RT.
- Code 7
  - Patient/ family refused RT, made a blanket refusal of all recommended treatment, or refused all treatment before any was recommended.
- Code 8
  - Physician recommended RT and no further documentation is available to confirm RT given
  - If follow-up to the specialist or facility determines that the patient was never there and no other documentation can be found, code 1.
  - Cases coded 8 MUST BE FOLLOWED and UPDATED.

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**Quiz 2**



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**Systemic**

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**Chemotherapy**

- Systemic method of cancer treatment
- Able to reach most body parts
- Chemical agents interact with cancer cells
  - Interfere with DNA synthesis & mitosis
- Cannot distinguish between normal & cancer cells
- Primary treatment for lymphoma, leukemia, small cell lung, and testicular cancer

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**Types of Chemotherapy**

- Several types of administration
- Single of multiple agents
- Major categories of agents
- Review references
  - SEER\*RX
  - Software
  - Physicians

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**Date Systemic Therapy Started**

- Record earliest date
- Instructions same for:
  - Date Chemotherapy Started
  - Date Hormone Therapy Started
  - Date Immunotherapy Started
  - Date Other Treatment Started

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**Chemotherapy**

- SEER RX Interactive Drug Database
- If not administered, records reason not given
- Codes 00, Code 87, Code 88, Code 99
- Chemoembolization
- Changes in regimen
- Palliative chemotherapy

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**Chemotherapy at This Facility**

- Documents chemotherapy administered at reporting facility
- Follow instructions for coding: Chemotherapy

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**Hormone Therapy**

- Natural substances produced by the body
- Certain cancers respond to hormone manipulation
- Usually given in conjunction with other treatments

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**Hormone Therapy**

- SEER Rx Interactive Drug Database
- Type of hormones provided at all facilities
- Not administered, reason why
- May be part of combination of agents
- Recording Prednisone
- Code 00, Code 01, Code 87, Code 88, Code 99

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**Immunotherapy (Biologic Response Modifier)**

- Therapies use the body’s immune system
- Immunotherapy manipulates the immune system
  - Active
  - Inactive
- Cytotoxic Therapy changes cancer cells biology
- Interferons, Monoclonal Antibodies, Interleukins, Tumor Vaccines

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**Immunotherapy**

- Immunotherapy administered at all facilities
- If not administered, record reason why
- Codes 00, 87, 88, 99
- Immunotherapy given as palliative care

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**Hematologic Transplant & Endocrine Procedures**

- Hematologic transplant
  - Treatment for leukemia, Hodgkin’s Disease, Multiple Myeloma, immune deficiency disorders, and some solid tumor
  - Bone marrow transplant
    - Autologous, Syngeneic, Allogeneic
  - Stem cell harvest
- Endocrine procedures
  - Suppress hormonal activity
  - Radiation or surgery

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**Hematologic Transplant & Endocrine Procedures**

- Procedures administered at all facilities
- Codes 00, 87, 88, 99
- Palliative Care

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**Systemic/Surgery Sequence**

- Determine specific timing for evaluating delivery of treatment
- Review other data fields

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**Other Treatment**

- Hematopoietic diseases
- Transfusions
- Phlebotomy
- Aspirin

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**Palliative Care**

- Not used to diagnose or stage primary tumor
- Control symptoms, alleviate pain, or comfort measures
- May include surgery, systemic therapy, and/or pain management
- Do not code routine pain management after surgery in this field

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**Subsequent Treatment**

- Not required by State or Regional cancer registries
- Be sure to designate as subsequent therapy
- Use codes from First Course of Treatment

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**Quality Assessment**

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### Quality Tools

#### Hospital Registrar Activity Menu

You are currently working on Facility [dropdown] [Go]

**Facility and Staff Contact Information**

- Facility Information
- Database Staff Contacts

**Marketing Resources**

**Accreditation Management**


- Eligibility Requirements
- Survey Application Record (SAR)
- Performance Report
- Program Activity Record (PAR) - (non-survey years)
- Historical Survey Application Records
- HIPAA Business Associate Agreement
- Surveyor Contact List - Revised 2/13/2013
- Cancer Liaison Physician Program - CLP Activity Report
- CoC Hospital Locator - Annual Cancer Case Volume
- CoC Hospital Locator - Glossary
- CoC Hospital Locator

**ACS Cancer Programs Online Education Portal**

- ACS Cancer Programs Online Education Portal

**National Cancer Data Base (NCDB) Reporting Tools**

- NCDB Hospital Comparison Benchmark Reports
- NCDB Survey Reports
- NCDB Cancer Program Practice Profile Reports (CP3R) (v2)
- NCDB C.A.S.I.




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### Cancer Program Practice Profile Reports (CP3R)

Select Breast & Colorectal Measures		Estimated Performance Rates <i>(click rate for comparison)</i>			Case Review
		2009	2010	2011	
<b>B R E A S T</b>	Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. [BCV/R7]	93.3%	87.9%	89.5%	
	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 75 with AJCC T1c NO, NO, or Stage II or III ER+ and PR+ negative breast cancer. [MAC]	100%	100%	100%	
	Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c NO, NO, or Stage II or III ER+ and/or PR+ positive breast cancer. [HT]	93.8%	88.1%	92.1%	
<b>C O L O R E C T</b>	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer. [ACT]	100%	100%	83.3%	
	At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. [L2RLN]	94.1%	95.5%	91.3%	
	Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 of rectal or pathologic AJCC T4bT1D or Stage III receiving surgical resection for rectal cancer. [AdRT]	100%	100%	100%	




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### CP3R Case Review

Status	Case #	Meas. Descr.	Last Update	Acc #	Seq #	Site	Dx Date	Age	Em Site (mm)	ERA	PRA	Path %	Surgery	Chemo	Horm	Horm. Date	Immuno	Other	Last Conf. Date	Vital	Case
rtx	10001978	HT not administered (L5112)		201100828	00	C509	08/16/2011	60	11	10	10	1A	88	0	0		0	0	01/06/2012	1	
Comp	10001974	HT started within 365 days following diagnosis (L5112)		201101104	00	C509	08/31/2011	61	35	10	10	1	22	0	1	06/19/2012	0	0	11/30/2012	1	
Comp	10001973	HT started within 365 days following diagnosis (L5112)		201100269	00	C509	03/24/2011	50	80	10	10	0	23	0	1	07/22/2011	0	0	09/07/2011	1	

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### Cancer Program Practice Profile Reports (CP3R)

FACILITY SELECTION	ALL MEASURES SUMMARY	THIS MEASURE SUMMARY			
<small>Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. [BCS/RT]</small>		<b>Diagnosis Year: 2011</b>			
		<small>(Last Update: Jan 23, 2014 11:01:06 PM CST)</small>			
	Perf. Rate	95% CI	Cases	#Facilities	
<b>My Cancer Program</b>	89.5 %	[83.9 - 95.1]	114	1	
<b>My State (TX)</b>	85.1 %	[83.8 - 86.4]	2799	76	
<b>My Census Region (West South Central)</b>	87.8 %	[86.8 - 88.8]	4299	124	
<b>My ACS Division (High Plains)</b>	89.6 %	[88.8 - 90.4]	5784	155	
<b>My CoC Program Type (COMP)</b>	92.1 %	[91.8 - 92.4]	33263	633	
<b>All CoC Approved Programs (ALL)</b>	91.9 %	[91.7 - 92.1]	58037	1342	

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### Quality Control: Surgery

- Correct coding for surgery of primary, regional, and metastatic sites
- Surgery /Systemic treatment
- Palliative care
- Reason




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### CP3R: Breast Radiation

- Radiation therapy administered for patients receiving conservative surgery
  - The numerator for this measure is regional treatment modality code 20 – 98 and radiation date started < 365 days following the date of diagnosis.
  - The denominator for this measure is age at diagnosis < 70 and surgery of the primary site = 20 – 24.




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**Quality Control: Radiation**

- Breast
  - Are treatment volumes accurate correct?
  - Radiation to primary, regional or distant sites included?
  - Was palliative radiation correctly documented?
  - Regional versus boost treatments documented correctly?
    - Number of treatments
    - Dose

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**CP3R: Breast Chemo**

- Combination chemotherapy is considered or administered within 4 months of diagnosis
  - Age at diagnosis
  - Dates: Diagnosis, Chemotherapy
  - AJCC TNM Components & Stage Group
  - Hormone receptors
  - Chemotherapy
  - Reason

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**Quality Control Chemotherapy**

- Single agent
- Multiple agent
- If agents are changed during first course of treatment
- SEER RX

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**CP3R: Hormones**

- Tamoxifen or aromatase inhibitors are provided within 1 year (365 days) of diagnosis
- Dates
- AJCC Components
  - ER/PR
  - Date hormones given
  - Reason why no hormones given

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**Quality Control**

- Hormones
  - When hormones are recommended, unknown if given, did registry follow-up to solicit complete treatment information?
  - Accurate coding, treatment descriptions: i.e. hormones, aromatase inhibitors

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**NAPBC: Breast Sentinel Lymph Nodes Positive**

- If sentinel lymph node(s) positive, further evaluation of regional lymph nodes is completed
  - Scope of regional lymph node surgery
  - Regional lymph nodes positive

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**NAPBC Quality Control**

- Lumpectomy & re-excision lumpectomy coded correctly
- Bilateral mastectomies
- Reconstruction
- Sentinel lymph node biopsies
  - Completion axillary lymph node dissections

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**NAPBC: Breast Mastectomy/Reconstruction**

- Patients receiving ipsilateral mastectomy
- Patient receiving bilateral mastectomy
- Immediate reconstruction
- Reason for no surgery

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**Cancer Program Practice Profile Reports (CP3R)**

<b>C O L O N</b>	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer. <b>[ACT]</b>
<b>R E C</b>	At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. <b>[12RLN]</b>
<b>C</b>	Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 of with clinical or pathologic AJCC T4N0M0 or Stage III receiving surgical resection for rectal cancer. <b>[AdjRT]</b>

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**CP3R: Colon Chemotherapy**

- Stage III colon cancer patients receive adjuvant chemotherapy within 4 months
- Age
- Dates
- AJCC components
- Reason

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**CP3R: Colon 12 Lymph Nodes**

- At least 12 lymph nodes are removed and pathologically examined
  - Surgical resection of colon
  - Scope of regional lymph nodes surgery
  - Number of lymph nodes examined
  - Reason

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**CP3R: Rectum Radiation Therapy**

- Radiation is considered or administered to rectal cancer patients within 6 months of diagnosis
- Age
- Dates
- AJCC Components
- Reason

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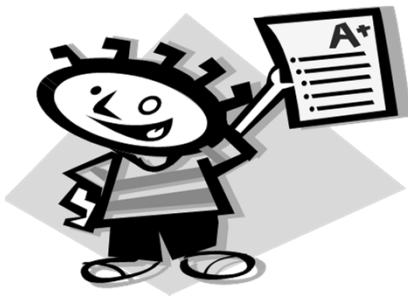
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**Quiz 3**



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**CE Certificate Quiz/Survey**

- Phrase
- Link
  - <http://www.surveygizmo.com/s3/1528347/Treatment>

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**Coming Up...**

- Abstracting & Coding Boot Camp
  - March 6, 2014
- Collecting Cancer Data: Melanoma
  - April 3, 2014

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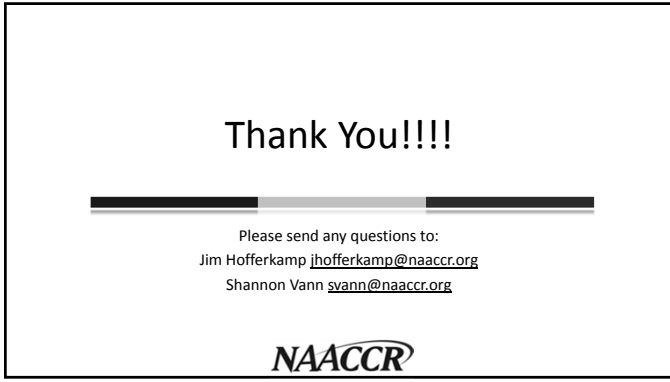
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