

Abstracting and Coding Boot Camp

NAACCR 2018-2019 WEBINAR SERIES

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Q&A

Please submit all questions concerning the webinar content through the Q&A panel.

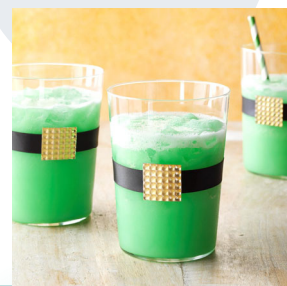
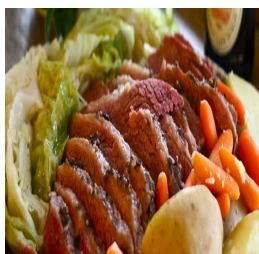
If you have participants watching this webinar at your site, please collect their names and emails

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

Quiz 1-Terminology

Quiz 2-Basic

Quiz 3-Treatment

Quiz 4-Solid Tumor Rules

Quiz 5-Colon SSDI

Quiz 6-Breast SSDI

Quiz 7-Sentinel & Regional Lymph Node Data Items

How to code radiation fields when no or unknown if radiation done.

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Quiz 1-Terminology

10 MINUTES

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Quiz 2-Basics

10 MINUTES

6

Quiz 3-Treatment

10 MINUTES

7

Quiz 4-Solid Tumor Rules

10 MINUTES

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CRM and MSI/MMR

COLON SSDI'S

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Assigning values for non-standard test results

If >greater than or <less than are used to indicate a value, code to the next lowest value.

- This is a general rule. If different instructions are given for a data item, follow the specific instructions.

Example:

- CEA was >20
 - Assign value of 20.1
- CEA was <20
 - Assign value of 19.9

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Circumferential Resection Margin (CRM)

Distance of invasive carcinoma from the closest margin.

- Predictor of local recurrence in rectal primaries.
- Sometimes documented for colon primaries.

Measured in mm's

- CRM of 3.17cm's.
- Code 31.7

Rounding

- CRM of 7.26mm's
- Code 7.3



<https://www.slideshare.net/ESOSLIDES/cervantes-colorectal-cancer-eso-course2011>

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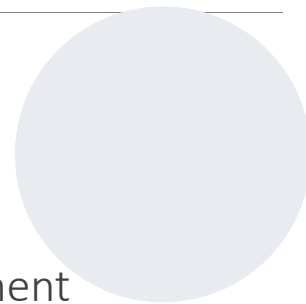
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CRM

May also be referred to as...

- Radial resection margin
- Circumferential radial margin
- Mesenteric margin

May be coded after neoadjuvant treatment



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Microsatellite Instability (MSI)

- Mismatch Repair (MMR) may also be coded in this data item.
- MSI High/Unstable or MMR Deficient tumors are detected in about 15% of colorectal cancers.
- MSI/MMR can be used to predict patient response to adjuvant chemotherapy.
 - MSI high or unstable and MMR Deficient tumors are thought to respond poorly to adjuvant chemotherapy.

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MSI/MMR

Result Summary:

MSS/MSI-L: Intact Protein Expression.

Results:

- IHC: Normal expression of MLH1, MSH2, MSH6 and PMS2.
- MSI: MSS/MSI-L: (instability observed in 0-5 informative markers)“

Assign code 0

- Microsatellite instability (MSI) stable; microsatellite stable (MSS); negative, NOS AND/OR Mismatch repair (MMR) intact, no loss of nuclear expression of MMR proteins

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Quiz 5-Colon SSDI

10 MIN

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ER/PR and HER/2

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Assigning Values for Non-Standard Ranges

If the range on the report uses steps smaller than 10 and the range is fully or at least 80% contained within a range provided in the table, code to that range in the table.

- Examples:
 - Report says 1-5%. Code R10 (1-10%).
 - Report says 90-95%. Code R99 (91-100% because almost all of the range is contained within code R99)

If the range on the report uses steps larger than 10 or uses steps of 10 that are different from those provided in the table, code to the range that contains the low number of the range in the report.

- Examples:
 - Report says 75-100%. Code R80 (71-80%, meaning at least 71%)
 - Report says 75-85%. Code R80 (71-80%, meaning at least 71%)

Assigning Values for Non-Standard Ranges

Assigning Values for Non-Standard Ranges

- Example:
 - ER percent positive 95-100%
 - 95 falls in range R99
 - Assign R99

Code	Description
000	ER negative, or stated as less than 1%
001-100	1-100 percent
R10	Stated as 1-10%
R20	Stated as 11-20%
R30	Stated as 21-30%
R40	Stated as 31-40%
R50	Stated as 41-50%
R60	Stated as 51-60%
R70	Stated as 61-70%
R80	Stated as 71-80%
R90	Stated as 81-90%
R99	Stated as 91-100%

HER2-positive breast cancer

For about 1 in 5 women with breast cancer, the cancer cells have too much of a growth-promoting protein known as HER2/neu (or just HER2) on their surface.

These cancers, known as HER2-positive breast cancers, tend to grow and spread more aggressively.

<https://www.cancer.org/cancer/breast-cancer/treatment/targeted-therapy-for-breast-cancer.html>

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Targeted Therapy Treatments

Trastuzumab

- (Herceptin)

Pertuzumab

- (Perjeta)

Ado-trastuzumab emtansine

- (Kadcyla, also known as TDM-1)

Lapatinib

- (Tykerb)

Neratinib

- (Nerlynx)

<https://www.cancer.org/cancer/breast-cancer/treatment/targeted-therapy-for-breast-cancer.html>

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Testing for HER 2 over expression

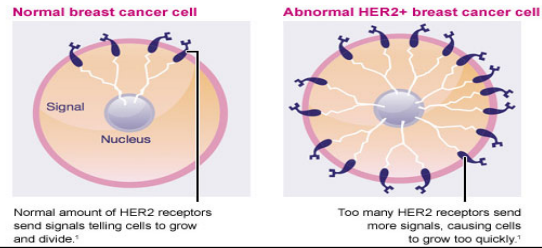
Immunohistochemical testing (IHC)

- The results of the IHC test can be
 - 0 (negative)
 - 1+ (negative)
 - 2+ (borderline)
 - 3+ (positive HER2 protein overexpression)

In Situ Hybridization Testing (ISH)

- Negative
- Equivocal
- Positive

<http://oncodoc.i.ph/blogs/oncodoc/2006/11/19/her-2-positive-early-stage-breast-cancer/>



HER2 ISH DP Ratio

HER2 by IHC: 2+, Equivocal

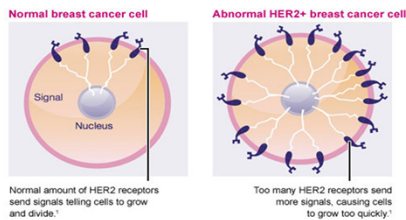
HER2 by FISH: Negative.

- Her2:CEP17 ratio: 1.2
- Average number of Her2 signals per cell: 4.15
- Average number of CEP17 signals per cell: 3.35

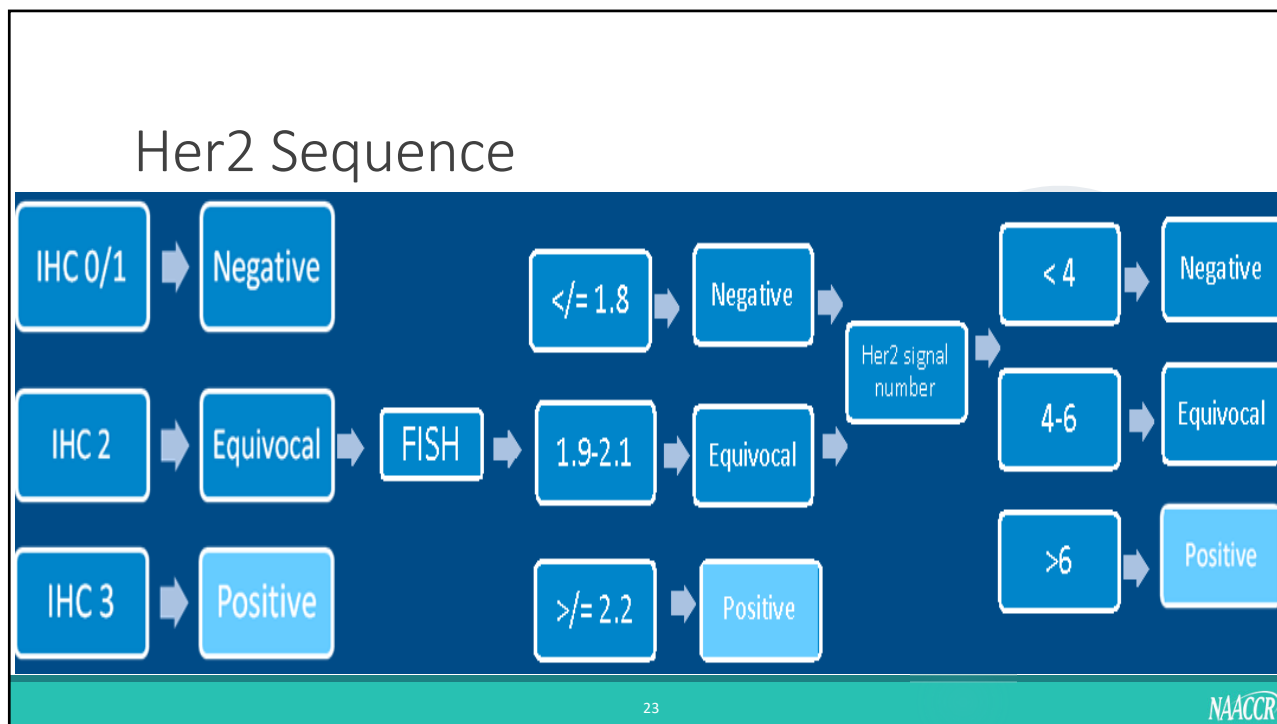
Ratio indicates dual probe
-Compares the number of Her2 signals against the number of CEP17 signals.

← Copy number

<http://oncodoc.i.ph/blogs/oncodoc/2006/11/19/her-2-positive-early-stage-breast-cancer/>



↑ The bigger the difference between Her2 and CEP17, the more "overexpression" of Her2 is present.



Quiz 6-Breast SSDI

10 MINUTES

- WORK THROUGH CASE 1
- MISSING DATA ITEM LABELS
- HER 2 ISH CODE XX.9
- CLARIFICATION ON CASE 3-HER 2 IS 2+. INITIAL STAINING WAS 1+. RE-STAINING WAS 2+. GO WITH HIGHER.

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Quiz 7-Sentinel Nodes

10 MINUTES

- 0'S OR BLANKS OK FOR DATE IF NO PROCEDURE DONE
- IF SENTINEL NODE PROCEDURE DONE, BUT NOT LYMPH NODE DISSECTION LEAVE DATE OF LYMPH NODE PROCEDURE BLANK/0'S
- CLARIFICATION ON CASE-3 SENTINEL NODES REMOVED AND 2 NON-SENTINEL NODES REMOVED DURING SENTINEL NODE PROCEDURE.

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Radiation

HOW TO CODE RADIATION WHEN "NO RADIATION" OR "UNKNOWN"
IF RADIATION DONE.

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Radiation fields

Radiation items carried over from FORDS to STORE

- Reason for No Radiation [1430] (Required 2003+)
- RX Summ—Surg/Rad Seq [1380]
- Rad--Location of RX [1550] (Required 2003+)
- Date Radiation Started [1210]
 - RX Date –Radiation Flag [1211]
- Date Radiation Ended [3220]
 - RX Date Rad Ended Flag [3211]

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New Radiation Fields

“Phase” fields

“Summary fields

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Phase Radiation Fields

Phase I Rad Primary Treatment Volume	Phase II Rad Primary Treatment Volume	Phase III Rad Primary Treatment Volume
Phase I Rad Treatment Modality	Phase II Rad Treatment Modality	Phase III Rad Treatment Modality
Phase I Radiation to Draining Lymph Nodes	Phase II Radiation to Draining Lymph Nodes	Phase III Radiation to Draining Lymph Nodes
Phase I Ext Beam Rad Planning Technique	Phase II Ext Beam Rad Planning Technique	Phase III Ext Beam Rad Planning Technique
Phase I Dose per Fraction	Phase II Dose per Fraction	Phase III Dose per Fraction
Phase I Number of Fractions	Phase II Number of Fractions	Phase III Number of Fractions
Phase I Total Dose	Phase II Total Dose	Phase III Total Dose

Summary Fields

Number of Phases of Rad Tx to this Volume
Rad Treatment Discontinued Early
Total Dose
Reason no Radiation

Required Radiation Fields

- **Phase I Radiation Primary Treatment Volume** [1504]
 - Required by CoC
- **Phase I Radiation Treatment Modality** [1506]
 - Required by NPCR/SEER
- Number of Phases of Radiation Treatment to this Volume [1532]
- Total Dose [1533]
- Radiation Discontinued Early [1531]
- **Reason for No Radiation** [1430] (Required 2003+)
- RX Summ—Surg/Rad Seq [1380]
- Rad--Location of RX [1550] (Required 2003+)
- Date Radiation Started [1210]
 - RX Date –Radiation Flag [1211]
- Date Radiation Ended [3220]
 - RX Date Rad Ended Flag [3211]


If No Radiation


Phase I Radiation Primary Treatment Volume is coded 00

Phase I Radiation Treatment Modality is coded 00

All other “Phase” radiation fields may be blank.

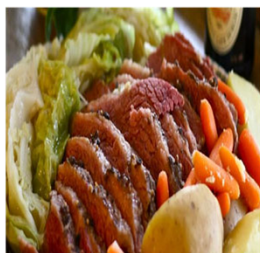
- Includes Phase I, II, and III
- Software may default all Phase I fields to 0’s.

Radiation			
Phase Fields	Phase 1	Phase 2	Phase 3
Rad Primary Treatment Volume	00		
Radiation to Draining Lymph Nodes		<i>Will pass edits</i>	
Rad Treatment Modality	00	<i>If unknown if radiation was done Code 99 is only required in volume and modality</i>	
Ext Beam Rad Planning Technique			
Dose per Fraction			
Number of Fractions			
Total Dose			
Summary Fields			
# of Phases of Rad Tx to this Volume	00	 <i>If 00 or 01, then phase II can be blank If 00, 01, or 02, then phase III can be blank</i>	
Rad Treatment Discontinued Early	00		
Total Dose	000000		
Radiation/ Surgery Sequence	0		

Radiation			
Phase Fields	Phase 1	Phase 2	Phase 3
Rad Primary Treatment Volume	00		
Radiation to Draining Lymph Nodes	00	<i>Will pass Edits</i>	
Rad Treatment Modality	00		
Ext Beam Rad Planning Technique	00		
Dose per Fraction	00000		
Number of Fractions	000		
Total Dose	000000		
Summary Fields			
# of Phases of Rad Tx to this Volume	00	 <i>If 00 or 01, then phase II can be blank If 00, 01, or 02, then phase III can be blank</i>	
Rad Treatment Discontinued Early	00		
Total Dose	000000		
Radiation/ Surgery Sequence	0		

Radiation			
Phase Fields	Phase 1	Phase 2	Phase 3
Rad Primary Treatment Volume	00		
Radiation to Draining Lymph Nodes		00	
Rad Treatment Modality	00		
Ext Beam Rad Planning Technique	00		
Dose per Fraction	<i>Will NOT pass Edits</i>		
Number of Fractions	000		
Total Dose	000000		
Summary Fields			
# of Phases of Rad Tx to this Volume	00		
Rad Treatment Discontinued Early	00		
Total Dose	000000		
Radiation/ Surgery Sequence	0		

Fabulous Prize Winners



Coming UP...

Collecting Cancer Data: Hematopoietic & Lymphoid Neoplasms

- 04/04/2019

Collecting Cancer Data: Neuroendocrine Tumors

- 05/02/2019



CE Certificate Quiz/Survey

Phrase

Link

- <https://www.surveymzmo.com/s3/4876332/Boot-Camp-2019>

