

Colon 2019

NAACCR 2018-2019 WEBINAR SERIES

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Q&A

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

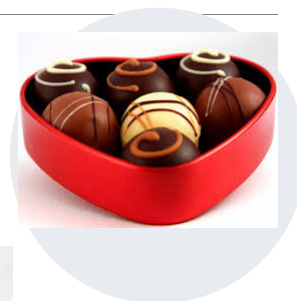
If you have participants watching this webinar at your site, please collect their names and emails

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

Anatomy

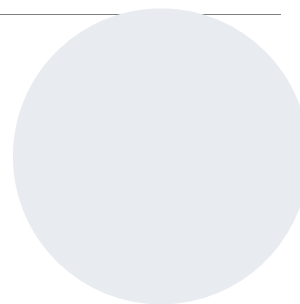
Solid Tumor Rules Update

Review of Case Scenario 1

Review of Case Scenario 2

Review of Case Scenario 3

Q&A



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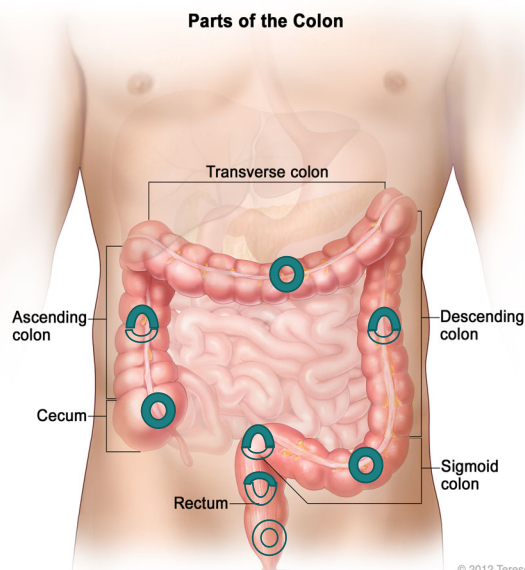
Anatomy

SEGMENTS

PERITONEUM

Colon Segments/ Peritoneum

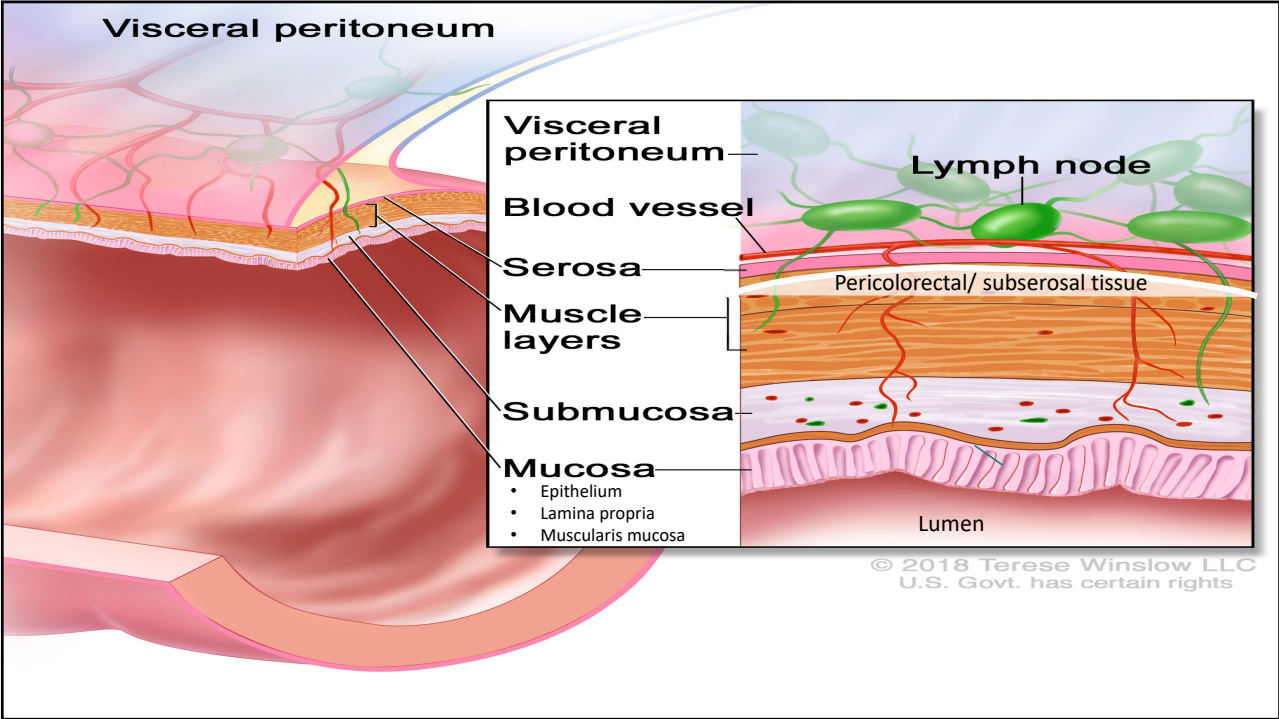
- Cecum (C18.0) Most Proximal
- Ascending (C18.2)
- Hepatic Flexure (C18.3)
- Transverse (C18.4)
- Splenic Flexure (C18.5)
- Descending (C18.6)
- Sigmoid (C18.7)
- Rectum (C20.9) Most Distal



Priority for Site Coding

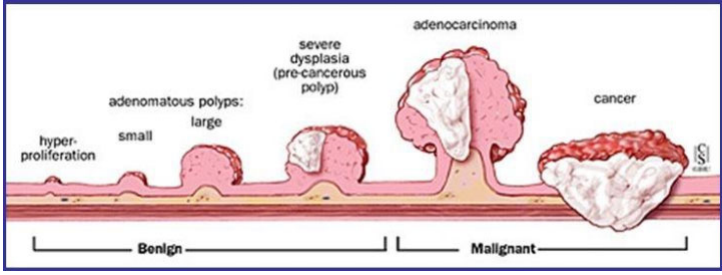
1. Surgeon
2. Radiology
3. Scope
4. Pathology

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Pathogenesis

Adenoma to Carcinoma Sequence



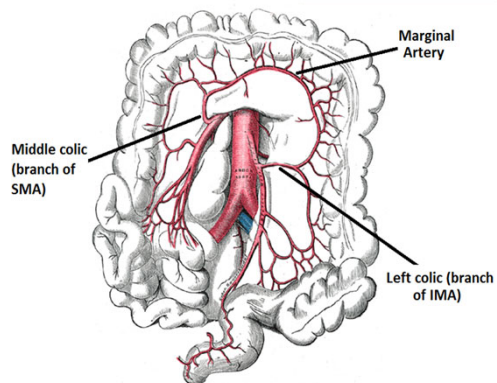
Metastasis

Regional/Distant lymph nodes

- Differ by segment

Distant metastasis

- Liver
- Lung
- Abdominal seeding



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Solid Tumor Rules

1/22/19 REVISION CHANGES

OVERVIEW

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January 2019 Changes

Colon

TERMS AND DEFINITIONS (COLON)

Minor Changes

- **Table 1 Specific Histologies, NOS, and Subtypes/Variants**
 - **Note 4 deleted:** Typical colon, rectal, and appendiceal carcinomas may exhibit comedo features or differentiation. Comedo describes the tumor appearance rather than a true histologic subtype/variant of adenocarcinoma. Code to adenocarcinoma 8140.
 - "Adenoma" deleted from adenocarcinoma synonyms (adenoma is not reportable)

MULTIPLE PRIMARY RULES (COLON)

Major Changes

- **Rule M11 Modified:** Abstract a single primary when synchronous, separate/non-contiguous tumors are on the same row in Table 1 in the Equivalent Terms and Definitions.
 - Added: "Synchronous"
- **Rule M15:** Abstract a single primary when tumors do not meet any of the above criteria.
 - Example added for invasive and in situ tumors of same histology.

HISTOLOGY RULES (COLON)

Minor Changes

- **Priority Order for Using Documentation to Code Histology**
 - **Note deleted:** Ignore the terms "cribriform" and "comedo" when they are used to describe the histology or are mentioned in the microscopic portion of the path report.

Multiple Primary Rules

Pop Quiz 1

Two separate tumors in the rectosigmoid.

Pathology:

- Tumor 1: Undifferentiated carcinoma.
- Tumor 2: Adenoid cystic carcinoma



Table 1

Specific and NOS Term and Code	Subtypes/Variants (Column 3)
Adenocarcinoma 8140	Adenoid cystic carcinoma 8200 ←
	Cribriform comedo-type carcinoma/ adenocarcinoma, cribriform comedo-type 8201*
	Diffuse adenocarcinoma/carcinoma 8145
	Linitis plastica 8142/3
	Medullary adenocarcinoma/carcinoma 8510
	Micropapillary carcinoma 8265*
	Mucinous/colloid adenocarcinoma/carcinoma 8480
	Mucoepidermoid carcinoma 8430
	Serrated adenocarcinoma 8213*
	Signet ring cell/poorly cohesive adenocarcinoma/carcinoma 8490
	Superficial spreading adenocarcinoma 8143
	Tubulopapillary carcinoma 8263
Undifferentiated adenocarcinoma/carcinoma 8020 ←	
Adenosquamous carcinoma 8560	Mixed adenocarcinoma NOS and epidermoid carcinoma
	Mixed adenocarcinoma NOS and squamous cell carcinoma

Pop Quiz 1 (Cont..)

M5: Abstract **multiple primaries** when separate/non-contiguous tumors are two or more different **subtypes/variants** in Column 3, **Table 1** in the Equivalent Terms and Definitions. Timing is irrelevant.

Pop Quiz 2

Two separate tumors in the rectosigmoid.

Pathology:

- Tumor 1: Undifferentiated carcinoma.
 - Tumor 2: Adenosquamous carcinoma
- ~~Mixed adenocarcinoma NOS and squamous cell carcinoma~~

Table 1

Specific and NOS Term and Code	Subtypes/Variants (Column 3)
Adenocarcinoma 8140	Adenoid cystic carcinoma 8200 Cribriform comedo-type carcinoma/ adenocarcinoma, cribriform comedo-type 8201* Diffuse adenocarcinoma/carcinoma 8145 Linitis plastica 8142/3 Medullary adenocarcinoma/carcinoma 8510 Micropapillary carcinoma 8265* Mucinous/colloid adenocarcinoma/carcinoma 8480 Mucoepidermoid carcinoma 8430 Serrated adenocarcinoma 8213* Signet ring cell/poorly cohesive adenocarcinoma/carcinoma 8490 Superficial spreading adenocarcinoma 8143 Tubulopapillary carcinoma 8263 Undifferentiated adenocarcinoma/carcinoma 8020 ←
Adenosquamous carcinoma 8560	Mixed adenocarcinoma NOS and epidermoid carcinoma ← Mixed adenocarcinoma NOS and squamous cell carcinoma ←

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Pop Quiz 2 (Cont.)

M6: Abstract multiple primaries when separate/non-contiguous tumors are on different rows in **Table 1** in the Equivalent Terms and Definitions.

- Timing is irrelevant.
- Note: Each row in the table is a distinctly different histology.

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Pop Quiz 3

Two separate tumors in the rectosigmoid.

Pathology:

- Tumor 1: Adenocarcinoma
- Tumor 2: Mucinous adenocarcinoma

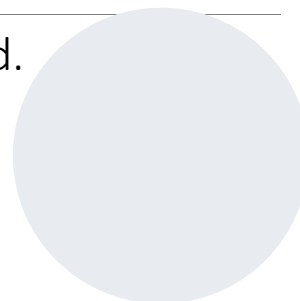


Table 1

Specific and NOS Term and Code	Subtypes/Variants (Column 3)
Adenocarcinoma 8140 ←	Adenoid cystic carcinoma 8200 Cribriform comedo-type carcinoma/ adenocarcinoma, cribriform comedo-type 8201* Diffuse adenocarcinoma/carcinoma 8145 Linitis plastica 8142/3 Medullary adenocarcinoma/carcinoma 8510 Micropapillary carcinoma 8265* Mucinous/colloid adenocarcinoma/carcinoma 8480 ← Mucoepidermoid carcinoma 8430 Serrated adenocarcinoma 8213* Signet ring cell/poorly cohesive adenocarcinoma/carcinoma 8490 Superficial spreading adenocarcinoma 8143 Tubulopapillary carcinoma 8263 Undifferentiated adenocarcinoma/carcinoma 8020
Adenosquamous carcinoma 8560	Mixed adenocarcinoma NOS and epidermoid carcinoma Mixed adenocarcinoma NOS and squamous cell carcinoma

Pop Quiz 3 (Cont.)

M11: Abstract a single primary when synchronous, separate/non-contiguous tumors are on the same row in Table 1 in the Equivalent Terms and Definitions.

- Note 1: The tumors must be the same behavior. When one tumor is in situ and the other invasive, continue through the rules.
- Note 2: The same row means the tumors are:
 - The same histology (same four-digit ICD-O code) OR
 - One is the preferred term (column 1) and the other is a synonym for the preferred term (column 2) OR
 - An NOS (column 1/column 2) and the other is a subtype/variant of that NOS (column 3).

Histology Rules

Pop Quiz 4

01/02/16 A patient was seen for a routine colonoscopy. A polyp was seen in the hepatic flexure and a polypectomy was done. The pathology came back as invasive adenocarcinoma.

- **What is the histology?**
 - 8140/3 adenocarcinoma
- **Which rule did you use?**
 - Rule H2: Code the specific histology and ignore the polyp when a carcinoma originates in a polyp.

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Pop Quiz 5

Pathology from a colon resection showed a 5 cm tumor with extension through the muscularis propria.

- Histologic type: Invasive adenocarcinoma with colloid and signet ring cell features, moderately differentiated.
- **What is the histology?**
 - 8140/3 adenocarcinoma
- **Which rule did you use?**
 - Rule H4: Code mixed mucinous and signet ring cell as follows:

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Review of Case Scenarios 1,2 and 3

SOLID TUMOR RULES

STAGE

TREATMENT

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Case 1 Summary-Work-up and Treatment

1/16/18 colonoscopy with biopsy showed circumferential rectal mass

- PD Adenocarcinoma

2/5/18 Endoscopic ultrasound: 4.8cm mass with extension into perirectal fat. No LN's.

3/6/18 Neoadjuvant chemo/radiation

5/21/18 TME

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Case 1 Summary-Pathology from TME

Histology: MD Adenocarcinoma

Size: 0.4cm

Extension: Tumor extends through the muscularis into the non-peritonealized perirectal soft tissue.

Margins:

- Distal, proximal, and CRM margins uninvolved.
- Closest Margin-Distal 1.5

LVI-small vessel lymphovascular invasion present

Perineural Invasion-Not identified

Lymph Nodes: 02/22

Tumor Deposits: 2

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Case 1 Summary

BIOMARKERS

K-RAS mutation analysis:

- Negative, K-RAS mutation not detected

BRAF mutation analysis:

- Negative, BRAF V600 mutation not detected.

Microsatellite instability analysis (MSI):

- Negative, microsatellite stable

NRAS mutation analysis:

- Negative, NRAS mutation not detected

ADJUVANT TREATMENT

After recovery from surgery patient began FOLFOX chemotherapy for two months when it was discontinued due to side effects.

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Case 1 Summary-Radiation

RADIATION THERAPY TREATMENT SUMMARY:

Course: C1-pelvis
 Treatment Site: pelvis
 Energy: 18X/6X
 Dose/Fx (cGy): 180
 Number of fractions: 25 / 25
 Dose Correction (cGy): 0
 Total Dose (cGy): 4,500
 Start Date: 3/6/2018
 End Date: 4/10/2018
 Elapsed Days: 35

Course: C1-pelvis
 Treatment Site: pelvis
 Energy: 18X/6X
 Dose/Fx (cGy): 180
 Number of fractions: 3 / 3
 Dose Correction (cGy): 0
 Total Dose (cGy): 540
 Start Date: 4/13/2018
 End Date: 4/15/2018
 Elapsed Days: 2

TREATMENT TECHNIQUE:
 3D conformal XRT, 6/18 MV photons.

 Pelvis (primary site + nodes) 4,500 cGy in 25 fractions followed by a boost (PET positive primary site + perirectal node) 540 cGy in 3 fractions.

Scenario 1-Tumor Description

Primary Site	C20.9	Clinical Grade	3	Tumor Size Summary	055
Histology	8140	Pathological Grade	9	Tumor Size Clinical	055
Behavior	3	Post Therapy Grade	2	Tumor Size Pathological	004
MP Rule	M2				
H Rule	H7				

Polyps: Diagnosis vs. Treatment

Replacement Slide

- **Sessile polyp**
 - Colonoscopy bx is usually diagnostic, incomplete resection, cTX
 - Surgical resection is treatment, pT
- **Pedunculated polyp**
 - Colonoscopy snare polypectomy is treatment, pT
 - No diagnosis prior to snare, therefore no clinical stage assigned
- **General guideline for polyp removal during colonoscopy**
 - Incomplete resection – cTNM
 - Complete resection of polyp, treatment – pTNM
 - Not dependent on margins, but on purpose/intent of resection

<https://register.gotowebinar.com/register/5907569701808644100>

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Poll Question 1

Patient was seen for screening colonoscopy.

- During the colonoscopy they performed a polypectomy which showed intramucosal carcinoma involving tubulovillous adenoma.
- The polyp was entirely removed and no additional surgery was performed.

cT (blank) cN (blank) cM(blank) Clinical Stage 99
pTis cN0 cM0 Pathological Stage 0

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging/digestive-system-chapters-10-24/72789>

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Poll Question 2

Patient presents for screening colonoscopy and is found to have a sessile polyp.

- Per colonoscopy report "1 flat elevated, adenomatous sessile polyp in ascending colon."
- Polypectomy performed with pathology stated as invasive adenocarcinoma, background adenomatous epithelium, 1.5 cm aggregate.

Colon resection recommended and performed with finding of no residual tumor, margins negative and 0/11 reg nodes neg.

cT1 cN0 cM9 Clinical Stage 1

pT1 pN0 cM0 Pathological Stage 1

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging/digestive-system-chapters-10-24/81452-polypectomy-stage>



Poll Question 3

The patient presented for their first colonoscopy due to intermittent blood in stool over the past few years.

- Colonoscopy: a single pedunculated polyp found in sigmoid measure 20mm in size was completely removed by snare cautery polypectomy
 - Path: sigmoid colon polyp, snare cautery polypectomy, large moderately differentiated invasive adenocarcinoma, extends into submucosa. Margins Negative.
- CT Ab/Pelvis: wall thickening vs under distention of sigmoid colon, no definite mass seen, no significant abdominal or pelvic lad, rest negative.

Sigmoid colectomy was performed

- no residual adenoma or malignancy
- 0/12 lymph nodes
- pT1 pN0
- Margins Negative

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging/digestive-system-chapters-10-24/73250>



AJCC Stage Data Items					
AJCC 8 th edition 3 rd printing Chapter 20 Colon and Rectum page 251					
Clinical T	cT3	Pathological T		Post-Therapy T	ypT3
cT Suffix		pT Suffix		ypT Suffix	
Clinical N	cN0	Pathological N		Post-Therapy N	ypN1b
cN Suffix		pN Suffix		ypN Suffix	
Clinical M	cM0	Pathological M		Post-Therapy M	cM0
Clinical Stage	2A	Pathological Stage		Post-Therapy Stage	3B

Stage Data Items	
Summary Stage 2018	4 Regional by BOTH direct extension AND regional lymph node(s) involved
EOD Primary Tumor	400 Invasion through muscularis propria or muscularis, NOS
EOD Regional Nodes	300 Colic, NOS
EOD Mets	00 No distant metastasis

SSDIs	
<i>Lymphovascular Invasion</i>	2 -Lymphatic and small vessel invasion only (L)
CEA PreTX Lab Value	XXXX.9
CEA PreTX Interpretation	9
Tumor Deposits	02
Perineural Invasion	0
Circumferential Resection Margin	XX.1 Margins clear, distance from tumor not stated
KRAS	0
Microsatellite Instability (MSI)	0

LVI and Neoadjuvant Treatment

LVI on pathology report PRIOR to neoadjuvant therapy	LVI on pathology report AFTER neoadjuvant therapy	Code LVI to:
0 - Not present/Not identified	0 - Not present/Not identified	0 - Not present/Not identified
0 - Not present/Not identified	1 - Present/Identified	1 - Present/Identified
0 - Not present/Not identified	9 - Unknown/Indeterminate	9 - Unknown/Indeterminate
1 - Present/Identified	0 - Not present/Not identified	1 - Present/Identified
1 - Present/Identified	1 - Present/Identified	1 - Present/Identified
1 - Present/Identified	9 - Unknown/Indeterminate	1 - Present/Identified
9 - Unknown/Indeterminate	0 - Not present/Not identified	9 - Unknown/Indeterminate
9 - Unknown/Indeterminate	1 - Present/Identified	1 - Present/Identified
9 - Unknown/Indeterminate	9 - Unknown/Indeterminate	9 - Unknown/Indeterminate

CEA-Pretreatment

Lab Value

- Record to the nearest tenth in nanograms/milliliter (ng/ml) the highest CEA lab value documented in the medical record prior to treatment or polypectomy.
- Coding “greater than” or “less than”
 - Code to the next highest or lowest available value
 - CEA >10 would be coded to 10.1
 - CEA <10 would be coded to 9.9

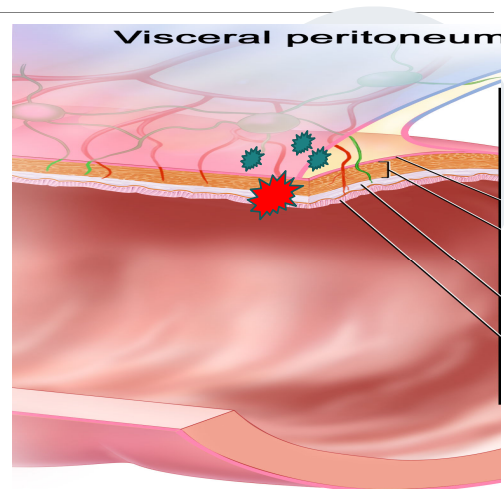
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Tumor Deposits

Record the number of Tumor Deposits whether or not there are positive lymph nodes.

- Important to know if 1-4 TD vs 5 or more



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Circumferential Resection Margin (CRM)

Distance of invasive carcinoma from the closest margin.

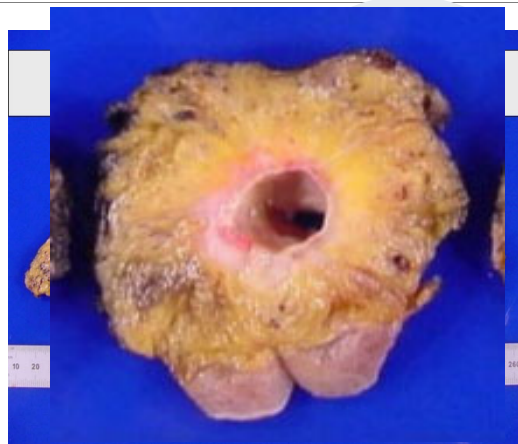
- Predictor of local recurrence in rectal primaries.
- Sometimes documented for colon primaries.

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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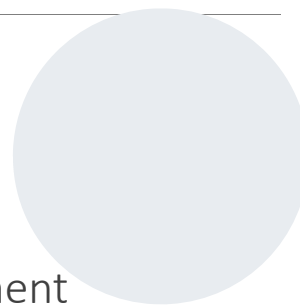
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CRM

May also be referred to as...

- Radial resection margin
- Circumferential radial margin
- Mesenteric margin

May be coded after neoadjuvant treatment



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<h2>KRAS</h2> <ul style="list-style-type: none"> ◦ Can be used to determine response to certain types of treatment ◦ KRAS can be based on tissue from primary tumor, nodes, or metastasis. 	Code	Description
	0	Normal (wild type) Negative for mutations
	1	Abnormal (mutated) in codon(s) 12, 13 and/or 61
	2	Abnormal (mutated) in codon 146 only
	3	Abnormal (mutated), but not in codon(s) 12, 13, 61, or 146
	4	Abnormal (mutated), NOS, codon(s) not specified
	7	Test ordered, results not in chart
	8	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 8 may result in an edit error.)
	9	Not documented in medical record KRAS not assessed or unknown if assessed

<h2>Microsatellite Instability (MSI)</h2> <ul style="list-style-type: none"> ◦ Mismatch Repair (MMR) may also be coded in this data item. ◦ These are two tests that can identify patients with Lynch Syndrome (hereditary nonpolyposis colorectal cancer (HNPCC)) 	Code	Description
	0	Microsatellite instability (MSI) stable; microsatellite stable (MSS); negative, NOS AND/OR Mismatch repair (MMR) intact, no loss of nuclear expression of MMR proteins
	1	MSI unstable low (MSI-L)
	2	MSI unstable high (MSI-H) AND/OR MMR-D (loss of nuclear expression of one or more MMR proteins, MMR protein deficient)
	8	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 8 may result in an edit error.)
	9	Not documented in medical record MSI-indeterminate Microsatellite instability not assessed or unknown if assessed

Surgical Procedures	
Surgical Diagnostic Staging Procedure	02-Biopsy (incisional, needle, or aspiration) was done to the primary site
Surgery	
Surgical Procedure of Primary Site	30-Total mesorectal excision (TME)
Scope of Regional Lymph Node Surgery	5- 4 or more regional lymph nodes removed
Surgical Procedure Other Site	0- None
Systemic Therapy	
Chemotherapy	03-Multiagent chemotherapy administered as first course therapy.
Hormone Therapy	00
Immunotherapy	00
Hematologic Transplant	0
Systemic/ Surgery Sequence	4- Systemic therapy both before and after surgery

Case 1 Summary-Radiation

RADIATION THERAPY TREATMENT SUMMARY:		
Course: C1-pelvis Treatment Site: pelvis Energy: 18X/6X Dose/Fx (cGy): 180 Number of fractions: 25 / 25 Dose Correction (cGy): 0 Total Dose (cGy): 4,500 Start Date: 3/6/2018 End Date: 4/10/2018 Elapsed Days: 35	Course: C1-pelvis Treatment Site: pelvis Energy: 18X/6X Dose/Fx (cGy): 180 Number of fractions: 3 / 3 Dose Correction (cGy): 0 Total Dose (cGy): 540 Start Date: 4/13/2018 End Date: 4/15/2018 Elapsed Days: 2	TREATMENT TECHNIQUE: 3D conformal XRT, 6/18 MV photons. Pelvis (primary site + nodes) 4,500 cGy in 25 fractions followed by a boost (PET positive site + peri-rectal node primary) 540 cGy in 3 fractions.

Radiation			
Phase Fields	Phase 1	Phase 2	Phase 3
Rad Primary Treatment Volume	54-Rectum	54-Rectum	
Radiation to Draining Lymph Nodes	06-Pelvic LN's	06-Pelvic LN's	
Rad Treatment Modality	02-EB Photons	02-EB Photons	
Ext Beam Rad Planning Technique	04-Conformal 3D	04-Conformal 3D	
Dose per Fraction	00180	00180	
Number of Fractions	025	003	
Total Dose	004500	000540	
Summary Fields			
Number of Phases of Rad Tx to this Volume	02		
Rad Treatment Discontinued Early	01		
Total Dose	005040		
Radiation/ Surgery Sequence	2		

Questions?

Case Scenario 2

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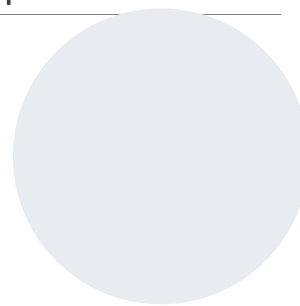
Case 2 Summary-Tumor Description

10/16/18 Colonoscopy and biopsy

- MD adenocarcinoma in the cecum
- CEA: 2.6 (normal < 3.0)

10/18/19

- Right hemicolectomy



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Case 2 Summary-Hemicolectomy

Histology: MD Adenocarcinoma

Size: 3.6

Extension: through muscularis into subserosal tissue

Margins:

- Distal, proximal, and mesenteric margins uninvolved by invasive carcinoma.
- Distance of invasive carcinoma from closest margin: Mesenteric margin at 3 cm

LVI-Not identified

Perineural Invasion-Not identified

Lymph Nodes: 00/35

Tumor Deposits: 1

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Case 2 Summary-Biomarkers and Treatment

K-RAS mutation analysis:

- Negative; K-RAS mutation not detected

NRAS mutation analysis:

- Negative; NRAS mutation not detected

BRAF mutation analysis:

- Negative; BRAF V600 mutation not detected

Mismatch Repair Test (MMR):

- MLH1 expressed
- MSH2 expressed
- MMR-Proficient if both MLH1 and MSH2 are expressed

Conversation was held with patient about adjuvant chemotherapy.

- NCCN guidelines would support chemo with the high-risk feature of MMR-Proficient
- However patient's other health issues must be considered:
 - Age over 75
 - Atrial fibrillation
 - Ischemic cardiomyopathy
 - History of breast cancer approximately 5 years ago)
- Patient was reluctant to pursue.
- I can support patient's decision to forego chemo at this time.

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Tumor Description					
Primary Site	C18.0	Clinical Grade	2	Tumor Size Summary	036
Histology	8140	Pathological Grade	2	Tumor Size Clinical	999
Behavior	3	Post Therapy Grade		Tumor Size Pathological	036
MP Rule	M2				
H Rule	H7				

AJCC Stage Data Items					
AJCC 8 th edition 3 rd printing Chapter 20 Colon and Rectum page 251					
Clinical T	cTX	Pathological T	pT3	Post-Therapy T	
cT Suffix		pT Suffix		ypT Suffix	
Clinical N	cNX	Pathological N	pN1c	Post-Therapy N	
cN Suffix		pN Suffix		ypN Suffix	
Clinical M	cM0	Pathological M	cM0	Post-Therapy M	
Clinical Stage	99	Pathological Stage	3B	Post-Therapy Stage	

Stage		SSDIs	
Summary Stage 2018	3	<i>Lymphovascular Invasion</i>	0
EOD Primary Tumor	300	CEA PreTX Lab Value	2.6
EOD Regional Nodes	200	CEA PreTX Interpretation	0
EOD Mets	00	Tumor Deposits	01
		Perineural Invasion	0
		Circumferential Resection Margin	30.0
		KRAS	0
		Microsatellite Instability (MSI)	0

Surgical Diagnostic Staging Procedure	02	Systemic Therapy	
Surgery		Chemotherapy	82
Surgical Procedure of Primary Site	40	Hormone Therapy	00
Scope of Regional Lymph Node Surgery	5	Immunotherapy	00
Surgical Procedure Other Site	0	Hematologic Transplant	00
		Systemic/ Surgery Sequence	0

Radiation			
Phase Fields	Phase 1	Phase 2	Phase 3
Rad Primary Treatment Volume	00		
Radiation to Draining Lymph Nodes			
Rad Treatment Modality	00		
Ext Beam Rad Planning Technique			
Dose per Fraction			
Number of Fractions			
Total Dose			
Summary Fields			
# of Phases of Rad Tx to this Volume	00		
Rad Treatment Discontinued Early	00		
Total Dose	000000		
Radiation/ Surgery Sequence	0		

Questions?

Case Scenario 3

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Case 3 Summary-Tumor Description

1/12/18 Colonoscopy and snare polypectomy

- Polyp identified in the ascending colon (40cm)

1/14/18

- CEA: 12.7 (normal < 3.0)

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Case 3 Summary-Pathology

Histology:

- Well differentiated adenocarcinoma arising in tubulovillous adenoma

LVI-Not identified

Lymph Nodes: 00/00

Size of invasive carcinoma:
0.7cm

Extension: into submucosa

Margins:

- Cannot be assessed

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Case 3 Summary-Treatment Consult

Patient had consultation with colorectal surgeon specialist who recommended repeat colonoscopy within 1 month.

If any abnormal residual area seen, partial colectomy should be strongly considered.

Subsequent colonoscopy within six weeks showed normal tissue, no residual.

Patient made decision to refuse surgery at this time but to have close follow-up with frequent scopes.

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Tumor Description					
Primary Site	C18.2	Clinical Grade	9	Tumor Size Summary	007
Histology	8140	Pathological Grade	1	Tumor Size Clinical	999
Behavior	3	Post Therapy Grade		Tumor Size Pathological	007
MP Rule	M2				
H Rule	H2				

AJCC Stage Data Items					
AJCC 8 th edition 3 rd printing Chapter 20 Colon and Rectum page 251					
Clinical T		Pathological T	pT1	Post-Therapy T	
cT Suffix		pT Suffix		ypT Suffix	
Clinical N		Pathological N	pNX	Post-Therapy N	
cN Suffix		pN Suffix		ypN Suffix	
Clinical M		Pathological M	cM0	Post-Therapy M	
Clinical Stage	99	Pathological Stage	99	Post-Therapy Stage	

Stage		SSDIs	
Summary Stage 2018	1	<i>Lymphovascular Invasion</i>	0
EOD Primary Tumor	100	CEA PreTX Lab Value	XXXX.9
EOD Regional Nodes	000	CEA PreTX Interpretation	9
EOD Mets	00	Tumor Deposits	X9
		Perineural Invasion	9
		Circumferential Resection Margin	XX.7 No resection of primary site
		KRAS	9
		Microsatellite Instability (MSI)	9

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Surgical Diagnostic Staging Procedure	00	Systemic Therapy	
Surgery		Chemotherapy	00
Surgical Procedure of Primary Site	28	Hormone Therapy	00
Scope of Regional Lymph Node Surgery	0	Immunotherapy	00
Surgical Procedure Other Site	0	Hematologic Transplant	00
		Systemic/ Surgery Sequence	0

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Radiation			
Phase Fields	Phase 1	Phase 2	Phase 3
Rad Primary Treatment Volume	00		
Radiation to Draining Lymph Nodes			
Rad Treatment Modality	00		
Ext Beam Rad Planning Technique			
Dose per Fraction			
Number of Fractions			
Total Dose			
Summary Fields			
# of Phases of Rad Tx to this Volume	00		
Rad Treatment Discontinued Early	00		
Total Dose	000000		
Radiation/ Surgery Sequence	0		

Questions?

Coming UP...

Abstracting and Coding Boot Camp

- 03/07/2019

Collecting Cancer Data: Hematopoietic & Lymphoid Neoplasms

- 04/04/2019



Fabulous Prize Winners

