

Ovary

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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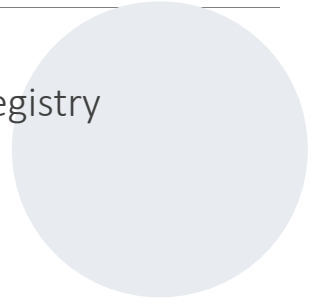
Fabulous Prizes



Guest Speaker

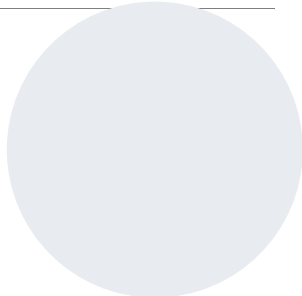
Bobbi Matt, RHIT, CTR


- Editing and Quality Control, Iowa Cancer Registry



Agenda

- Primary Site/Histology
- Staging
 - AJCC
 - EOD
 - Summary Stage
 - SSDI
- Treatment
- Review of Case Scenarios

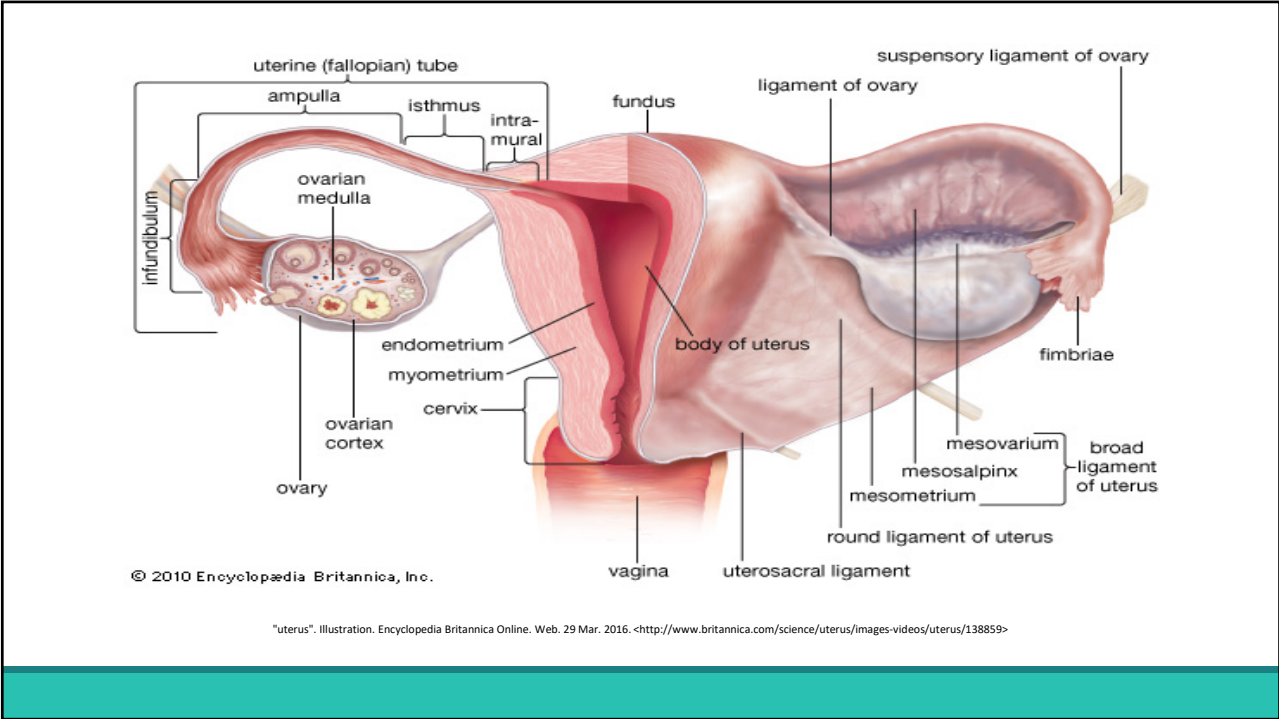


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Primary Site/Histology

- ANATOMY
- SOLID TUMOR RULES
- HISTOLOGIES
- GRADE

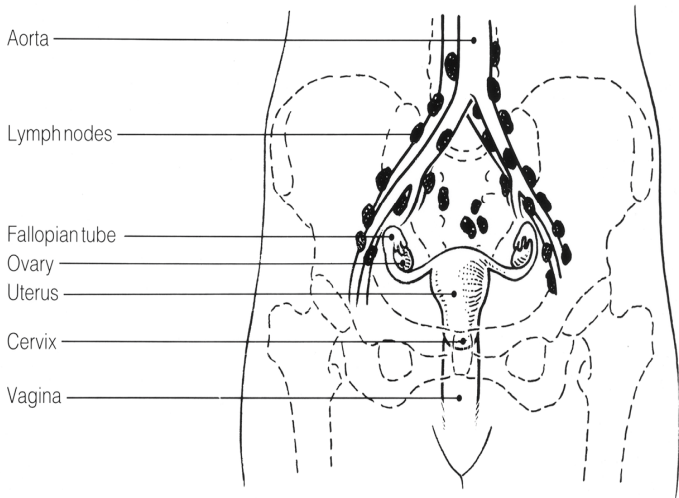
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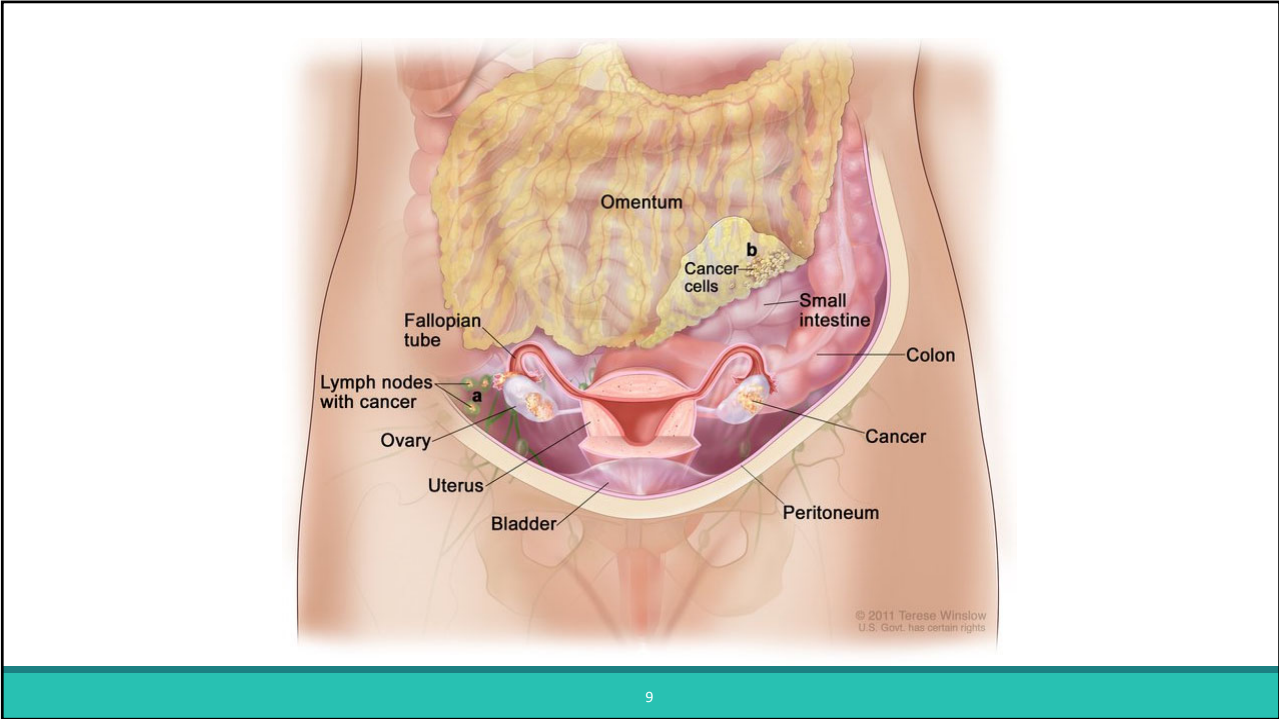


Regional Lymph Nodes

- External iliac
- Internal iliac
- Obturator
- Common iliac
- Para-aortic
- Pelvic
- Retroperitoneal

Female Genital System





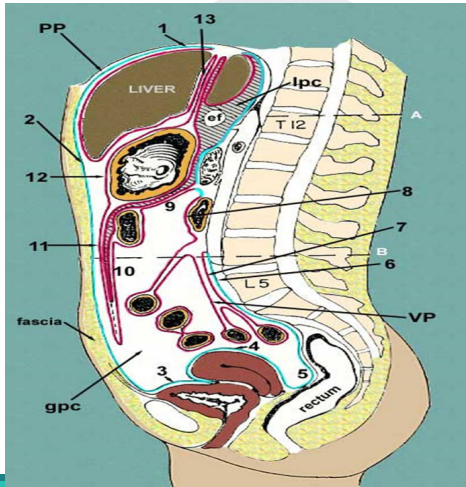
Intraperitoneal vs Retroperitoneal

Intraperitoneal

- Organ total covered and supported by peritoneum
- Ovary
- Liver
- Transverse colon
- ...

Retroperitoneal

- Anterior surface is covered by peritoneum
- Aorta, IVC
- Kidney
- Adrenal glands
- ...



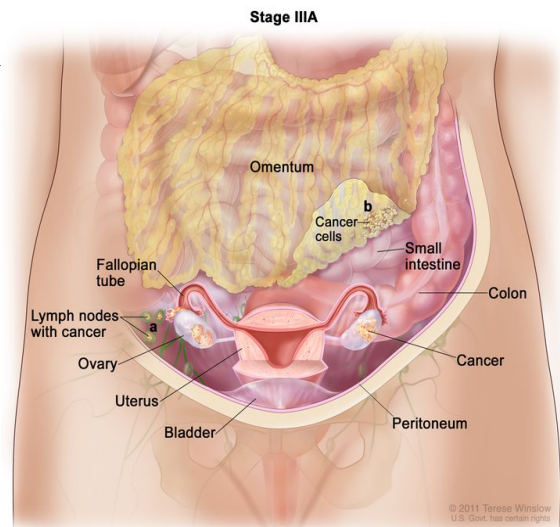
Primary Peritoneal

Ovaries are not involved or only surface implants

- Ovarian implants are typically less than 5mm

Prognosis and treatment is similar to patients with papillary serous carcinoma of the ovary.

These cases typically present with stage III or IV disease.



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Solid Tumor Rules

Other Chapter

- Not updated in the 2018 release.
- A Gyn chapter may be released in the future.

2018 ICD-O 3 Coding Table

- Should be used with Other chapter rules
- Use ICD-O 3 Manual if term is not listed in the 2018 ICD O 3 Coding Table

<https://www.naaccr.org/implementation-guidelines/>

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Multiple Primary Rules

M7 Bilateral epithelial tumors (8000-8799) of the ovary within 60 days are a single primary

M8 Tumors on both sides (right and left) of a site listed in Table 1 are multiple primaries.

Histology Rules

Rule H5, H16, H30

- Table 2 – Mixed and Combination Codes – refer to it when the rules tell you to do so.

Column 1: Required Histology	Column 2: Combined with Histology	Column 3: Combination Term	Column 4: Code
Gyn malignancies with two or more of the histologies in column 2	Clear cell Endometrioid Mucinous Papillary Serous Squamous Transitional (Brenner)	Mixed cell adenocarcinoma	8323

Histologies

EPITHELIAL

- Clear cell carcinoma
- Endometrioid carcinoma
- Mucinous carcinoma
- Serous carcinoma
- Undifferentiated carcinoma
-

NON-EPITHELIAL

- Germ cell
- Sex cord stromal
- Yolk sac tumor
- ...

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Serous Carcinoma

Serous carcinoma 8441/3

- Low grade serous carcinoma 8460/3 (new for 2018)
- High grade serous carcinoma 8461/3 (new for 2018)

Serous tubal intraepithelial carcinoma (C57.0) 8441/2

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Serous Tubal Intraepithelial Carcinoma (STIC) 8441/2

Arises in fallopian tube

Assigned an AJCC T1 (Tis is not a valid value)

Problem with schema calculator and edit

- Currently, AJCC ID XX will be assigned (not eligible for staging)
 - T, N, M, Stage group of 88
 - Summary stage 0
 - EOD 000
- Do NOT change the behavior!!!

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Review of CAP Protocol

CAP Protocol-Ovary

- <https://documents.cap.org/protocols/cp-femalereproductive-ovary-fallopian-18protocol-1100.pdf>




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Grade

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Grade – Table 15

	Code	Grade Description
All other Histology's 	1	G1: Well differentiated
	2	G2: Moderately differentiated
	3	G3: Poorly differentiated, undifferentiated
Teratomas & Serous Carcinomas 	B	GB: Borderline Tumor 
	L	Low grade
	H	High grade
	9	Grade cannot be assessed (GX); Unknown



Grade – Pathological

Assign the highest grade

- If clinical is highest – code clinical grade in path grade
- If resection is done – no grade documented – use clinical grade
- If resection done – no residual cancer – use clinical grade

Code 9

- No grade documented (either clinical or path)
- **No resection** of primary site / clinical case only
- Neo-adjuvant tx followed by resection (post therapy filled out)
- Only one grade available and cannot be determined if clinical, path or after neo-adjuvant tx
- Grade checked “not applicable” on CAP – and with no other info



What would the Path Grade be for each?

BSO: Endometrioid adenoca, G1, WD

Code 1

TAH/BSO: HG Serous Carcinoma

Code H

Lt ovary: Serous carcinoma

Code 9



Case Scenario 1

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Case 1 – Primary Site/Histology/Grade

- US revealed a 14.4 cm (8.7 x 7.4 x 10.4 cm solid component) within the midline pelvis, may arise from left ovary. Right is displaced due to extrinsic mass effect, but otherwise appears normal.
- CT Pelvis – large mass, approximately 14.0 cm in the midline pelvis
- Surgery: High grade serous carcinoma involving left and right ovary and right tube surface involvement

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Case Scenario 1

Primary Site	C569	MP Rule	M7	Clinical Grade	9
Laterality	4			Path Grade	H
Histology	8461	H Rule	H23	Post Tx Grade	
Behavior	3				



Questions?

AJCC 8th Edition

CHAPTER 55

PAGE 689

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Rules for Classification

Ovarian cancer is primarily surgically/pathologically staged

A patient presents with symptoms

- Palpable pelvic mass and/or ascites
- Bloating, pelvic or abdominal pain

Ultrasound, CT, MRI

Biopsy is rarely done due to risk of rupturing a cyst

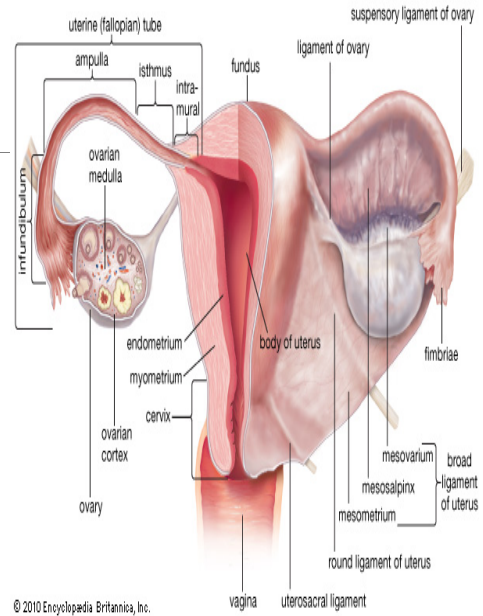
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Stage I

Tumor confined to one or both ovaries.

- Are one or both ovaries involved?
- Has the capsule ruptured?
- Are there malignant ascites or peritoneal washings?
- Is the ovarian surface free of metastatic tumors ?



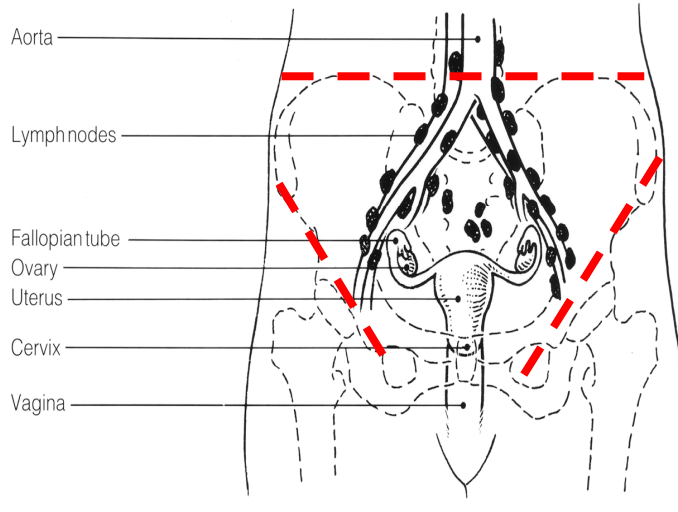
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Stage II

Is there pelvic extension or implants?

- To fallopian tubes
- To organs or tissues below the pelvic brim

Female Genital System

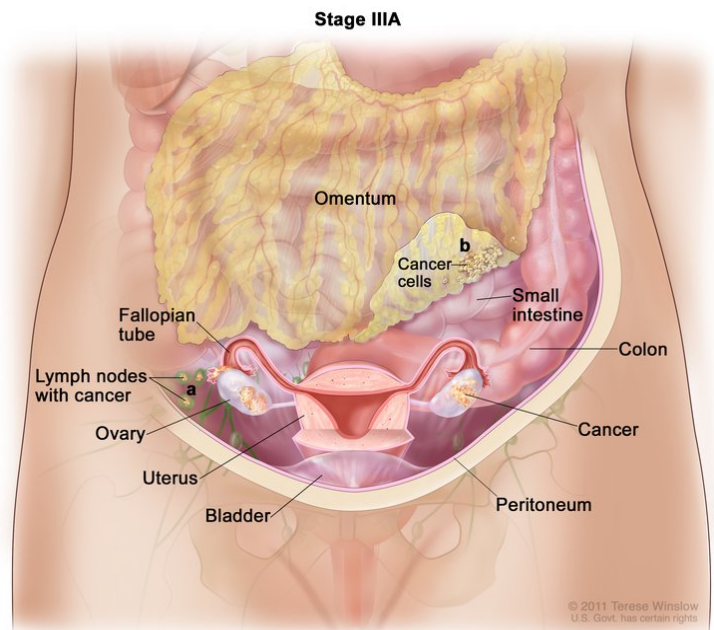


Stage III

Are there implants outside the pelvis?

- Microscopic (not visible to the surgeon)
- Macroscopic
 - <2cm
 - Or > 2cm?

Are there positive regional lymph nodes?



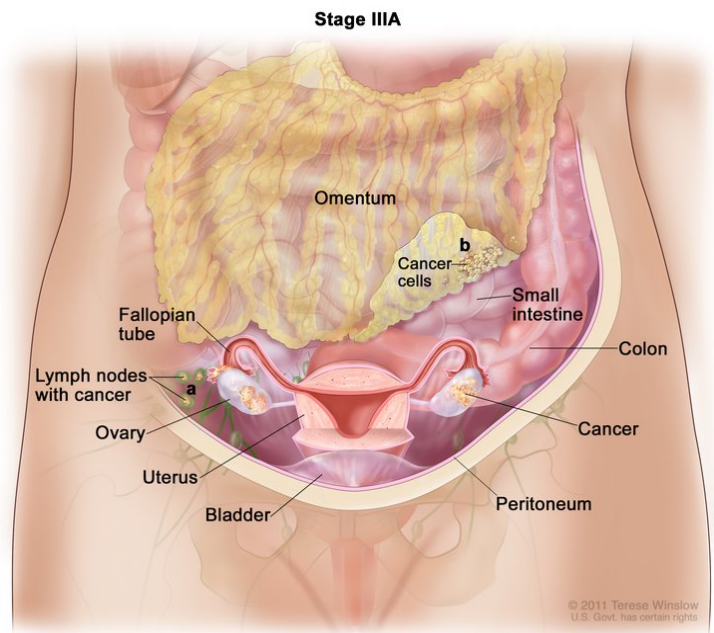
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Stage IV

Is there distant metastasis?

- Pleural effusion
- Parenchymal involvement of liver or spleen
- Mets to extra-abdominal organs.



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Pop Quiz 1

A patient with suspected peritoneal malignancy presents today for an exploratory laparotomy.

A recent CT showed suspicious looking lesions throughout the abdomen. CT of the chest was normal.

She has an elevated CA-125.

She understands that if malignancy is identified, the surgeon will perform a TAHBSO and cytoreduction procedure.

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Pop Quiz 1-Operative report

Cytoreduction Surgery with TAHBSO

- A large tumor is seen encasing the rectosigmoid colon, uterus, fallopian tubes, and ovaries.
- Peritoneal studding of the mesentery and the spleen was present.
- The diaphragm was studded with tumors measuring greater than 2 cm in size.
- A debulking procedure was performed leaving no visible tumor in the abdomen; residual tumor was identified on the diaphragm, but measured less than 1cm.

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Pop Quiz 1-Pathology

Pathology:

- High grade serous adenocarcinoma of ovarian origin.
- Tumor is completely replacing bilateral ovaries and fallopian tubes, encases the uterine fundus with invasion of the serosa and outer myometrium .
- Rectosigmoid is directly involved with transmural invasion and lymphatic invasion.
- 7 of 7 retroperitoneal nodes positive metastases
- Segment of ileum, appendix and spleen has intramural invasion of serous adenocarcinoma.
- There is metastatic carcinoma of the diaphragm.

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Pop Quiz 1-Stage

Was there a diagnosis prior to surgery?

Is there distant mets?

Are lymph nodes involved?

Is there peritoneal metastasis greater than 2cm?

Data Item	Value	Data Items	Value
cT		pT	pT3c
cT Suffix		pT Suffix	
cN		pN	pN1
cN Suffix		pN Suffix	
cM		pM	pM1b
cStage	99	pStage	4B

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Case Scenario 1

- No definitive dx of ovarian primary prior to surgery.
- Primary tumor
 - Confined to the ovary
 - Peritoneal/ascetic fluid positive for malignant cells
 - No indication of malignant implants
- Regional lymph nodes
 - 10 lymph nodes negative for malignancy
- No clinical indication of distant metastasis

Data Item	Value	Data Items	Value
cT		pT	pT2A
cT Suffix		pT Suffix	(m)
cN		pN	pN0
cN Suffix		pN Suffix	
cM		pM	cM0
cStage	99	pStage	1C

Questions?

Summary Stage/EOD

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Extent of Disease

3 EOD Schema

- Ovary -> Schema ID 00551
- Fallopian Tube -> Schema ID 00553
- Primary Peritoneal Carcinoma -> 00552



EOD Primary Tumor – Ovary Notes

When both the FIGO stage and Extension information is available – use the Extension information to assign code

Tumors in codes 100-250 with [malignant](#) ascites are coded to 300

- Ascites, NOS is considered negative

Peritoneal implants may also be called:

- Seeding
- Salting
- Talcum powder appearance
- Studding



EOD Primary Tumor – Ovary Notes cont.

Both Extension to and/or Discontinuous mets to any of the [Pelvic](#) organs are included in code 450

Pelvic Organs

Bladder and Bladder serosa	Rectosigmoid
Broad ligament (mesovarium)	Rectum
Cul de sac	Sigmoid colon
Parametrium	Sigmoid mesentery
Pelvic peritoneum	Ureter, pelvic
Pelvic wall	

EOD Primary Tumor – Ovary Notes cont.

Both extension to and/or discontinuous mets to any of the [Abdominal](#) organs by way of seeding/implants are included in codes 600-750

Abdominal Organs

Abdominal mesentery	Pancreas
Diaphragm	Pericolic gutter
Gallbladder	Peritoneum, NOS
Intestine, large (except rectum, rectosigmoid and sigmoid colon) ←	Small intestine
Kidneys	Spleen (capsular involvement only)
Liver (peritoneal surface)	Stomach
Omentum (infracolic, NOS)	Ureters (outside pelvis)

EOD Primary Tumor – Ovary Notes cont.

Implants mentioned – unknown if pelvis or abdomen – [Code 750](#)

Direct extension and/or metastasis to the liver or splenic parenchyma are coded in EOD Mets

Benign/borderline ovarian tumors – [Code 999](#)

Code	Description – EOD Primary Tumor - Ovary	FIGO Stage
000	In situ, intraepithelial, noninvasive, pre-invasive Limited to tubal mucosa	IS
100	Limited to 1 ovary (capsule intact) AND <ul style="list-style-type: none"> No tumor on fallopian tube surface AND No malignant cells in ascites or peritoneal washings 	IA
150	Limited to both ovaries (capsule(s) intact) AND <ul style="list-style-type: none"> No tumor on fallopian tube surface AND No malignant cells in ascites or peritoneal washings 	IB
200	Limited to 1 or both ovaries <ul style="list-style-type: none"> WITH surgical spill 	IC1
250	Limited to 1 or both ovaries <ul style="list-style-type: none"> WITH capsule ruptured before surgery OR WITH tumor on ovarian surface or fallopian tube surface 	IC2

Code	Description – EOD Primary Tumor - Ovary	FIGO Stage
300	Malignant cells in ascites or peritoneal washings	IC3
350	Limited to 1 or both ovary(ies) – NOS	I
400	Extension to or implants on <ul style="list-style-type: none"> Adnexa Fallopian Tube(s) Uterus, NOS 	IIA
450	Extension to or implants to other pelvic tissues <ul style="list-style-type: none"> See Note 3 	IIB
500	Tumor involves 1 or more ovaries <ul style="list-style-type: none"> With Pelvic extension, NOS (below pelvic brim) 	II

Code	Description – EOD Primary Tumor - Ovary	FIGO Stage
600	Microscopic peritoneal implants beyond pelvis <ul style="list-style-type: none"> • See Note 6 • Includes peritoneal surface/capsule of liver 	IIIA
650	Macroscopic peritoneal implants beyond pelvis <ul style="list-style-type: none"> • ≤ to 2 cm in diameter • Includes peritoneal surface of liver 	IIIB
700	Macroscopic peritoneal implants beyond pelvis <ul style="list-style-type: none"> • > 2 cm in diameter • Includes peritoneal surface of liver (liver capsule) 	IIIC
750	Tumor involves 1 or both ovaries > With confirmed peritoneal mets outside of the pelvis (NOS) Peritoneal implants, NOS Further contiguous extension	III

Pop Quiz 2

Lab: Peritoneal washings: Atypical cells present

Path: 23.5 cm clear cell ca lt ovary, capsule ruptured;
 Normal rt ovary, cervix, lt fallopian tube, omentum,
 bowels and appendix

What is EOD Primary Tumor?

Code 250

Pop Quiz 3

Lab: Washings Neg

Path: Tumor involves Lt ovary, deposit on uterine fundus. LN's negative, omentum negative

What is EOD Primary Tumor:

Code 400



EOD Regional Nodes – Ovary Notes

Code only regional nodes and Nodes, NOS in this field

Inguinal Lymph nodes are no longer coded as regional lymph nodes – see EOD Mets

Regional lymph nodes include bilateral and contralateral




Code	Description – EOD Regional Nodes Ovary
000	No lymph node involvement
050	ITC (< 0.2 mm)
300	LN metastasis - \leq 10 mm
400	LN metastasis - >10 mm
500	LN metastasis - size unknown
800	Lymph node(s), NOS
999	Unknown; not stated; cannot be assessed; Death Certificate Only

Pop Quiz 4

Path: Endometrioid ca of rt ovary, grade 2. Rt and lt fallopian tube, lt ovary negative. Uterus, cervix neg. LN resection: lt pelvic 0/11, rt pelvic 0/10, periaortic 1/6 = total 1/27 positive

What is EOD Regional nodes?

Code 500

Code	Description – EOD Mets Ovary
00	No distant metastasis or Unknown if distant metastasis 
10	Pleural effusion with positive cytology
30	Distant LN's (Inguinal & Distant LN's) <ul style="list-style-type: none"> • With or Without pleural effusion w/ positive cytology
50	Extra-abdominal organs (liver and spleen parenchymal, transmural involvement of intestine) <p>Carcinomatosis (involvement of multiple parenchymal organs OR diffuse involvement of multiple non-abdominal organs)</p> <p>With or Without distant LN's OR pleural effusion w/ positive cytology</p>

Pop Quiz 5

Path: High grade serous carcinoma involving bil ovaries, fallopian tubes and uterine serous; ovarian and tubal surfaces involved, Abd peritoneum, omentum & rt ligament (+), liver parenchymal Bx (+), peritoneal fl cyto (+)

CT: Retroperitoneal and cardiophrenic angle LN's consistent with mets

What is EOD Mets?

Code 50

Summary Stage 2018 – Ovary Notes

- Ascites, NOS is considered negative
- Peritoneal implants outside pelvis must be microscopically confirmed
- Implants may also be referred to as: Seeding, Salting, Talcum powder appearance, and Studding
- If implants mentioned – can't determine if in pelvis or abdomen – code as distant (Code 7)



Code	Summ Stage 2018 Description
1	<p>FIGO Stage IA</p> <ul style="list-style-type: none"> - Limited to 1 ovary (capsule intact) <p>FIGO Stage IB</p> <ul style="list-style-type: none"> - Limited to both ovaries (capsule intact) <p>FIGO Stage IC1</p> <ul style="list-style-type: none"> - Limited to both With surgical spill <p>FIGO Stage I, IC</p> <ul style="list-style-type: none"> - Limited to 1 or both ovaries, NOS
2	<p>FIGO Stage IC2</p> <ul style="list-style-type: none"> - Limited to 1 or both ovaries With capsule rupture OR tumor on ovarian surface <p>FIGO Stage IC3</p> <ul style="list-style-type: none"> - Malignant cells in ascites or peritoneal washings

Code	Summ Stage 2018 Description
2	<p>FIGO Stage IIA</p> <ul style="list-style-type: none"> - Extension to or implants on Adnexa, Fallopian tube, Uterus, NOS <p>FIGO Stage IIB</p> <ul style="list-style-type: none"> - Extension to or implants in Pelvis <p>FIGO Stage II</p> <ul style="list-style-type: none"> - Confined to pelvis <p>FIGO Stage IIIA</p> <ul style="list-style-type: none"> - Microscopic peritoneal implants beyond pelvis
3	Regional lymph nodes involved only

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Code	Summary Stage 2018 Description
4	<p>Regional by Both direct extension AND regional lymph nodes involved</p> <ul style="list-style-type: none"> - Codes (2) + (3)
7	<p>FIGO Stage IIIB</p> <ul style="list-style-type: none"> - Macroscopic peritoneal implants beyond pelvis - Less than or equal to 2 cm in diameter - Includes peritoneal surface of liver <p>FIGO Stage IIIC</p> <ul style="list-style-type: none"> - Macroscopic peritoneal implants beyond pelvis - Greater than 2 cm in diameter - Includes peritoneal surface of liver

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Code	Summary Stage 2018 Description
7	<p>FIGO Stage III</p> <ul style="list-style-type: none"> - One or both ovaries involved With microscopic confirmed peritoneal mets outside of pelvis - Peritoneal implants, NOS <p>FIGO Stage IVA</p> <ul style="list-style-type: none"> - Pleural effusion w/ positive cytology <p>FIGO Stage IVB</p> <ul style="list-style-type: none"> - Extra-abdominal organs - Liver parenchymal - Spleen parenchymal - Transmural involvement of intestine <p>Distant lymph nodes -> Inguinal</p>

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Pop Quiz 6

Path: Lt ovary (0.25), Rt ovary (0.6cm) HG Serious ca, no surface involvement. LVI Positive. Rt/Lt Fallopian tube, uterus, cervix, omentum negative. 1/32 positive pelvic LNs, 2/4 pos omental LNs – 2.7 cm largest w/ Extranodal ext. Pelvic washings: (+) for malignancy

- What is the EOD Primary Tumor?
- What is the EOD Regional nodes?
- What is the Summary stage 2018?

Code 300

Code 400

Code 4

SSDI - FIGO Stage

- Take the highest FIGO stage documented
- Don't attempt to code based only on T, N, M
- FIGO Stage is **NOT** the same as FIGO Grade
- If Stage group stated, not specified as FIGO -> Assume FIGO Stage and code it



FIGO Stage Codes-Description	Codes
FIGO Stage I	Range 01-11
FIGO Stage II	Range 20-24
FIGO Stage III	Range 30-37
FIGO Stage IV	Range 40-42
Carcinoma in situ	97
Not applicable; Not collected for case; Not required by standard setter	98
Not documented; Unknown; Not assessed	99

SSDI – CA-125 Pretreatment Interpretation

- A tumor marker useful to monitor success of treatment and recurrence
- Record the interpretation of the highest value prior to treatment only by blood or serum CA-125 – NOT on fluid from chest or abdominal cavity
- Source documents: Lab report, History, Clinician or Consultant notes or Path report



SSDI – CA-125 Pretreatment Interpretation cont.

Other names:

Normal reference range:

- ≤ 35 units per milliliter (U/ML); SI: ≤ 35 kiliUnits/Liter (KU/L)
- May be reported as micrograms/milliliter (ug/mL)
- Normal ranges may vary with patient's age and from lab to lab



SSDI – CA-125 Pretreatment Interpretation cont.

Other names:

- Cancer Antigen 125
- CA 125 or CA125
- Carbohydrate Antigen 125
- Mucin 16 or MUC16

Normal reference range:

- < 35 units per milliliter (U/ml); SI: \leq 35 kilounits/liter (KU/L)
- May be reported as micrograms/milliliter (ug/mL)
- Normal ranges may vary with patient's age and from lab to lab

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SSDI – CA-125 Codes

Code	Description
0	Negative/normal; within normal limits
1	Positive/elevated
2	Stated as borderline; undetermined whether positive or negative
7	Test ordered, results not in chart
8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 8 will result in an edit error)
9	Not documented in medical record CA-125 not assessed or unknown if assessed



Pop Quiz 7

12-31-18: PTA – CA-125 23.6 (2.0-35.0 U/ML) Normal.
1-2-19 Lap w/ Rt Salpingo—oophorectomy

Code 0

Per onc cnslt CA125 elev in 899 range

Code 1



SSDI – Residual Tumor Volume Post Cytoreduction

Captures two pieces of information

- Amount of residual tumor volume AND
- Whether neoadjuvant treatment done

Source documents: Operative report, path report, discharge summary, chemo records

Other names: Debulking, residual tumor volume



Size of Residual Tumor and Status of Preoperative Chemotherapy CODE	DESCRIPTION		NO NEOADJUVANT CHEMO OR UNKNOWN	NEOADJUVANT CHEMO RECEIVED
00	No gross residual tumor nodules			
→ 10	Residual tumor ≤ 1 cm	AND	X	
20	Same as 010	AND		→ X
→ 30	Residual tumor > 1 cm	AND	X	
40	Same as 030	AND		→ X
90	Macroscopic residual, size not given	AND	X	
91	Same as 90	AND		X
92	Procedure described as optimal debulking, size of residual tumor not given	AND	X	
93	Same as 92	AND		X
97	No cytoreductive surgery performed			
99	Unknown; no information; not documented in record			



Pop quiz 8

Patient with TAH/BSO, peritoneal bx, omentectomy, appendectomy, peritoneal washings.

- TNM Pathologic stage: pT2a pN0, FIGO Stage IIA

How would you code Residual Tumor Volume Post Cytoreduction

- Answer: Code 97

<http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/89180-residual-tumor-volume-post-cytoreduction-ovary>



Case 1 - Staging

5-31-18: US Pelvis: Mass measures 14.4 in greatest dimension, solid component 8.7 x 7.4 x 10.4 cm

6-6-2018: CT abd/pelvis: Gallbladder absent, stomach and other solid organs in upper abdomen appear unremarkable. Large mass, approximately 14 x 14 x 11.0 cm. No pathologically enlarged lymph nodes



Case 1 - Staging

- 6-12-18: Surgery – Right ovary and tube capsule intact, left ovary and tube capsule fragmented, Right fallopian tube surface present, implants not identified, 1 node examined, peritoneal washings were positive for malignant cells. TS: 14 cm.
- Oncology History: 6-4-18 had CA 125 as 60.4 (0-34 U/mL). New baseline after surgery 88 on 6-22-18 and on 11-9-18 CA-125 was 14.



Case 1 - Staging

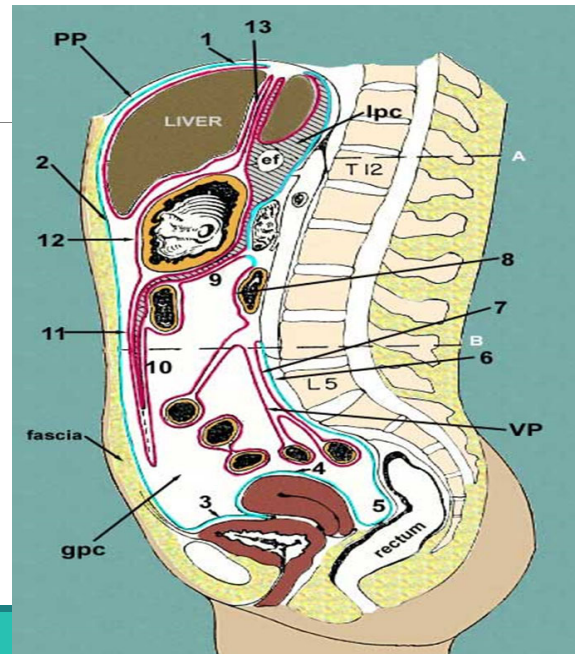
Tumor size	Code	SEER Staging	Code	Other Staging	Code
Clinical	104	EOD Primary Tumor	300	Regional Nodes Positive	00
Path	140	EOD Regional Nodes	000	Regional Nodes Examined	01
Post	140	EOD Mets	00	LVI	9
		Summary Stage 2018	2	FIGO Stage	99
				CA-125 PreTx lab value	1
				Residual Tumor Volume Post	97

Treatment

Diagnosis

Surgical-pathological evaluation of the abdomen and pelvis is necessary to diagnose ovarian cancer and rule-out other primaries

- Laparotomy is the most widely recognized surgical/pathologic staging procedure
- Laparoscopy may be used for suspected early stage disease



Treatment-Stage IA or IC

Patients that wish to maintain fertility may receive a unilateral salpingo-oophorectomy

- Preserving the uterus and contralateral ovary

Treatment-Stages II, III, IV

Primary treatment for presumed ovarian cancer primarily consists of surgical staging (laparotomy, TAH BSO, debulking) and if appropriate chemotherapy.

Some patients may have neoadjuvant chemo therapy prior to a debulking procedure.

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Surgery

35 Unilateral (salpingo-)oophorectomy, unknown if hysterectomy done

- 36 without Hysterectomy
- 37 with hysterectomy

50 Bilateral (salpingo-)oophorectomy; unknown if hysterectomy done

- 51 without hysterectomy
- 52 with hysterectomy

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Surgery

55 Unilateral/Bilateral (salpingo-)oophorectomy with Omentectomy, NOS; partial or total; unknown if hysterectomy done

- 56 without hysterectomy
- 57 with hysterectomy

60 Debulking; cytoreductive surgery, NOS

- 61 with colon (including appendix) and/or small intestine resection (not incidental)
- 62 with partial resection of urinary tract (not incidental)
- 63 Combination of 61 and 62

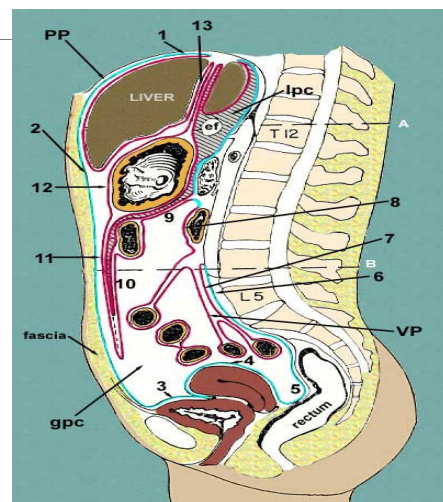
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Cytoreduction

The surgeon attempts to remove all metastatic disease greater than 1cm.

- May also be referred to as debulking.
- Optimal debulking means all visible tumor 1cm or larger has been removed.

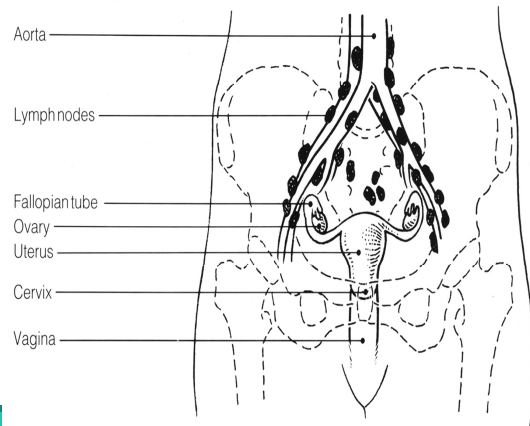


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Regional Lymph Node Surgery

Patients with tumor nodules $\geq 2\text{cm}$ outside of the pelvis (stage IIIB or higher) should have bilateral pelvic and para-aortic lymph node dissection

Female Genital System



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Chemotherapy

Intraperitoneal (IP)

- Injected directly into the peritoneal cavity
- May be given for stage III disease after optimal debulking

Intravenous (IV)

- Administered through a vein

Patients with bulky stage III or IV disease or who are poor surgical candidates may be candidates for neoadjuvant chemotherapy

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Treatment Case 1

Diagnostic Staging Procedure	00
Surgery Codes	
Surgical Procedure of Primary Site	57
Scope of Regional Lymph Node Surgery	4
Surgical Procedure/ Other Site	0
Systemic Therapy Codes	
Chemotherapy	03
Hormone Therapy	00
Immunotherapy	00
Hematologic Transplant/Endocrine Procedure	00
Systemic/Surgery Sequence	3



Questions?

Review

CASE SCENARIO 2
CASE SCENARIO 3

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Questions?

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Fabulous Prize Winners



897

NAACCR

Coming UP...

A Registrars Defense to ACoS Accreditations

- 07/11/2019

Collecting Cancer Data: Solid Tumor Rules

- 08/01/2019

NAACCR

CE Certificate Quiz/Survey

Phrase

Link

◦ <https://www.surveymzmo.com/s3/5044566/Ovary-2019>

