# **Boot Camp 2020 Take Home Exercise.**

Please complete the following worksheet prior to the Boot Camp 2020 webinar. Note there are two sections. Please use NAACCR Volume II Data Dictionary to complete the *Big Picture Abstracting* portion of the Exercise.

Use CAnswer Forum and the SEER Inquiry System (SINQ) to complete the *Searching* portion of the exercise.

## **Big Picture Abstracting**

Please use NAACCR Volume II, Chapter X <http://datadictionary.naaccr.org/> for the first four questions. For the final three questions, please use the appropriate manual or simply answer with what you believe to be correct.

1. Who is the Source of Standard for Birthplace State and Birthplace Country? (circle one)
   1. CoC
   2. CDC
   3. NAACCR
   4. SEER
2. What manual is recommended to look up Birthplace State and Birthplace Country codes (non-central registry)? (circle one)
   1. STORE Appendix D
   2. NAACCR Volume II Appendix B
   3. SEER Program Manual Appendix B
   4. State Manual
3. What are the correct Birthplace Country and Birthplace State codes for a patient born in Korea, NOS (country/state)? (circle one)
   1. KOR/XX
   2. PRK/XX
   3. ZZA/YY
   4. ZZX/YY
4. What is the purpose of the data item Date of 1st Contact? (check one)

\_\_\_ It’s used to track the number of days from first contact to when patient initiates treatment

\_\_\_It’s used to track number of new patients within a given week and month by facility administration

\_\_\_It’s used to track timeliness of individual registry reporting to central cancer registries

\_✓ \_\_ Any and all of the above

Data item: HER2 ISH Summary

**Question:**

1. Breast cancer dx'd via two core bx's of one breast mass (at the same time), followed by initiation of neoadj tx. HER2 Fish performed on both core bx specimens. Per the SEER\*RSA website (Note 6), we’re to document the "highest" HER2 Fish result. Since the ratio is higher in bx #1 and the copy number is higher in bx #2, which would be considered the highest? (check one)  
     
   \_\_\_\_\_01/01/2019 core bx #1 HER2 Fish: dual probe ratio 5.5, dual probe copy number 17.90.  
    ✓ 01/01/2019 core bx #2 HER2 Fish: dual probe ratio 4.7, dual probe copy number 19.50.
2. SEER\*RSA can be used to accurately code what data items? (circle one)
   1. EODs
   2. SSDIs
   3. Grade
   4. All of the above
3. If a path report lists a histology for a primary site not found in the corresponding AJCC 8th Edition chapter, we are to assign an NOS histology listed in the AJCC manual so the case can be staged. (check one)

\_\_\_\_True

✓ False

# **Search Questions**

Find a supporting link on either the Canswer forum or SEER Inquiry System to answer each question. Copy and paste the URL of the post to answer the question *What post supports this answer*. For this exercise only use the CAsnwer forum or SEER Inquiry System to answer the questions. You should not use your manuals.

* CAnswer Forum <http://cancerbulletin.facs.org/forums/forum> (if you have not done so, you may need to create and account to use the CAnswer Forum.
* SEER Inquiry System <https://seer.cancer.gov/seerinquiry/index.php>

1. A radiation oncologist at your facility assigned a clinical stage of T0 N2 M0 Stage IIIA to one of her patients. After review of the AJCC 8th edition Lung chapter, it does not appear this is a valid stage group for this T,N, M combination.
   1. What stage group should be assigned to the data item Clinical Stage Group?
      1. 99
   2. What post supports this answer?
      1. <http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/thorax-chapters-35-37/lung-chapter-36/97636-stage-group-for-t0n2m0>
   3. Describe how you found this answer.
      1. Advanced Search. Stage IIIA or 3A
      2. Went to 8th edition lung chapter and went through questions one by one.
2. You are abstracting a patient with liver primary. The physician states the patient has cirrhosis, but there is no histologic confirmation of the disease. Code 7 for the data item Fibrosis Score seems to apply, but you want to make sure you are reading the code correctly.

*Code 7-Clinical statement of advanced/severe fibrosis or cirrhosis, AND Not histologically confirmed or unknown if histologically confirmed*

Does code 7 mean both fibrosis and cirrhosis have to be described as advanced/severe? Or does it mean fibrosis must be described as advanced/severe, but cirrhosis does not need a modifier?

* 1. Does code 7 apply to Cirrhosis, NOS?
     1. No
  2. What post supports this answer?
     1. <http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/101713-cirrhosis-nos-for-liver-primary>
  3. Describe how you found this answer.
     1. Went to CAnswer Forum, SSDI forum. Did a search on cirrhosis. Searched Site-Specific Data Items/Grade 2018 only.

1. A patient present with a mass on her neck June of 2019. A core biopsy of the mass reveals squamous cell carcinoma. The mass is HPV and EBV negative. A thorough exam is conducted, but no primary is found. However, the physician suspects metastasis from a head and neck primary. The registrar assigns a primary site of C76.0.
   1. How would we code Scope of Regional Lymph Node Surgery?
      1. 9
   2. What post supports this answer?
      1. <http://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/store/first-course-of-treatment-aa/surgery-aa/99303-scope-of-regional-lymph-node-surgery-c76-0-head-and-neck>
   3. Went to Canswer forum, Surgery, did a search on Scope and 76.0
2. A patient present with a breast mass. Imaging described the mass a being located central portion of the left breast at 12:00.
   1. How do you code primary site?
      1. C50.1 preferred over C50.8
   2. What post supports this answer?
      1. <https://seer.cancer.gov/seerinquiry/index.php?page=view&id=20190108&type=q>
   3. Describe how you found your answer
      1. Went to SEER Inquiry Search. Typed *Breast* as my first word and *Central* as my second word
3. The final diagnosis from a resection of colon tumor shows *invasive adenocarcinoma with a mixed phenotype.* In the comments that pathologist states: *The majority of the disease is poorly differentiated/signet ring cell phenotype.*
   1. Can the term *phenotype* be used to assign a histology code for this case?
      1. No
   2. What post supports this answer?
      1. <https://seer.cancer.gov/seerinquiry/index.php?page=view&id=20190044&type=q>
   3. Describe how you found your answer
      1. Went to SEER Inquiry Search. Typed *phenotype*
      2. Went to detailed search. Chose solid tumor rules