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NAACCR

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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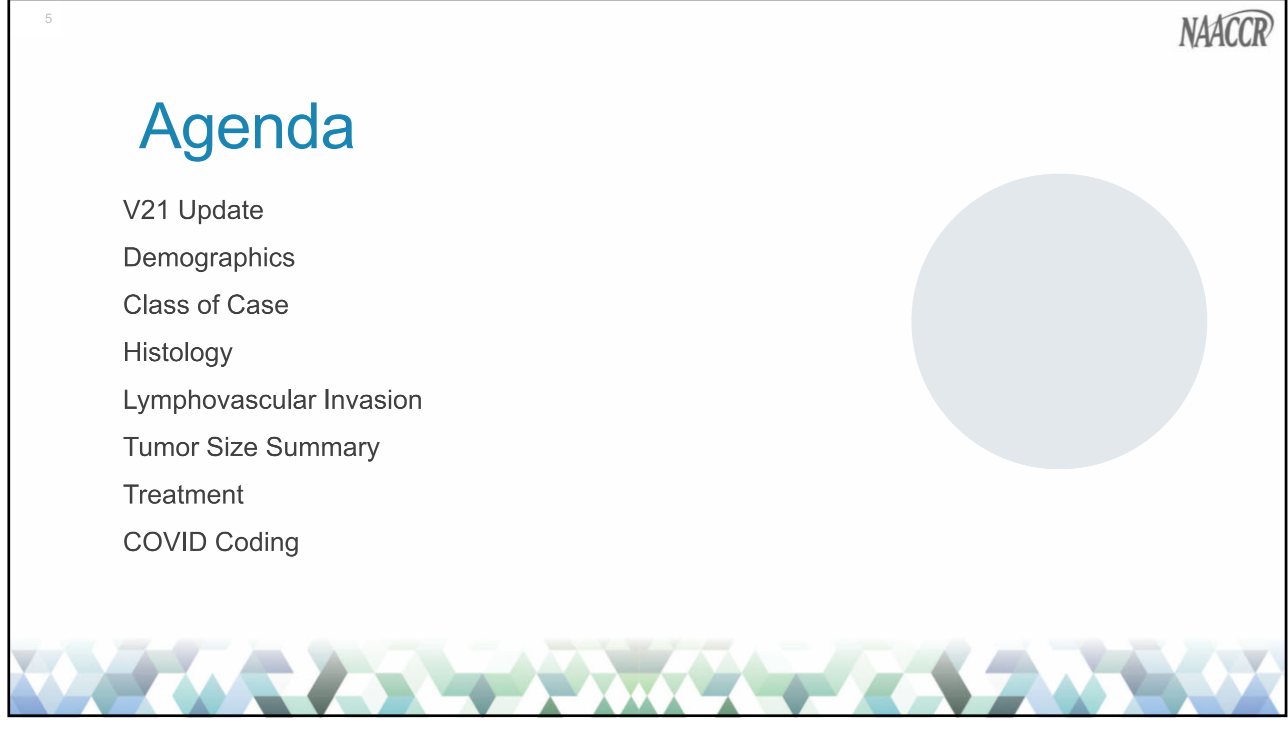
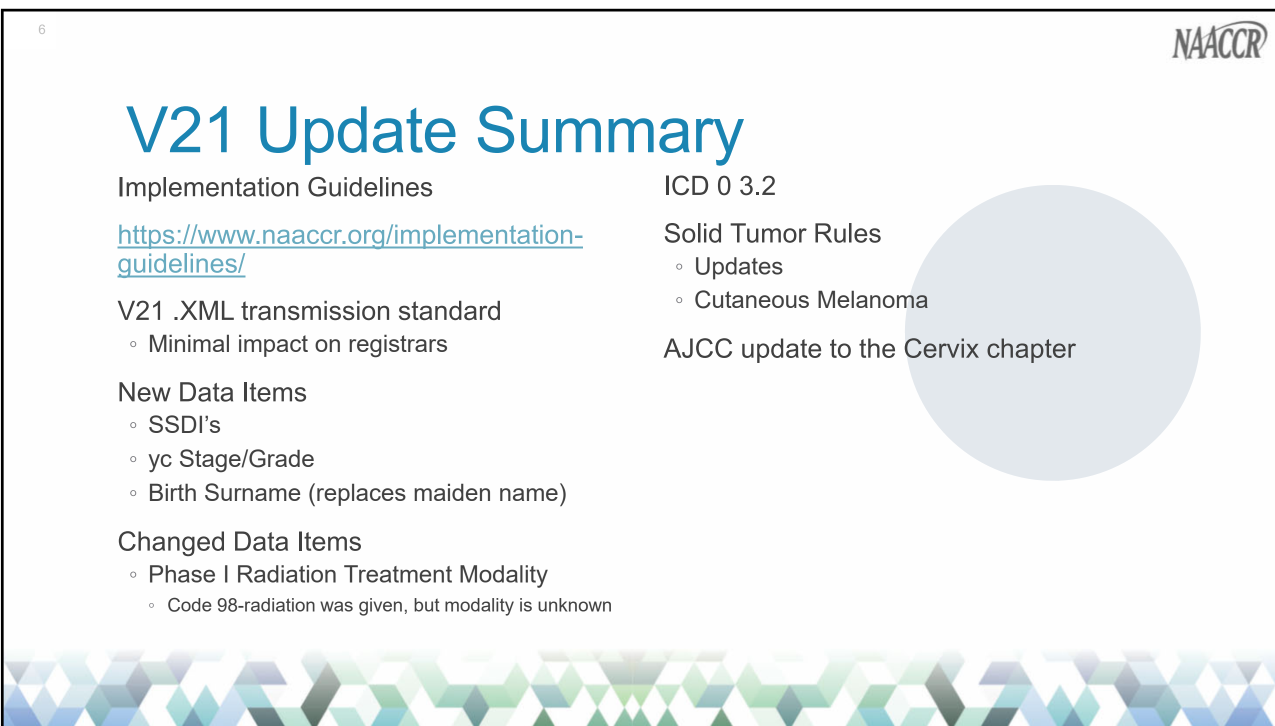
NAACCR

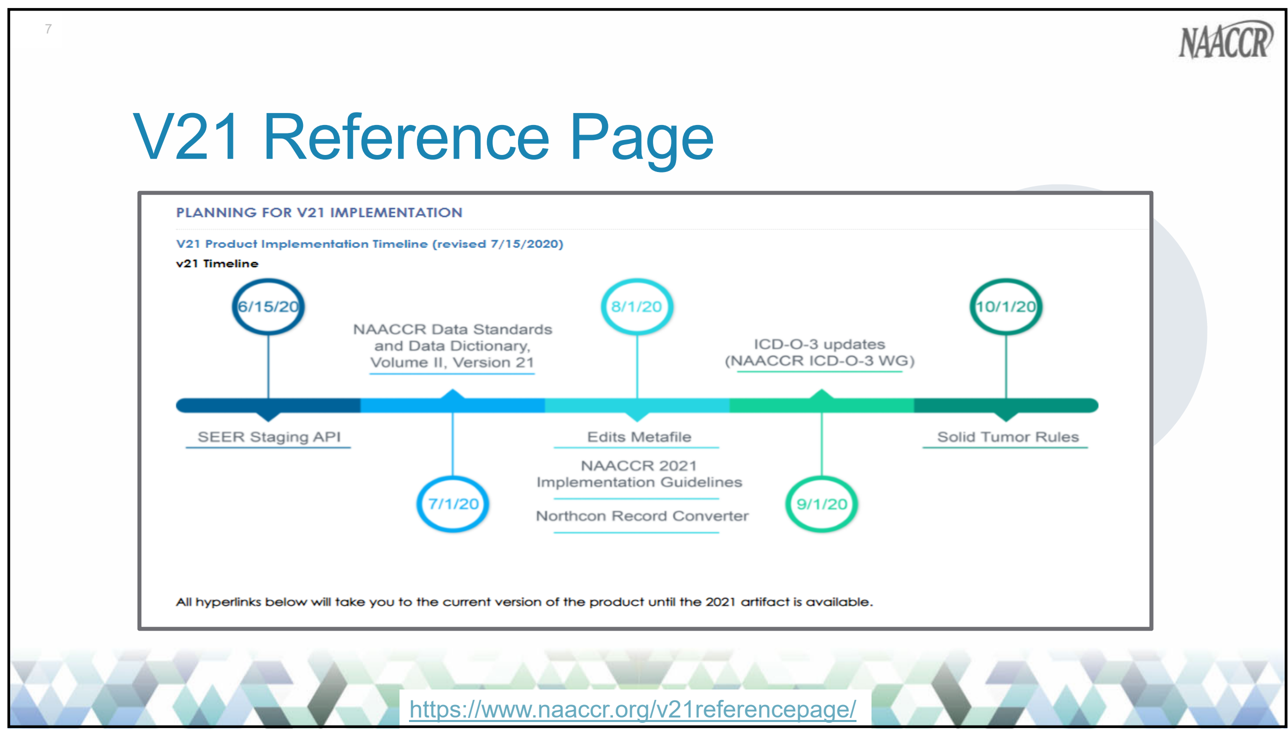
Guest Presenter

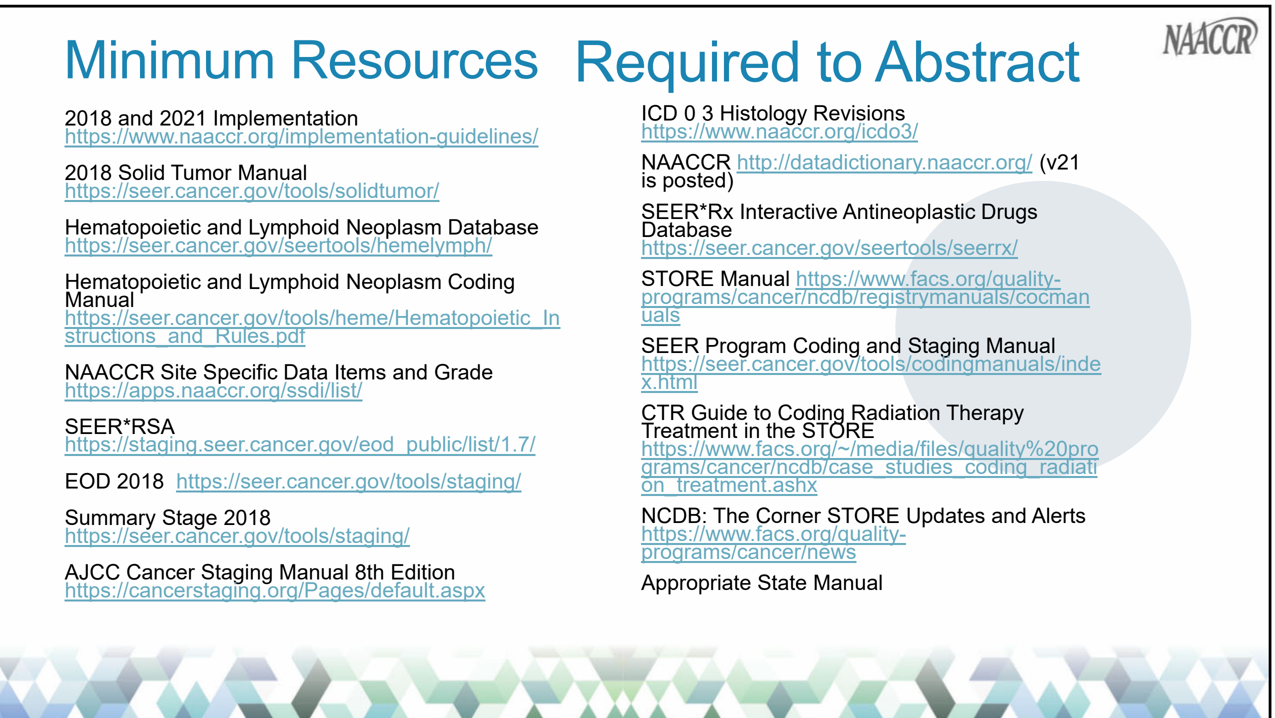
Janet Vogel, CTR

- Compliance and Quality Auditor/Educator-Cancer Registry, himagine solutions, inc.


5
NAACCR
Agenda
V21 Update
Demographics
Class of Case
Histology
Lymphovascular Invasion
Tumor Size Summary
Treatment
COVID Coding


6
NAACCR
V21 Update Summary
Implementation Guidelines
https://www.naaccr.org/implementation-guidelines/
V21 .XML transmission standard
Minimal impact on registrars
New Data Items
SSDI's
yc Stage/Grade
Birth Surname (replaces maiden name)
Changed Data Items
Phase I Radiation Treatment Modality
Code 98-radiation was given, but modality is unknown
ICD 0 3.2
Solid Tumor Rules
Updates
Cutaneous Melanoma
AJCC update to the Cervix chapter


7
NAACCR
V21 Reference Page
PLANNING FOR V21 IMPLEMENTATION
V21 Product Implementation Timeline (revised 7/15/2020)
v21 Timeline
6/15/20
SEER Staging API
NAACCR Data Standards and Data Dictionary, Volume II, Version 21
7/1/20
8/1/20
Edits Metafile
NAACCR 2021 Implementation Guidelines
Northcon Record Converter
ICD-O-3 updates (NAACCR ICD-O-3 WG)
9/1/20
10/1/20
Solid Tumor Rules
All hyperlinks below will take you to the current version of the product until the 2021 artifact is available.
https://www.naaccr.org/v21referencepage/


Minimum Resources Required to Abstract
NAACCR
2018 and 2021 Implementation
https://www.naaccr.org/implementation-guidelines/
2018 Solid Tumor Manual
https://seer.cancer.gov/tools/solidtumor/
Hematopoietic and Lymphoid Neoplasm Database
https://seer.cancer.gov/seertools/hemelymph/
Hematopoietic and Lymphoid Neoplasm Coding Manual
https://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules.pdf
NAACCR Site Specific Data Items and Grade
https://apps.naaccr.org/ssdi/list/
SEER*RSA
https://staging.seer.cancer.gov/eod_public/list/1.7/
EOD 2018 https://seer.cancer.gov/tools/staging/
Summary Stage 2018
https://seer.cancer.gov/tools/staging/
AJCC Cancer Staging Manual 8th Edition
https://cancerstaging.org/Pages/default.aspx
ICD 0 3 Histology Revisions
https://www.naaccr.org/icdo3/
NAACCR http://datadictionary.naaccr.org/ (v21 is posted)
SEER*Rx Interactive Antineoplastic Drugs Database
https://seer.cancer.gov/seertools/seerrx/
STORE Manual https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals
SEER Program Coding and Staging Manual
https://seer.cancer.gov/tools/codingmanuals/index.html
CTR Guide to Coding Radiation Therapy Treatment in the STORE
https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/case_studies_coding_radiation_treatment.ashx
NCDB: The Corner STORE Updates and Alerts
https://www.facs.org/quality-programs/cancer/news
Appropriate State Manual

Errata/Revisions/Clarifications

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READ THE MANUALS!

However do so with caution! There have been multiple updates/clarifications/changes to the original documents.

Know how to find the errata/revisions/clarifications

- AJCC 8th Edition Errata https://cancerstaging.org/references-tools/deskreferences/Pages/8EUpdates.aspx
- ICD 0 3 Revisions https://www.naaccr.org/implementation-guidelines/#ICDO3
- Radiation Coding https://www.facs.org/-/media/files/quality-programs/cancer/ncdb/case_studies_coding_radiation_treatment.ashx?la=en
- STORE Manual Clarifications https://www.facs.org/quality-programs/cancer/news
- Solid Tumor Rules Revisions https://seer.cancer.gov/tools/solidtumor/revisions.html
- SSDI/Grade 2018 http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018
- EOD v1.7 changes https://staging.seer.cancer.gov/eod/news/1.7/

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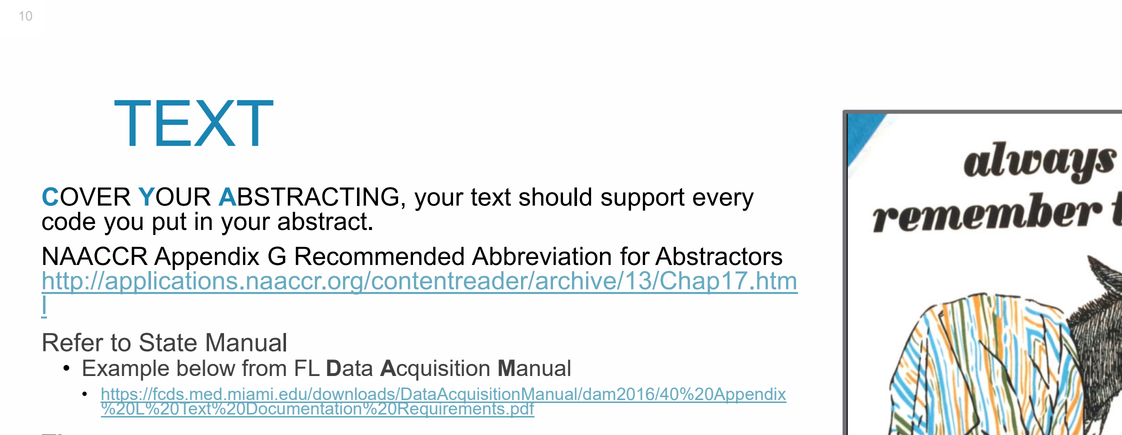
TEXT



COVER **Y**OUR **A**BSTRACTING, your text should support every code you put in your abstract.

NAACCR Appendix G Recommended Abbreviation for Abstractors http://applications.naaccr.org/contentreader/archive/13/Chap17.html

Refer to State Manual

- Example below from FL **D**ata **A**cquisition **M**anual
  - https://fcds.med.miami.edu/downloads/DataAcquisitionManual/dam2016/40%20Appendix%20L%20Text%20Documentation%20Requirements.pdf

Tips:

- Start your abstract by documenting your text and abstract from your text. This will help ensure that you have documented all the relevant text and can accurately code from your documentation
- Before completing an abstract suggest printing to the screen a complete abstract or summary to review. Check over all data items to ensure data is accurate, no typos & data makes sense.

always remember to...

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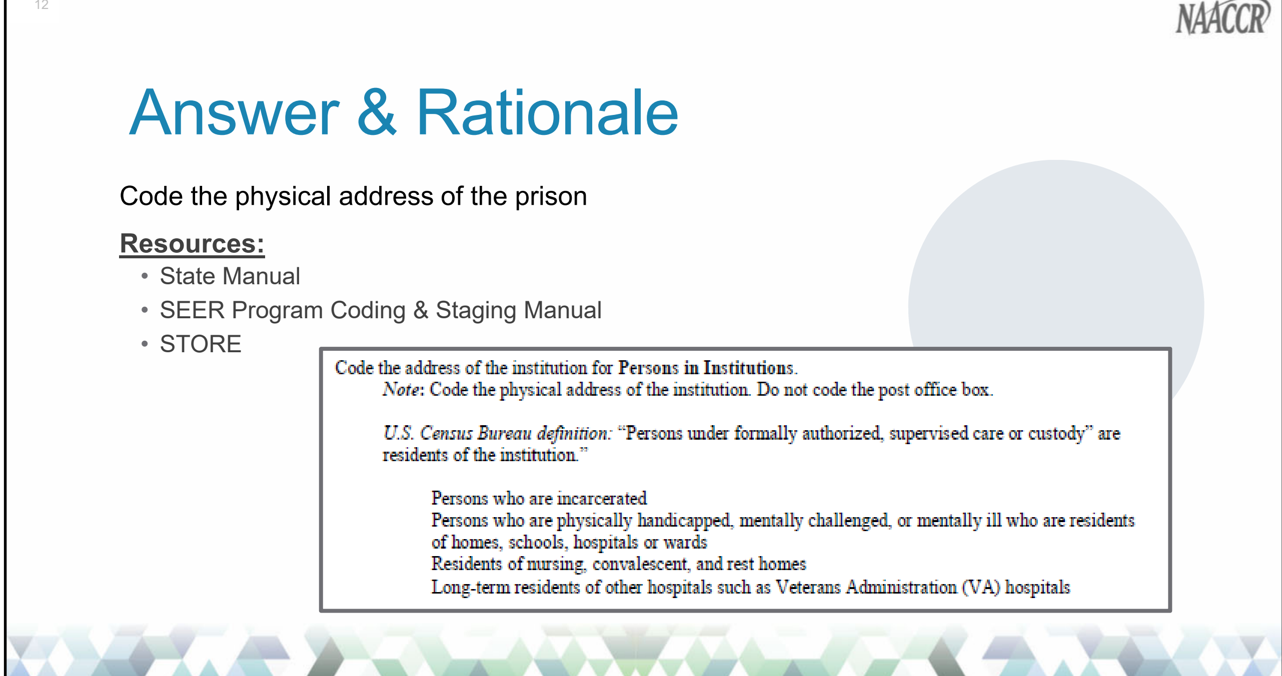
Address at Diagnosis

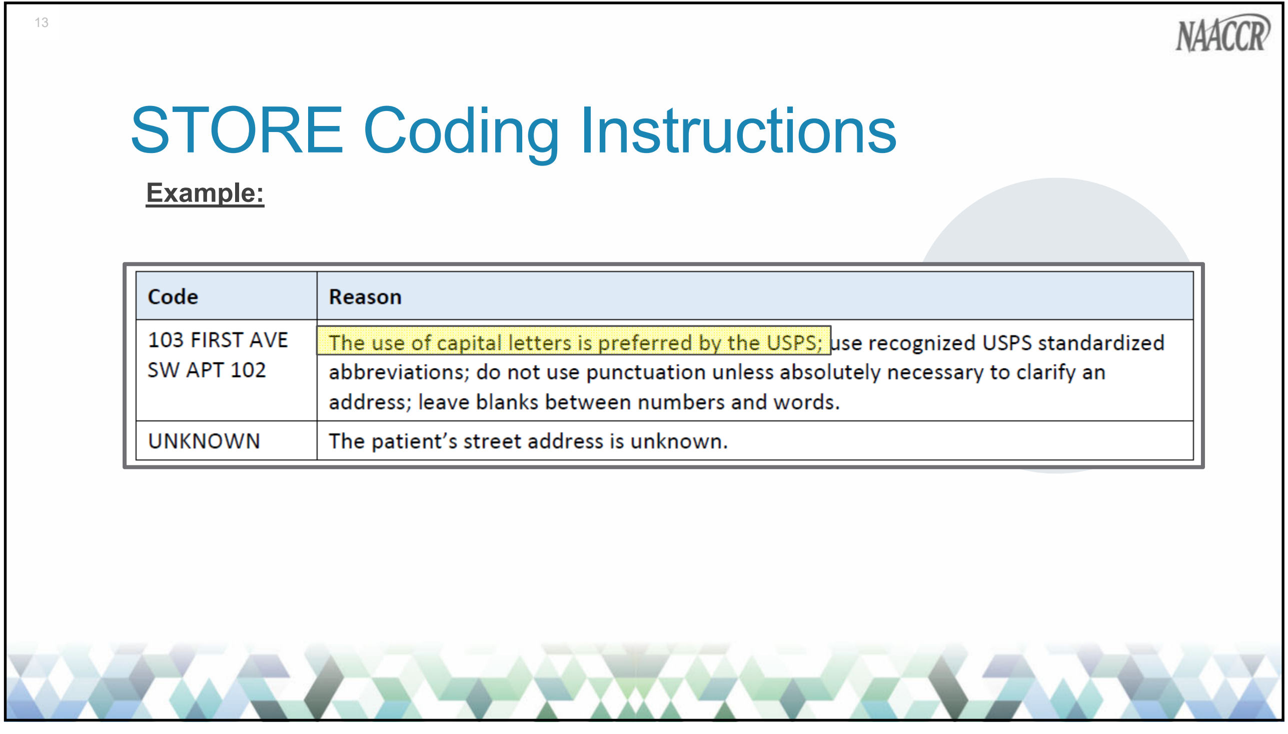
Scenario: Patient diagnosed with Prostate Cancer at your facility. He is currently an inmate at Florida State Prison. He lists the PO Box of the prison as his address in the EMR:

- PO BOX 800
- Raiford, FL 32083

Question: How would you code the Address at Diagnosis?

- **Address**: PO BOX 800 **City:** RAIFORD **State:** FL **Zip:** 32083
- **Address**: 23916 NW 83rd AVE **City:** RAIFORD **State:** FL **Zip:** 32026
- **Address**: UNKNOWN **City:** UNKNOWN **State:** ZZ **Zip:** 99999

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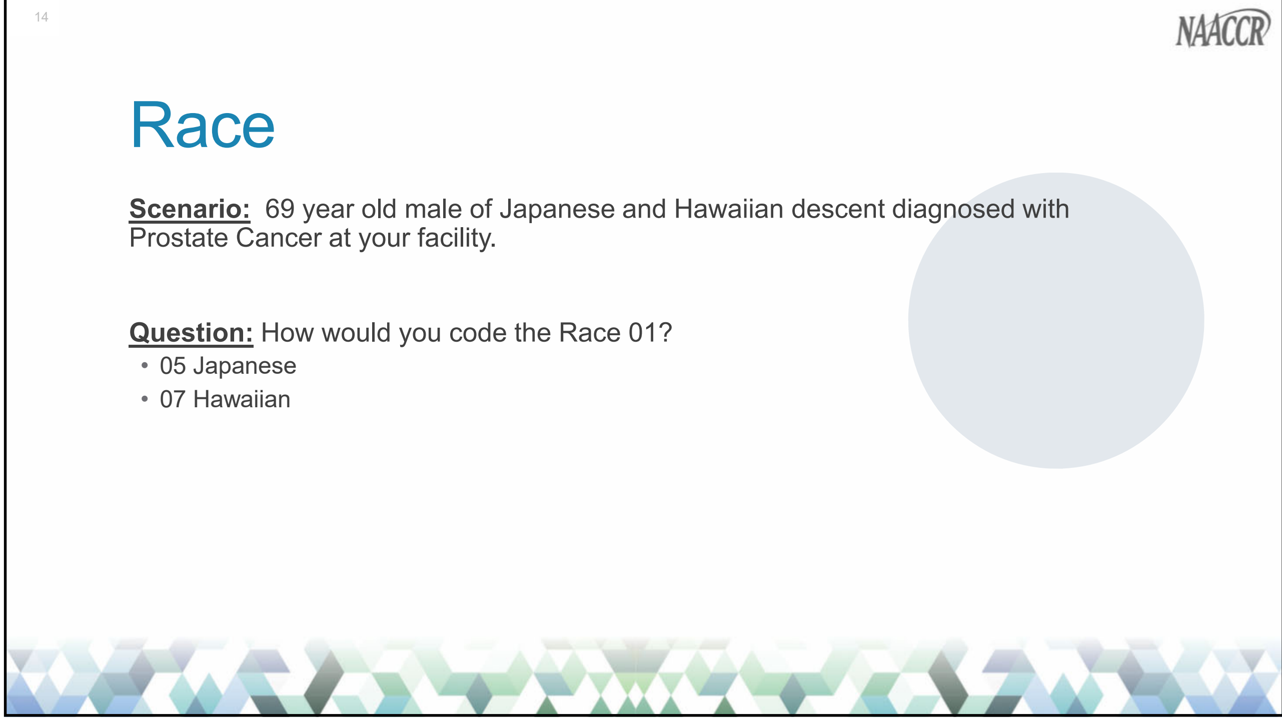
NAACCR
STORE Coding Instructions
Example:
Code | Reason
103 FIRST AVE SW APT 102 | The use of capital letters is preferred by the USPS; use recognized USPS standardized abbreviations; do not use punctuation unless absolutely necessary to clarify an address; leave blanks between numbers and words.
UNKNOWN | The patient's street address is unknown.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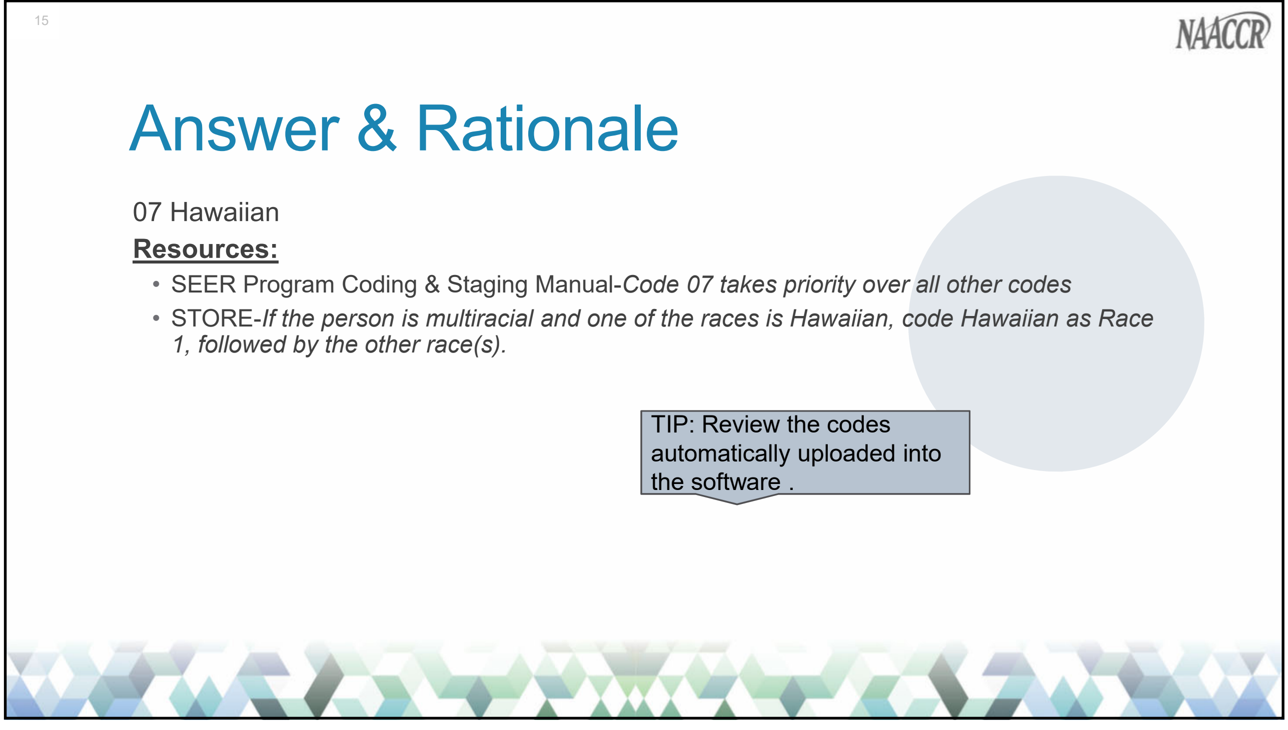
NAACCR
Race
Scenario: 69 year old male of Japanese and Hawaiian descent diagnosed with Prostate Cancer at your facility.
Question: How would you code the Race 01?
• 05 Japanese
• 07 Hawaiian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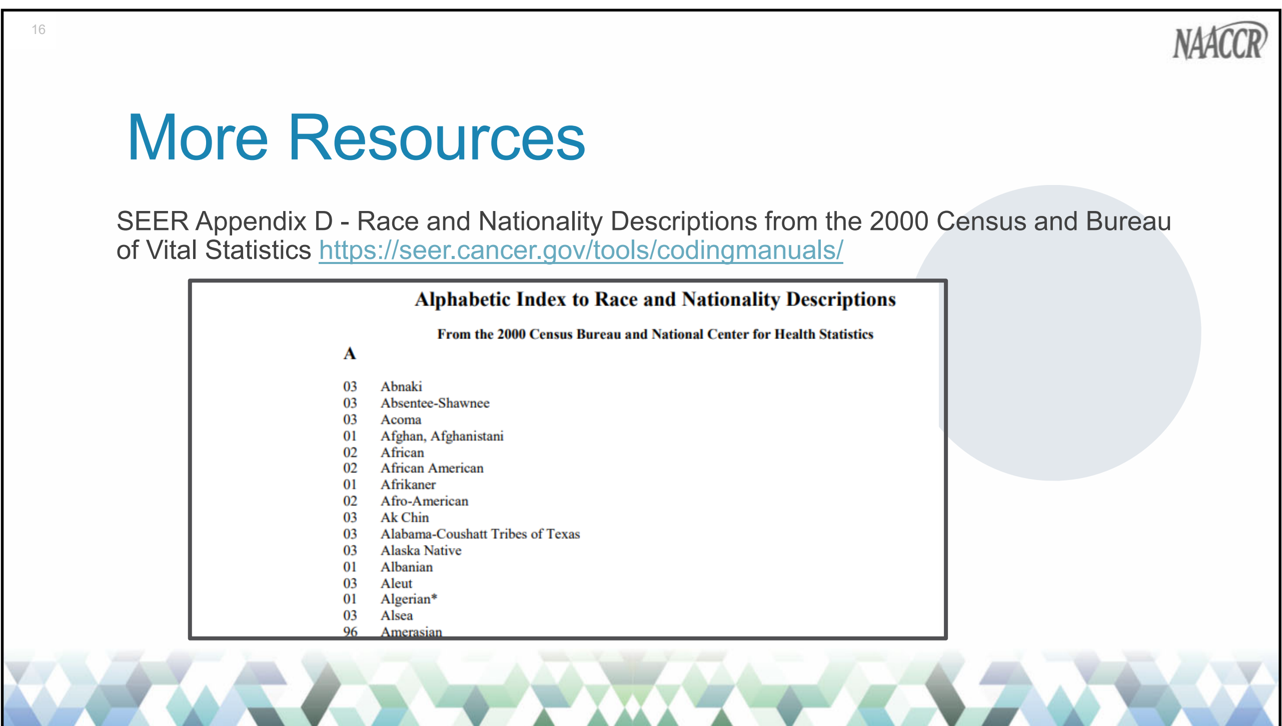
NAACCR
Answer & Rationale
07 Hawaiian
Resources:
• SEER Program Coding & Staging Manual-Code 07 takes priority over all other codes
• STORE-If the person is multiracial and one of the races is Hawaiian, code Hawaiian as Race 1, followed by the other race(s).
TIP: Review the codes automatically uploaded into the software .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More Resources
SEER Appendix D - Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics https://seer.cancer.gov/tools/codingmanuals/
Alphabetic Index to Race and Nationality Descriptions
From the 2000 Census Bureau and National Center for Health Statistics
A
03 Abnaki
03 Absentee-Shawnee
03 Acoma
01 Afghan, Afghanistani
02 African
02 African American
01 Afrikaner
02 Afro-American
03 Ak Chin
03 Alabama-Coushatt Tribes of Texas
03 Alaska Native
01 Albanian
03 Aleut
01 Algerian*
03 Alsea
96 Amerasian

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Tip…

Race - I abstract for a different State that sees a fair population of immigrants and a lot of times the EMR just lists the race as "other" but I see from the visit notes pt is El Salvadoran or from Nicaragua, etc.

My State supervisor had mentioned to me at some point that "other" races can reduce case counts on the NAACCR completeness report?

So I document in my remarks that I coded someone as "white" based on Appendix D of the SEER Program Coding and Staging Manual.

For example, code "Salvadoran" as white unless pt stated to be Native American (Indian), and code Spanish/Hispanic Origin as 4 (south/central American except Brazil). I don't know how many registrars utilize that Appendix, especially if they don't report to a SEER state.

- Ruth

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Sex

Scenario: 47 year old transgender male in the process of being worked up for sex reassignment surgery. During physical exam found to have a melanoma

Question: How would you code Sex?

- 1 Male
- 2 Female
- 3 Other (intersex, disorders of sexual development/DSD)
- 4 Transsexual, NOS
- 5 Transsexual, natal male
- 6 Transsexual, natal female

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Answer & Rationale

6 Transsexual, natal female

Rationale: A transgender male is a man who was assigned female at birth. Identifying as transsexual is not dependent on completion of sex reassignment surgery. Whether or not the surgery has been completed, the patient is still considered transsexual.

CAnswer Forum- This post gives a concise explanation of when to use codes 3-6

http://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/fords/patient-identification/demographics/78334-transsexual-vs-other

TIP: Review the codes automatically uploaded into the software & be sure to document in text .

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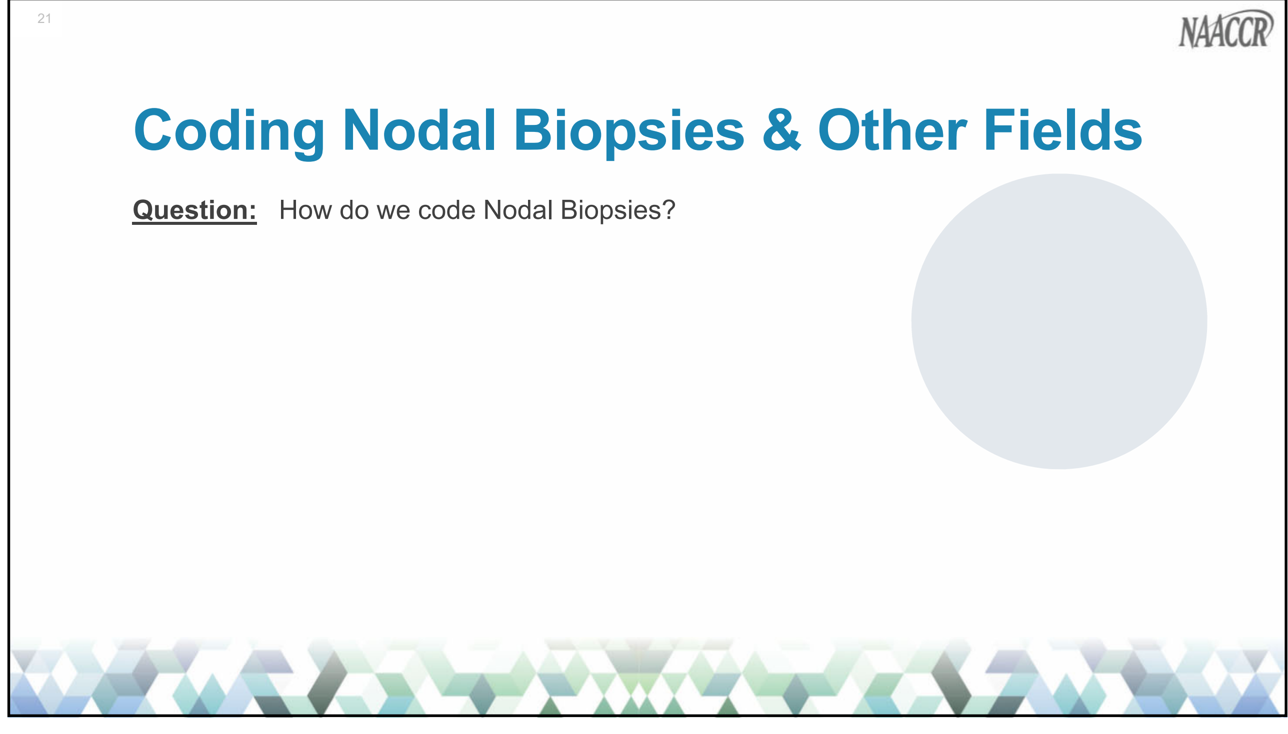
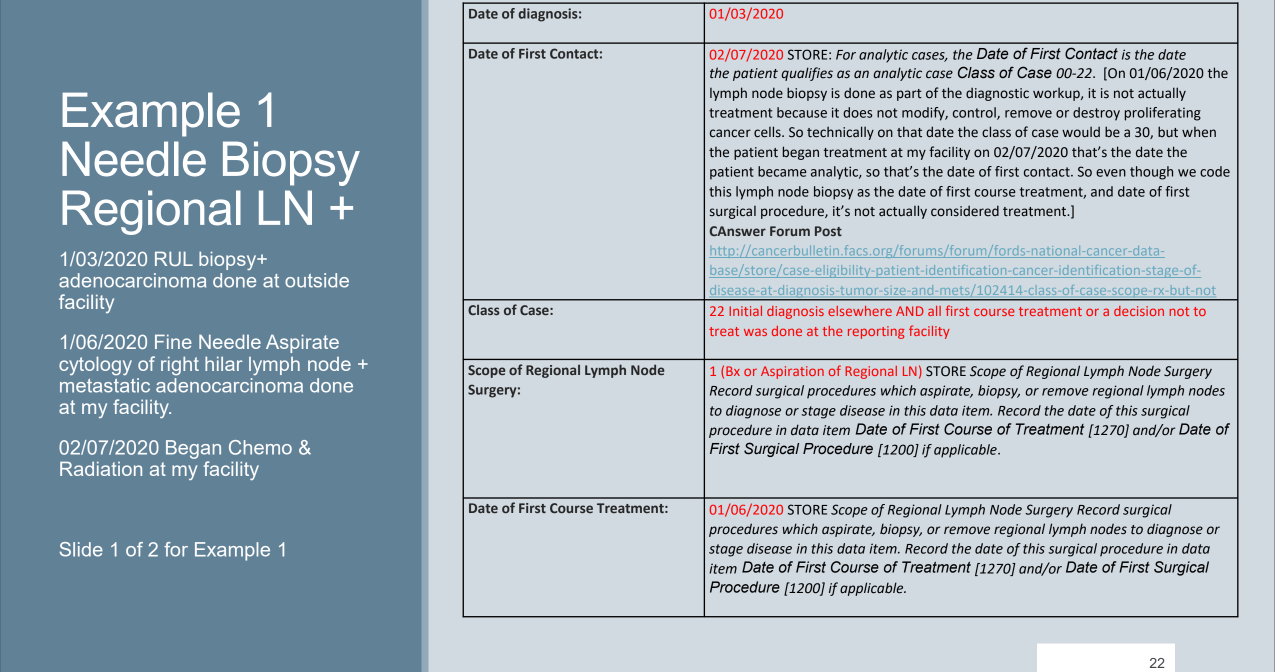
Review Auto-Populated Fields!

- Most software auto-populates the demographic from the current address to the address at diagnosis, please be mindful of that & review it for accuracy. DON'T BE COMPLACENT! Did your patient live at that address when they were diagnosed?
- Race is often auto-populated from the EMR to registry software, admission clerks do not know registry coding rules, please review these fields & be wary of race coded to "other", do a little digging to see if you can find something more specific





Date of diagnosis:	01/03/2020
Date of First Contact:	02/07/2020 STORE: *For analytic cases, the* Date of First Contact *is the date the patient qualifies as an analytic case* Class of Case *00-22.* [On 01/06/2020 the lymph node biopsy is done as part of the diagnostic workup, it is not actually treatment because it does not modify, control, remove or destroy proliferating cancer cells. So technically on that date the class of case would be a 30, but when the patient began treatment at my facility on 02/07/2020 that's the date the patient became analytic, so that's the date of first contact. So even though we code this lymph node biopsy as the date of first course treatment, and date of first surgical procedure, it's not actually considered treatment.] **CAnswer Forum Post** http://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/store/case-eligibility-patient-identification-cancer-identification-stage-of-disease-at-diagnosis-tumor-size-and-mets/102414-class-of-case-scope-rx-but-not
Class of Case:	22 Initial diagnosis elsewhere AND all first course treatment or a decision not to treat was done at the reporting facility
Scope of Regional Lymph Node Surgery:	1 (Bx or Aspiration of Regional LN) STORE *Scope of Regional Lymph Node Surgery Record surgical procedures which aspirate, biopsy, or remove regional lymph nodes to diagnose or stage disease in this data item. Record the date of this surgical procedure in data item* Date of First Course of Treatment *[1270] and/or* Date of First Surgical Procedure *[1200] if applicable.*
Date of First Course Treatment:	01/06/2020 STORE *Scope of Regional Lymph Node Surgery Record surgical procedures which aspirate, biopsy, or remove regional lymph nodes to diagnose or stage disease in this data item. Record the date of this surgical procedure in data item* Date of First Course of Treatment *[1270] and/or* Date of First Surgical Procedure *[1200] if applicable.*

Example 1 Needle Biopsy Regional LN +

1/03/2020 RUL biopsy+ adenocarcinoma done at outside facility

1/06/2020 Fine Needle Aspirate cytology of right hilar lymph node + metastatic adenocarcinoma done at my facility.

02/07/2020 Began Chemo & Radiation at my facility

Slide 2 of 2 for Example 1

Date of First Surgical Procedure:	01/06/2020 (most software's auto-populate this field)
Date of Most Definitive Surgery:	BLANK (most software's auto-populate this field)
Regional Lymph Nodes Examined:	95 No regional nodes were removed, but aspiration of regional nodes was performed STORE *Use code 95 when the only procedure for regional lymph nodes is a needle aspiration (cytology) or core biopsy (tissue).*
Regional Lymph Nodes Positive:	95 No regional nodes were removed, but aspiration of regional nodes was performed STORE *Use code 95 when a positive lymph node is aspirated and there are no surgically resected lymph nodes.*
Date of Regional Lymph Node Surgery:	BLANK STORE *Records the date non-sentinel regional node dissection was performed.* In this example a dissection was not performed, only a fine needle aspiration
AJCC Clinical N Suffix:	(f) STORE FNA or core needle biopsy only
Systemic Surgery Sequence:	3 Systemic therapy after surgery STORE *Systemic therapy was given after surgical procedure of primary site; scope of regional lymph node surgery; surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed.*
Radiation Surgery Sequence:	3 Radiation therapy after surgery STORE *Radiation therapy given after surgery to primary site; scope of regional lymph node surgery, surgery to other regional site(s), distant site(s), or distant lymph node(s).*

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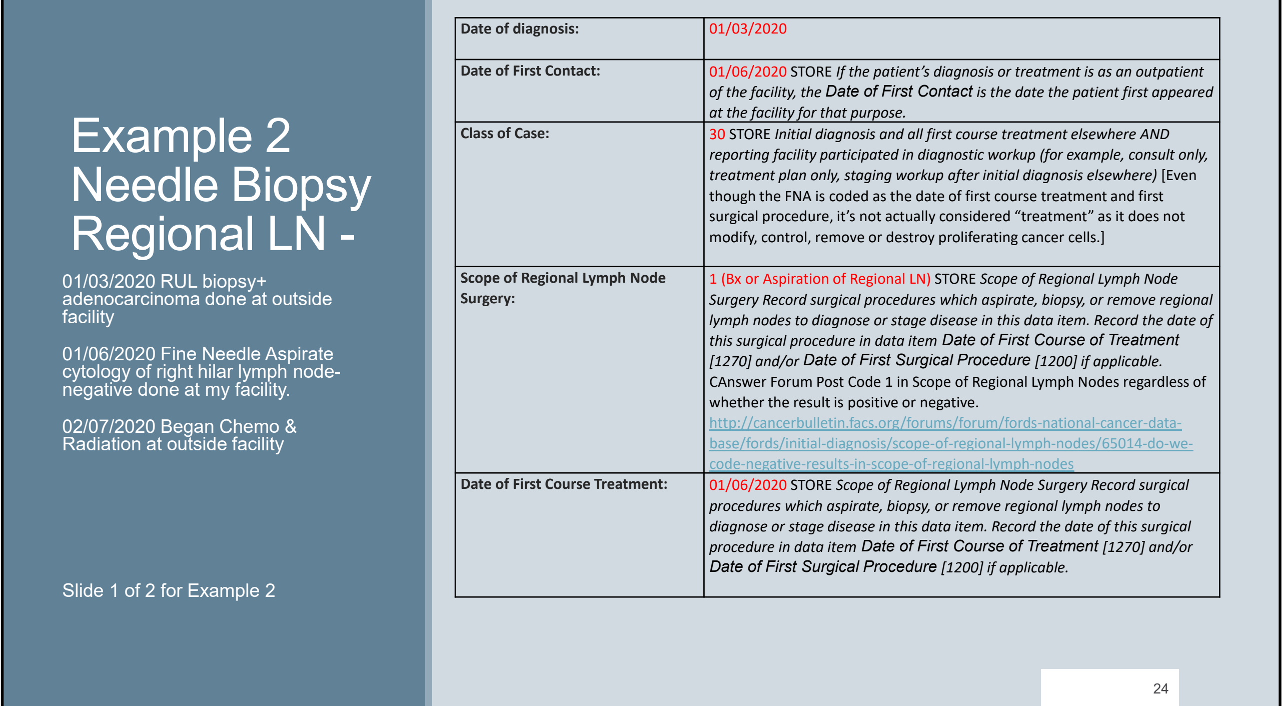
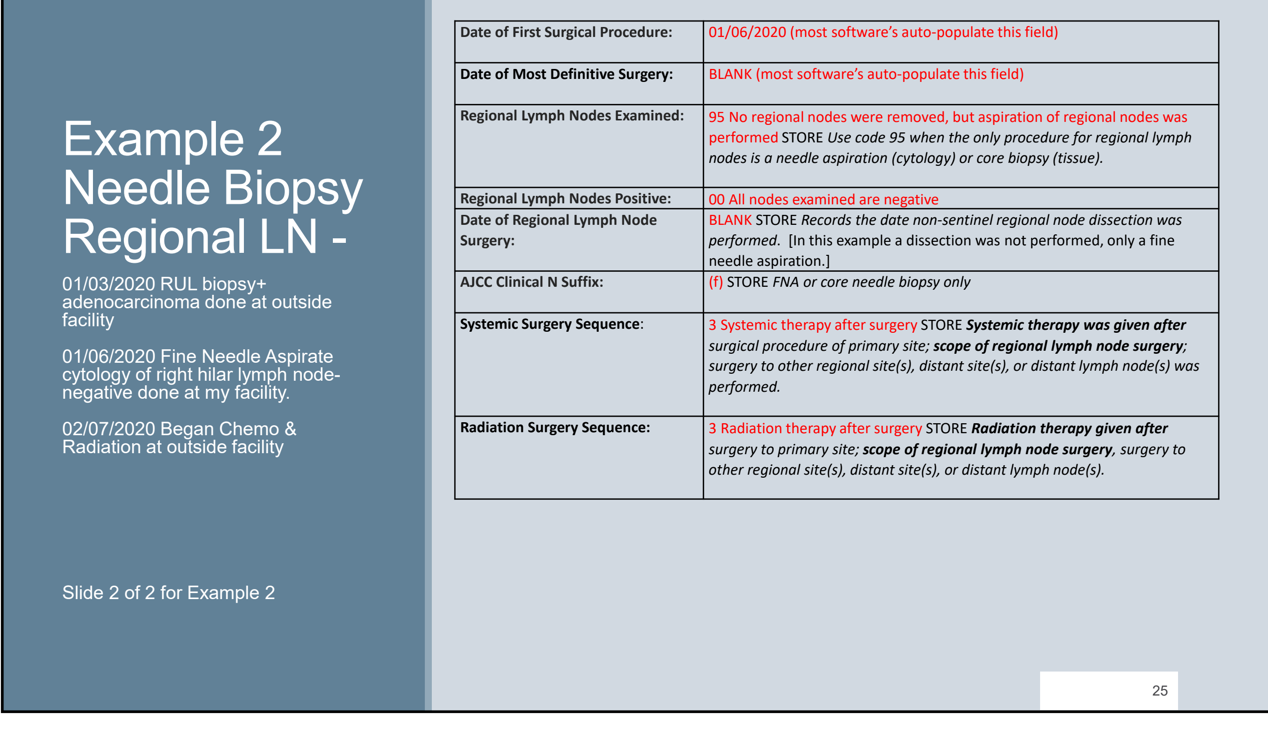


Date of diagnosis:	01/03/2020
Date of First Contact:	01/06/2020 STORE *If the patient's diagnosis or treatment is as an outpatient of the facility, the* Date of First Contact *is the date the patient first appeared at the facility for that purpose.*
Class of Case:	30 STORE *Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only, treatment plan only, staging workup after initial diagnosis elsewhere)* [Even though the FNA is coded as the date of first course treatment and first surgical procedure, it's not actually considered "treatment" as it does not modify, control, remove or destroy proliferating cancer cells.]
Scope of Regional Lymph Node Surgery:	1 (Bx or Aspiration of Regional LN) STORE *Scope of Regional Lymph Node Surgery Record surgical procedures which aspirate, biopsy, or remove regional lymph nodes to diagnose or stage disease in this data item. Record the date of this surgical procedure in data item* Date of First Course of Treatment *[1270] and/or* Date of First Surgical Procedure *[1200] if applicable.* CAnswer Forum Post Code 1 in Scope of Regional Lymph Nodes regardless of whether the result is positive or negative. http://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/fords/initial-diagnosis/scope-of-regional-lymph-nodes/65014-do-we-code-negative-results-in-scope-of-regional-lymph-nodes
Date of First Course Treatment:	01/06/2020 STORE *Scope of Regional Lymph Node Surgery Record surgical procedures which aspirate, biopsy, or remove regional lymph nodes to diagnose or stage disease in this data item. Record the date of this surgical procedure in data item* Date of First Course of Treatment *[1270] and/or* Date of First Surgical Procedure *[1200] if applicable.*


Example 2
Needle Biopsy
Regional LN -
01/03/2020 RUL biopsy+ adenocarcinoma done at outside facility
01/06/2020 Fine Needle Aspirate cytology of right hilar lymph node-negative done at my facility.
02/07/2020 Began Chemo & Radiation at outside facility
Slide 2 of 2 for Example 2
Date of First Surgical Procedure: | 01/06/2020 (most software's auto-populate this field)
Date of Most Definitive Surgery: | BLANK (most software's auto-populate this field)
Regional Lymph Nodes Examined: | 95 No regional nodes were removed, but aspiration of regional nodes was performed STORE Use code 95 when the only procedure for regional lymph nodes is a needle aspiration (cytology) or core biopsy (tissue).
Regional Lymph Nodes Positive: | 00 All nodes examined are negative
Date of Regional Lymph Node Surgery: | BLANK STORE Records the date non-sentinel regional node dissection was performed. [In this example a dissection was not performed, only a fine needle aspiration.]
AJCC Clinical N Suffix: | (f) STORE FNA or core needle biopsy only
Systemic Surgery Sequence: | 3 Systemic therapy after surgery STORE Systemic therapy was given after surgical procedure of primary site; scope of regional lymph node surgery; surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed.
Radiation Surgery Sequence: | 3 Radiation therapy after surgery STORE Radiation therapy given after surgery to primary site; scope of regional lymph node surgery, surgery to other regional site(s), distant site(s), or distant lymph node(s).
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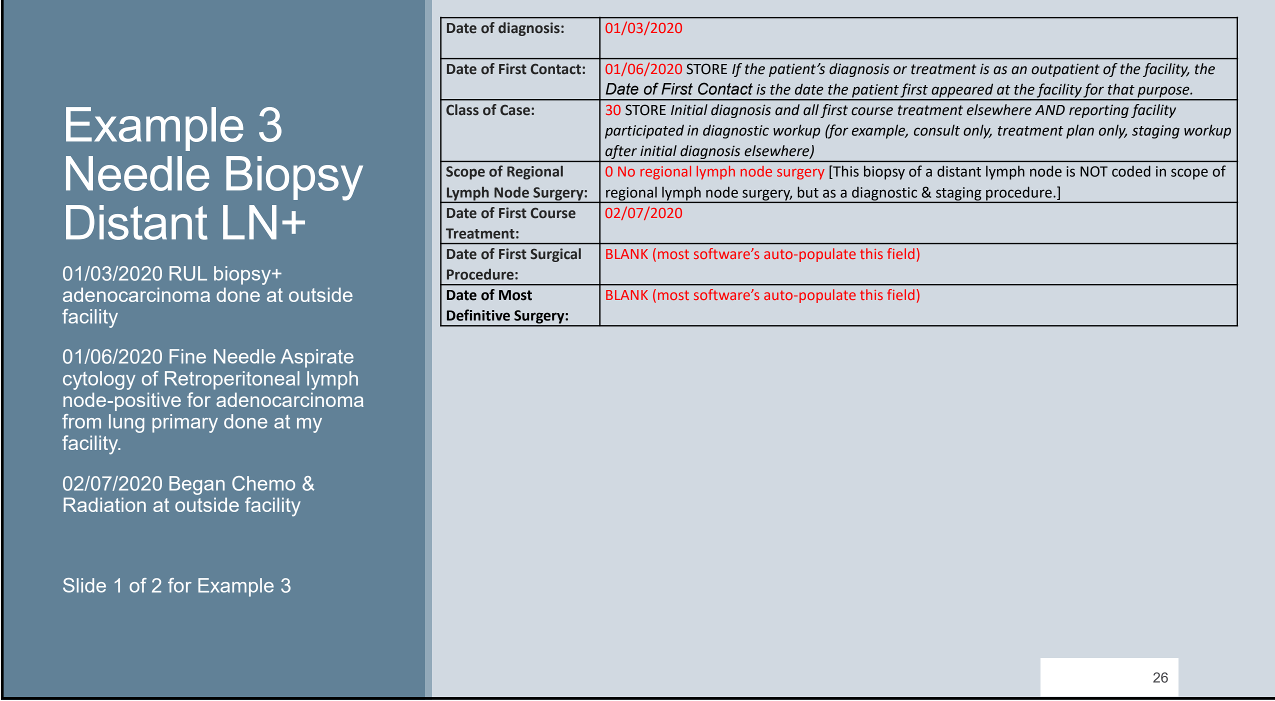
Example 3
Needle Biopsy
Distant LN+
01/03/2020 RUL biopsy+ adenocarcinoma done at outside facility
01/06/2020 Fine Needle Aspirate cytology of Retroperitoneal lymph node-positive for adenocarcinoma from lung primary done at my facility.
02/07/2020 Began Chemo & Radiation at outside facility
Slide 1 of 2 for Example 3
Date of diagnosis: | 01/03/2020
Date of First Contact: | 01/06/2020 STORE If the patient's diagnosis or treatment is as an outpatient of the facility, the Date of First Contact is the date the patient first appeared at the facility for that purpose.
Class of Case: | 30 STORE Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only, treatment plan only, staging workup after initial diagnosis elsewhere)
Scope of Regional Lymph Node Surgery: | 0 No regional lymph node surgery [This biopsy of a distant lymph node is NOT coded in scope of regional lymph node surgery, but as a diagnostic & staging procedure.]
Date of First Course Treatment: | 02/07/2020
Date of First Surgical Procedure: | BLANK (most software's auto-populate this field)
Date of Most Definitive Surgery: | BLANK (most software's auto-populate this field)
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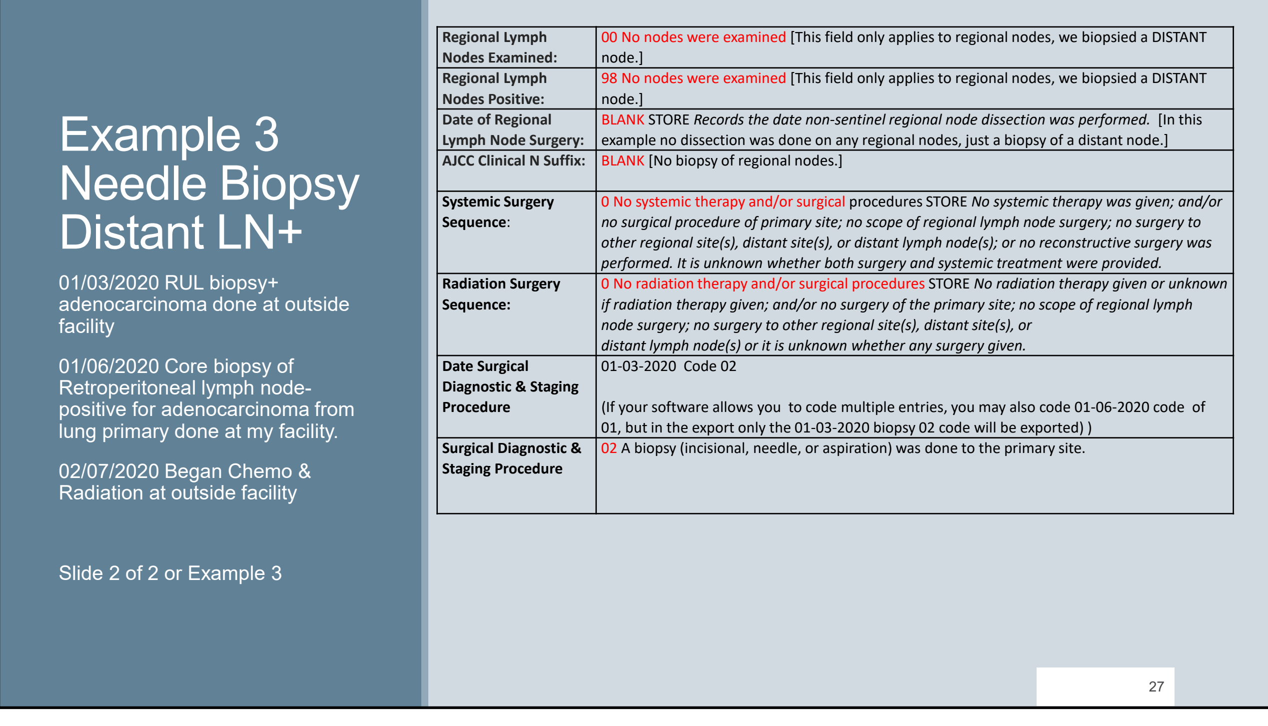

Example 3 Needle Biopsy Distant LN+

01/03/2020 RUL biopsy+ adenocarcinoma done at outside facility

01/06/2020 Core biopsy of Retroperitoneal lymph node-positive for adenocarcinoma from lung primary done at my facility.

02/07/2020 Began Chemo & Radiation at outside facility

Slide 2 of 2 or Example 3

Regional Lymph Nodes Examined:	00 No nodes were examined [This field only applies to regional nodes, we biopsied a DISTANT node.]
Regional Lymph Nodes Positive:	98 No nodes were examined [This field only applies to regional nodes, we biopsied a DISTANT node.]
Date of Regional Lymph Node Surgery:	BLANK STORE *Records the date non-sentinel regional node dissection was performed.* [In this example no dissection was done on any regional nodes, just a biopsy of a distant node.]
AJCC Clinical N Suffix:	BLANK [No biopsy of regional nodes.]
Systemic Surgery Sequence:	0 No systemic therapy and/or surgical procedures STORE *No systemic therapy was given; and/or no surgical procedure of primary site; no scope of regional lymph node surgery; no surgery to other regional site(s), distant site(s), or distant lymph node(s); or no reconstructive surgery was performed. It is unknown whether both surgery and systemic treatment were provided.*
Radiation Surgery Sequence:	0 No radiation therapy and/or surgical procedures STORE *No radiation therapy given or unknown if radiation therapy given; and/or no surgery of the primary site; no scope of regional lymph node surgery; no surgery to other regional site(s), distant site(s), or distant lymph node(s) or it is unknown whether any surgery given.*
Date Surgical Diagnostic & Staging Procedure	01-03-2020 Code 02 (If your software allows you to code multiple entries, you may also code 01-06-2020 code of 01, but in the export only the 01-03-2020 biopsy 02 code will be exported))
Surgical Diagnostic & Staging Procedure	02 A biopsy (incisional, needle, or aspiration) was done to the primary site.

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Example 4 Needle Biopsy Regional LN, Followed by Neo-Adjuvant RX

2/23/18: Core bx rt breast done at St Elsewhere (+)

3/13/18: Core bx rt axillary LN done at my facility which was positive

3/22/18: TCH at a private practice

8/8/18: Mastectomy and Axillary dissection done at St Elsewhere (10 nodes negative)

Slide 1 of 2 for Example 4

Date of diagnosis:	02/23/2018
Date of First Contact:	03/13/2018
Class of Case:	30 *Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only, treatment plan only, staging workup after initial diagnosis elsewhere)* This is a diagnostic core bx of regional LN for staging only (not for treatment), and all cancer-directed treatments performed elsewhere.
Date of Surgical Diagnostic & Staging Procedure	02-23-2018
Surgical Diagnostic & Staging Procedure	02 *A biopsy (incisional, needle, or aspiration) was done to the primary site*
Scope of Regional Lymph Node Surgery:	5 (4 or more regional lymph nodes removed) IF you can record more than one line of treatment in your software the 03-13-2018 would be coded as 1 in Scope of Regional Lymph Node Surgery and the 08-18-2018 would be coded as a 5 in Scope of Regional Lymph Node Surgery, but ultimately the only code exported would be 5.
Date of First Course Treatment:	03/13/2018 STORE *Scope of Regional Lymph Node Surgery Record surgical procedures which aspirate, biopsy, or remove regional lymph nodes to diagnose or stage disease in this data item. Record the date of this surgical procedure in data item Date of First Course of Treatment [1270] and/or Date of First Surgical Procedure [1200] if applicable.*
Date of First Surgical Procedure:	03-13-2018 (most software's auto-populate this field)
Date of Most Definitive Surgery:	08-08-2018 (Mastectomy)

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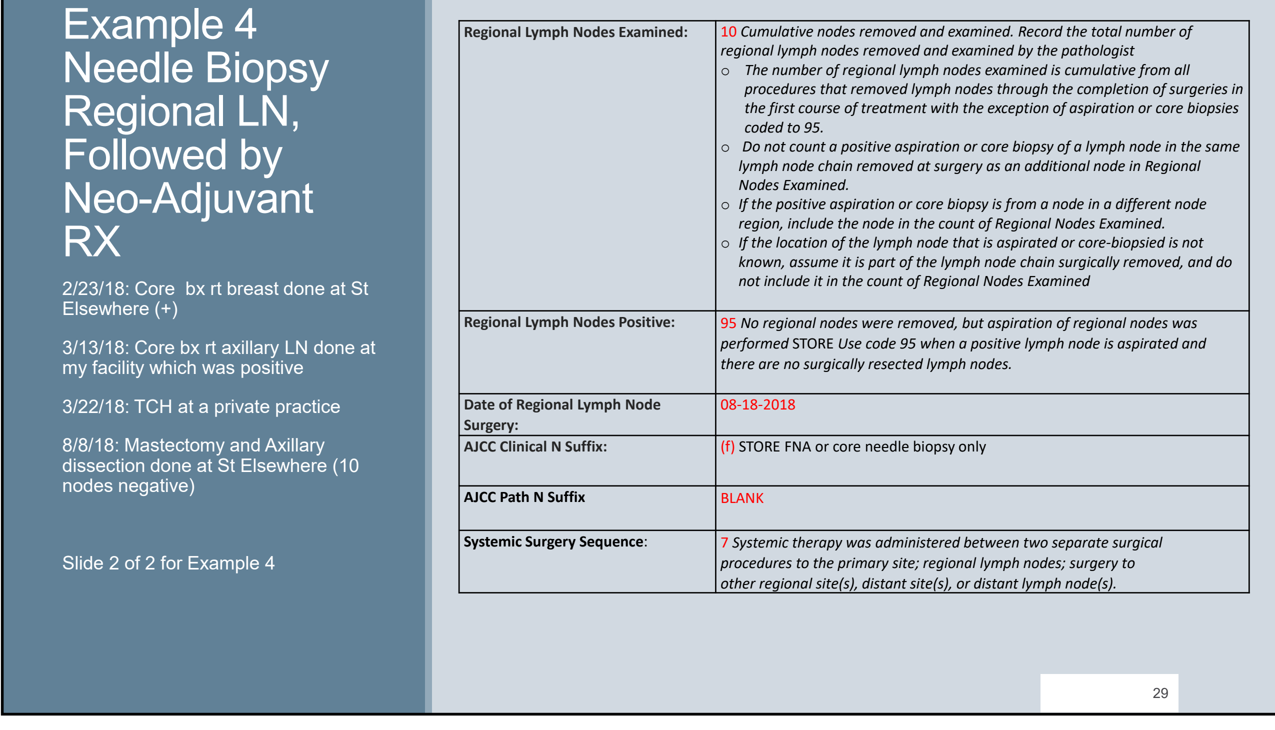
Example 4
Needle Biopsy
Regional LN,
Followed by
Neo-Adjuvant
RX
2/23/18: Core bx rt breast done at St Elsewhere (+)
3/13/18: Core bx rt axillary LN done at my facility which was positive
3/22/18: TCH at a private practice
8/8/18: Mastectomy and Axillary dissection done at St Elsewhere (10 nodes negative)
Slide 2 of 2 for Example 4
Regional Lymph Nodes Examined:
10 Cumulative nodes removed and examined. Record the total number of regional lymph nodes removed and examined by the pathologist
The number of regional lymph nodes examined is cumulative from all procedures that removed lymph nodes through the completion of surgeries in the first course of treatment with the exception of aspiration or core biopsies coded to 95.
Do not count a positive aspiration or core biopsy of a lymph node in the same lymph node chain removed at surgery as an additional node in Regional Nodes Examined.
If the positive aspiration or core biopsy is from a node in a different node region, include the node in the count of Regional Nodes Examined.
If the location of the lymph node that is aspirated or core-biopsied is not known, assume it is part of the lymph node chain surgically removed, and do not include it in the count of Regional Nodes Examined
Regional Lymph Nodes Positive:
95 No regional nodes were removed, but aspiration of regional nodes was performed STORE Use code 95 when a positive lymph node is aspirated and there are no surgically resected lymph nodes.
Date of Regional Lymph Node Surgery:
08-18-2018
AJCC Clinical N Suffix:
(f) STORE FNA or core needle biopsy only
AJCC Path N Suffix
BLANK
Systemic Surgery Sequence:
7 Systemic therapy was administered between two separate surgical procedures to the primary site; regional lymph nodes; surgery to other regional site(s), distant site(s), or distant lymph node(s).
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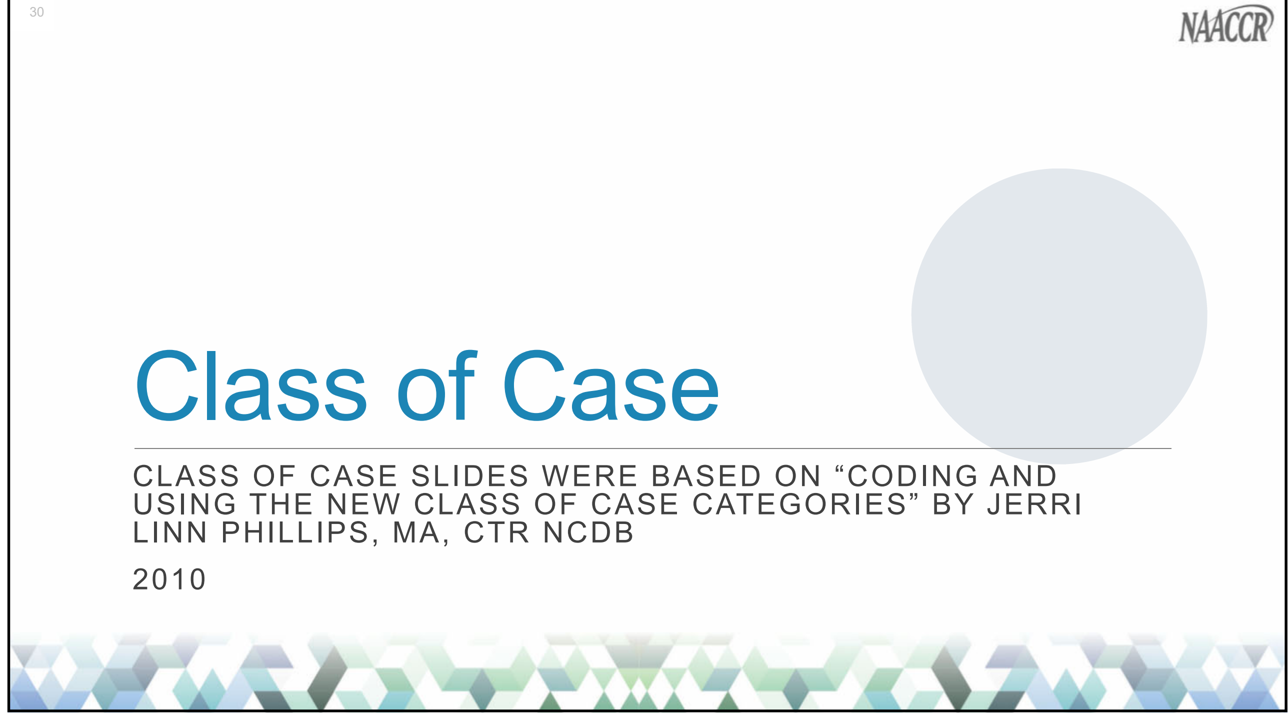
30
NAACCR
Class of Case
CLASS OF CASE SLIDES WERE BASED ON “CODING AND USING THE NEW CLASS OF CASE CATEGORIES” BY JERRI LINN PHILLIPS, MA, CTR NCDB
2010

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Class of Case 00

Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere

- Decision not to treat and active surveillance (watchful waiting) constitute treatment
- Patient who did not **go elsewhere** for treatment, or unknown if treated, is not *Class of Case* 00
  - Establish where the patient went for treatment
- CoC does not require staging or follow-up for these
- OK to stage and/or follow if facility chooses

32

NAACCR

Class of Case 00

Class of Case 00 represents a treatment opportunity lost by the facility (out-migration)

- Does the facility have the equipment and capacity to perform the treatment received by the patient?
- Should the cancer committee request additional equipment?
- Is better outreach needed to compete with another facility in the area?

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Class of Case 10

Initial diagnosis at the reporting facility or in a staff physician's office AND part or all of first course treatment or a decision not to treat was at the reporting facility, NOS

- Former code 1 is converted to code 10
- Note the "NOS": Codes 11, 12, 13 and 14 are more specific and should be used for cases diagnosed 2010 and forward.
  - page 18 of the STORE If there is no information about whether or where the patient was treated, the *Class of Case* is *10*. {These cases should be reviewed, to determine if that information could be found.}

Using Class of Case

*Category may be patient age, patient zip code, primary site, stage of disease, treatment modality, physician, payer, etc.

Class of case 00,10,11, and 13 are "migrating patients". They represent lost opportunities for the hospital.

2018 Cases Site by Class of Case

Site Code	Dx here or by Staff Physician,All RX here Class of Case 12,14 Number	Dx elsewhere referred here for all/partial rx Class of Case 20,21,22 Number	Out Migration Class of Case 00,10,11,13 Number
Prostate Gland	114	51	35
Breast	115	20	47
Bronchus & Lung	76	7	36
Skin	32	18	18
Urinary Bladder	27	2	15
Colon	20	10	16
Lymph Nodes	29	0	10
Thyroid Gland	13	3	6
Blood & Bone Marrow	13	2	6
Corpus Uteri	3	2	19
Rectum	12	3	4
Pancreas	5	2	4
Esophagus	3	3	5
Kidney	0	0	6
Head & Neck	14	0	9
Any Others	19	5	34

34

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Non-Analytic

Nonanalytic Classes of Case for patients seen at the facility code the reason the case is not analytic

- Diagnostic workup, Consult only [30]
- In-transit care [31]
- Use 31 if all your facility does for a patient is stent placement, port catheters, or other care that facilitates treatment but is not treatment
- Recurrence or persistence of disease (with disease, first course treatment failure) [32]
- History of disease only (none apparent now) [33]
- Diagnosed at autopsy, cancer not suspected earlier [38]
- Type of cancer not required by CoC to be reported [34,36]
- Diagnosed before Reference Date [35,37]

36

Date First Contact

Date of First Contact is the date the case first becomes analytic

- Date of admission for patient admitted for symptoms that hospital identifies as cancer
- Date of diagnosis for incidental diagnosis during hospital stay for an unrelated condition
- Date the patient comes in for (first) treatment
  - NOT date of pathologic confirmation
  - NOT date of pre-treatment workup or consultation
- Date of decision not to treat
- Date of decision for active surveillance

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Continued Surveillance-Class of Case

Scenario: 03-15-2007 patient diagnosed with Stage 1 prostate cancer at outside facility, patient opts for active surveillance

06-05-2020 patient moves to your area and continues active surveillance with your facility

Question: What is the Class of Case?

- 21 Initial diagnosis elsewhere AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.
- 32 Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease recurrence or persistence (active disease)

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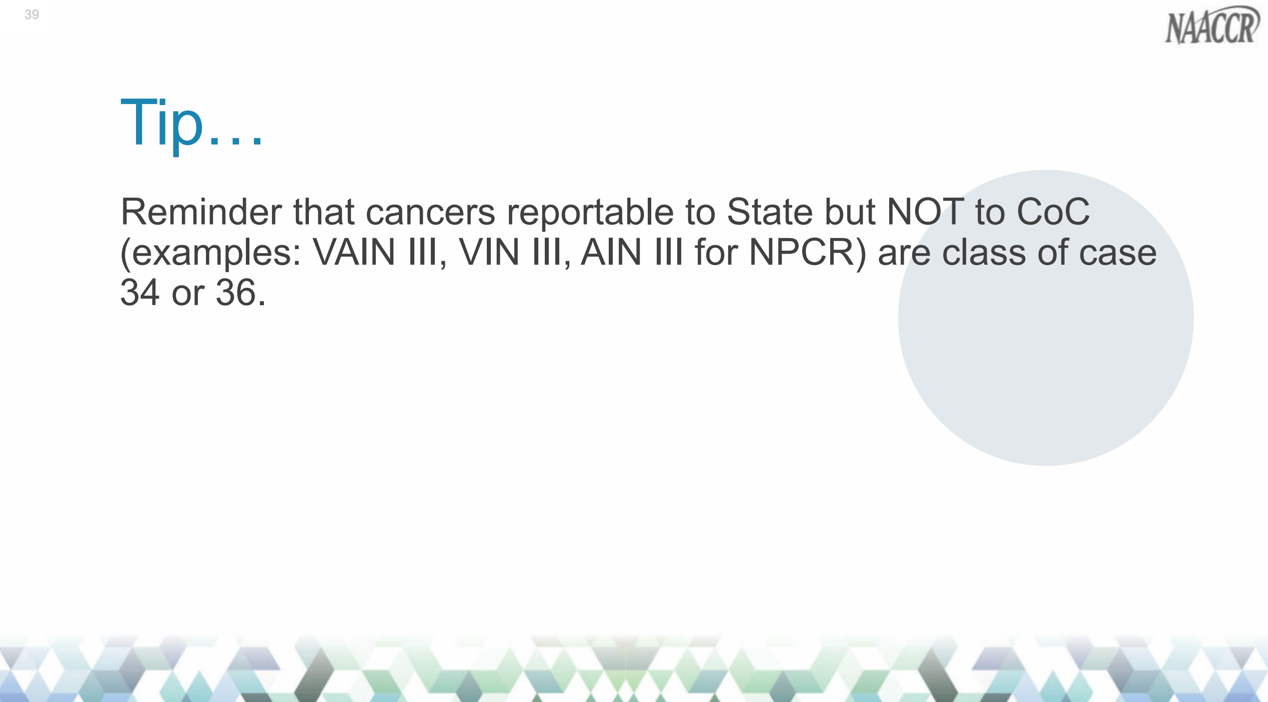
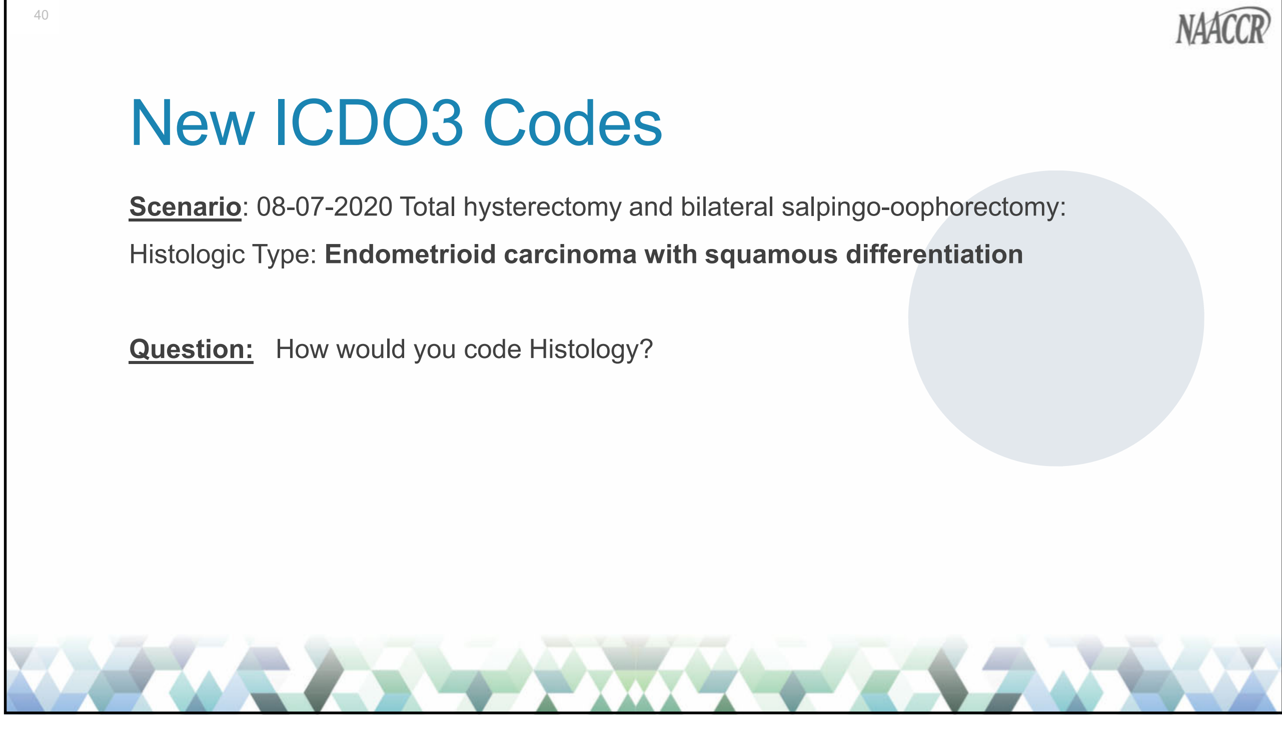
Answer & Rationale

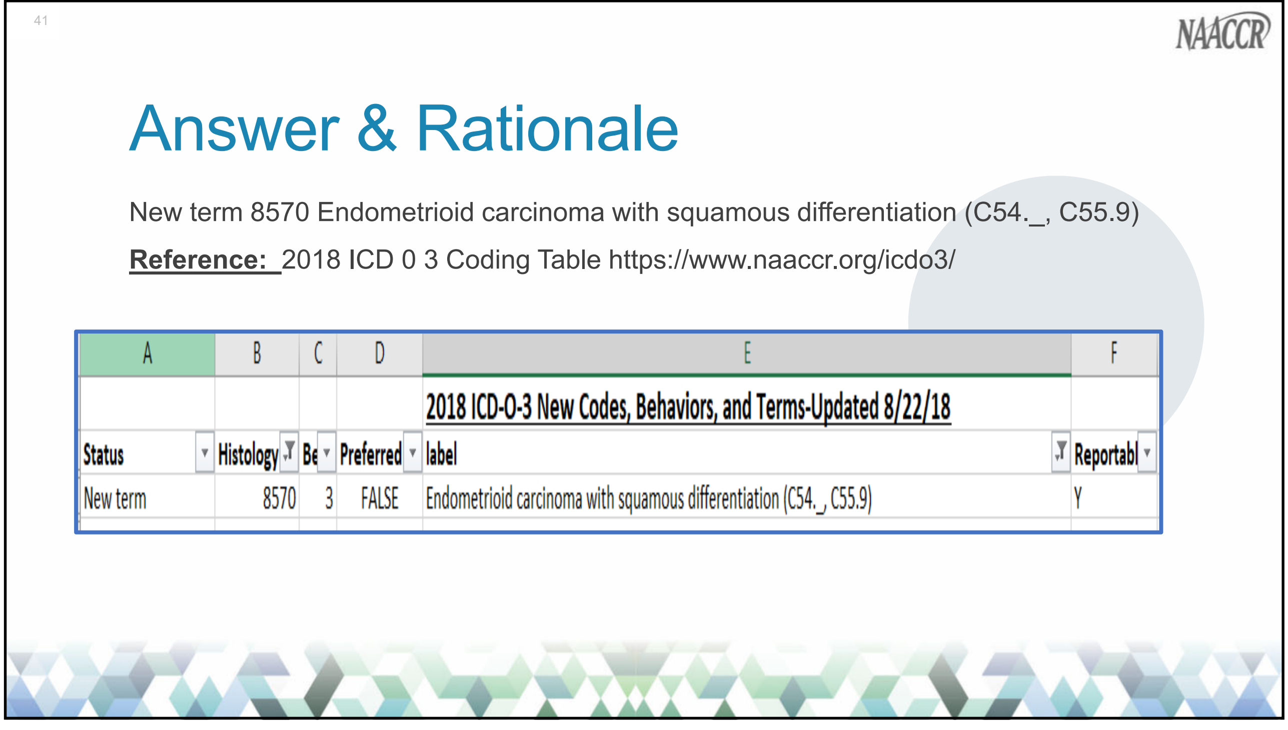
Answer & Rationale: 32 Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease recurrence or persistence (active disease)

CAnswer Forum Post: *Your facility did not diagnose and or recommend the first course of treatment. The patient was diagnosed and the first course treatment (surveillance) was done elsewhere. The patient is only continuing the treatment started elsewhere at your facility. The case is non-analytic for your facility.* http://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/store/case-eligibility-patient-identification-cancer-identification-stage-of-disease-at-diagnosis-tumor-size-and-mets/98666-class-of-case-prostate-active-surveillance

Disclaimer: In previous posts the CAnswer Forum has recommended coding these types of cases as Class of 21, but this post dated December 2019 to April 2020, there appears to be a shift in thinking, please refer to your facility policy & procedure and look to your State for guidance on whether these types of cases should be reported or not.


39
NAACCR
Tip…
Reminder that cancers reportable to State but NOT to CoC (examples: VAIN III, VIN III, AIN III for NPCR) are class of case 34 or 36.


40
NAACCR
New ICDO3 Codes
Scenario: 08-07-2020 Total hysterectomy and bilateral salpingo-oophorectomy:
Histologic Type: Endometrioid carcinoma with squamous differentiation
Question: How would you code Histology?



41

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Answer & Rationale

New term 8570 Endometrioid carcinoma with squamous differentiation (C54._, C55.9)

Reference: 2018 ICD 0 3 Coding Table https://www.naaccr.org/icdo3/

A	B	C	D	E	F
				2018 ICD-O-3 New Codes, Behaviors, and Terms-Updated 8/22/18	
Status	Histology	Be	Preferred	label	Reportabl
New term	8570	3	FALSE	Endometrioid carcinoma with squamous differentiation (C54._ C55.9)	Y

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Steps for Coding Histology: Cases Diagnosed 2018-2020

- Refer to Solid Tumor Rules Histology rules or Hematopoietic and Lymphoid Database whichever is appropriate and follow the histology rules to code the histology. https://seer.cancer.gov/tools/solidtumor/
- Refer to the 2018 ICD 0 3 Coding Table to see if histology is listed. (This table is available in a PDF file sorted by numeric order, a PDF sorted by alpha order, or Excel Table) https://www.naaccr.org/icdo3/ [**Review the Previous Guidelines as well**.]
- If it is not in the coding tables, check your ICD-O 3.0 manual (purple book), check the online version of ICDO- THIRD EDITION http://www.iacr.com.fr/index.php?option=com_content&view=category&layout=blog&id=100&Itemid=577
- SINQ https://seer.cancer.gov/seerinquiry/index.php?page=search
- ASK A SEER Registrar https://seer.cancer.gov/registrars/contact.html

***Training Resource FCDS Webcast ICD-O-3 Coding Intensive & Solid Tumor Rules and Histology Coding Intensive - Part II https://fcds.med.miami.edu/inc/educationtraining.shtml

****Annotated ICD O 3 Histology List https://www.naaccr.org/icdo3/

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Ductal Adenocarcinoma

Scenario: CT Pancreas: Large mass in tail of pancreas, with direct extension into the spleen Small low-density masses within the liver are indeterminate, but likely represent small cysts. Retroperitoneal lymphadenopathy medial to left adrenal gland

Pancreas, "tail mass", fine needle aspiration- Diagnostic of malignancy. - Ductal adenocarcinoma

Question: How would you code Histology?

- 8140 Adenocarcinoma
- 8500 Infiltrating duct carcinoma, NOS

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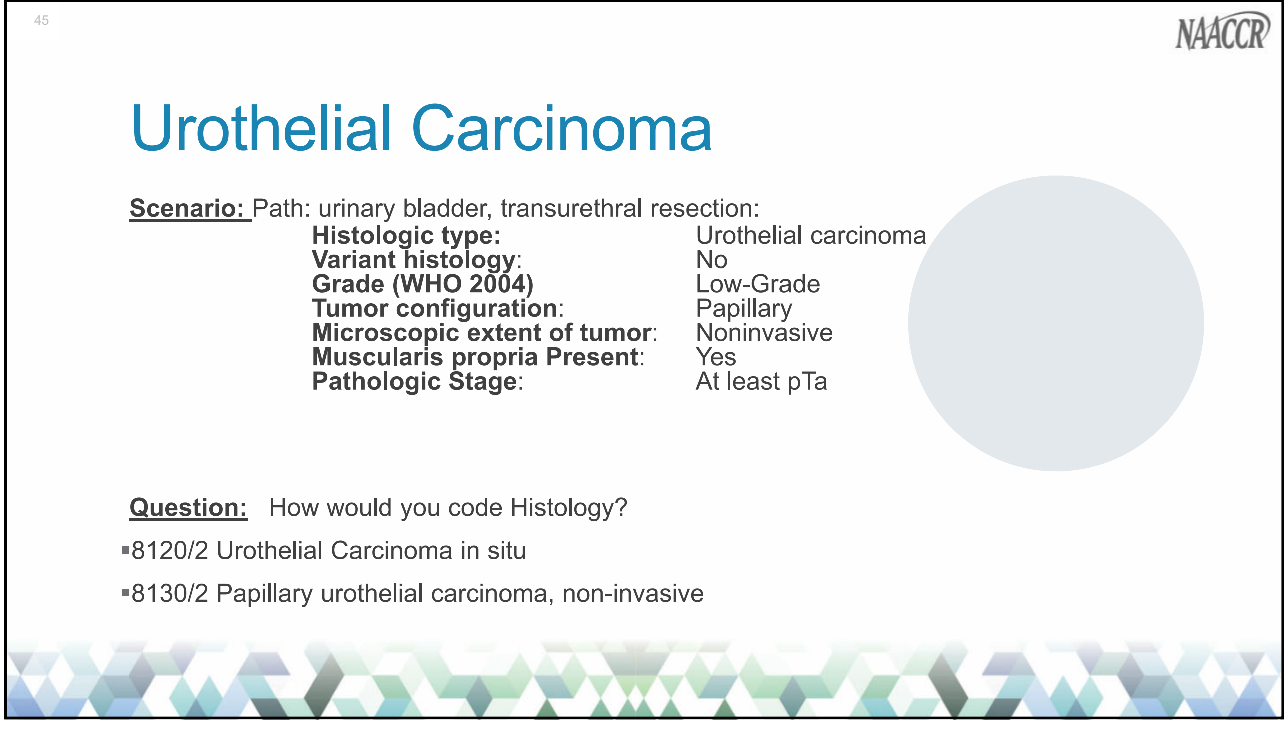
Answer & Rationale

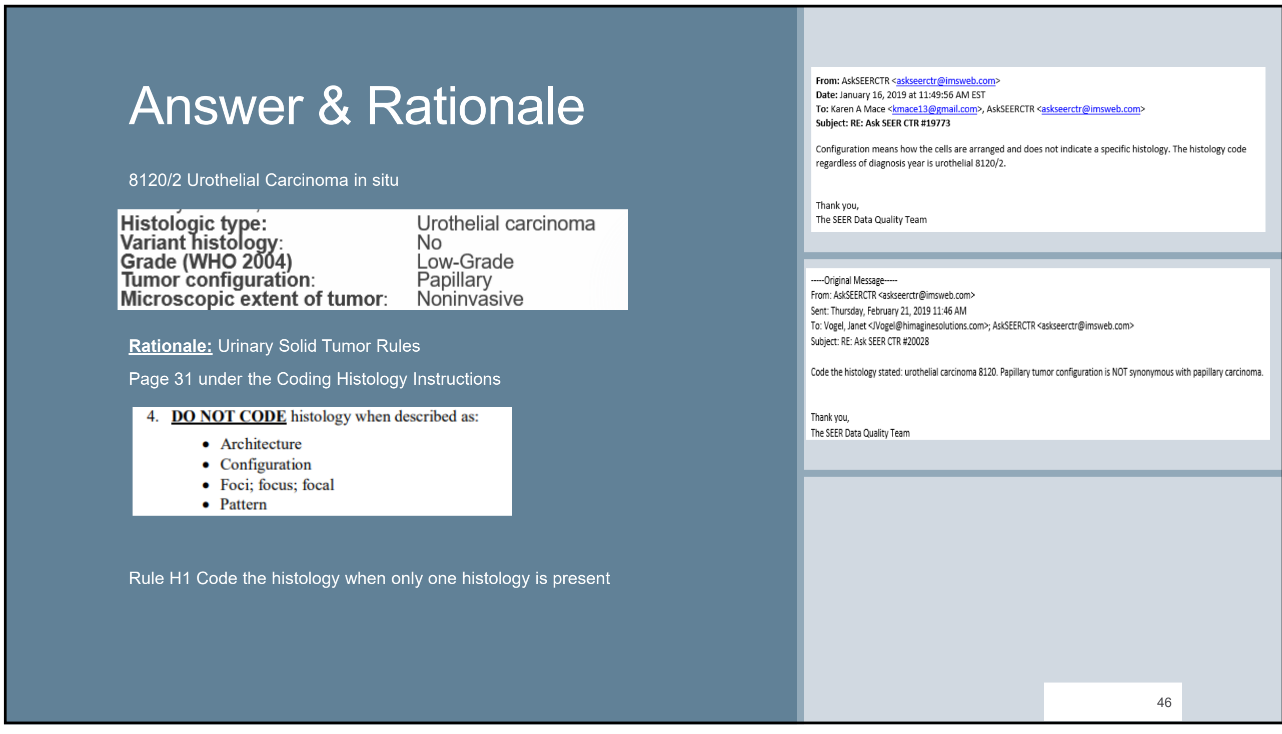
8500 Infiltrating duct carcinoma, NOS

Resource:
Solid Tumor Rules- 2007 Other Sites-

- Rule H13 Code the most specific histologic term. Examples include:
  - Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma….

8500/3	**Infiltrating duct carcinoma, NOS (C50._)**
	Infiltrating duct adenocarcinoma (C50._)
	Duct adenocarcinoma, NOS


45
NAACCR
Urothelial Carcinoma
Scenario: Path: urinary bladder, transurethral resection:
Histologic type: Urothelial carcinoma
Variant histology: No
Grade (WHO 2004) Low-Grade
Tumor configuration: Papillary
Microscopic extent of tumor: Noninvasive
Muscularis propria Present: Yes
Pathologic Stage: At least pTa
Question: How would you code Histology?
8120/2 Urothelial Carcinoma in situ
8130/2 Papillary urothelial carcinoma, non-invasive


Answer & Rationale
8120/2 Urothelial Carcinoma in situ
Histologic type: Urothelial carcinoma
Variant histology: No
Grade (WHO 2004) Low-Grade
Tumor configuration: Papillary
Microscopic extent of tumor: Noninvasive
Rationale: Urinary Solid Tumor Rules
Page 31 under the Coding Histology Instructions
4. DO NOT CODE histology when described as:
Architecture
Configuration
Foci; focus; focal
Pattern
Rule H1 Code the histology when only one histology is present
From: AskSEERCTR <askseerctr@imsweb.com>
Date: January 16, 2019 at 11:49:56 AM EST
To: Karen A Mace <kmace13@gmail.com>, AskSEERCTR <askseerctr@imsweb.com>
Subject: RE: Ask SEER CTR #19773
Configuration means how the cells are arranged and does not indicate a specific histology. The histology code regardless of diagnosis year is urothelial 8120/2.
Thank you,
The SEER Data Quality Team
-----Original Message-----
From: AskSEERCTR <askseerctr@imsweb.com>
Sent: Thursday, February 21, 2019 11:46 AM
To: Vogel, Janet <JVogel@himaginesolutions.com>; AskSEERCTR <askseerctr@imsweb.com>
Subject: RE: Ask SEER CTR #20028
Code the histology stated: urothelial carcinoma 8120. Papillary tumor configuration is NOT synonymous with papillary carcinoma.
Thank you,
The SEER Data Quality Team
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NAACCR

Lymphovascular Invasion-In Situ

Scenario: 6-18-2019 TURBT: Non-Invasive Low Grade Papillary Urothelial Carcinoma. Muscularis Propria Tissue Is Seen In The Specimen.
[LVI was not mentioned on the path report.]

No further treatment. Managing Physician stage cTa cN0 cM0 0a

Question: How would you code Lymphovascular Invasion?

- 0 Lymphovascular Invasion stated as Not Present
- 9 Unknown/Indeterminate/not mentioned in path report

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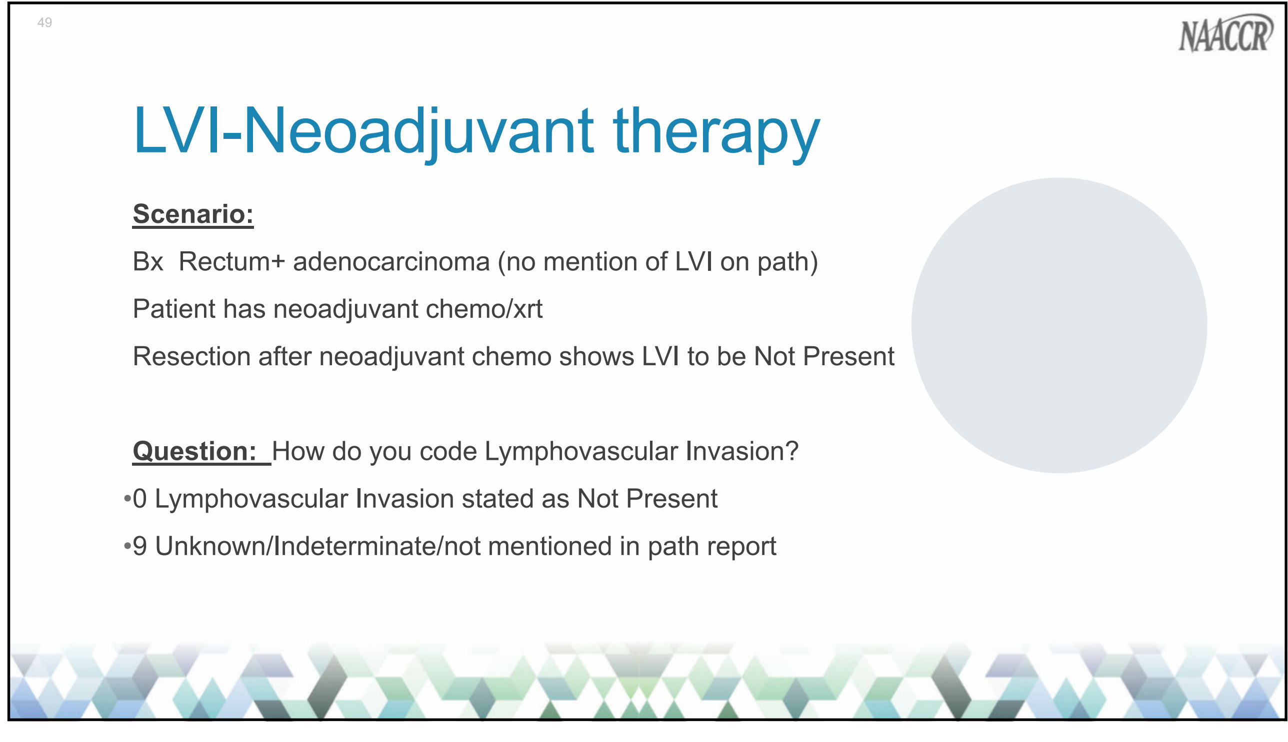
Answer & Rationale

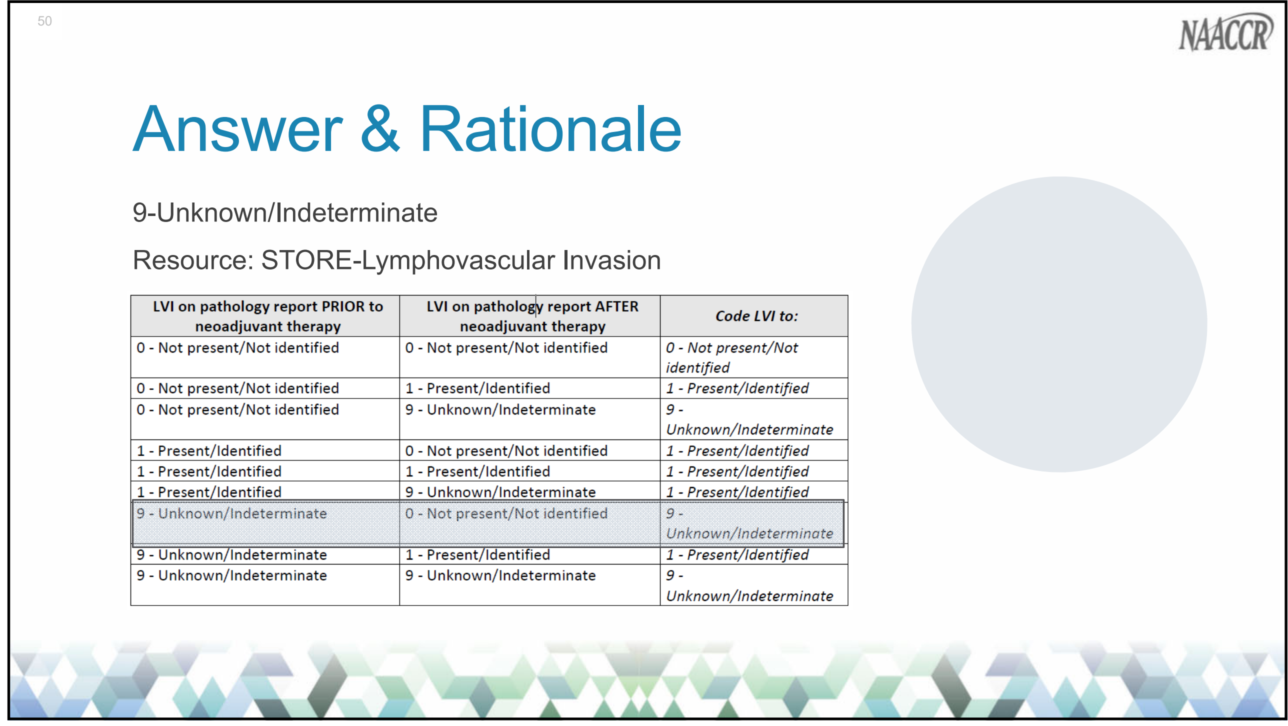
0 Lymphovascular Invasion stated as Not Present

Resource:

STORE Lymphovascular Invasion: Use code 0 when the pathology report indicates that there is no Lymphovascular invasion. This includes cases of purely in situ carcinoma, which biologically have no access to lymphatic or vascular channels below the basement membrane

CAnswer Forum Post http://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/store/other-general-questions/104180-lvi-bladder-ta-case





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*

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LVI-Ambiguous Terminology

Scenario: 07-24-2020 Lung Resection for Invasive Squamous Cell Carcinoma, path report states **Lymphovascular invasion: Foci suspicious for lymphatic invasion identified**

Question: How would you record Lymphovascular Invasion?

1 Lymphovascular Invasion Present/Identified

9 Unknown/Indeterminate/not mentioned in path report

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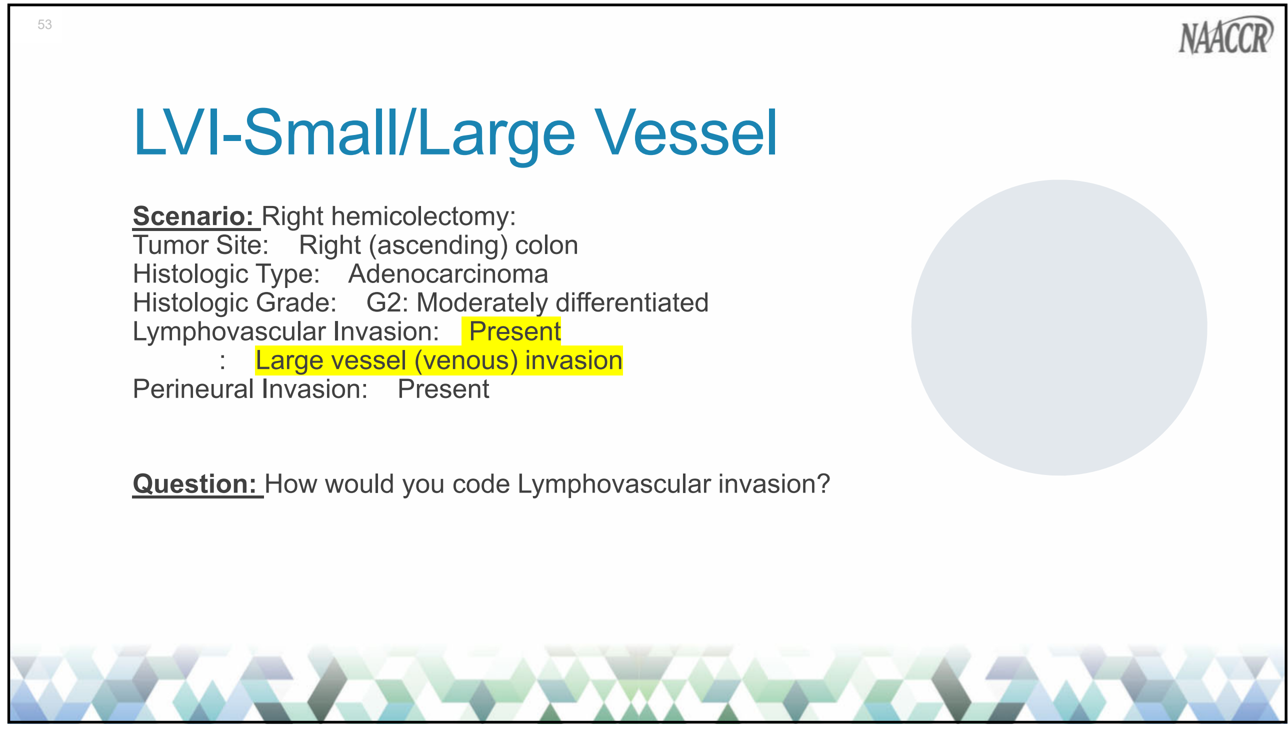
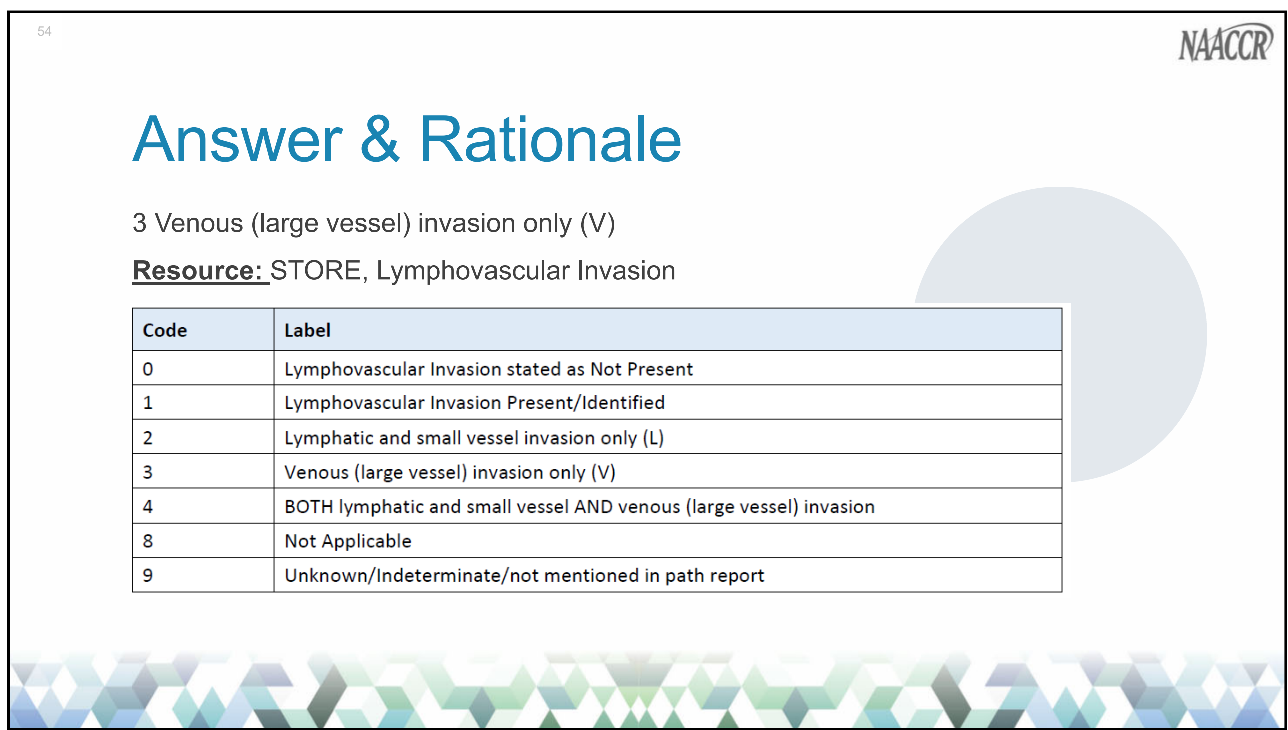
Answer & Rationale

9 Unknown/Indeterminate/not mentioned in path report

Rationale: CAnswer Forum Post "In *STORE, ambiguous terms are used for reportability and AJCC staging as indicated by NCDB Staff in response to jvogel22. "When abstracting, registrars are to use the Ambiguous Terms at Diagnosis list with respect to case reportability, and the Ambiguous Terms Describing Tumor Spread list with respect to tumor spread for staging purposes.* ***Do not use ambiguous terms for LVI****."*

http://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/store/other-general-questions/106340-lymphovascular-invasion-suspicious





Code	Label
0	Lymphovascular Invasion stated as Not Present
1	Lymphovascular Invasion Present/Identified
2	Lymphatic and small vessel invasion only (L)
3	Venous (large vessel) invasion only (V)
4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
8	Not Applicable
9	Unknown/Indeterminate/not mentioned in path report

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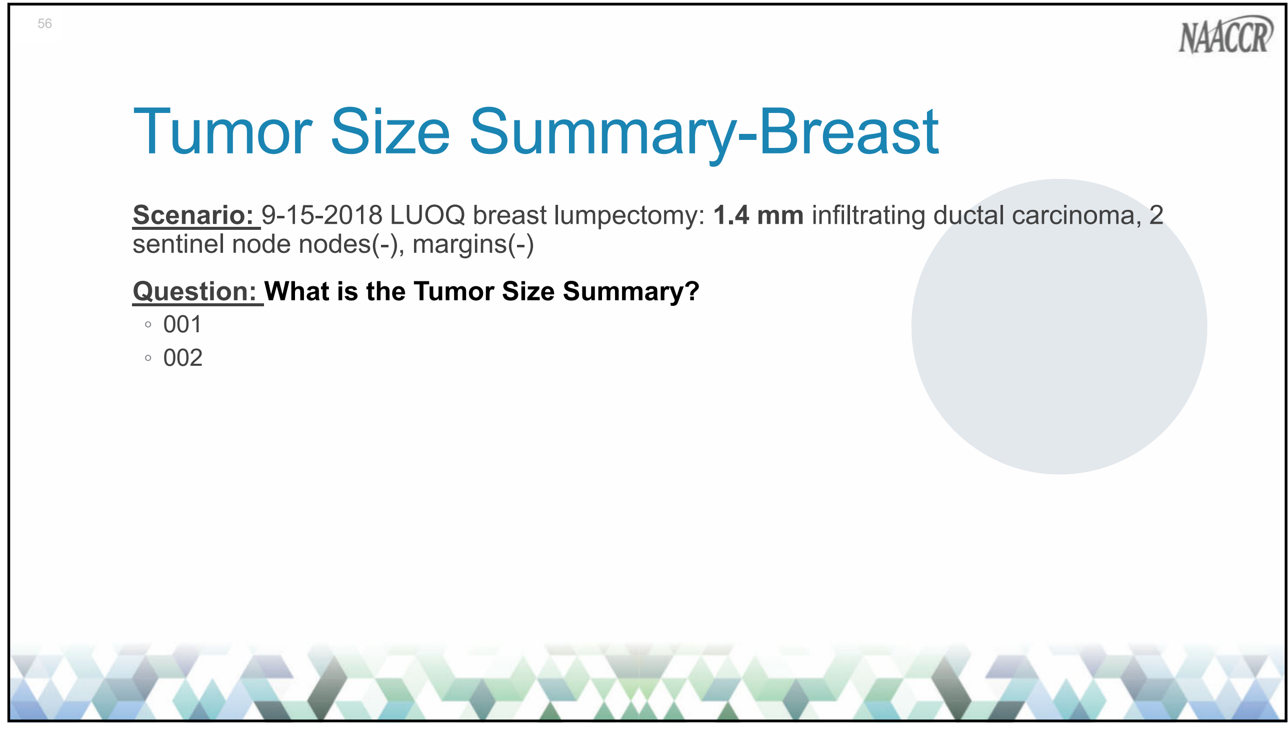
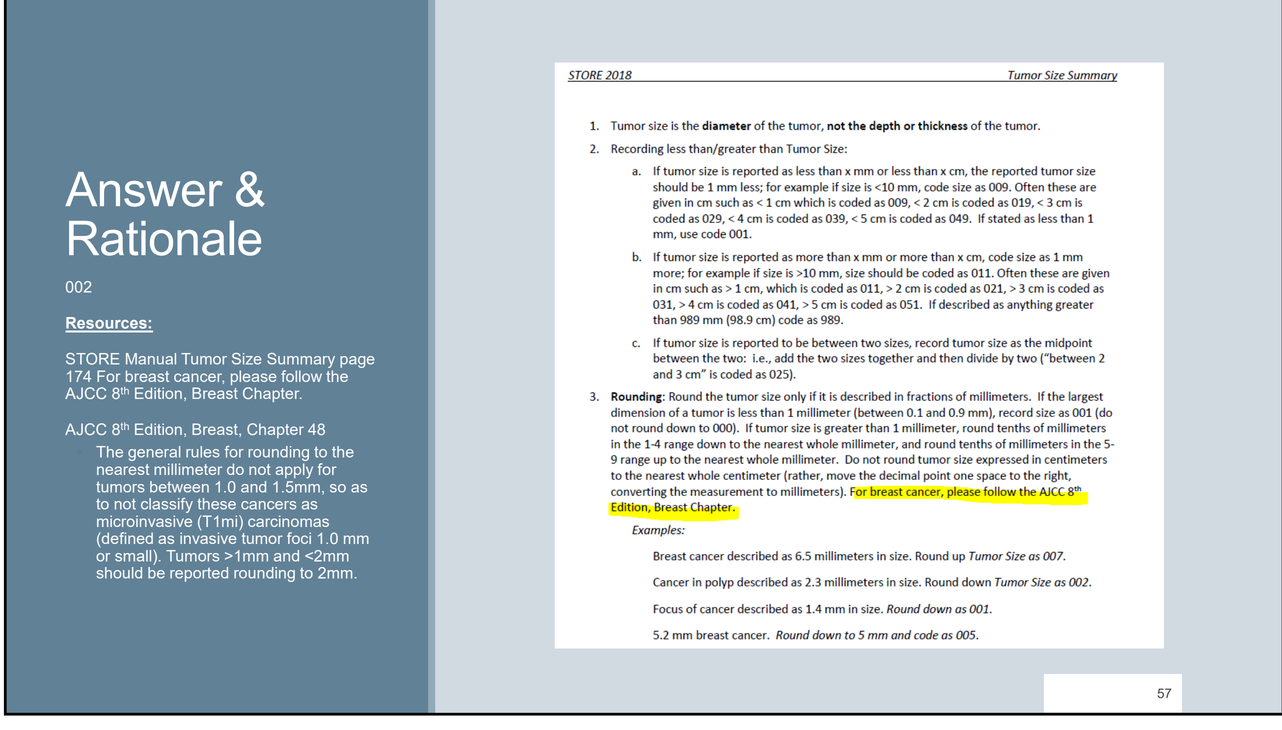
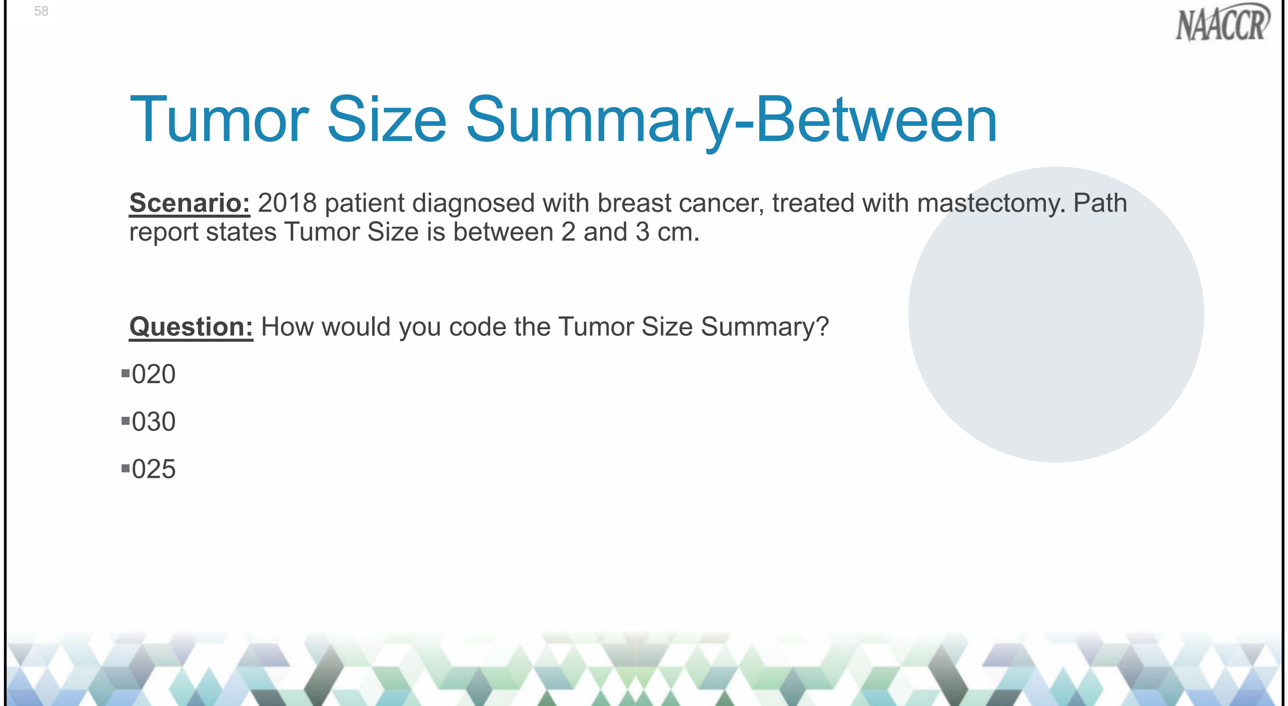
CAP Protocol-Colon

Lymphovascular Invasion (select all that apply) (Note H)
___ Not identified
___ Present
  + ___ Small vessel lymphovascular invasion
  + ___ Large vessel (venous) invasion
    + ___ Intramural
    + ___ Extramural
___ Cannot be determined




Answer & Rationale
002
Resources:
STORE Manual Tumor Size Summary page 174 For breast cancer, please follow the AJCC 8th Edition, Breast Chapter.
AJCC 8th Edition, Breast, Chapter 48
The general rules for rounding to the nearest millimeter do not apply for tumors between 1.0 and 1.5mm, so as to not classify these cancers as microinvasive (T1mi) carcinomas (defined as invasive tumor foci 1.0 mm or small). Tumors >1mm and <2mm should be reported rounding to 2mm.
STORE 2018 Tumor Size Summary
1. Tumor size is the diameter of the tumor, not the depth or thickness of the tumor.
2. Recording less than/greater than Tumor Size:
a. If tumor size is reported as less than x mm or less than x cm, the reported tumor size should be 1 mm less; for example if size is <10 mm, code size as 009. Often these are given in cm such as < 1 cm which is coded as 009, < 2 cm is coded as 019, < 3 cm is coded as 029, < 4 cm is coded as 039, < 5 cm is coded as 049. If stated as less than 1 mm, use code 001.
b. If tumor size is reported as more than x mm or more than x cm, code size as 1 mm more; for example if size is >10 mm, size should be coded as 011. Often these are given in cm such as > 1 cm, which is coded as 011, > 2 cm is coded as 021, > 3 cm is coded as 031, > 4 cm is coded as 041, > 5 cm is coded as 051. If described as anything greater than 989 mm (98.9 cm) code as 989.
c. If tumor size is reported to be between two sizes, record tumor size as the midpoint between the two: i.e., add the two sizes together and then divide by two ("between 2 and 3 cm" is coded as 025).
3. Rounding: Round the tumor size only if it is described in fractions of millimeters. If the largest dimension of a tumor is less than 1 millimeter (between 0.1 and 0.9 mm), record size as 001 (do not round down to 000). If tumor size is greater than 1 millimeter, round tenths of millimeters in the 1-4 range down to the nearest whole millimeter, and round tenths of millimeters in the 5-9 range up to the nearest whole millimeter. Do not round tumor size expressed in centimeters to the nearest whole centimeter (rather, move the decimal point one space to the right, converting the measurement to millimeters). For breast cancer, please follow the AJCC 8th Edition, Breast Chapter.
Examples:
Breast cancer described as 6.5 millimeters in size. Round up Tumor Size as 007.
Cancer in polyp described as 2.3 millimeters in size. Round down Tumor Size as 002.
Focus of cancer described as 1.4 mm in size. Round down as 001.
5.2 mm breast cancer. Round down to 5 mm and code as 005.
57


58
NAACCR
Tumor Size Summary-Between
Scenario: 2018 patient diagnosed with breast cancer, treated with mastectomy. Path report states Tumor Size is between 2 and 3 cm.
Question: How would you code the Tumor Size Summary?
020
030
025

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Answer & Rationale

025

Resource:

STORE manual instructions on Tumor Size Summary. *"If tumor size is reported to be between two sizes, record tumor size as the midpoint between the two: i.e., add the two sizes together and then divide by two ("between 2 and 3 cm" is coded as 025)."*

*One of the most frequently miscoded fields during our audits is Tumor Size Summary. Please refer to the STORE manual page 174-177 to refresh your skills.

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Tumor Size Summary-Priority

Scenario: 2019 biopsy proven Sarcoma
Physical Exam: Large, raised, oval-shaped mass at left trapezius, mild firm to touch, approximately **9** x 7 cm size, well circumscribed.
CT neck: **5.5** x 3.2 complex mass in region of left trapezius muscle.
PET: 5.7 x **8.1** heterogeneously enhancing, hypermetabolic left upper shoulder mass
Patient received Neo-adjuvant treatment
Path resection after neoadjuvant **8.2cm** tumor

Question: How would the Tumor Size Summary be coded?

- 090 (the largest size of tumor noted on physical exam)
- 081 (the largest size of tumor noted on PET)
- 082 (the largest size of tumor noted on path report after neo-adjuvant therapy)

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Answer & Rationale

081 (the largest size of tumor noted on PET)

Rationale: Can't use the size on the path report because there was neo-adjuvant therapy. The size on the scans hold priority over the physical exam, so you refer to the size on the scans. There is no priority order of scans, so you take the largest size noted on any scan and in this example the size on the PET was larger than the size on the CT.

Resource: **STORE, Tumor Size Summary**

If neoadjuvant therapy followed by surgery, do not record the size from the pathologic specimen. Code the largest size of tumor prior to neoadjuvant treatment.

If no surgical resection, then largest measurement of the tumor from physical exam, imaging, or other diagnostic procedures prior to any other form of treatment.

Priority of imaging/radiographic techniques: Information on size from imaging/radiographic techniques can be used to code size when there is no more specific size information from a pathology or operative report, but it should be taken as low priority, over a physical exam.

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Clarification

CAnswer Forum Post

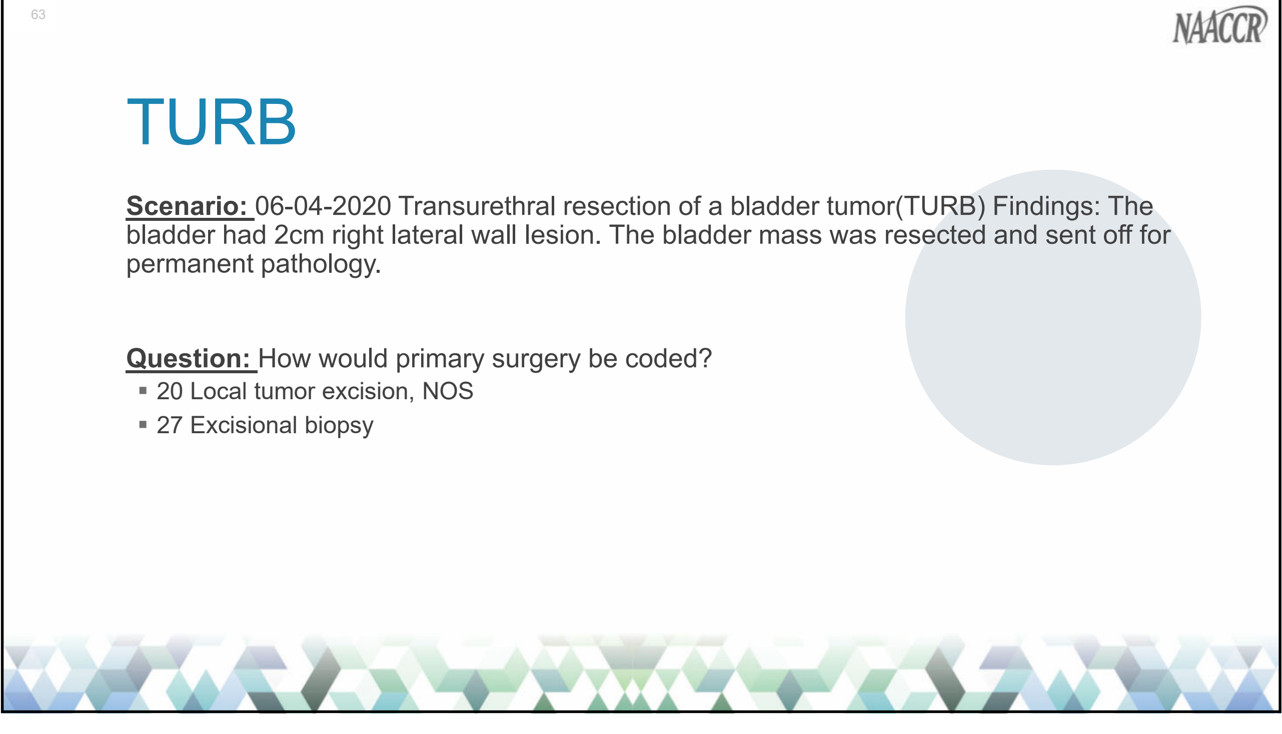
09-04-19, 02:00 PM

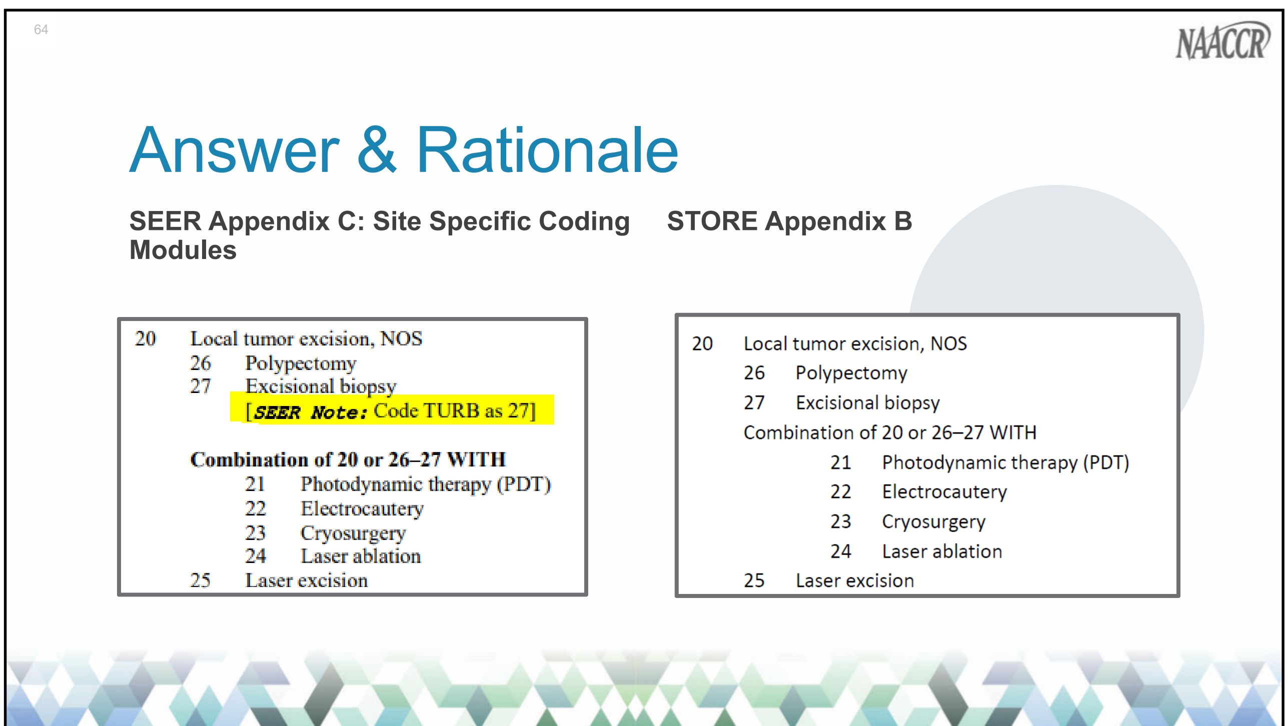
To clarify, the order of priority (1 being the priority):

1. Pathology or operative report
2. Imaging/radiographic technique
3. Physical exam

The next version of the STORE will be updated with the following information for Tumor Size Summary [756], Coding Rules #4 - Information on size from imaging/radiographic techniques can be used to code the tumor size when there is no more specific size information from pathology or operative report. It should be taken as a lower priority, but over a physical exam.

http://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/store/case-eligibility-patient-identification-cancer-identification-stage-of-disease-at-diagnosis-tumor-size-and-mets/94545-store-tumor-size-summary-imaging-vs-physical-exam-priority


63
NAACCR
TURB
Scenario: 06-04-2020 Transurethral resection of a bladder tumor(TURB) Findings: The bladder had 2cm right lateral wall lesion. The bladder mass was resected and sent off for permanent pathology.
Question: How would primary surgery be coded?
20 Local tumor excision, NOS
27 Excisional biopsy


64
NAACCR
Answer & Rationale
SEER Appendix C: Site Specific Coding Modules
20 Local tumor excision, NOS
26 Polypectomy
27 Excisional biopsy
[SEER Note: Code TURB as 27]
Combination of 20 or 26–27 WITH
21 Photodynamic therapy (PDT)
22 Electrocautery
23 Cryosurgery
24 Laser ablation
25 Laser excision
STORE Appendix B
20 Local tumor excision, NOS
26 Polypectomy
27 Excisional biopsy
Combination of 20 or 26–27 WITH
21 Photodynamic therapy (PDT)
22 Electrocautery
23 Cryosurgery
24 Laser ablation
25 Laser excision

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TURB

Scenario: 06-04-2020 Transurethral resection of a bladder tumor Findings: The bladder had 2cm right lateral wall lesion. The bladder mass was resected and sent off for permanent pathology. The tumor base was then fulgurated to ensure tumor removed entirely.

Question: How would primary surgery be coded?

- 27 Excisional biopsy
- 22 Combination of 20 or 26–27 WITH Electrocautery

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Answer & Rationale

22 Combination of 20 or 26–27 WITH Electrocautery

READ ENTIRE OP NOTE!! Don't code based on title of operation or by how the title is listed in the path report.

06-04-2020 Transurethral resection of a bladder tumor Findings: The bladder had 2cm right lateral wall lesion. The bladder mass was resected and sent off for permanent pathology. The tumor base was then fulgurated to ensure tumor removed entirely.

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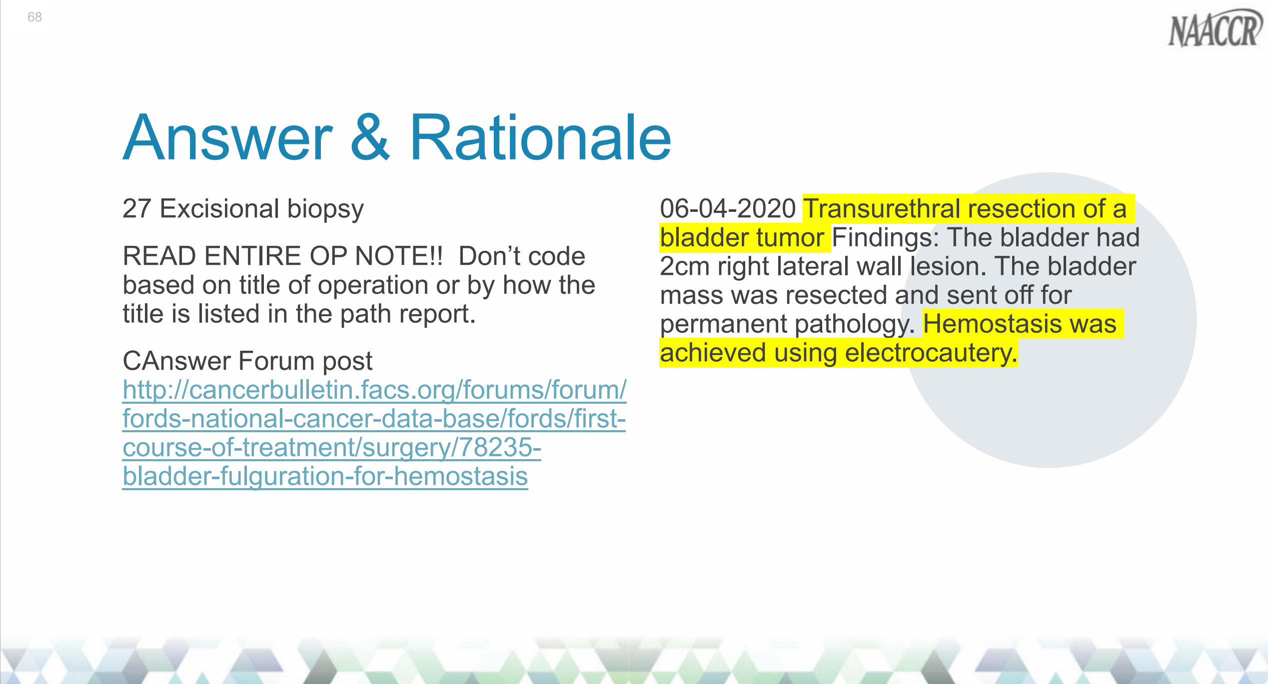
TURB

Scenario: 06-04-2020 Transurethral resection of a bladder tumor Findings: The bladder had 2cm right lateral wall lesion. The bladder mass was resected and sent off for permanent pathology. Hemostasis was achieved using electrocautery.

Question: How would primary surgery be coded?

- 27 Excisional biopsy
- 22 Combination of 20 or 26–27 WITH Electrocautery



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Note in Text

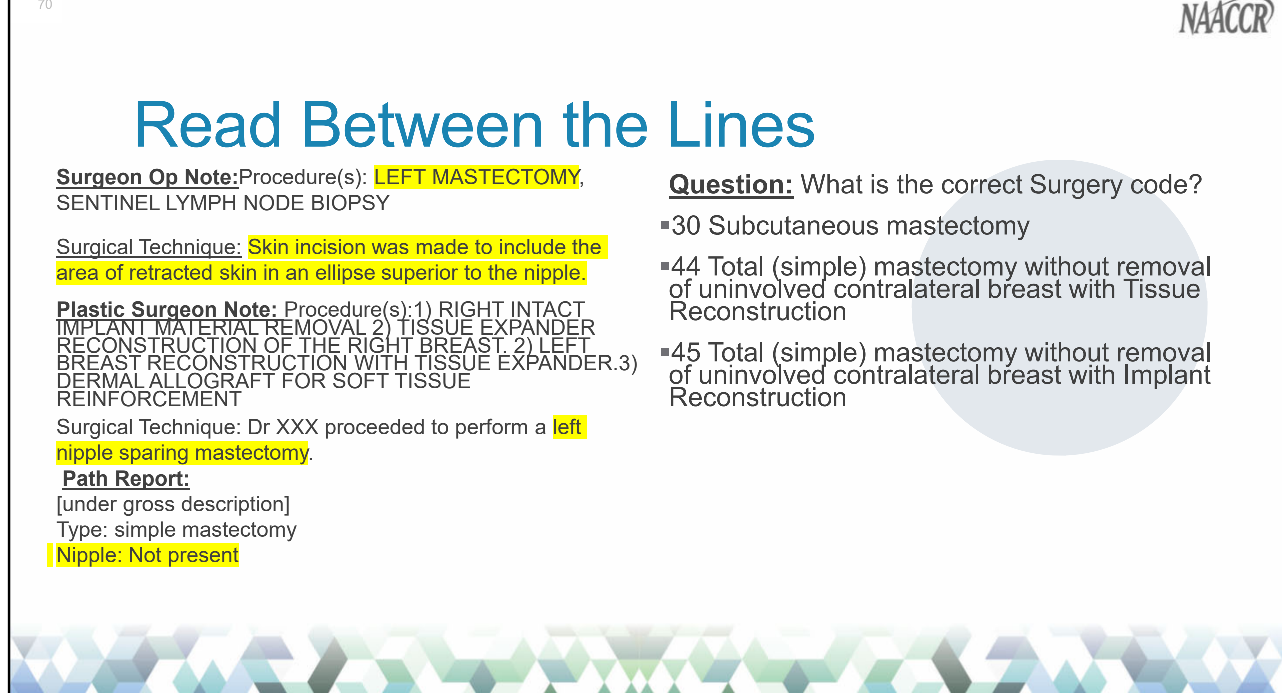
READ ENTIRE OP REPORT!

Op text: Note what was found in your text. Note information that supports primary site, extent of disease, tumor size and/or stage.

- Date/Facility or Location/Physician Type/Surgery Performed
- Findings from the Surgery-(Information that supports primary site, extent of disease, tumor size and/or stage.)

Surgery Text: This field used to substantiate surgery coding

Date/Facility or Location/Physician Type /Surgery performed/Include lymph node status



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Answer & Rationale

30 Subcutaneous mastectomy

References:

STORE Appendix B- *30 Subcutaneous mastectomy A subcutaneous mastectomy, also called a nipple sparing mastectomy, is the removal of breast tissue without the nipple and areolar complex or overlying skin. It is performed to facilitate immediate breast reconstruction. Cases coded 30 may be considered to have undergone breast reconstruction.*

SEER Appendix C Breast Surgery Codes- *30 Subcutaneous mastectomy A subcutaneous mastectomy, also called nipple sparing mastectomy, is the removal of breast tissue without the nipple and areolar complex or overlying skin. It is performed to facilitate immediate breast reconstruction. Cases coded 30 may be considered to have undergone breast reconstruction*

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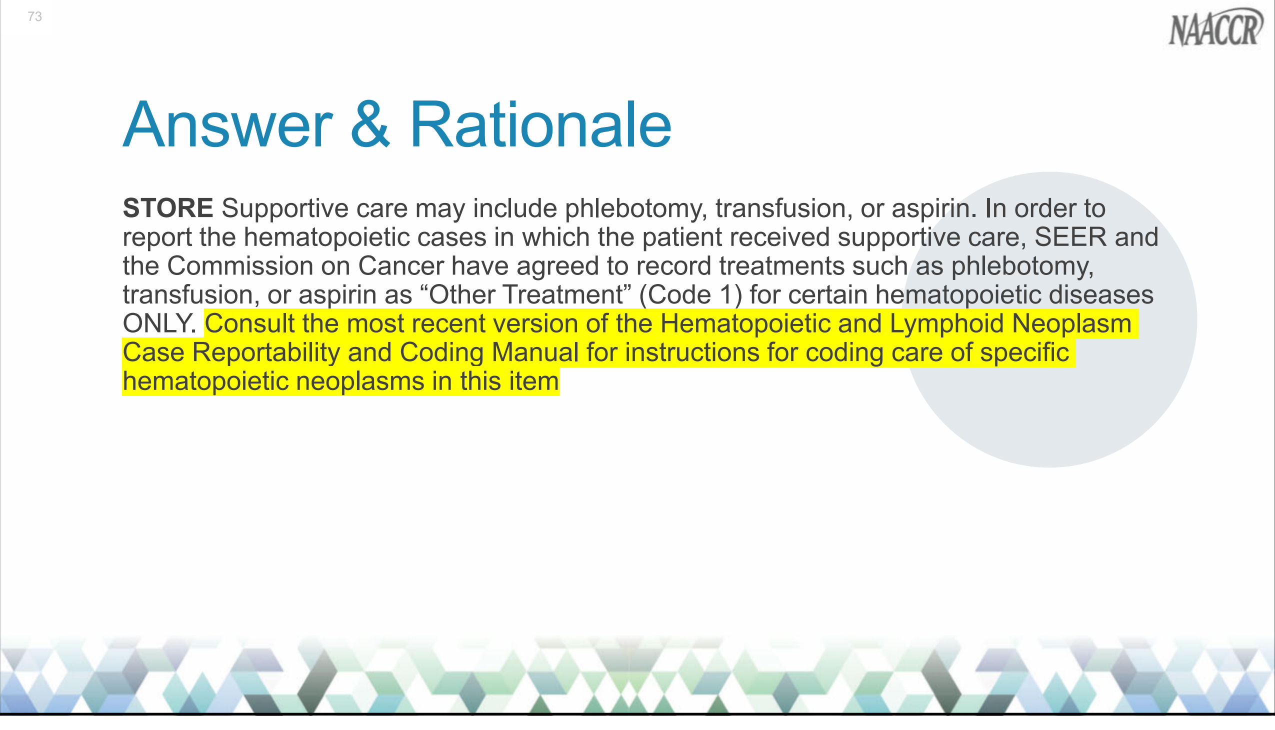
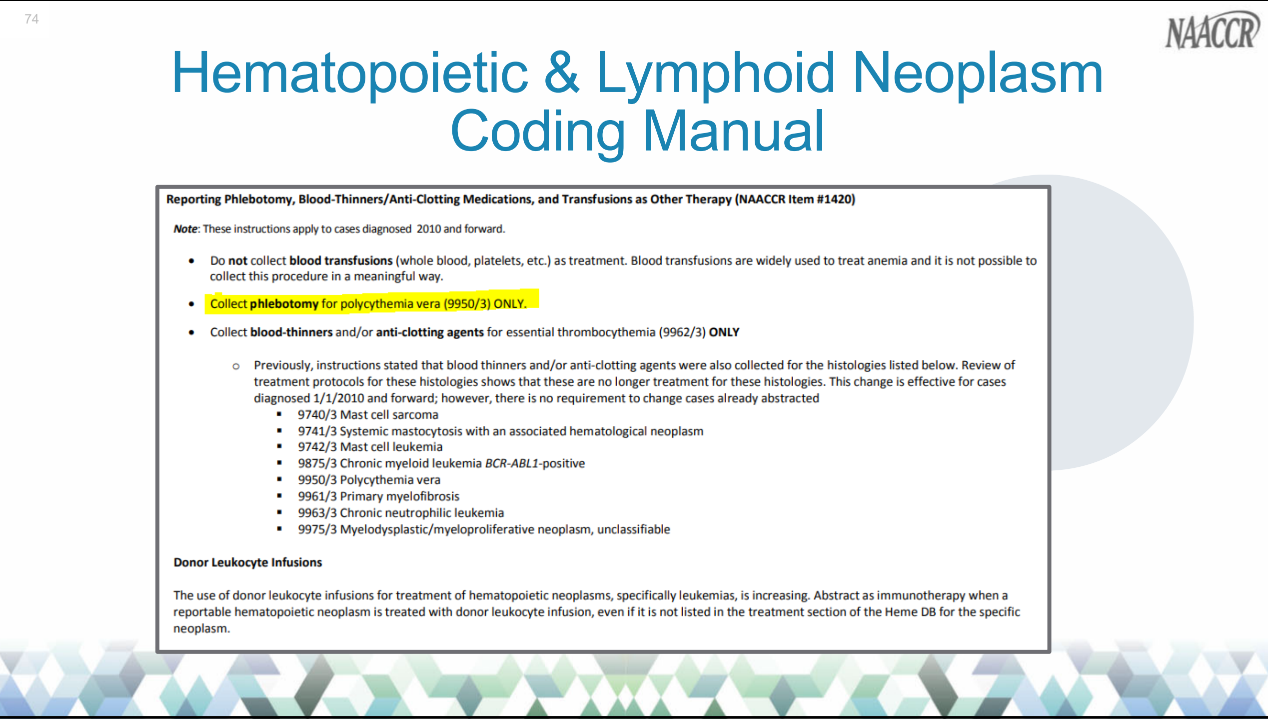
Other Rx

Scenario: 2019 diagnosis of polycythemia vera being treated with phlebotomy

Question: Do I code the phlebotomy as Other treatment?





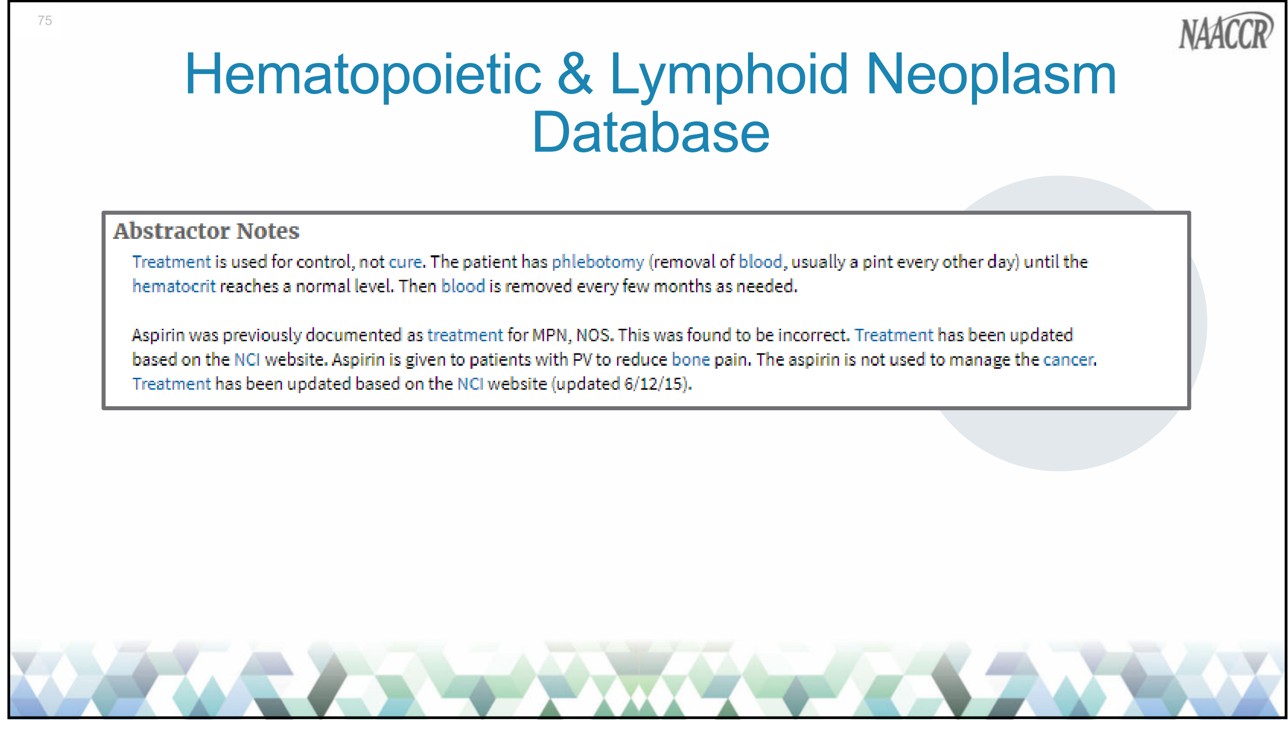
Reporting Phlebotomy, Blood-Thinners/Anti-Clotting Medications, and Transfusions as Other Therapy (NAACCR Item #1420)

Note: These instructions apply to cases diagnosed 2010 and forward.

- Do **not** collect **blood transfusions** (whole blood, platelets, etc.) as treatment. Blood transfusions are widely used to treat anemia and it is not possible to collect this procedure in a meaningful way.
- Collect **phlebotomy** for polycythemia vera (9950/3) ONLY.
- Collect **blood-thinners** and/or **anti-clotting agents** for essential thrombocythemia (9962/3) **ONLY**
  - Previously, instructions stated that blood thinners and/or anti-clotting agents were also collected for the histologies listed below. Review of treatment protocols for these histologies shows that these are no longer treatment for these histologies. This change is effective for cases diagnosed 1/1/2010 and forward; however, there is no requirement to change cases already abstracted
    - 9740/3 Mast cell sarcoma
    - 9741/3 Systemic mastocytosis with an associated hematological neoplasm
    - 9742/3 Mast cell leukemia
    - 9875/3 Chronic myeloid leukemia *BCR-ABL1*-positive
    - 9950/3 Polycythemia vera
    - 9961/3 Primary myelofibrosis
    - 9963/3 Chronic neutrophilic leukemia
    - 9975/3 Myelodysplastic/myeloproliferative neoplasm, unclassifiable

Donor Leukocyte Infusions

The use of donor leukocyte infusions for treatment of hematopoietic neoplasms, specifically leukemias, is increasing. Abstract as immunotherapy when a reportable hematopoietic neoplasm is treated with donor leukocyte infusion, even if it is not listed in the treatment section of the Heme DB for the specific neoplasm.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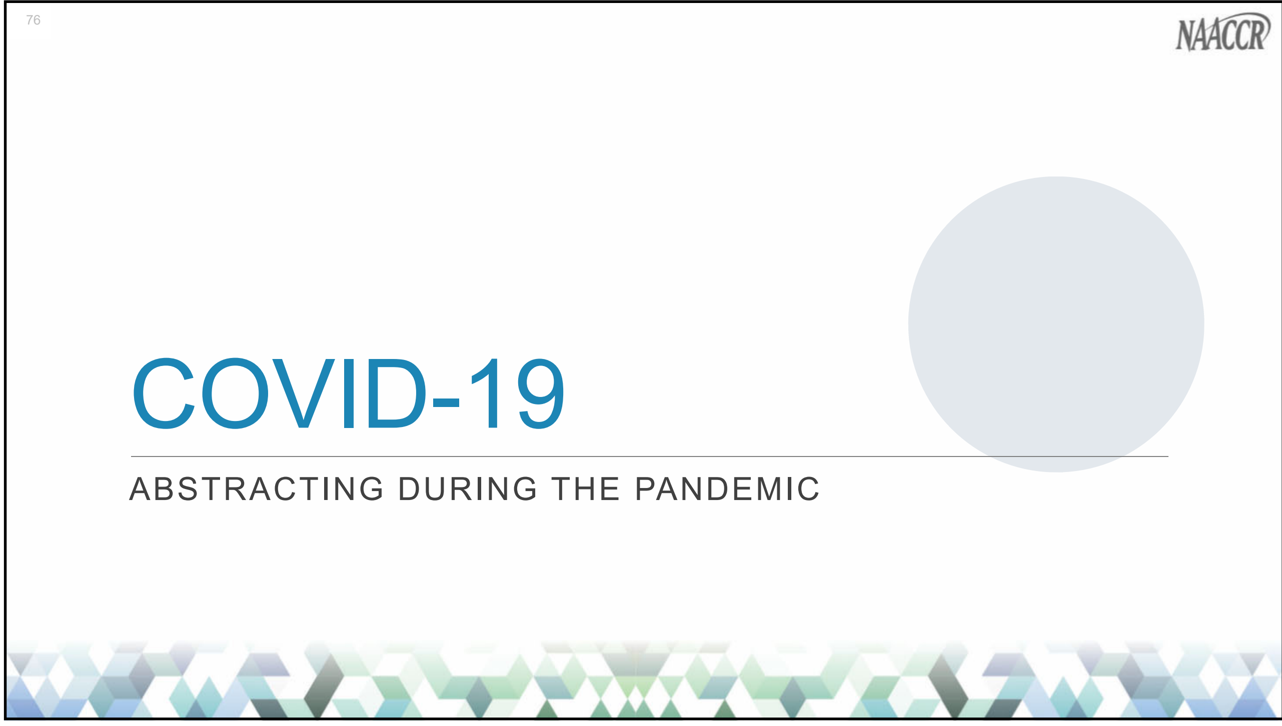
NAACCR
Hematopoietic & Lymphoid Neoplasm Database
Abstractor Notes
Treatment is used for control, not cure. The patient has phlebotomy (removal of blood, usually a pint every other day) until the hematocrit reaches a normal level. Then blood is removed every few months as needed.
Aspirin was previously documented as treatment for MPN, NOS. This was found to be incorrect. Treatment has been updated based on the NCI website. Aspirin is given to patients with PV to reduce bone pain. The aspirin is not used to manage the cancer. Treatment has been updated based on the NCI website (updated 6/12/15).


76
NAACCR
COVID-19
ABSTRACTING DURING THE PANDEMIC

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NAACCR

Collection of COVID Info

Analysis of patients with COVID-19

Delays due to COVID-19 Crisis

Data Collection
- Data linkages
- “Mining Text Fields”
- COVID Data Items
  - CoC
  - User Defined Fields (UDF)

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UDF’s

Some of you very industrious registrars have already created User Defined Fields for your facility. This is great for use in your facility, however, be aware that information is useless to anyone outside of your facility because there is no standard way of exporting it to anyone.

So if you want to document in your facility’s user defined fields information about COVID-19 for your facilities use that’s great, but please also document in your text in manner demonstrated in the COVID-19 Abstraction Guidance because that information will be available to the Central & SEER Registries.

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NCDB COVID-related Data Items

NCDB--SARSCOV2—Test

Yes

No

Unknown

NCDB--SARSCOV2--POS DATE

What was the date of the first positive test?

Collection based on diagnosis years 2020 and 2021.

NCDB--SARSCOV2--POS

0-Patient did not test positive for active SARS-CoV-2: No positive test

1 Patient tested positive for active SARS-CoV-2: test positive on at least one test

9 Unknown if tested; test done, results unknown

NCDB--COVID19--TX IMPACT

1- Treatment not affected; active surveillance, no change

2- First Course of Treatment timeline delayed

3- First Course of Treatment plan altered

4- Cancelled First Course of Treatment

5-Patient refused treatment due to COVID-19

9-Not known if treatment affected

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Recording COVID-19 Text

Scenario: 03-15-2020 Patient diagnosed on needle biopsy with invasive grade 2 ductal carcinoma ER+ PR+ HER2+ RUOQ breast, 04-01-2020 Tele-Doc visit with patient, discussed delaying lumpectomy until 07-03-2020 due to surgeries not be scheduled due to the COVID-19 pandemic. 04-15-2020 patient tested viral positive for COVID-19, then on 07-03-2020 patient treated with lumpectomy and sentinel lymph node biopsy, to follow up with Med Oncologist & Rad Oncologist for further treatment considerations.

Question 1: How would the positive COVID-19 test be recorded in the Lab Text Field?

- 04-15-2020 COVID-19+
- COVID-19 viral POS 04/15/2020
- Not recorded in text at all

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Answer & Rationale

COVID-19 viral POS 04/15/2020

Resource: COVID-19 Abstraction Guidance attached, retrieved from this website, please visit this website often for updated material. https://seer.cancer.gov/tools/covid-19/index.html

Rationale: It is extremely important to document factors affecting our cancer patient regarding lab tests, infection status, and delays or modification of the treatment plan, please refer to the COVID-19 Abstraction Guidance released 06-2020 for assistance. ***Entering text in ways that vary from the format in this Guidance document could make the information useless.***

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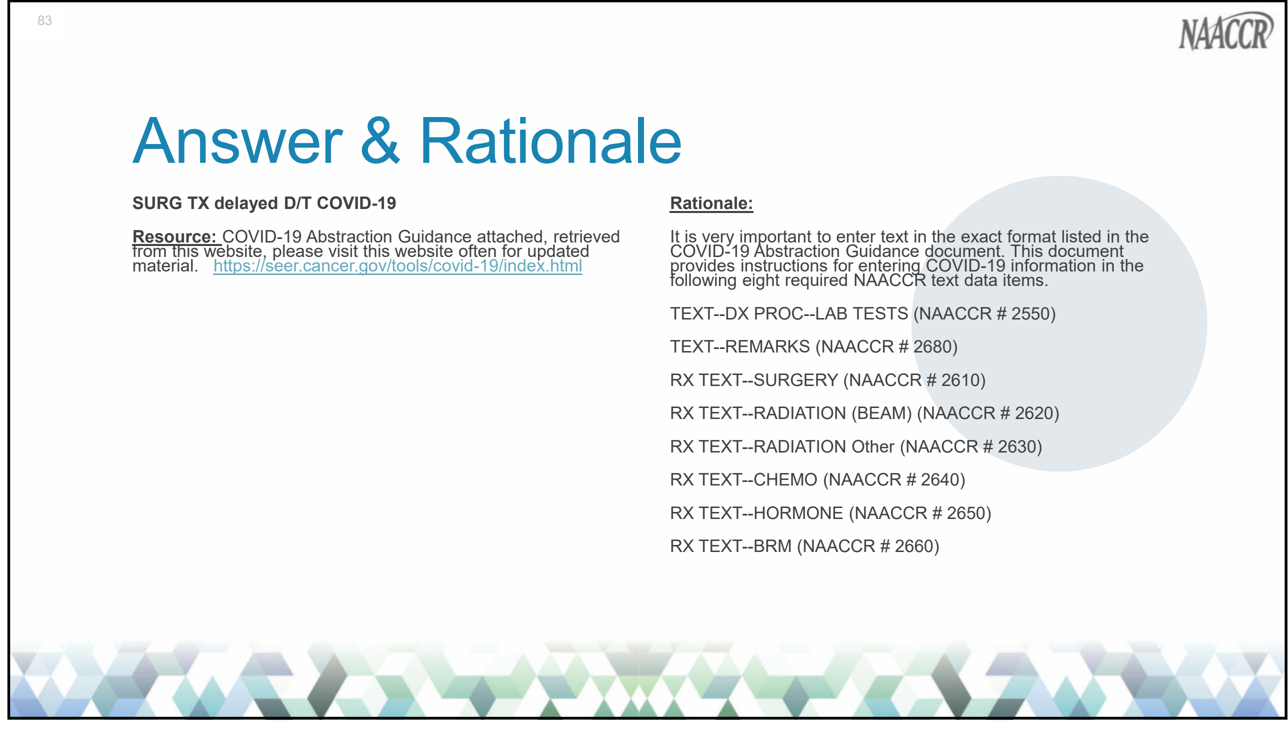
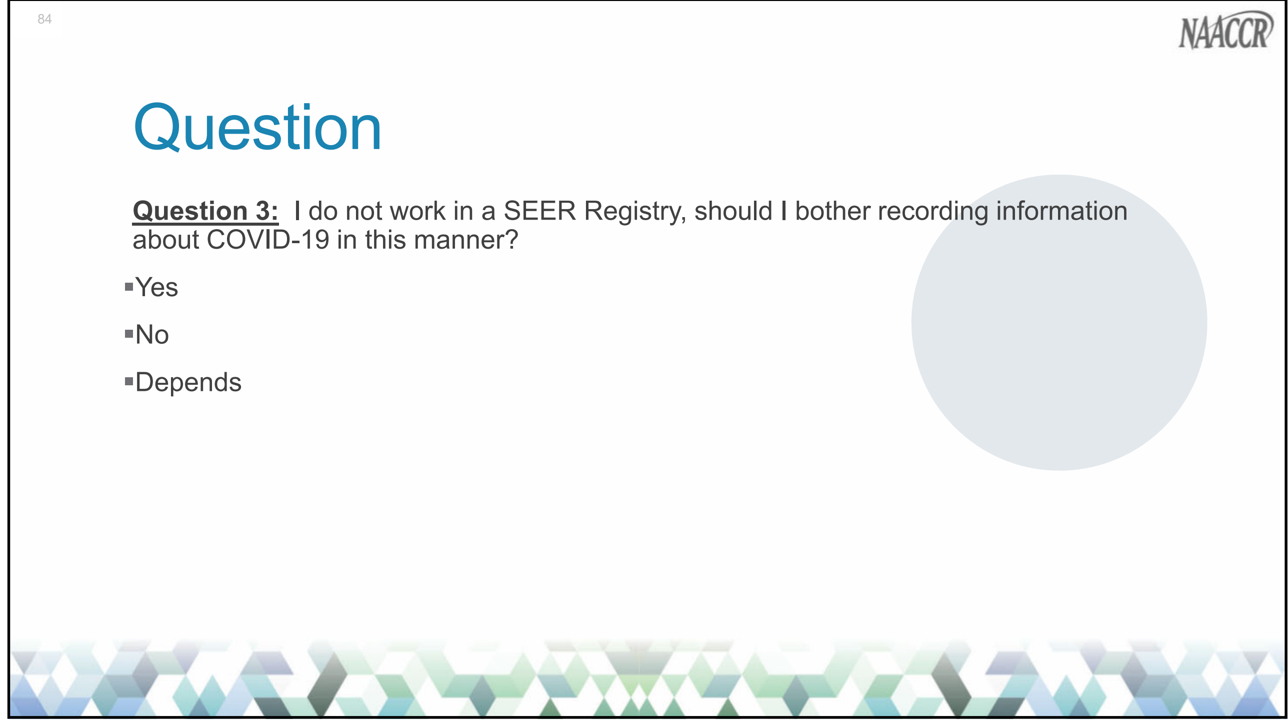
Recording Tx delay due to COVID-19

Scenario: 03-15-2020 Patient diagnosed on needle biopsy with invasive grade 2 ductal carcinoma ER+ PR+ HER2+ RUOQ breast, 04-01-2020 Tele-Doc visit with patient, discussed delaying lumpectomy until 07-03-2020 due to surgeries not be scheduled due to the COVID-19 pandemic. 04-15-2020 patient tested viral positive for COVID-19, then on 07-03-2020 patient treated with lumpectomy and sentinel lymph node biopsy, to follow up with Med Oncologist & Rad Oncologist for further treatment considerations.

Question 2: How would delay of the surgery be coded in Surgery Text?

- Surgery delayed due to COVID19
- SURG TX delayed D/T COVID-19
- Not recorded in text at all


83
NAACCR
Answer & Rationale
SURG TX delayed D/T COVID-19
Resource: COVID-19 Abstraction Guidance attached, retrieved from this website, please visit this website often for updated material. https://seer.cancer.gov/tools/covid-19/index.html
Rationale:
It is very important to enter text in the exact format listed in the COVID-19 Abstraction Guidance document. This document provides instructions for entering COVID-19 information in the following eight required NAACCR text data items.
TEXT--DX PROC--LAB TESTS (NAACCR # 2550)
TEXT--REMARKS (NAACCR # 2680)
RX TEXT--SURGERY (NAACCR # 2610)
RX TEXT--RADIATION (BEAM) (NAACCR # 2620)
RX TEXT--RADIATION Other (NAACCR # 2630)
RX TEXT--CHEMO (NAACCR # 2640)
RX TEXT--HORMONE (NAACCR # 2650)
RX TEXT--BRM (NAACCR # 2660)


84
NAACCR
Question
Question 3: I do not work in a SEER Registry, should I bother recording information about COVID-19 in this manner?
Yes
No
Depends

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NAACCR

Answer & Rationale

Depends

Rationale: Obviously if the State in which you report has different text guidelines, please utilize those, but if your state has not provided guidance as of yet, please utilize this guide so we can all collect data in a uniform format to ease with data retrieval later. If your facility has created it's "own set of guidelines", I would encourage them to please adopt this uniform standard so the data could be useful to more than just your facility. Please do you part to document the struggles our cancer patients are encountering with the coronavirus (COVID-19) pandemic.

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NAACCR

Delays due to COVID Crisis: Do we change how we abstract?

Unless instructed otherwise, do not adjust coding rules to accommodate delays due to the COVID Crisis.

- Stick to the rules!
- Keep an eye on the CAnswer forum
- Questions should be directed to the appropriate forum on the CAnswer forum.
  - Be sure to include a real case scenario!
  - Do not send in hypothetical questions.

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"Neoadjuvant" hormone due to Covid19, treatment effect on path report

Scenario: Patient diagnosed with breast CA March 15, 2020 on needle biopsy, Clinical stage T2 N0 M0.

- Anastrozole initiated 4/15/2020 due to surgery being delayed because of Covid 19.
- Pt. has lumpectomy and sentinel lymphadenectomy on 6/17/2020.
- Path report from lumpectomy documents "invasive CA with therapy effect".
- Synoptic report and surgeon document stage after surgery as yPT1c yPN1a (1/2 sln pos).

Question: Should this case be staged as AJCC TNM Post Therapy?

- Yes
- No

http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/breast-chapter-48/breast-chapter-48-aa/105783-neoadjuvant-hormone-due-to-covid-19-treatment-effect-on-path-report

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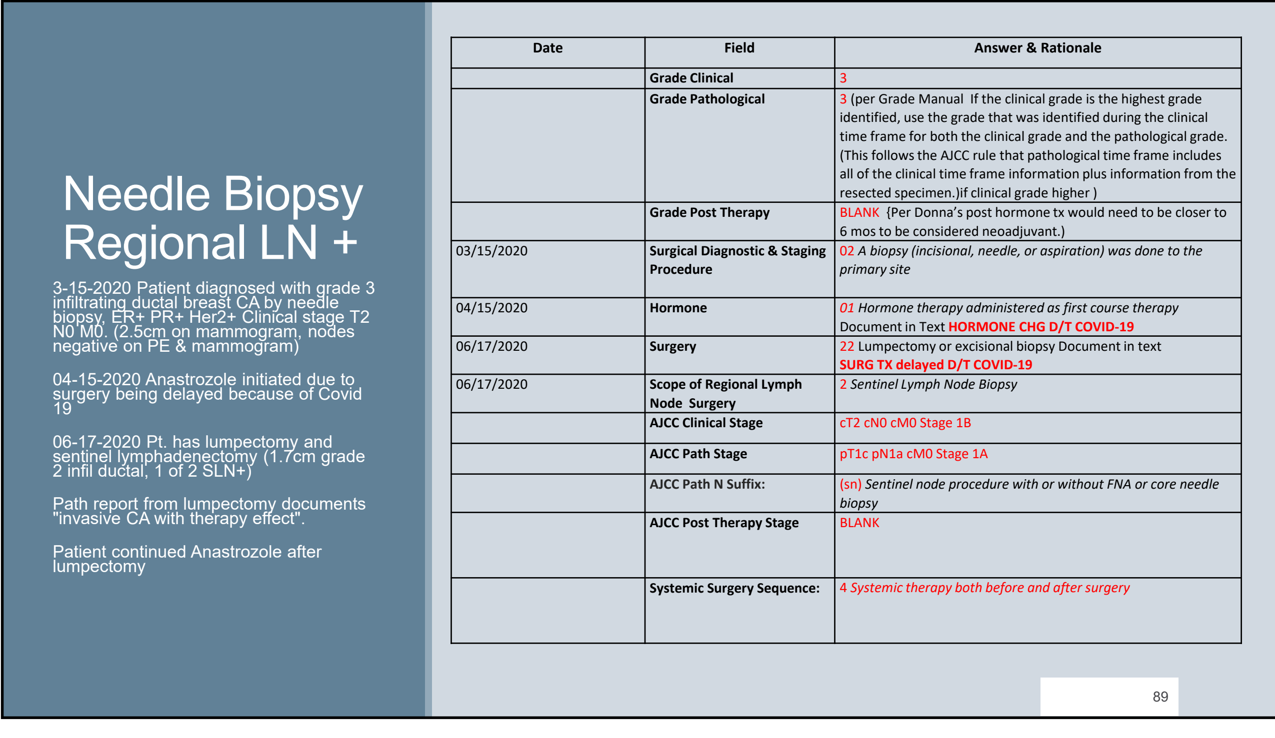
Answer

No

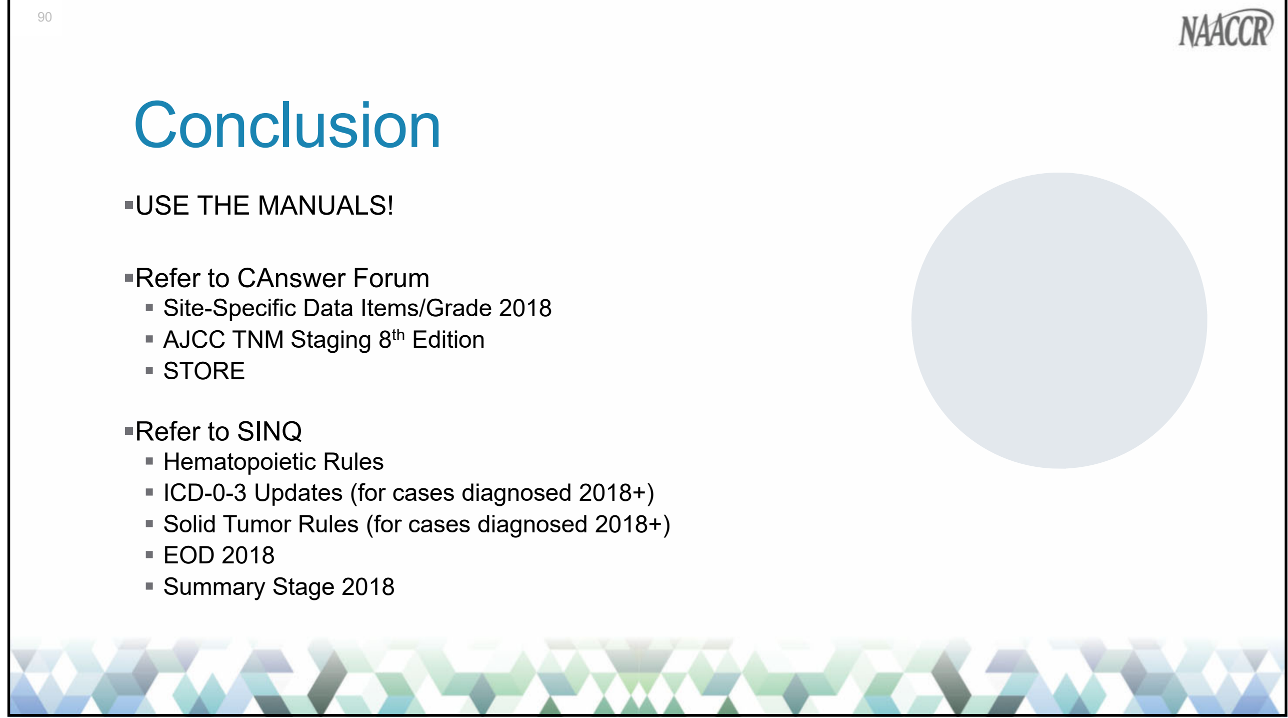
For AJCC staging, since this was not a full course of hormone therapy according to NCCN guidelines, it would be pathological staging - p, not yp. There have been discussions about this pandemic situation, but there have not been decisions to alter the staging rules.

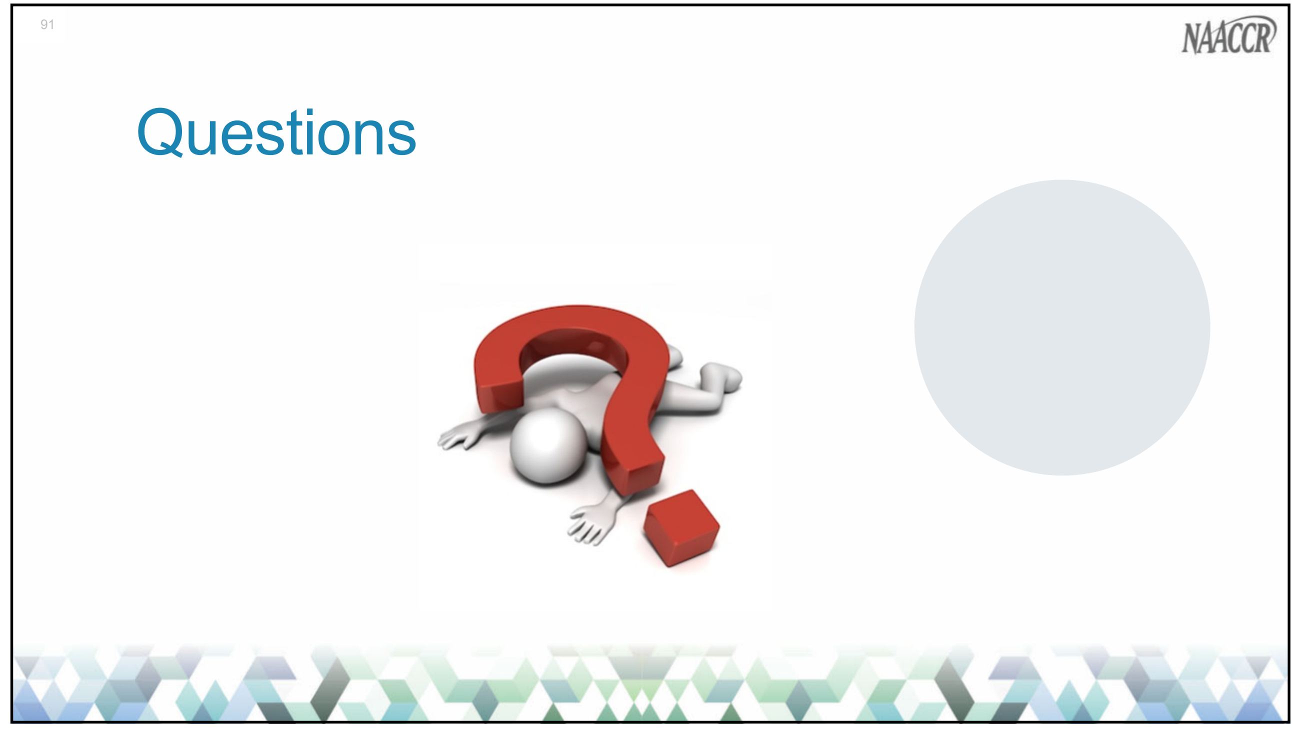
AJCC does not set the rules for coding hormone therapy - that is SEER and CoC/NCDB (STORE manual). You need to get the answer from STORE, but I'm sure you code the hormone therapy. That will allow physicians to analyze these cases separately, since there will be pathological staging, and treatment dates, making it will be clear these patients didn't receive a full course and cannot be compared to those that had the normal 4-6 months of hormone/endocrine therapy.

Donna M Gress, RHIT, CTR
Manager, Cancer Staging & Registry Operations
AJCC and Cancer Programs



Date	Field	Answer & Rationale
	Grade Clinical	3
	Grade Pathological	3 (per Grade Manual If the clinical grade is the highest grade identified, use the grade that was identified during the clinical time frame for both the clinical grade and the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)if clinical grade higher)
	Grade Post Therapy	BLANK {Per Donna's post hormone tx would need to be closer to 6 mos to be considered neoadjuvant.)
03/15/2020	Surgical Diagnostic & Staging Procedure	02 *A biopsy (incisional, needle, or aspiration) was done to the primary site*
04/15/2020	Hormone	01 *Hormone therapy administered as first course therapy* Document in Text **HORMONE CHG D/T COVID-19**
06/17/2020	Surgery	22 Lumpectomy or excisional biopsy Document in text **SURG TX delayed D/T COVID-19**
06/17/2020	Scope of Regional Lymph Node Surgery	2 *Sentinel Lymph Node Biopsy*
	AJCC Clinical Stage	cT2 cN0 cM0 Stage 1B
	AJCC Path Stage	pT1c pN1a cM0 Stage 1A
	AJCC Path N Suffix:	(sn) *Sentinel node procedure with or without FNA or core needle biopsy*
	AJCC Post Therapy Stage	BLANK
	Systemic Surgery Sequence:	*4 Systemic therapy both before and after surgery*

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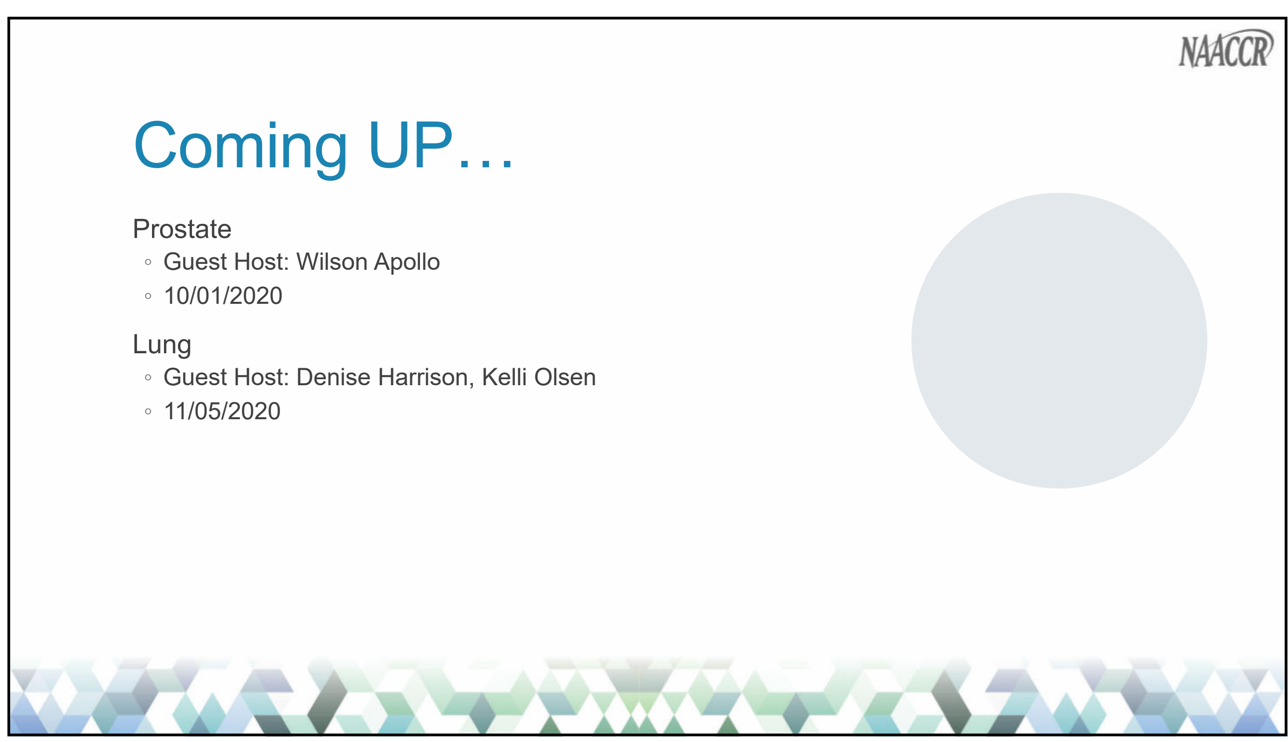
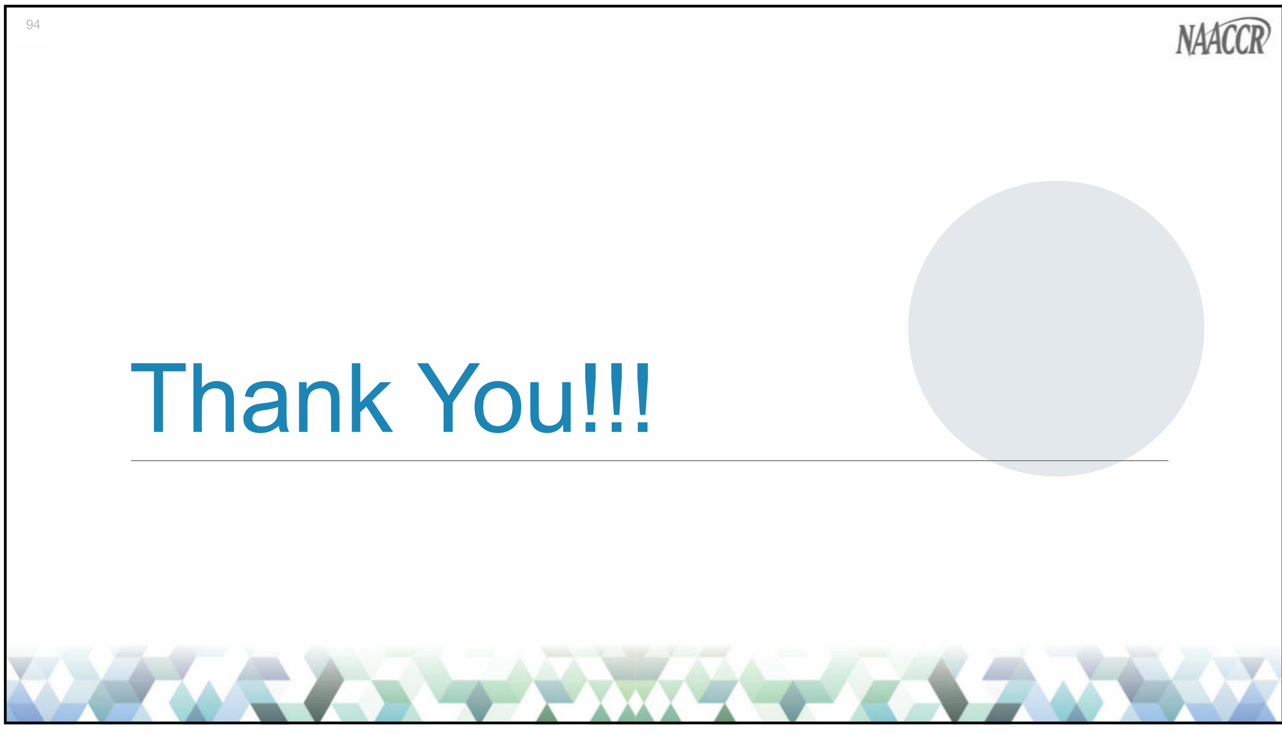
NAACCR
Questions


NAACCR
Coming UP…
Prostate
Guest Host: Wilson Apollo
10/01/2020
Lung
Guest Host: Denise Harrison, Kelli Olsen
11/05/2020

NAACCR
CE Certificate Quiz/Survey
CE Phrase
Link
https://www.surveygizmo.com/s3/5311443/Coding-Pitfalls-2020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Thank You!!!