

Q&A Session for Treatment

January 7, 2021

#	Question	Answer
1.	Is E-COMP coded to 02 or 04?	If you are referring to the planning technique in association with EBRT to breast, then code it to 04: 3D conformal.
2.	Good morning - I had written down from a previous webinar that a Zeiss Intrabeam 50 CV unit done for intraoperative radiation for breast would be coded to a modality of 12 (electronic Brachytherapy), is the modality code of 02 new for 2021?	Please note that the CTR Guide specifies modality and planning technique codes for the Zeiss Intrabeam, Appendix B . The modality code 02 is not new for 2021.
3.	When do we assume lymph nodes are included, and when do we assume lymph nodes are not included when treatment volume is pelvis?	If the treatment summary refers to the irradiated volume as the pelvis or pelvic irradiation, then it is safe to assume that the pelvic lymphatics are included in the irradiated field. Otherwise, you will need to contact your facility radiation oncologist or treatment planner for clarification.
4.	Is there a typo for Slide 32 Clinical Scenario 3: Endometrial Cancer? I believe the year for the Start Date should be 2021 not 2019 since this is an example for coding cases dx 2021+.	Good catch! I will update.
5.	For the boost treatment volume is boost, but lymph nodes were not included.	Not quite clear what clinical scenario this question refers to.
6.	My CLP stated that CoC was going to produce templates for surgeons. Is that still the plan?	The CSSP has developed synoptic operative reporting templates for melanoma and breast and colon cancer. The CSSP has worked with a vendor to do extensive user testing to ensure the reports are comprehensive, meet regulatory guidelines and can suffice as the operative report of record. The CSSP has worked with the large EMRs to get the SOR content/CoC elements into their systems and encourages registrars to reach out to them for information on timelines.

7.	The melanoma surgery codes tells you to take the margins from the pathology report whereas the synoptic standard says the margins are what the surgeon says?	When coding surgery, go with the instructions in STORE/SEER manual and code the surgery codes based on what is in the path report.
8.	Would Code 3 be used if a second primary is found on surg after neo for initial primary?	No, you would not use code 3 for that. Also, your diagnosis date for the second primary would be after the treatment date, and you can't do that.
9.	Are the sequence fields systemic/surgery used at all to look at possible neoadjuvant therapy before these fields are implemented? And will the sequence fields eventually go away now that we have neoadjuvant fields?	The sequence fields have been used in the past since that was the only way we could determine if there was neoadjuvant therapy; however, they have been found to not be very reliable. Since SEER is the only standard setter requiring these data items right now, the sequence fields will continue to be used. Once all standard setters are specific information on Neoadjuvant Therapy, then the sequence fields will probably be discontinued.
10.	What do you code for systemic surgery sequence?	If patient had hormone therapy prior to surgery that is not neoadjuvant, you would code 3 for systemic therapy prior to surgery. You would also code the hormone treatment as treatment.
11.	ANSWER FROM DONNA THAT WAS IN THE QUESTION FIELD-->	Correct, bridge therapy is NOT considered neoadjuvant.
12.	Has the implementation team ever considered adding an explanation to the manuals about Bridge Therapy? I believe this would be helpful to new cancer registrars.	We contacted one of the groups where there are representatives from all the standards setters and asked that a discussion on bridge therapy be added. After this group has this discussion, we will implement in the appropriate manuals.
13.	ANSWER FROM DONNA THAT WAS IN THE QUESTION FIELD-->	The treatment for one cancer is not used for the other cancer, even in contralateral breast, the physicians don't use it as treatment for both when the 2nd site doesn't require that treatment.
14.	In pre 2021 date first contact should be same as date first course tx?	Date first contact should be based on the date the case became analytic. In some cases, that is the date of first contact. That rule has not changed.

15.	Do the patients that have this hyper fractionation suffer more extensive skin side effects than those getting lower dosages but more fractions?	Skin reaction, erythema, is more a function of the beam energy than the fraction size. Higher beam energies, such as 12 MV, produce more skin sparing than the lower beam energies such as 6MV or a Cobalt-60 source.
16.	I understand primary CNS malignancy should be coded to limited brain. Would brain mets from lung cancer be coded to whole brain?	It really depends on how your facility manages these cases and the information they include in their treatment summary. That also depends on the equipment at their disposal. Some facilities have a Gamma Knife, in which case the irradiated volume is limited. You can also review the actual CT planning images to determine the extend of the irradiated field. These are available in ARIA or Mosaiq.
17.	Can you explain if Tangential Ports is the same as 3D Therapy? Some Radiation Summaries that I read state that Patient received Tangential Ports.	Tangential ports refer to the technique used when treating breast cancer cases. Tangential alludes to the photon beam direction and not to a particular modality code. The important question to ask your radiation oncology department is what their policy is for treating breast tangents. At our facility all breast tangents are treated with a 3D-conformal plan.
18.	Why would systemic treatment given first due to COVID (like example 7) not be 0 because physician was not planning neoadjuvant treatment?	<p>Per Code 3, this is used when treatment is given prior to surgery that is not intended as neoadjuvant therapy. In terms of neoadjuvant therapy, it would not be counted as neoadjuvant therapy, but at least we would have the information that there was some type of treatment prior to surgery.</p> <p>Code 0 would only be used when there is no treatment given prior to surgery, or there was no surgery planned.</p>