Q&A Session for 2021: Coding Pitfalls
September 2, 2021

#	Question	Answer
1.	If you had a copy of the path report from the other facility and you know which lymph node was biopsied, could you then include or not include based on the report?	Yes! If you have the information, use it. If you don't have the information, assume the lymph node that was bx'd is included in the LN dissection.
2.	For the breast case w/ the aspiration pos and sln dissection neg, how would you code the SSDIs for this case? We have previously used 00 and X6 and it has passed edits... but is this correct?	In that case the patient had the aspiration, had neoadjuvant, then had as SNL bx that was neg. According to the not for Pos Axillary Nodes, we would use info from prior to neoadjuvant tx if disease was more extensive at that time. I agree that X6 is the appropriate code.
3.	(sn) suffix is only used for positive nodes only, correct?	No. The (sn) suffix is used when a sentinel node procedure was done, but a lymph node dissection was not. The results of the procedure do not influence when the suffix is used. See Chapter 1 of the AJCC 8thEdition page 16 & 20, 27 If SLN biopsy is performed in the absence of complete dissection of the nodal basin: the N category should have the sn suffix... NOTE: This distinguishes it from a complete nodal dissection, for which the pN is assigned without the (sn) or (f) suffix.
4.	For the melanoma reg lns pos, why would it not be 95?	In our scenario the patient had an enlarged cervical node. An fna was done that was pos for melanoma. The patient then had a cervical node dissection with 1 pos node. According to the rules, we are to assume that the lymph node that had a pos FNA was the same lymph node that was pos on the lymph node dissection. Therefore, Reg Nodes Pos would be 01.
5.	So, to make sure I understand, we can use the sn suffix in sites other than breast and melanoma if the physician calls it a SLNBX?	That is correct. The only fields that are limited to breast and melanoma are sentinel nodes positive, sentinel

		nodes examined, and date sentinel node procedure. See Chapter 1 of the AJCC 8thEdition page 16 & 20, 27
6.	When we code all Mets at DX fields (brain, bone...) we go by AJCC, correct?	I'm having a hard time thinking of a situation where the mets at dx fields bone, brain, liver, lung, or other would be different between AJCC and SEER summary Stage. If they are, then you should send it to Ask a SEER Registrar and/or CAnswer forum. Mets at Dx Distant LN is a little different. If AJCC says a lymph node region is distant, go with what they say.
7.	What happens if we start using Version 2.1 before updating the software?	Just be careful. most of the changes are clarification that apply to all years. Those are ok to use at any time. If a change in the manual is truly a change (i.e., new code or new code definition), then you should wait until you upgrade your software.
8.	Que 6: I work for a SEER reg, so I will code 07. How will this affect data?	Do not make any changes in coding practices until the changes are made in the manual. For now, use the instructions as written in both the SEER/STORE manual, then we can readdress when/if the new instructions come into effect.
9.	Could we get some clarification on slide 37? If AJCC is saying a lymph node is distant and SEER is saying an LN is regional, how would that be reflected in EOD Regional Node & Mets and in the Summary Stage?	At this point, most discrepancies have already been addressed. Typically, SEER defers to AJCC when it comes to classifying lymph nodes as regional or distant. However, there are some where SEER and AJCC have agreed to disagree. One example would be supraclavicular nodes for breast. AJCC considers supraclavicular nodes regional, but SEER considers them distant for summary stage. When assigning EOD, you would code a positive (ipsilateral) supraclavicular node in the field EOD Regional Nodes. However, it would derive a summary stage of Distant.

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		If you find a discrepancy between AJCC and SEER and can't find it addressed in the SEER SINQ, send the question to Ask a SEER Registrar for clarification. I'm guessing they will tell you to go with how AJCC classifies the node.