

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.



FABULOUS PRIZES



3

GUEST PRESENTER

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



4

AGENDA

- V22 Update
- Lymph Node Related Issues



5

V22 UPDATE SUMMARY

- V22 Implementation Guidelines
- CoC Data Item
 - Macroscopic Evaluation of Mesorectum [3950]
- SSDI
 - Version 2.1 webpage
 - <https://apps.naaccr.org/ssdi/list/>
 - New Data Item

Applies to 2021 forward

LN Status Femoral-Inguinal, Para-aortic, Pelvic

2.1 SSDI Data Items

Five new SSDIs have been added to capture information related to prognosis and/or treatment planning and reflect changes in clinical guidelines. All new SSDI information is incorporated into the Staging APIs. Please see the SSDI Manual, Version 2.1 (<https://apps.naaccr.org/ssdi/list/>).

Item #	SSDI Name	Schema
3955	Derived Rai Stage*	Lymphoma CLL/SLL
3956	p16**	Cervix V9
3957	LN Status Pelvic***	Cervix 8 th , Cervix V9, Vagina, Vulva
3958	LN Status Para-Aortic***	Cervix 8 th , Cervix V9, Vagina
3959	LN Status Femoral-Inguinal***	Vagina, Vulva



6

V22 UPDATES

- ICD O 2022
 - <https://www.naaccr.org/icdo3/>
- Solid Tumor Rules
 - Reformatting to Other Rules
 - Minimal changes to rules
 - Addition of tables similar to head and neck chapter
 - Changes to coding rules for histologies related to HPV status
- Reportability
 - Low-grade appendiceal mucinous neoplasm (LAMN) now has a behavior of /2 and /3 making it reportable
 - Clear cell papillary renal cell carcinoma 8323/3 is reportable
- Surgery Codes
 - Removal of codes from colon, rectosigmoid, anus, and rectum
 - Field Testing



7

V22 REFERENCE PAGE

Version 22 Reference Page

RESOURCES

BELOW ARE LINKS TO KEY RESOURCES REGISTRIES MAY FIND USEFUL AS THEY PLAN TO TRANSITION TO V22.

- NAACCR 2022 Implementation Guidelines
- V22 NAACCR Data Standards and Data Dictionary
- NAACCR XML Dictionaries
- NAACCR V22 Edits Metafile (Including Changes Spreadsheet)
- SEER Program Coding and Staging Manual (Includes Summary of Changes)
- Commission on Cancer STORE Manual
- Site Specific Data Items (SSDI) and Grade Manual v2.1 (Includes change log)
- AJCC Cancer Staging System
- SEER RSA (EOD, Summary Stage, SSDI's, Grade) v2.1 (Includes summary of changes)
- Solid Tumor Rules (includes summary and changes)
- Solid Tumor ICD O 3.2 (includes new codes, coding guidelines, and changes)
- SEER Site/Histology Validation List
- Hematopoietic Manual and Database (see revision history on the left)

V22 EDUCATION AND TRAINING



<https://www.naaccr.org/v22referencepage/>

8

Version 22 Reference Page

RESOURCES

V22 EDUCATION AND TRAINING

- [2022 Implementation Webinar 8/1/21](#)
- [ICD O/ SSDI Updates for 2022](#)
- [Developing a v22 Registry Specific Edits Metafile \(8/20/21\)](#) No link to register
 - A workshop for central registry edits metafile administrators
 - Contact [Jim Halferkamp](#) for additional information

MINIMUM RESOURCES

2022 Implementation
<https://www.naaccr.org/implementation-guidelines/>

Solid Tumor Rules
<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/home/2.0/
 Or
https://staging.seer.cancer.gov/eod_public/home/2.1/

EOD 2018 <https://seer.cancer.gov/tools/staging/>

Summary Stage 2018
<https://seer.cancer.gov/tools/staging/>



REQUIRED TO ABSTRACT

ICD 0 3 Histology Revisions
<https://www.naaccr.org/icdo3/>

NAACCR <https://www.naaccr.org/data-standards-data-dictionary/>

SEER*Rx Interactive Antineoplastic Drugs Database
<https://seer.cancer.gov/seertools/seerrx/>

STORE Manual <https://www.facs.org/quality-programs/cancer/ncdb/call-for-data>

SEER Program Coding and Staging Manual
<https://seer.cancer.gov/tools/codingmanuals/>

CTR Guide to Coding Radiation and Rationale for Radiation Oncology Data Items in STORE
<https://www.facs.org/Quality-Programs/Cancer/NCDB>
 (See Resources box in bottom left corner)

Cancer Program News <https://www.facs.org/quality-programs/cancer/news>

American Joint Committee on Cancer/AJCC
<https://www.facs.org/quality-programs/cancer/aicc>

Appropriate State Manual

Regional Lymph Nodes Examined

REGIONAL NODES EXAMINED

Item #	Length	Source of Standard	Year Implemented	Version Implemented	Year Retired	Version Retired
830	2	SEER CoC				

Alternate Name: Number of Regional Lymph Nodes Examined (SEER)
 Regional Lymph Nodes Examined
 Pathologic Review of Regional Lymph Nodes (SEER)

XML NAAACR ID: regionalNodesExamined

PARENT XML ELEMENT: Tumor

Description

Records the total number of regional lymph nodes that were removed and examined by the pathologist. Beginning with tumors diagnosed on or after January 1, 2004, this item is a component of the Collaborative Stage system.

Rationale

This data item serves as a quality measure of the pathologic and surgical evaluation and treatment of the patient.

Codes

00 No nodes were examined
 01-89 1-89 nodes were examined (code the exact number of regional lymph nodes examined)
 90 90 or more nodes were examined
 95 No regional nodes were removed, but aspiration of regional nodes was performed
 96 Regional lymph node removal was documented as a sampling, and the number of nodes is unknown/not stated
 97 Regional lymph node removal was documented as a dissection, and the number of nodes is unknown/not stated
 98 Regional lymph nodes were surgically removed, but the number of lymph nodes is unknown/not stated and not documented as a sampling or dissection; nodes were examined, but the number is unknown
 99 It is unknown whether nodes were examined; not stated in patient record

Regional Lymph Nodes Positive

Item #	Length	Source of Standard	Year Implemented	Version Implemented	Year Retired	Version Retired
820	2	SEER, CoC				

Alternate Name: Pathologic Review of Regional Lymph Nodes (SEER)
Regional Lymph Nodes Positive
Number of Positive Regional Lymph Nodes (SEER)

XML NAACCR ID: regionalNodesPositive

PARENT XML ELEMENT: Tumor

Description
Records the exact number of regional nodes examined by the pathologist and found to contain metastases. Beginning with tumors diagnosed on or after January 1, 2004, this item is a component of the Collaborative Stage system. For tumors diagnosed from 1988 through 2003, this item was part of the 10-digit EOD [779], detailed site-specific codes for anatomic EOD.

Rationale
This data item is necessary for pathologic staging, and it serves as a quality measure for pathology reports and the extent of the surgical evaluation and treatment of the patient.

Codes

00 All nodes examined are negative
01-89 1-89 nodes are positive (code exact number of nodes positive)
90 90 or more nodes are positive
95 Positive aspiration of lymph node(s) was performed
97 Positive nodes are documented, but the number is unspecified
98 No nodes were examined
99 It is unknown whether nodes are positive; not applicable; not stated in patient record

Note: See Chapter V, Unresolved Issues, for a discussion of coding differences between CoC and SEER.

11

FNA REGIONAL LYMPH NODE +

Scenario:

- 1/03/2021 RUL biopsy+ adenocarcinoma done at outside facility
- 1/06/2021 Fine Needle Aspirate cytology of right hilar lymph node + metastatic adenocarcinoma done at my facility.
- 02/07/2021 Began Chemo & Radiation at my facility

Question 1:

How would you code Regional Lymph Nodes Positive?

- 95
- 01



12

ANSWER & RATIONALE

Regional Lymph Nodes Positive: 95 Positive aspiration OR core biopsy of lymph node(s) was performed

STORE 2021

Use code 95 when the only procedure for regional lymph nodes is a needle aspiration (cytology) or core biopsy (tissue). Use code 95 when a positive lymph node is aspirated and there are no surgically resected lymph nodes.

SEER Program Coding & Staging Manual 2021

- Use code 95 when:
 - a. The only procedure for regional lymph nodes is a needle aspiration (cytology) or core biopsy (tissue)
 - b. A positive lymph node is aspirated and there are no surgically resected lymph nodes



13

FNA NEEDLE BX & LN DISSECTION+ (SAME REGION)

Scenario:

- 1/03/2021 Lung cancer patient has a mediastinoscopy and positive core biopsy of a hilar lymph node
- 02/07/2021 right upper lobectomy that yields 3 hilar and 2 mediastinal nodes positive out of 11 nodes dissected.

Question 2:

How would you code Regional Lymph Nodes Positive?

- 05
- 06



14

ANSWER & RATIONALE

Regional Lymph Nodes Positive: 05

STORE 2021 if there are positive regional lymph nodes in a lymph node dissection, do not count the core needle biopsy or the fine needle aspiration if it is in the same chain.

SEER Program Coding & Staging Manual 2021 when there are positive regional lymph nodes in a lymph node dissection, do not count the core needle biopsy or the fine needle aspiration if it is in the same chain.



15

NEEDLE BX & LN DISSECTION+ (DIFFERENT REGION)

Scenario: 04/01/2021 Breast cancer patient has a positive core biopsy of a supraclavicular node

- 05-1-2021 axillary dissection showing 3 of 8 nodes positive.

Question 3:

How would you code Regional Lymph Nodes Positive?

- 03
- 04



16

ANSWER & RATIONALE

Regional Lymph Nodes Positive: 04

STORE 2021 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 Positive.

SEER Program Coding & Staging Manual 2021 Include the node in the count of Regional Nodes Positive when the positive aspiration or core biopsy is from a node in a different node region.

Example: Breast cancer patient has a positive core biopsy of a supraclavicular node and an axillary dissection showing 3 of 8 nodes positive. Code Regional Nodes Positive as 04 and Regional Nodes Examined as 09 because the supraclavicular lymph node is in a different, but still regional, lymph node chain.



17

NEEDLE BX & LN DISSECTION+ (REGION UNKNOWN)

Scenario: Patient record states that the patient had positive lymph node core biopsy performed at another facility, presents to your facility and found to have 7/14 regional lymph nodes positive at time of resection

Question 4:

How would you code Regional Lymph Nodes Positive?

- 07
- 08



18

ANSWER & RATIONALE

Regional Lymph Nodes Positive: 07

STORE 2021 If the location of the lymph node that is core-biopsied or aspirated 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 Positive.

SEER Program Coding & Staging Manual 2021 Assume the lymph node that is core-biopsied or aspirated is part of the lymph node chain surgically removed and do not include it in the count of Regional Nodes Positive when its location is not known.



19

NEEDLE BX (-) & LN DISSECTION (-) (DIFFERENT REGIONS)

Scenario: Date of diagnosis 04-01-2021 Lung adenocarcinoma pT2a pN0 cM0

- 5-13-2021 FNA 4R & Station 7 FNA-negative for malignant cells
- 7-21-2021 Lobectomy & Mediastinal Lymph node dissection 6 Nodes (-) [Three from Level 5, One from Level 6, Two from Level 7]
- All Lymph node examined were negative so Regional Lymph Nodes Positive =00
 - FNA 4R (1 -)
 - FNA 7 (1 -)
 - Excision Level 5 (3 nodes-)
 - Excision Level 6 (1 nodes-)
 - Excision Level 7 (2 nodes -)

Question 6:

How would you code Regional Lymph Nodes Examined?

- 06
- 08
- 07



20

REGIONAL LYMPH NODES EXAMINED

STORE 2021

Cumulative nodes removed and examined. Record the total number of regional lymph nodes removed and examined by the pathologist.

- o 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.
- o 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.
- o **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.**
- o 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.
- o When neither the type of lymph node removal procedure nor the number of lymph nodes examined is known, use code 98.



SEER 2021

4. Nodes removed and examined is cumulative. Record the total number of regional lymph nodes removed and examined by the pathologist. Record lymph nodes removed during an autopsy for autopsy-only cases.

- a. 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
- b. Do **not** count an 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

Example: Lung cancer patient has a mediastinoscopy and positive core biopsy of a hilar lymph node. Patient then undergoes right upper lobectomy that yields 3 hilar and 2 mediastinal nodes positive out of 11 nodes dissected. **Code Regional Nodes Positive as 05 and Regional Nodes Examined as 11 because the core biopsy was of a lymph node in the same chain as the nodes dissected.**

- c. Include the node in the count of Regional Nodes Examined when the positive aspiration or core biopsy is from a node in a different node region

Example: Breast cancer patient has a positive core biopsy of a supraclavicular node and an axillary dissection showing 3 of 8 nodes positive. **Code Regional Nodes Positive as 04 and Regional Nodes Examined as 09 because the supraclavicular lymph node is in a different, but still regional, lymph node chain.**

- d. Assume the lymph node that is aspirated or core-biopsied is part of the lymph node chain surgically removed and do **not** include it in the count of Regional Nodes Examined when its location is not known

Example: Patient record states that lymph node core biopsy was performed at another facility and 7/14 regional lymph nodes were positive at the time of resection. **Code Regional Nodes Positive as 07 and Regional Nodes Examined as 14.**

21

ASK A SEER REGISTRAR / ANSWER FORUM POST

Question: When I refer to the STORE/SEER Instructions for Regional Lymph Nodes Examined it says to count if a positive aspiration or core biopsy is from a node in a different node region, include the node in the count of regional nodes examined.... But does that mean we do not include in the count of regional nodes examined if its negative?

- **AskSEERCTR**

SEER and CoC have the same instructions for Regional Nodes Examined and Positive. SEER believes the instruction on page 178 is a cut and paste error and should say "Include the node in the count of Regional Nodes Examined when the aspiration or core biopsy is from a node in a different node region." We have proposed this correction to CoC.

In your example, code regional nodes examined as 07.

- **CAnswer Forum** Based on the information in the post, the 5-13-2021 FNA 4R, Station 7 FNA was negative for malignant cells. Per STORE Rules, the statement above refer to a positive aspiration or core biopsy. This rule does not apply to negative procedures, and the negative FNA would not be included. Records the total number of regional lymph nodes that were removed and examined by the pathologist, excluding the negative aspiration. Based on the current rules in v2021 STORE. Effective 2022, the rule will change to align with SEER. <https://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/store/sentinel-and-regional-nodes/119041-neg-fna-different-station-do-you-count-in-examined#post119162>



22

REGIONAL LYMPH NODES EXAMINED *REVISED 2022*

STORE 2021

- 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.

STORE 2022

- If the aspiration or core biopsy is from a node in a different node region, include the node in the count of Regional Nodes Examined.



23

Illustration

Scenario:

5-13-2021 FNA 4R & Station 7
FNA-negative for malignant cells

7-21-2021 Lobectomy &
Mediastinal Lymph node
dissection 6 Nodes (-) [Three
from Level 5, One from Level 6,
Two from Level 7]

All Lymph node examined were
negative so Regional Lymph
Nodes Examined =00

FNA 4R (1 -)

FNA 7 (1 -)

Excision Level 5 (3 nodes-)

Excision Level 6 (1 nodes-)

Excision Level 7 (2 nodes -)

Question: How would you code
Regional Lymph Nodes
Examined?

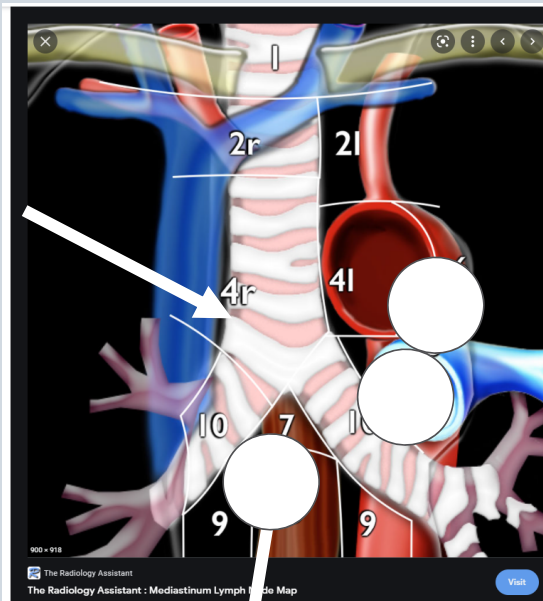


Image found on **The Radiology Assistant** website Article: *Mediastinum Lymph Node Map*
Robin Smithuis Radiology department of the Rijnland Hospital in Leiderdorp, the Netherlands
<https://radiologyassistant.nl/chest/mediastinum/mediastinum-lymph-node-map>

24

NEEDLE BX DISTANT NODE

Scenario:

- 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

Question 7:

How would you assign regional lymph nodes positive & examined?

- Regional Lymph Nodes Positive 95 Regional Lymph Node Examined 95
- Regional Lymph Nodes Positive 98 Regional Lymph Nodes Examined 00



25

ANSWER & RATIONALE

Regional Lymph Nodes Positive 98 Regional Lymph Nodes Examined 00

STORE 2021

- Regional Lymph Nodes Examined & Positive Instructions: Regional lymph nodes only. Record information about only regional lymph nodes in this field. Distant lymph node information should not be coded in this field.

SEER Program Coding & Staging Manual 2021

- Regional Lymph Nodes Examined & Positive Instructions: Regional lymph nodes only. Record information only about regional lymph nodes in this data item.



26

NEOADJUVANT THERAPY

Scenario: Patient diagnosed with left breast primary 3/2021. Imaging reveals left axillary node suspicious for mets

- 04-2021 core biopsy of left axillary node positive for metastatic CA from breast
- Neoadjuvant Chemo given
- 07-2021 Left mastectomy with Sentinel Lymph Node Biopsy: No residual Cancer, 2 SLN(-)

Question 8:

How would you assign regional lymph nodes positive & examined?

- Regional Lymph Nodes Positive 95 Regional Lymph Node Examined 02
- Regional Lymph Nodes Positive 95 Regional Lymph Nodes Examined 03
- Regional Lymph Nodes Positive 95 Regional Lymph Nodes Examined 95



27

ANSWER & RATIONAL-REG LN POSITIVE

Regional Lymph Nodes Positive 95

STORE 2021

- Regional Lymph Nodes Positive
 - Use code 95 when a positive lymph node is aspirated and surgically resected lymph nodes are negative

SEER Program Coding and Staging Manual 2021

- Regional Lymph Nodes Positive
 - A positive lymph node is aspirated and surgically resected lymph nodes are negative
 - **Example:** Lung cancer patient has aspiration of suspicious hilar mass that shows metastatic squamous carcinoma in lymph node tissue. Patient undergoes neoadjuvant (preoperative) radiation therapy followed by lobectomy showing 6 negative hilar lymph nodes. **Code Regional Nodes Positive as 95 and Regional Nodes Examined as the 06 nodes surgically resected.**



28

ANSWER & RATIONALE REG LN EXAMINED

Regional Lymph Node Examined 02

STORE 2021

- Regional Lymph Nodes Examined
 - Cumulative nodes removed and examined. Record the total number of regional lymph nodes removed and examined by the pathologist.
 - 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 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.

SEER Program Coding and Staging Manual 2021

- Regional Lymph Nodes Examined
 - 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
 - Do not count an 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
 - Assume the lymph node that is aspirated or core-biopsied is part of the lymph node chain surgically removed and do not include it in the count of Regional Nodes Examined when its location is not known.



ISOLATED TUMOR CELLS (ITCs)

Scenario: 2021 RUOQ breast 9.5cm low grade DCIS, 1 sentinel lymph node shows isolated tumor cells, 1 sentinel lymph node (-)

Question 9:

How would you assign regional lymph nodes positive?

- 01
- 00



30

ANSWER & RATIONALE

00 All nodes examined are negative

STORE 2021

- Regional Lymph Nodes Positive
 - Isolated tumor cells (ITCs) in lymph nodes. For all primary sites except cutaneous melanoma and Merkel cell carcinoma of skin, count only lymph nodes that contain micrometastases or larger (metastases greater than 0.2 millimeters in size). Do not include in the count of lymph nodes positive any nodes that are identified as containing isolated tumor cells (ITCs). If the path report indicates that nodes are positive but the size of metastasis is not stated, assume the metastases are larger than 0.2 mm and count the lymph node(s) as positive.
 - For cutaneous melanoma and Merkel cell carcinoma, count nodes with ITCs as positive lymph nodes

SEER Program Coding and Staging Manual 2021

- Regional Lymph Nodes Positive
 - a. For all cases except cutaneous melanoma and Merkel cell carcinoma of skin
 - i. Count only lymph nodes that contain micrometastases or larger (metastases greater than 0.2 millimeters in size)
 - ii. Assume the metastases are larger than 0.2 mm and count the lymph node(s) as positive when the path report indicates that nodes are positive but the size of metastasis is not stated
 - iii. Do not include in the count of lymph nodes positive any nodes that are identified as containing ITCs
 - b. For cutaneous melanoma and Merkel cell carcinoma of skin
 - i. Count nodes with ITCs as positive lymph nodes



31

PRIORITY OF LYMPH NODE COUNTS

STORE 2021

- Priority of lymph node counts. If there is a discrepancy regarding the number of positive lymph nodes, use information in the following priority: final diagnosis, synoptic report (also known as CAP protocol or pathology report checklist), microscopic, gross.

SEER Program Coding and Staging Manual 2021

- Priority of lymph node counts. Use information in the following priority when there is a discrepancy regarding the number of positive lymph nodes
 - a. Final diagnosis
 - b. Synoptic report (also known as CAP protocol or pathology report checklist; the consolidated findings on the CAP protocol)
 - c. Microscopic description
 - d. Gross description



32

POSITIVE NODES IN MULTIPLE PRIMARIES IN SAME ORGAN.

STORE 2021

- If there are multiple primary cancers with different histologic types in the same organ and the pathology report just states the number of nodes positive, the registrar should first try to determine the histology of the metastases in the nodes and code the nodes as positive for the primary with that histology. If no further information is available, code the nodes as positive for all primaries.



SEER Program Coding and Staging Manual 2021

- a. Determine the histology of the metastases in the nodes and code the nodes as positive for the primary with that histology when there are multiple primary cancers with different histologic types in the same organ and the pathology report just states the number of nodes positive
- b. Code the nodes as positive for all primaries when no further information is available
- *Example:* A breast case is two separate primaries as determined by the SEER multiple primary rules. The pathology report states "3 of 11 lymph nodes positive for metastasis" with no further information available. Code Regional Nodes Positive as 03 and Regional Nodes Examined as 11 for both primaries.

33

CODE 97 REGIONAL LYMPH NODES POS

STORE 2021

- Definition of Code 97. Use code 97 for any combination of positive aspirated, biopsied, sampled or dissected lymph nodes if the number of involved nodes cannot be determined on the basis of cytology or histology. Code 97 includes positive lymph nodes diagnosed by either cytology or histology. Note: If the aspirated node is the only one that is microscopically positive, use code 95.



SEER Program Coding and Staging Manual 2021

- Code 97. Use code 97 for any combination of positive aspirated, biopsied, sampled, or dissected lymph nodes when the number of involved nodes cannot be determined on the basis of cytology or histology. Code 97 includes positive lymph nodes diagnosed by either cytology or histology.
- *Example:* Patient with carcinoma of the pyriform sinus has a mass in the mid neck. Fine needle aspiration (FNA) of one node is positive. The patient has neoadjuvant (preoperative) chemotherapy, then resection of the primary tumor and a radical neck dissection. In the radical neck dissection, "several" of 10 nodes are positive; the remainder of the nodes show chemotherapy effect. Code Regional Nodes Positive as 97 because the total number of positive nodes biopsied and removed is unknown, and code Regional Nodes Examined as 10.
- Note: If the aspirated node is the only one that is microscopically positive, use code 95.

34

CODE 98 REGIONAL LYMPH NODES POS

STORE 2021

- Use of Code 98. Code 98 may be used in several situations. When the assessment of lymph nodes is clinical only. When no lymph nodes are removed and examined. When a “dissection” of a lymph node drainage area is found to contain no lymph nodes at the time of pathologic examination. If Regional Nodes Positive is coded as 98, Regional Nodes Examined is usually coded 00.

SEER Program Coding and Staging Manual 2021

- Use code 98 when
 - a. The assessment of lymph nodes is clinical only
 - b. No lymph nodes are removed and examined
 - c. A “dissection” of a lymph node drainage area is found to contain no lymph nodes at the time of pathologic examination
 - d. Regional Nodes Positive is coded 98, **Regional Nodes Examined is usually coded 00**



35

CODE 99 REGIONAL LYMPH NODES POS

STORE 2021

- Use of code 99. Use code 99 if it is unknown whether regional lymph nodes are positive.
 - Primary sites always coded 99. For the following primary sites and histologies, the Regional Nodes Positive field is always coded as 99: C420, C421, C423-C424, C589, C700-C709, C710-C729, C751-C753, C761-C768, C770-C779, or C809.
- For the following schemas, the Regional Nodes Positive field is always coded as 99.
 - Placenta
 - Brain and Cerebral Meninges
 - Other Parts of Central Nervous System Intracranial Gland
 - Hodgkin and non-Hodgkin Lymphoma
 - Excludes cases collected in the following schemas: Lymphoma Ocular Adnexa, Primary Cutaneous Lymphomas and Mycosis Fungoides
 - Hematopoietic, Reticuloendothelial, Immunoproliferative and Myeloproliferative Neoplasms Myeloma and Plasma Cell Disorders
 - Excludes histology 9734
 - Other and Ill-Defined Primary Sites
 - Excludes Spleen (C422)
 - Unknown Primary Site

SEER Program Coding and Staging Manual 2021

- Use code 99 for
 - a. Any case coded to primary site C420, C421, C423, C424, C589, C700-C709, C710-C729, C751-C753, C761-C768, C770-C779, or C809
 - b. Lymphoma (excluding CLL/SLL) 00790
 - c. Lymphoma (CLL/SLL) 00795
 - d. Plasma Cell Disorders (excluding 9734/3) 00822
 - e. Cases with no information about positive regional lymph nodes
 - f. For more information about schemas and schema IDs, go to the SSDI Manual, Appendix A.



36

WHEN DEFINITION OF REG NODES DIFFERS

STORE 2021

- When definition of regional nodes differs between the AJCC Cancer Staging Manual and the SEER Program Coding and Staging Manual use the AJCC definition.



37

CODE 96/97 REGIONAL NODES EXAMINED

STORE 2021

- Definition of “sampling” (code 96). A lymph node “sampling” is removal of a limited number of lymph nodes. Other terms for removal of a limited number of nodes include lymph node biopsy, berry picking, sentinel lymph node procedure, sentinel node biopsy, selective dissection. Use code 96 when a limited number of nodes are removed but the number is unknown.
- Definition of “dissection” (code 97). A lymph node “dissection” is removal of most or all of the nodes in the lymph node chain(s) that drain the area around the primary tumor. Other terms include lymphadenectomy, radical node dissection, lymph node stripping. Use code 97 when more than a limited number of lymph nodes are removed and the number is unknown.
- Multiple lymph node procedures. If both a lymph node sampling and a lymph node dissection are performed and the total number of lymph nodes examined is unknown, use code 97.



38

SEER Program Coding and Staging Manual 2021

- Definition of “sampling” (code 96). A lymph node “sampling” is removal of a limited number of lymph nodes. Other terms for removal of a limited number of nodes include lymph node biopsy, berry picking, sentinel lymph node procedure, sentinel node biopsy and, selective dissection. Use code 96 when a limited number of nodes are removed but the number is unknown.
- Definition of “dissection” (code 97). A lymph node “dissection” is removal of most or all of the nodes in the lymph node chain(s) that drain the area around the primary tumor. Other terms include lymphadenectomy, radical node dissection, and lymph node stripping. Removal of lymph nodes during autopsy is a dissection. Use code 97 when more than a limited number of lymph nodes are removed and the number is unknown.
- Multiple lymph node procedures. Use code 97 when both a lymph node sampling and a lymph node dissection are performed and the total number of lymph nodes examined is unknown.

CODE 98 REG NODES EXAMINED

STORE 2021

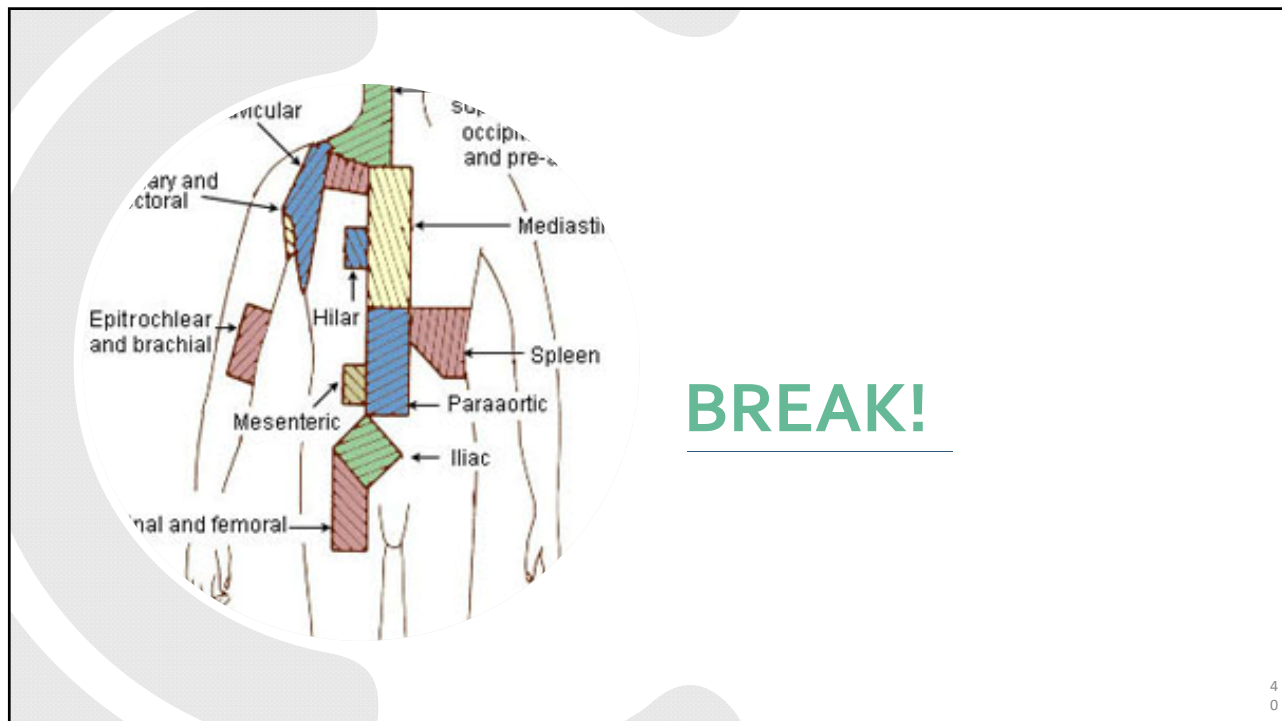
- Regional lymph nodes were surgically removed, but the number of lymph nodes is unknown/not stated and not documented as a sampling or dissection; nodes were examined, but the number is unknown

SEER Program Coding and Staging Manual 2021

- Use code 98 when neither the type of lymph node removal procedure nor the number of lymph nodes examined is known



39



40

Date Regional Lymph Node Dissection

Item #	Length	Source of Standard	Year Implemented	Version Implemented	Year Retired	Version Retired
692	8	NAACCR	2018	18		

Alternate Name:

XML NAACCR ID: dateRegionalLNDissection

PARENT XML ELEMENT: Tumor

Description
Records the date non-sentinel regional node dissection was performed. This data item is required for CoC-accredited facilities as of cases diagnosed 01/01/2018 and later.

Rationale
It is a known fact that sentinel lymph node biopsies have been under-reported. Additionally, the timing and results of sentinel lymph node biopsy procedures are used in quality of care measures. This data item can be used to more accurately assess the date of regional node dissection separate from the date of sentinel lymph node biopsy, if performed.

41

SLN + NON-SENTINEL NODE HARVEST

Scenario: 07-21-2021 Op Note: Procedure performed: Right breast needle localized quadrantectomy, intraoperative lymphatic mapping, right axilla sentinel lymph node biopsy x 4, and frozen section analysis- A total of 4 sentinel lymph nodes were identified and mobilized. Afferent and efferent lymphatics were clipped and the SLNS were harvested. **In the process of doing so, 2 additional smaller non-sentinel lymph nodes were also harvested.** All 4 SLN sent for path eval. It was noted on frozen section analysis to be free of any metastatic disease. At this point, the non-sentinel lymph nodes were sent for permanent testing.

- Path report: 4 Sentinel lymph nodes negative, 1 Non-Sentinel axillary node negative

Question 10:

How would you record Date Regional Lymph Node Dissection?

- 07-21-2021
- Blank



42

ANSWER & RATIONALE

BLANK

- **STORE 2021**

- Date Regional Lymph Node Dissection: Records the date non-sentinel regional node dissection was performed
 - {We will record the Date of the Sentinel Lymph Node Biopsy as 07-21-2021}

Field	
Scope of Regional Lymph Node Surgery:	2
Regional Lymph Nodes Examined:	05
Regional Lymph Nodes Positive:	00
Date of Regional Lymph Node Surgery:	BLANK
Date of Sentinel Lymph Node Biopsy	07-21-2021
Sentinel Lymph Nodes Examined	05
Sentinel Lymph Nodes Positive	00
AJCC TNM Path N Suffix	(sn)



3

NON-BREAST/MELANOMA SLN BX

Scenario: 5/21/2021 TAH BSO with Bilateral Pelvic Sentinel Lymph Node Dissection: A 1.25:1 of indocyanine dye injected into the cervix both superficial and deep for sentinel lymph node mapping. On the Right and Left Side the Sentinel Lymph Nodes were identified and dissected. The path report states 5 Right Pelvic SLNs & 4 Left Pelvic SLN Negative.

Question 11:

How would you record Date Regional Lymph Node Dissection?

- 05-21-2021
- Blank



44

ANSWER & RATIONALE

Blank

STORE 2021

- Date Regional Lymph Node Dissection: **Records the date non-sentinel regional node dissection** was performed. {In our example, only SLN were removed, so we will leave the Date of Regional Lymph Node Dissection Blank.}



45

NO LN DISSECTION BUT LN IN SPECIMEN

Scenario: Dx 07-21-2021 Rectal polypectomy: invasive adenocarcinoma margins positive

- 07-31-2021 Operative Report: Full-thickness transanal removal of rectal mass
- 07-31-2021 Path Report: Rectal mass, excision:-Focal adenomatous epithelium with extensive thermal artifact, extending to 1 unoriented mucosal edge.
 - No definite evidence of high-grade dysplasia or invasive carcinoma.
 - 1 lymph node, negative for metastatic carcinoma (0/1).

Question 12:

How would you assign the Date of Regional Lymph Node Dissection?

- Blank
- 07-21-2021



46

ANSWER & RATIONALE

Blank

STORE 2021

- Date Regional Lymph Node Dissection: Records the date non-sentinel regional node dissection was performed. This data item is required for CoC-accredited facilities as of cases diagnosed 01/01/2018 and later.

CAnswer Forum Post *Leave the regional dissection blank. Even though the surgeon did not attempt a LN dissection it was performed per the pathology report.*

<https://cancerbulletin.facs.org/forums/forum/fords-national-cancer-database/store/first-course-of-treatment-aa/surgery-aa/118701-no-lin-dissection-but-lin-found-by-pathologist#post119312>



47

Date of Sentinel Lymph Node Biopsy

DATE OF SENTINEL LYMPH NODE BIOPSY

Item #	Length	Source of Standard	Year Implemented	Version Implemented	Year Retired	Version Retired
832	8	CoC	2018	18		

Alternate Name:

XML NAAACCR ID: dataSentinelLymphNodeBiopsy

PARENT XML ELEMENT: Tumor

Description

Records the date of the sentinel lymph node(s) biopsy procedure. This data item is required for CoC-accredited facilities as of cases diagnosed 01/01/2018 and later. This data item is required for breast and melanoma cases only.

This data item is required for breast and melanoma cases only.

48

Date Sentinel Lymph Nodes Examined/ Positive

Item #	Length	Source of Standard	Year Implemented	Version Implemented	Year Retired	Version Retired
834	2	CoC	2018	18		

Alternate Name:

XML NAACCR ID: sentinelLymphNodesExamined

PARENT XML ELEMENT: Tumor

Description
Records the total number of lymph nodes sampled during the sentinel node biopsy and examined by the pathologist. This data item is required for CoC-accredited facilities as of cases diagnosed 01/01/2018 and later. **This data item is required for breast and melanoma cases only.**

Rationale
It is a known fact that sentinel lymph node biopsies have been under-reported. Additionally, the timing and results of sentinel lymph node biopsy procedures are used in quality of care measures. This data item can be used to more accurately assess the number of lymph nodes biopsied during the sentinel node biopsy procedure separate from the number of lymph nodes dissected during additional subsequent regional node procedures.

Codes

00 No sentinel nodes were examined
01-90 Sentinel nodes were examined (code the exact number of sentinel lymph nodes examined)
95 No sentinel nodes were removed, but aspiration of sentinel node(s) was performed
98 Sentinel lymph nodes were biopsied, but the number is unknown
99 It is unknown whether sentinel nodes were examined; not stated in patient record

Item #	Length	Source of Standard	Year Implemented	Version Implemented	Year Retired	Version Retired
835	2	CoC	2018	18		

Alternate Name:

XML NAACCR ID: sentinelLymphNodesPositive

PARENT XML ELEMENT: Tumor

Description
Records the exact number of sentinel lymph nodes biopsied by the pathologist and found to contain metastases. This data item is required for CoC-accredited facilities as of cases diagnosed 01/01/2018 and later. **This data item is required for breast and melanoma cases only.**

Rationale
It is a known fact that sentinel lymph node biopsies have been under-reported. Additionally, the timing and results of sentinel lymph node biopsy procedures are used in quality of care measures. This data item can be used to more accurately assess the number of positive sentinel lymph nodes biopsied separate from the number of positive lymph nodes identified during additional subsequent regional node dissection procedures, if performed.

Codes

00 All sentinel nodes examined are negative
01-90 Sentinel nodes are positive (code exact number of nodes positive)
95 Positive aspiration of sentinel lymph node(s) was performed
97 Positive sentinel nodes are documented, but the number is unspecified. For breast ONLY: SLN and RLND occurred during the same procedure
98 No sentinel nodes were biopsied
99 It is unknown whether sentinel nodes are positive; not applicable; not stated in patient record

49

NON-BREAST/MELANOMA SLN BX

Scenario: 5/21/2021 TAH BSO with Bilateral Pelvic Sentinel Lymph Node Dissection: A 1.25:1 of indocyanine dye injected into the cervix both superficial and deep for sentinel lymph node mapping. On the Right and Left Side the Sentinel Lymph Nodes were identified and dissected. The path report states 5 Right Pelvic SLNs & 4 Left Pelvic SLN Negative.

Question 13:

How would you record Date of Sentinel Lymph Node Biopsy?

- 05-21-2021
- Blank



50

ANSWER & RATIONALE

Blank

STORE 2021

- Date of Sentinel Lymph Node Biopsy: Records the date of the sentinel lymph node(s) biopsy procedure. This data item is required for CoC-accredited facilities for cases diagnosed 01/01/2018 and later. **This data item is required for breast and cutaneous melanoma cases only.**



51

Field		Rationale	Non-Breast/Melanoma SLN bx-Summary
Date of SLN BX Item #832	BLANK	STORE page 158 Description: Records the date of the sentinel lymph node(s) biopsy procedure. This data item is required for breast and cutaneous melanoma cases only.	
SLN Examined Item # 834	BLANK	STORE page 161 Description: Records the total number of lymph nodes sampled during the sentinel node biopsy and examined by the pathologist. This data item is required for breast and cutaneous melanoma cases only.	
SLN Positive Item #835	BLANK	STORE page 163 Description: Records the exact number of sentinel lymph nodes biopsied by the pathologist and found to contain metastases. This data item is required for breast and cutaneous melanoma cases only.	
Regional Lymph Nodes Positive Item #820	00	STORE, page 170 Description: Records the exact number of regional lymph nodes examined by the pathologist and found to contain metastases Coding Instructions: Cumulative nodes positive. Record the total number of regional lymph nodes removed and found to be positive by pathologic examination.	
Regional Lymph Nodes Examined Item #830-	09	STORE, page 167 Description: Records the total number of regional lymph nodes that were removed and examined by the pathologist. Coding Instructions: Cumulative nodes removed and examined. Record the total number of regional lymph nodes removed and examined by the pathologist	
Date Regional Lymph Node Dissection #682-	BLANK	STORE, page 165 Description: Records the date non-sentinel regional node dissection was performed.	
Scope of Regional LN Surgery Item #1292	2	STORE, page 250 General Instructions Applying to All Sites: The operative report states that a SLNBx was performed	
AJCC Path N Suffix #1035	(sn)	STORE, Page 212 (sn) Sentinel node procedure with or without FNA or core needle biopsy (Also referenced page 158,161, 163	

SENTINEL LYMPH & AXILLARY NODES POSITIVE

Scenario: 2021

- 04-01-2021 Mastectomy and sentinel lymph node biopsy and axillary dissection done at the same time. 2/2 SLN positive, 0/5 Regional node negative.

Question 14:

How do you code Number of Sentinel Lymph Nodes Positive?

- 02
- 97



53

ANSWER & RATIONALE

97

STORE 2021

- Sentinel Lymph Nodes Positive: FOR BREAST ONLY: If a sentinel lymph node biopsy is performed during the same procedure as the regional node dissection, use code 97 in this data item, and record the total number of positive regional lymph nodes biopsied/dissected (both sentinel and regional) in Regional Lymph Nodes Positive [820].



54

Field	Code	Rationale	SLN & Axillary Nodes Positive-Summary
Date of Sentinel Lymph Node biopsy	04-01-2021	STORE page 160 Record the date of the sentinel lymph node biopsy procedure documented in the Sentinel Lymph Node Examined	
Sentinel Lymph Nodes Examined	02	STORE page 161 If a sentinel node biopsy procedure and then a subsequent, separate regional node dissection procedure are performed, record the total number of nodes biopsied during the sentinel node procedure in this data item, and record the total number of regional lymph nodes biopsied/dissected (which includes the number of nodes documented in this data item) in Regional Lymph Nodes Examined [830].	
Sentinel Lymph Nodes Positive	97	STORE page 163 FOR BREAST ONLY: If a sentinel lymph node biopsy is performed during the same procedure as the regional node dissection, use code 97 in this data item, and record the total number of positive regional lymph nodes biopsied/dissected (both sentinel and regional) in Regional Lymph Nodes Positive [820].	
Date Regional Lymph Node Dissection	04-01-2021	STORE page 165 If a sentinel lymph node biopsy is performed in the same procedure as the regional node dissection, record the date of the procedure in both this data item and in the Date of Sentinel Lymph Node Biopsy [832] data item (i.e., the dates should be equal).	
Regional Lymph Nodes Examined	07	STORE page 166 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.	
Regional Lymph Nodes Positive	02	STORE page 169 The number of regional lymph nodes positive is cumulative from all procedures that remove lymph nodes through the completion of surgeries in the first course of treatment.	
Scope of Regional Lymph Node Surgery	6	STORE page 238 Sentinel node biopsy and code 3, 4, or 5 at same time, or timing not stated	
AJCC TNM Path N Suffix	blank	STORE page 206 No suffix needed or appropriate	

SLN + NON-SENTINEL NODE HARVEST

Scenario: 07-21-2021 Op Note: Procedure performed: Right breast needle localized quadrantectomy, intraoperative lymphatic mapping, right axilla sentinel lymph node biopsy x 4, and frozen section analysis- A total of 4 sentinel lymph nodes were identified and mobilized. Afferent and efferent lymphatics were clipped and the SLNs were harvested. **In the process of doing so, 2 additional smaller non-sentinel lymph nodes were also harvested.** All 4 SLN sent for path eval. It was noted on frozen section analysis to be free of any metastatic disease. At this point, the non-sentinel lymph nodes were sent for permanent testing.

- Path report: 4 Sentinel lymph nodes negative, 1 Non-Sentinel axillary node negative

Question 15:

How would you record Sentinel Lymph Nodes Examined?

- 04
- 05



ANSWER & RATIONALE

05

STORE 2021

- If, during a sentinel node biopsy procedure, a few non-sentinel nodes happen to be sampled, document the **total number of nodes sampled during the sentinel node procedure** in this data item. I.e., record the total number of nodes from the sentinel node biopsy procedure regardless of sentinel node status.



57

MELANOMA-UNKNOWN PRIMARY

Scenario: 1/12/21 Patient presents with an enlarged left level 3 cervical lymph node. An FNA is done and found to be positive for malignant melanoma.

- A thorough exam was conducted. A primary tumor was not identified. No further metastatic disease identified.
- Patient went on to have a left cervical node dissection 1/21 nodes positive.

Question 16:

What primary site is assigned?

- C44.4 (Skin of the Neck)
- C44.9 (Skin NOS)
- C76.0 (Other and Ill Defined Site-Head, Face, or Neck)
- C80.9 Unknown Primary



58

ANSWER & RATIONALE

- C44.9 Skin NOS
 - See table 1 Cutaneous Melanoma Solid Tumor Rules

Skin, NOS	Skin, NOS C44.9
<i>Note:</i> Code to Skin, NOS (C44.9) if a patient is diagnosed with metastatic melanoma and the primary site is not identified.	



Field	
Regional Lymph Nodes Positive:	01
Regional Lymph Nodes Examined:	21
Date of Regional Lymph Node Dissection	1/12/21
Date of Sentinel Lymph Node Biopsy	BLANK
Summary Stage 2018	3 Regional to lymph nodes
EOD Primary Tumor	800-No evidence of primary Tumor
EOD Lymph Node	200-One clinically detected node
EOD Mets	00-No distant mets
AJCC TNM	cT0 cN1b cM0 cStage 3 pT Blank pN Blank pM Blank pStage 99
Surgery of Primary Site	00 None
Scope of Regional Lymph Node Surgery:	5 - 4 or more lymph nodes removed
Surgical Procedure/Other Site	0 None

HEAD AND NECK-UNKNOWN PRIMARY

Scenario: 1/12/21 Patient presents with an enlarged (2cm) left level 3 cervical lymph node. An FNA is done and found to be positive for squamous cell carcinoma. The FNA was negative for p-16 and EBR.

- A thorough exam was conducted. A primary tumor was not identified, but the physician suspected a head and neck primary.
- Patient went on to have a left cervical node dissection 1/21 nodes positive. Lymph node mets measured 1cm. No extranodal metastasis.

Question 17:

What primary site is assigned?

- C10.9 Oropharynx
- C11.9 Nasopharynx
- C76.0 (Other and Ill Defined Site-Head, Face, or Neck)
- C80.9 Unknown Primary



P16 AND EBV STATUS

		EBV		
		Positive	Negative	Unknown
HPV (p16)	Positive	C11.9 Nasopharynx	C10.9 Oropharynx	C10.9 Oropharynx
	Negative	C11.9 Nasopharynx	C76.0 Ill-Defined Site of the Head and Neck	C76.0 Ill-Defined Site of the Head and Neck
	Unknown	C11.9 Nasopharynx	C76.0 Ill-Defined Site of the Head and Neck	C76.0 Ill-Defined Site of the Head and Neck



SSDI Manual Page 47
STORE 2021 Page 49

61

ANSWER & RATIONALE

- C76.0 (Other and Ill Defined Site-Head, Face, or Neck)
 - See Occult Cervical Lymph Node on page 42 of the STORE 2021

Field	
Regional Lymph Nodes Positive:	01
Regional Lymph Nodes Examined:	21
Date of Regional Lymph Node Dissection	1/12/21
Date of Sentinel Lymph Node Biopsy	BLANK
Summary Stage 2018	3 Regional to lymph nodes
EOD Primary Tumor	800- No evidence of primary Tumor
EOD Lymph Node	100 -One clinically detected node 3cm or smaller. NoENE.
EOD Mets	00- No distant mets
AJCC TNM	cT0 cN1 cM0 cStage 3 pT0 pN1 cM0 pStage 3
Surgery of Primary Site	00 None
Scope of Regional Lymph Node Surgery:	5 - 4 or more lymph nodes removed
Surgical Procedure/OtherSite	0 None



Radiation to Draining Lymph Nodes

PHASE I RADIATION TO DRAINING LYMPH NODES						
Item #	Length	Source of Standard	Year Implemented	Version Implemented	Year Retired	Version Retired
1505	2	CoC	2018	18		

Alternate Name:

XML NAACCR ID: phase1RadiationToDrainingLN

PARENT XML ELEMENT: Tumor

Description
Identifies the draining lymph nodes treated (if any) during the first phase of radiation therapy delivered to the patient during the first course of treatment. This data item is required for CoC-accredited facilities as of 01/01/2018.

Rationale
The first phase of radiation treatment commonly targets both the primary tumor (or tumor bed) and draining lymph nodes as a secondary site. This data item should be used to indicate the draining regional lymph nodes, if any, that were irradiated during the first phase of radiation.

Codes

- 00 No radiation treatment
- 01 Neck lymph node regions
- 02 Thoracic lymph node regions
- 03 Neck and thoracic lymph node regions
- 04 Breast/Chest wall lymph node regions
- 05 Abdominal lymph nodes
- 06 Pelvic lymph nodes
- 07 Abdominal and pelvic lymph nodes
- 08 Lymph node region, NOS
- 88 Not applicable; Phase I Radiation Primary Treatment Volume is lymph nodes
- 99 Unknown if any radiation treatment to draining lymph nodes; Unknown if radiation treatment administered

63

WHOLE PELVIS RADIATION

Scenario: 2021 Diagnosed with Prostate Adenocarcinoma, treated with EBRT. Treatment Summary Pelvis/Prostate treated with IMRT 4500 cGy x 25

Question 18:

How would you record Radiation to Draining Lymph Nodes?

- 00 No radiation treatment to draining lymph nodes
- 06 Pelvic lymph nodes
- 07 Abdominal and pelvic lymph nodes



64

ANSWER & RATIONALE

06 Pelvic Lymph Nodes

STORE 2021

- Phase I-II-III Radiation to Draining Lymph Nodes page 267 Example: Prostate cancer patient declines surgery for management of his prostate cancer, and opts for EBRT. The treatment summary states that pelvis/prostate were targeted on phase 1 with 180 cGy X 25 fx= 45 Gv. Record Phase I Radiation to Draining Lymph Nodes as 06 because **when the pelvis is specifically mentioned in the treatment summary, we can assume that regional lymph nodes were targeted.**

CTR Guide to CTR Guide to Coding Radiation Therapy Treatment in the STORE Version 3.0 February 2021

- When a region like the pelvis is treated, code the primary site. Pelvic lymph nodes are identified as a target in Rad to Nodes Example #6, #8, #16, #24, #26



65

DRAINING LYMPH NODES DISTAL ESOPHAGUS

- Scenario:** 2021 diagnosed with Distal Esophageal primary, treated with palliative chemo/radiation.
- DOSE SITE SUMMARY: 4500 cGy was delivered. The field superiorly was 1 cm superior to the carina, inferiorly included the celiac artery, as the gastric entry was the denser portion of the medial wall, and elsewhere the **paraesophageal, mediastinal and perigastric - gastrohepatic nodal areas.** There was no portal hepatitis within the clinical treatment volume.

Question 19: How would I assign the Phase 1 Radiation to Draining Lymph Nodes?

- 02 Thoracic Lymph Nodes
- 05 Abdominal Lymph Nodes
- 08 Lymph Node Regions Nos



66

DETERMINE REGIONS LN RESIDE

Hematopoietic and Lymphoid Neoplasm Coding Manual Appendix C

Lymph Node/ Lymph Node Chain	Use for Multiple Primaries in Heme	ICD-O Lymph Node Region(s)	TNM Staging
Paraesophageal	C771	Intrathoracic	Mediastinal
Mediastinal	C771	Intrathoracic	Mediastinal
Perigastric	C772	Intra-abdominal	Mesenteric
Gastrohepatic	C772	Intra-abdominal	Mesenteric

STORE Phase I-II-III Radiation to Draining Lymph Nodes

Code	Label
00	No radiation treatment to draining lymph nodes. Diagnosed at autopsy.
01	Neck lymph node regions
02	Thoracic lymph node regions
03	Neck and thoracic lymph node regions
04	Breast/Chest wall lymph node regions
05	Abdominal lymph nodes
06	Pelvic lymph nodes
07	Abdominal and pelvic lymph nodes
08	Lymph node region, NOS
88	Not applicable; Phase I Radiation Primary Treatment Volume is lymph nodes
99	Unknown if any radiation treatment to draining lymph nodes; Unknown if radiation treatment administered



67

ANSWER & RATIONAL

08 Lymph Node Region, NOS

CAAnswer Forum We do not have all combination codes for volume and cannot cover every situation with precision coding. For this particular case we would recommend Volume Code 08, Lymph Node Regions, NOS



68

CLARIFICATION FROM BREAST WEBINAR

- Tumor Size Summary/ Tumor Size Clinical
 - Jim incorrectly stated that tumor size collected after tumor size increase should not be used.
- Scenario (different than what was presented)
 - MRI on 2/1/20 showed a 2.8cm tumor
 - MRI on 5/1/20 showed a 5.2cm tumor
 - Patient started neoadjuvant treatment on 5/10/20.
- Tumor Size Summary 052
- Tumor Size Clinical 052
- AJCC cT3



69

CONCLUSION

USE THE MANUALS!

Refer to CAnswer Forum

- Site-Specific Data Items/Grade 2018
- AJCC TNM Staging 8th Edition
- STORE

Refer to SINQ

- Hematopoietic Rules
- ICD-0-3 Updates (for cases diagnosed 2018+)
- Solid Tumor Rules (for cases diagnosed 2018+)
- EOD 2018
- Summary Stage 2018



70

QUESTIONS



71

COMING UP...

- Uterus
 - Guest Host: Wilson Apollo
 - 10/07/2021
- Bladder
 - Guest Host: Denise Harrison, Louanne Currance
 - 11/4/2021



CE CERTIFICATE QUIZ/SURVEY

CE Phrase

Link

<https://survey.alchemer.com/s3/5729198/Coding-Pitfalls-2021>



THANK YOU

✉ JHOFFERKAMP@NAACCR.ORG

🌐 [HTTPS://WWW.NAACCR.ORG/](https://www.naacrr.org/)