

# Abstracting and Coding Boot Camp 2022

March 3, 2022



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## 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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## Resources


- Text Template
- SSDI Manual: Breast Chapter


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## Fabulous Prizes


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## Guest Presenters

- Nancy Etzold, CTR
  - Director, Cancer Registry, Oklahoma University Health
- Laney Bomberger-Schmotzer, CTR
  - Cancer Registry Coordinator, Oklahoma University Health



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## Terrific Text

- Abstract
- Codes
  - Benefits
  - Drawbacks

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## Webinar Agenda

- Overview Text
- Quiz 1 – Text
- Overview Casefinding & Sequence
- Quiz 2 – Casefinding & Sequence
- Overview Class of Case
- Quiz 3 – Class of Case
- BREAK
- Quiz 4 – Terminology
- Overview Breast Site-Specific Data Items
- Quiz 5 – Breast SSDI's
- Quiz 6 – Wrap up

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## TEXT Guidelines

- Supports and Validates
- Standardization
- CCO
- Just the facts
- Lay the groundwork

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## History & Physical Exam Text

- History of present illness
- Physical exam findings
  - Dates
  - Primary Site
  - Lymph Nodes
  - Extent of disease
- Don't include

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## Radiology Endoscopic Procedures Text

- Endoscopic Procedures
- Radiology Procedures
  - Dates
  - Primary Site
  - Lymph Nodes
  - Extent of Disease
  - Diagnostic Impression

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## Laboratory Tests & Tumor Marker Text

- Laboratory Tests
  - Date
  - Test name/type
  - Results
  - Normal value/range
- Tumor Markers
  - Screen, Monitor, or Detect
  - Determine
  - Provide

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## Operative Findings Text

- Surgical Procedures
- Surgeon Observation
- Most complete assessment
  - Organs/tissues removed
  - Invasion of other tissues/organs
  - Multiple tumors
  - Discontinuous spread
  - Stage
  - Gross tumor remaining

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## Pathology Text

- Microscopic Tissue Examination
- Microscopic Cell Examination
- What to record
- CoC Compliance

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## Treatment Text Fields

- Unique for Treatment Modalities
- 1000 Characters
- Standard Abbreviations
- Don't rely on computer text
- No duplication
- Less is more
- Note what's missing
- Document all related data fields

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## Surgery Text

- Purpose of Surgery performed
- Type of surgical procedures
- What to record

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## Systemic Treatment Text

- Chemotherapy
- Hormone
- Immunotherapy
- What to record

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## Transplant/Endocrine Procedure Text

- No dedicated text field
- Procedures
- Hormone/Endocrine Surgery & Radiation
- What to record

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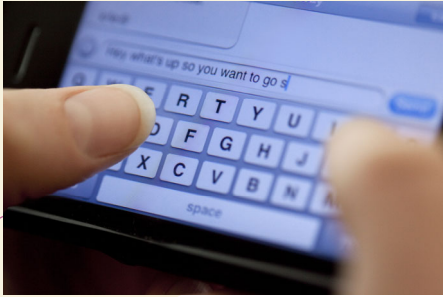
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## Other Therapy Text and Remarks

- Cancer-directed treatment doesn't fit elsewhere
- What to record
- Remarks


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# Quiz 1 - Text

Good luck!



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## Casefinding

- Reportability
- Casefinding Sources
- Casefinding list
  - [Casefinding Lists - SEER \(cancer.gov\)](https://seer.cancer.gov/casefinding-lists)
- Exceptions to the rule

*ICD-10-CM Casefinding List, 2022*  
Based on the International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2022

COMPREHENSIVE ICD-10-CM Casefinding Code List for Reportable Tumors	
(EFFECTIVE DATES: 10/1/2021-9/30/2022)	
Please refer to your standard setter(s) for specific reporting requirements before using the Casefinding List	
ICD-10-CM Code	Explanation of Code
C00.-, C43.-, C4A.-, C45.-, C48.-, C49.-, C96.-	Malignant neoplasms (excluding category C44 and C49.A), stated or presumed to be primary (of specified site) and certain specified histologies Note: The following neoplasm codes are new for FY2022 (10/1/2021) C56.3: Malignant neoplasm of bilateral ovaries C79.63: Secondary malignant neoplasm of bilateral ovaries C84.7A: Anaplastic large cell lymphoma, ALK-negative, breast
C44.00, C44.09	Unspecified/other malignant neoplasm of skin of lip
C44.10, C44.19	Unspecified/other malignant neoplasm of skin of eyelid
C44.13	Sebaceous cell carcinoma of skin of eyelid, including canthus
C44.20, C44.29	Unspecified/other malignant neoplasm skin of ear and external auricular canal
C44.30, C44.39	Unspecified/other malignant neoplasm of skin of other/unspecified parts of face
C44.40, C44.49	Unspecified/other malignant neoplasm of skin of scalp & neck
C44.50, C44.59	Unspecified/other malignant neoplasm of skin of trunk
C44.60, C44.69	Unspecified/other malignant neoplasm of skin of upper limb, incl. shoulder
C44.70, C44.79	Unspecified/other malignant neoplasm of skin of lower limb, including hip
C44.80, C44.89	Unspecified/other malignant neoplasm of skin of overlapping sites of skin
C44.90, C44.99	Unspecified/other malignant neoplasm of skin of unspecified sites of skin
C49.A-	Gastrointestinal Stromal Tumors Note: All GIST tumors are now reportable starting in 2021 (per ICD-O-3.2), including GIST, NOS
D00.-, D05.-, D07.-	In-situ neoplasms
D09	Note 1: Excludes carcinoma in situ tumors of the cervix (D06._) Note 2: Excludes prostatic intraepithelial neoplasia (PIN III) (8148/2) of the prostate. Other prostate in situ histologies are reportable Note 3: For D04 (carcinoma in situ of skin), excludes basal and squamous cell in situ lesions
D13.7	Benign neoplasm of endocrine pancreas Note: Effective 1/1/2021: Review this code to look for the following which were previously a benign tumor of the pancreas, but is now malignant per ICD-O-3.2 • Islet cell adenoma • Neuroendocrine tumor • Islet cell adenomatosis • Insulinoma • Beta cell adenoma
D18.02	Hemangioma of intracranial structures and any site

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## Casefinding Methods & Sources

- Active vs passive casefinding
- Source documents may vary
- Reliance on multiple sources



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## Quality Control

### Sample Casefinding Completeness Log by Site and Year of Diagnosis

Casefinding Completeness Log by Site and Year of Diagnosis

Site	2000	2001
Breast	91	104
Prostate	85	61
Melanoma	26	11
Lymphoma	25	24
Cervix	18	2



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## 2021 ICD-O 3.2 Guidelines

- What are the guidelines?
- How sweeping are the changes?
- Where can I find the guidelines?
  - [ICD O 3 Coding Updates \(naaccr.org\)](https://naaccr.org)

### ICD O 3 Coding Updates

#### ICD-O-3 IMPLEMENTATION GUIDELINES

ICD O 2022
Previous Guidelines

These documents address the implementation of ICD-O-3 for cases diagnosed on or after January 1, 2021.

##### ICD O 3.2 Implementation Documents

- 2021 ICD O 3.2 Coding Guidelines – 10/05/2020
- 2021 ICD O 3.2 Tables 1-5 (tables with new term, new codes, changed behaviors, etc) – 10/01/2020
- 2021 ICD O 3.2 Table 6 Numeric (combined tables 1-5 in numeric order) – 11/10/2020
  - 11/10/20 Paraganglioma, NOS histology code corrected (8680 is correct code)
- 2021 ICD O 3.2 Table 7 Alpha Table (combined tables 1-5 in alpha order)- 11/10/2020
  - 11/10/20 Paraganglioma, NOS histology code corrected (8680 is correct code)
- 2021 ICD O 3.2 Coding Table Excel (full list of ICD 3.2 histology codes)- 10/01/2020

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## ICD O 3.2 Implementation Documents for 2022

- Table 1 Numeric:

**ICD-O-3.2 Update**  
**Effective January 1, 2022**

**Table 1: 2022 ICD-O-3.2 Update (Numerical)**

- Codes/terms listed numerically
- **Only new** associated terminology to **existing** ICD-O-3.2 codes are included in the 2022 ICD-O Implementation guidelines and documentation. Terms are those listed in the blue books.
- Update based on the following 5<sup>th</sup> Ed classification of Tumors books: Breast, Digestive System, Female Genital, and Soft Tissue & Bone

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
8033/3	Carcinoma with <b>sarcomatoid</b> component	Y	Y	Y	Y	New related term
8044/3	Small cell carcinoma, large cell variant (C56.9)	Y	Y	Y	Y	New related term: <b>ovary only</b>
8085/3	Squamous cell carcinoma, HPV-associated	Y	Y	Y	Y	New term for uterine cervix, vagina, vulva valid 1/1/2022
8086/3	Squamous cell carcinoma, HPV-independent	Y	Y	Y	Y	New term for uterine cervix, vagina, vulva valid 1/1/2022
8144/2	Intestinal-type adenoma, high grade (C160 – C166, C168-C169, C170-C173, C178-C179)	Y See remarks	Y See remarks	Y See remarks	Y See Remarks*	Term is reportable for stomach and small intestines <b>ONLY</b> beginning 1/1/2022 *CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18_., C19_., and C20_ in 2018
8150/3	<b>Oncocytic</b> neuroendocrine tumor, non-functioning pancreatic	Y	Y	Y	Y	New related term
8150/3	Pleomorphic neuroendocrine tumor, non-functioning pancreatic	Y	Y	Y	Y	New related term

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## ICD O 3.2 Implementation Documents for 2022

- Table 2 Alpha Table

ICD-O-3.2 Update  
Effective January 1, 2022  
Updated 9/21/2021

Table 2: 2022 ICD-O-3.2 Update (Alpha)

- Codes/terms listed alphabetically
- Only new associated terminology to existing ICD-O-3.2 codes are included in the 2022 ICD-O Implementation guidelines and documentation. Terms are those listed in the blue books.
- Update based on the following 5<sup>th</sup> Ed classification of Tumors books: Breast, Digestive System, Female Genital, and Soft Tissue & Bone

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
8483/2	Adenocarcinoma in situ, HPV-associated (C530-C531, C538-C539)	N	N	N	N	New ICD-O code/term Not reportable
8484/2	Adenocarcinoma in situ, HPV-independent, NOS C530-C531, C538-C539	N	N	N	N	New ICD-O code/term Not reportable
8483/3	Adenocarcinoma, HPV-associated C530-C531, C538-C539	Y	Y	Y	Y	New ICD-O code/term
8310/3	Adenocarcinoma, HPV-independent, clear cell type	Y	Y	Y	Y	New term for uterine cervix
8482/3	Adenocarcinoma, HPV-independent, gastric type (C530-C531, C538-C539)	Y	Y	Y	Y	New related term
9110/3	Adenocarcinoma, HPV-independent, mesonephric type	Y	Y	Y	Y	New preferred term
8484/3	Adenocarcinoma, HPV-independent, NOS C530-C531, C538-C539	Y	Y	Y	Y	New ICD-O code/term

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ICD-O-3.2 Final\_update09102020 (1).xlsx [Read-Only] [Compatibility Mode] - Excel

MARKED AS FINAL An author has marked this workbook as final to discourage editing. Edit Anyway

International Agency for Research on Cancer  
World Health Organization

ICD-O- Third Edition, Second Revision Morphology

ICD-O3.2	Level	Term	Code reference	obs	See also
7 8000/0	Synonym	Unclassified tumor, benign			
8 8000/1	Preferred	Neoplasm, uncertain whether benign or malignant			
9 8000/1	Synonym	Neoplasm, NOS			
10 8000/1	Synonym	Tumor, NOS			
11 8000/1	Synonym	Unclassified tumor, borderline malignancy			
12 8000/1	Synonym	Unclassified tumor, uncertain whether benign or malignant			
13 8000/3	Preferred	Neoplasm, malignant			
14 8000/3	Synonym	Blastoma, NOS			
15 8000/3	Synonym	Tumor, malignant, NOS			
16 8000/3	Synonym	Cancer			
17 8000/3	Synonym	Malignancy			
18 8000/3	Synonym	Unclassified tumor, malignant			
19 8000/6	Preferred	Neoplasm, metastatic			
20 8000/6	Synonym	Neoplasm, secondary			
21 8000/6	Synonym	Tumor embolus			
22 8000/6	Synonym	Tumor, metastatic			
23 8000/6	Synonym	Tumor, secondary			
24 8000/9	Preferred	Neoplasm, malignant, uncertain whether primary or metastatic			
25 8000/9	Synonym	Unclassified tumor, malignant, uncertain whether primary or metastatic			
26 8001/0	Preferred	Tumor cells, benign			
27 8001/1	Preferred	Tumor cells, uncertain whether benign or malignant			
28 8001/1	Synonym	Tumor cells, NOS			
29 8001/3	Preferred	Tumor cells, malignant			
30 8002/3	Preferred	Malignant tumor, small cell type			
31 8003/3	Preferred	Malignant tumor, giant cell type			
32 8004/3	Preferred	Malignant tumor, spindle cell type			
33 8004/3	Synonym	Malignant tumor, fusiform cell type			
34 8005/0	Preferred	Clear cell tumor, NOS			
35 8005/3	Preferred	Malignant tumor, clear cell type			

ICD-O-3.2 Morphology

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# Quiz 2 – Case Finding & Sequence

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## Class of Case: What are we trying to capture?

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## Two Groups:

- Analytic (codes 00-22)

Code	Label
Analytic Classes of Case (Required by CoC to be abstracted by accredited programs)	
<i>Initial diagnosis at reporting facility or in a staff physician's office</i>	
00	Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
10	Initial diagnosis at the reporting facility or in an office of a physician with admitting privileges AND part or all of first course treatment or a decision not to treat was at the reporting facility, NOS
11	Initial diagnosis in an office of a physician with admitting privileges AND part of first course treatment was done at the reporting facility
12	Initial diagnosis in an office of a physician with admitting privileges AND all first course treatment or a decision not to treat was done at the reporting facility
13	Initial diagnosis at the reporting facility AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere
14	Initial diagnosis at the reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility
<i>Initial diagnosis elsewhere</i>	
20	Initial diagnosis elsewhere AND all or part of first course treatment was done at the reporting facility, NOS
21	Initial diagnosis elsewhere AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.
22	Initial diagnosis elsewhere AND all first course treatment or a decision not to treat was done at the reporting facility

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## Nonanalytic (codes 30-49 & 99)

Code	Label
Classes of Case not required by CoC to be abstracted (May be required by Cancer Committee, state or regional registry, or other entity)	
<i>Patient appears in person at reporting facility</i>	
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)
31	Initial diagnosis and all first course treatment elsewhere AND reporting facility provided in-transit care; or hospital provided care that facilitated treatment elsewhere (for example, stent placement)
32	Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease recurrence or persistence (active disease)
33	Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease history only (disease not active)
34	Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND initial diagnosis AND part or all of first course treatment by reporting facility
35	Case diagnosed before program's Reference Date AND initial diagnosis AND all or part of first course treatment by reporting facility
36	Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND initial diagnosis elsewhere AND all or part of first course treatment by reporting facility
37	Case diagnosed before program's Reference Date AND initial diagnosis elsewhere AND all or part of first course treatment by facility
38	Initial diagnosis established by autopsy at the reporting facility, cancer not suspected prior to death
<i>Patient does not appear in person at reporting facility</i>	
40	Diagnosis AND all first course treatment given at the same staff physician's office
41	Diagnosis and all first course treatment given in two or more different offices of physicians with admitting privileges
42	Nonstaff physician or non-CoC accredited clinic or other facility, not part of reporting facility, accessioned by reporting facility for diagnosis and/or treatment by that entity (for example, hospital abstracts cases from an independent radiation facility)
43	Pathology or other lab specimens only
49	Death certificate only
99	Nonanalytic case of unknown relationship to facility (not for use by CoC accredited cancer programs for analytic cases).

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**Coding Instructions:  
Code the Class of Case that most  
precisely describes the patient's  
relationship to the facility**

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**Class of case 00 vs 10**

*Is the initial cancer diagnosis rendered at your facility?*

*Did the patient receive treatment?*

*Did all or a portion of the treatment take place at your facility?*

*Did the patient decide at your facility that he or she did not want to receive treatment?*

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## Reportable-by-Agreement Cases

Examples:


- The cancer committee requests abstracting and follow-up of *Class of Case 30* cases.
- The state central registry requests abstracting and reporting of pathology-only cases.

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## Quiz 3 – Class of Case


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**BREAK**



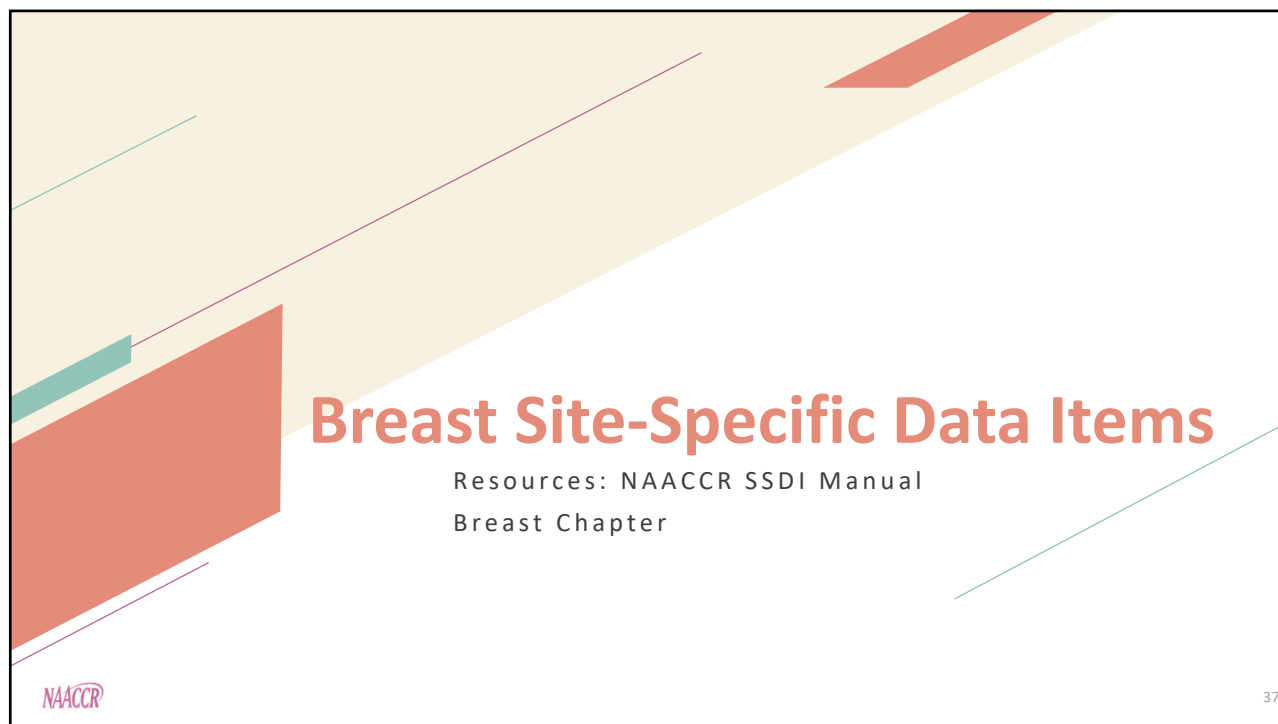
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**Quiz 4 – Terminology**



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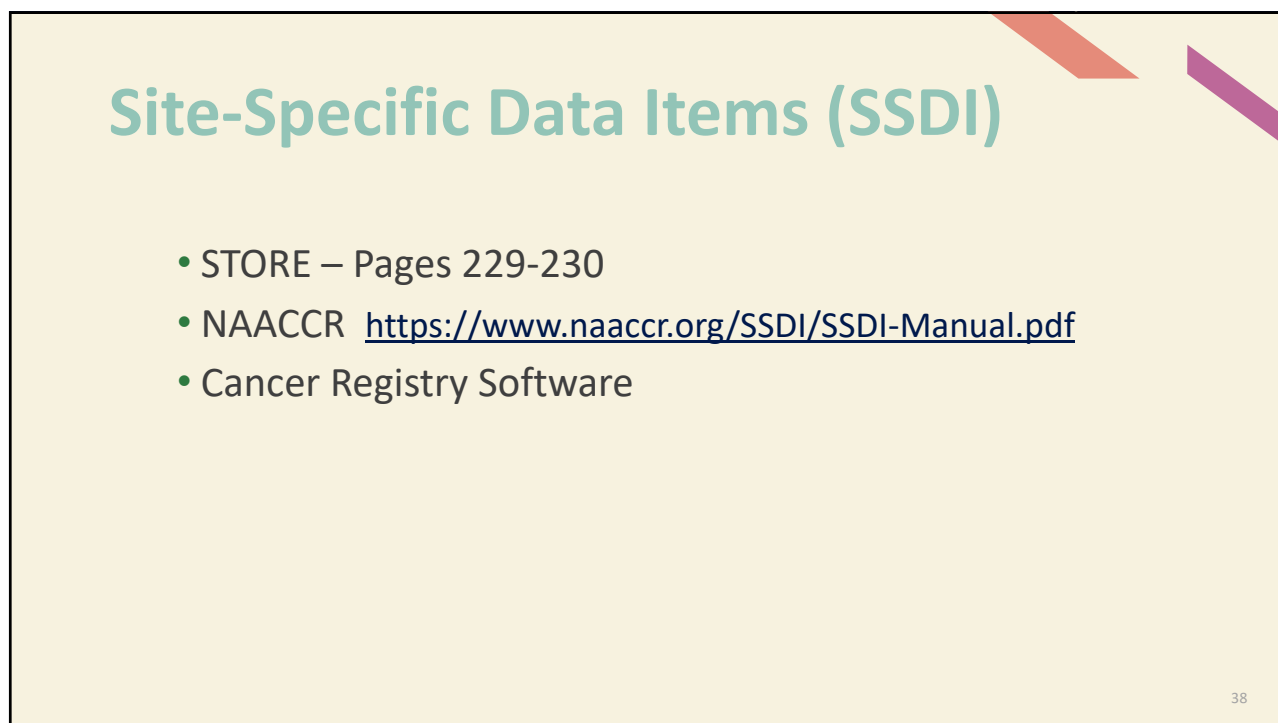
## Breast Site-Specific Data Items

Resources: NAACCR SSDI Manual  
Breast Chapter

NAACCR

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## Site-Specific Data Items (SSDI)

- STORE – Pages 229-230
- NAACCR <https://www.naaccr.org/SSDI/SSDI-Manual.pdf>
- Cancer Registry Software

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## Estrogen Receptor Progesterone Receptor

- Percentage nuclear positivity
- Intensity of staining
- Reported as specific number or range

<p><b>ER or PR Status</b></p> <p><input type="checkbox"/> Positive</p> <p>Percentage of cells with nuclear positivity#</p> <p>Specify: <input type="text"/> %</p> <p>-OR-</p> <p>Range (Note A)</p> <p><input type="checkbox"/> 1-10% (specify): <input type="text"/> %#</p> <p><input type="checkbox"/> 11-20%</p> <p><input type="checkbox"/> 21-30%</p> <p><input type="checkbox"/> 31-40%</p> <p><input type="checkbox"/> 41-50%</p>	<p><input type="checkbox"/> 51-60%</p> <p><input type="checkbox"/> 61-70%</p> <p><input type="checkbox"/> 71-80%</p> <p><input type="checkbox"/> 81-90%</p> <p><input type="checkbox"/> 91-100%</p> <p>+ Average intensity of staining:</p> <p>+ <input type="checkbox"/> Weak</p> <p>+ <input type="checkbox"/> Moderate</p> <p>+ <input type="checkbox"/> Strong</p> <p><input type="checkbox"/> Negative</p>
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## ER/PR Summary

- Path Interpretation
- Code 0 when reported as negative or normal
- Code 1 when reported as positive or elevated
- Code 7 when test was ordered, but results not available
- Code 9 when
  - Reported as borderline, undetermined whether positive or negative
  - Cannot be determined by pathologist (inadequate specimen)
  - Unknown whether test was performed
  - Patient has only clinical diagnosis (no tissue examined)

## Estrogen Receptor Percent Positive or Range

- Affects AJCC Staging
- Use same report as ER Summary

Code	Description
000	ER negative, or stated as less than 1%
001-100	1-100 percent
R10	Stated as 1-10%
R20	Stated as 11-20%
R30	Stated as 21-30%
R40	Stated as 31-40%
R50	Stated as 41-50%
R60	Stated as 51-60%
R70	Stated as 61-70%
R80	Stated as 71-80%
R90	Stated as 81-90%
R99	Stated as 91-100%
XX8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code XX8 will result in an edit error.)
XX9	Not documented in medical record ER (Estrogen Receptor) Percent Positive or Range not assessed or unknown if assessed

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## Progesterone Receptor % Positive or Range

- Affects AJCC Staging
- Use same report at PR Summary

Code	Description
000	PR negative, or stated as less than 1%
001-100	1-100 percent
R10	Stated as 1-10%
R20	Stated as 11-20%
R30	Stated as 21-30%
R40	Stated as 31-40%
R50	Stated as 41-50%
R60	Stated as 51-60%
R70	Stated as 61-70%
R80	Stated as 71-80%
R90	Stated as 81-90%
R99	Stated as 91-100%
XX8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code XX8 will result in an edit error.)
XX9	Not documented in medical record PR (Progesterone Receptor) Percent Positive or Range not assessed or unknown if assessed

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## Allred Score

Quantifies ER and PR Scores  
 Calculated by adding Proportion & Intensity Scores

Proportion Score	Positive Cells, %
0	0
1	<1
2	1 to 10
3	11 to 33
4	34 to 66
5	≥67

Intensity	Intensity Score
None	0
Weak	1
Intermediate/Moderate	2
Strong	3

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## Estrogen Receptor Allred Score

- Physician statement
- Use same record as ER Summary

Code	Description
00	Total ER Allred score of 0
01	Total ER Allred score of 1
02	Total ER Allred score of 2
03	Total ER Allred score of 3
04	Total ER Allred score of 4
05	Total ER Allred score of 5
06	Total ER Allred score of 6
07	Total ER Allred score of 7

Code	Description
08	Total ER Allred score of 8
X8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code X8 will result in an edit error.)
X9	Not documented in medical record ER (Estrogen Receptor) Total Allred Score not assessed, or unknown if assessed

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## Progesterone Receptor Total Allred Score

- Physician statement only
- Same Report

Code	Description
00	Total PR Allred score of 0
01	Total PR Allred score of 1
02	Total PR Allred score of 2
03	Total PR Allred score of 3
04	Total PR Allred score of 4
05	Total PR Allred score of 5
06	Total PR Allred score of 6
07	Total PR Allred score of 7

Code	Description
08	Total PR Allred score of 8
X8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code X8 will result in an edit error.)
X9	Not documented in medical record PR (Progesterone Receptor) Total Allred Score not assessed, or unknown if assessed

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## HER2

- Human Epidermal Growth Factor Receptor 2 (HER2)
- Gene Amplification
- Prognostic Indicator

Result	Criteria
Negative (Score 0)	No staining observed <i>or</i> Incomplete, faint/barely perceptible membrane staining in $\leq 10\%$ of invasive tumor cells
Negative (Score 1+)	Incomplete, faint/barely perceptible membrane staining in $>10\%$ of invasive tumor cells*
Equivocal (Score 2+)	Incomplete and/or weak to moderate circumferential membrane staining in $>10\%$ of invasive tumor cells <i>or</i> Complete, intense, circumferential membrane staining in $\leq 10\%$ of invasive tumor cells*
Positive (Score 3+)	Complete, intense, circumferential membrane staining in $>10\%$ of invasive tumor cells*

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## HER2 IHC & Summary

Code	Description
0	Negative (Score 0)
1	Negative (Score 1+)
2	Equivocal (Score 2+) Stated as equivocal
3	Positive (Score 3+) Stated as positive
4	Stated as negative, but score not stated
7	Test ordered, results not in chart
8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 8 will result in an edit error.)
9	Not documented in medical record Cannot be determined (indeterminate) HER2 IHC Summary not assessed or unknown if assessed

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## HER2 ISH & Summary

Code	Description
0	Negative [not amplified]
2	Equivocal
3	Positive [amplified]
7	Test ordered, results not in chart
8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 8 will result in an edit error.)
9	Not documented in medical record Results cannot be determined (indeterminate) HER2 ISH Summary not assessed or unknown if assessed

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## HER2 ISH

Reporting Results of HER2 Testing by In Situ Hybridization (single-probe assay)

Result	Criteria
Negative (not amplified)	Average HER2 copy number <4.0 signals/cell
Equivocal	Average HER2 copy number ≥4.0 and <6.0 signals/cell
Positive (amplified)	Average HER2 copy number ≥6.0 signals/cell

Reporting Results of HER2 Testing by In Situ Hybridization (dual-probe assay)

Result	Criteria
Negative (not amplified)	HER2/CEP17 ratio <2.0 AND average HER2 copy number <4.0 signals/cell
Equivocal	HER2/CEP17 ratio <2.0 AND average HER2 copy number ≥4.0 but <6.0 signals/cell
Positive (amplified)	HER2/CEP17 ratio ≥2.0 (regardless of average HER2 copy number) or Average HER2 copy number ≥6.0 signals/cell (regardless of ratio)

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## HER2 Overall Summary

- Pathologist’s interpretation
- Prior to neoadjuvant therapy
- Multiple specimens
- Exceptions

Code	Description
0	Negative (Score 0)
1	Negative (Score 1+)
2	Equivocal (Score 2+) Stated as equivocal
3	Positive (Score 3+) Stated as positive
4	Stated as negative, but score not stated
7	Test ordered, results not in chart
8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 8 will result in an edit error.)
9	Not documented in medical record Cannot be determined (indeterminate) HER2 IHC Summary not assessed or unknown if assessed

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## HER2 ISH Single & Dual Probe Copy Number

Code	Description
0.0-99.9	Reported HER2 copy number of 0.0-99.9
XX.1	Reported HER2 copy number of 100 or greater
XX.7	Test ordered, results not in chart
XX.8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code XX.8 will result in an edit error.)
XX.9	Not documented in medical record Cannot be determined (indeterminate)HER2 ISH Single Probe Copy Number not assessed or unknown if assessed

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## HER2 ISH DUAL PROBE RATIO

Code	Description
0.0-99.9	Ratio of 0.0 to 99.9
XX.2	Less than 2.0
XX.3	Greater than or equal to 2.0
XX.7	Test ordered, results not in chart
XX.8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code XX.8 will result in an edit error.)
XX.9	Not documented in medical record Results cannot be determined (indeterminate)HER2 ISH Dual Probe Ratio not assessed or unknown if assessed

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## Multigene Signature Method

- Node-Negative Female Breast cancer

Code	Description
1	Mammaprint
2	PAM50 (Prosigna)
3	Breast Cancer Index
4	EndoPredict

5	Test performed, type of test unknown
6	Multiple tests, any tests in codes 1-4
7	Test ordered, results not in chart
8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 8 will result in an edit error.)
9	Not documented in medical record Multigene Signature Method not assessed or unknown if assessed

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## Oncotype DX

- **Low risk: Recurrence Score result less than 18:** The patient has a lower risk of having a recurrence, assuming 5 years of hormonal therapy is given. Chemotherapy is likely to have little or no benefit.
- **Intermediate Risk: Recurrence Score result between 18 and 30:** The patient has a tumor that is in the middle of the risk spectrum reflecting that biology is continuous and not all patients have a low or a high recurrence risk, assuming 5 years of hormonal therapy is given. The likelihood of distant recurrence and benefit from chemotherapy increases with an increase in the Recurrence Score result.
- **High risk: Recurrence Score result greater than or equal to 31:** The patient has a high risk of distant recurrence, assuming 5 years of hormonal therapy and is likely to benefit from chemotherapy.

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## Oncotype DX Recurrence Score & Risk Level DCIS

Code	Description
000-100	Enter actual recurrence score between 0 and 100
XX6	Not applicable: invasive case
XX7	Test ordered, results not in chart
XX8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code XX8 will result in an edit error.)
XX9	Not documented in medical record Oncotype Dx Recurrence Score-DCIS not assessed or unknown if assessed

Code	Description
0	Low risk (recurrence score 0-38)
1	Intermediate risk (recurrence score 39-54)
2	High risk (recurrence score greater than or equal to 55)
6	Not applicable: invasive case
7	Test ordered, results not in chart
8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 8 will result in an edit error.)
9	Not documented in medical record Oncotype Dx Risk Level-DCIS not assessed or unknown if assessed

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## Multigene Signature Method

- Node-Negative Female Breast cancer

Code	Description
1	Mammaprint
2	PAM50 (Prosigna)
3	Breast Cancer Index
4	EndoPredict

5	Test performed, type of test unknown
6	Multiple tests, any tests in codes 1-4
7	Test ordered, results not in chart
8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 8 will result in an edit error.)
9	Not documented in medical record Multigene Signature Method not assessed or unknown if assessed

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## Oncotype DX Recurrence Score and Risk Level Invasive

Code	Description
000-100	Enter actual recurrence score between 0 and 100
XX4	Stated as less than 11
XX5	Stated as equal to or greater than 11
XX6	Not applicable: in situ case
XX7	Test ordered, results not in chart
XX9	Not documented in medical record Oncotype Dx Recurrence Score-Invasive not assessed or unknown if assessed

Code	Description
0	Low risk (recurrence score 0-17)
1	Intermediate risk (recurrence score 18-30)
2	High risk (recurrence score greater than or equal to 31)
6	Not applicable: DCIS case
7	Test ordered, results not in chart
8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 8 will result in an edit error.)
9	Not documented in medical record Oncotype Dx Risk Level-Invasive not assessed or unknown if assessed

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## Ki- 67

- Physician Statement
- Values
- Nodes or Mets

Code	Description
0.0-100.0	0.0 to 100.0 percent positive: enter percent positive
XXX.7	Test done, actual percentage not stated
XXX.8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code XXX.8 will result in an edit error.)
XXX.9	Not documented in medical record Ki-67 (MIB-1) not assessed or unknown if assessed

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## Positive Lymph Node Axillary Level

- Include
- Exclude

Code	Description
00	All ipsilateral axillary nodes examined negative
01-99	1 - 99 nodes positive (Exact number of nodes positive)
X1	100 or more nodes positive
X5	Positive nodes, number unspecified
X6	Positive aspiration or needle core biopsy of lymph node(s)
X8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code X8 will result in an edit error.)
X9	Not documented in medical record Level I-II axillary nodes not assessed or unknown if assessed

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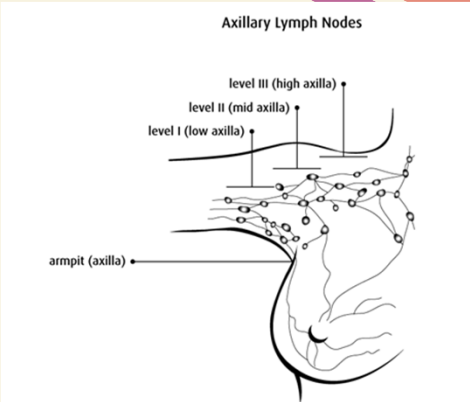
## Response to Neoadjuvant Therapy

- Systemic or Radiation Treatment
- Clinician's Statement not AJCC 8<sup>th</sup> Edition definitions

Code	Description
0	Neoadjuvant therapy not given
1	Stated as complete response (CR)
2	Stated as partial response (PR)
3	Stated as response to treatment, but not noted if complete or partial
4	Stated as no response (NR)
8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 8 will result in an edit error.)
9	Not documented in medical record Response to neoadjuvant therapy not assessed or unknown if assessed

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The diagram, titled "Axillary Lymph Nodes", illustrates the lymphatic system in the armpit. It shows a network of lymph nodes and vessels. Labels include "armpit (axilla)" pointing to the axillary vein, "level I (low axilla)", "level II (mid axilla)", and "level III (high axilla)".

## Quiz 5: Breast SSDI

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A 3D illustration of a white runner crossing a finish line. A red banner with the word "FINISH" in white capital letters is held up by two poles. A red ribbon is draped across the runner's waist. Other smaller white figures are shown running towards the finish line.

## Quiz 6: Bring it on home!

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## CE Certificate Quiz/Survey

CE Phrase

Link

<https://survey.alchemer.com/s3/6563871/Boot-Camp-2022>



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## Coming UP...

- Hematopoietic and Lymphocytic Neoplasms 2022
  - Guest Host: Denise Harrison, CTR; Louanne Currence, RHIT, CTR
  - 4/14/2022
- Colon 2022
  - Guest Host: Janice Smith
  - 5/05/2022



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**Thank you!**

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NAACCR

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