Liver and Bile Ducts 2024

NAACCR 2023-2024 Monthly Webinar Series

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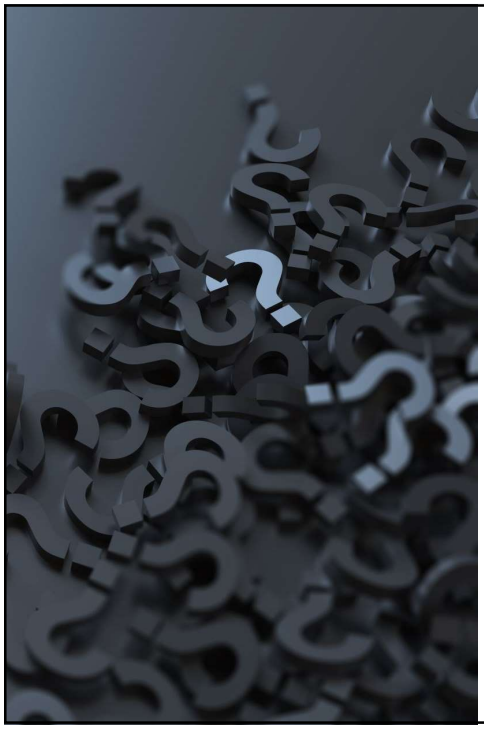

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Q&A

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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Guest Presenter

- Denise Harrison, BS, ODS-C

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Agenda

- Anatomy/Li RADS
- Solid Tumor Rules
- Stage
- SSDIs

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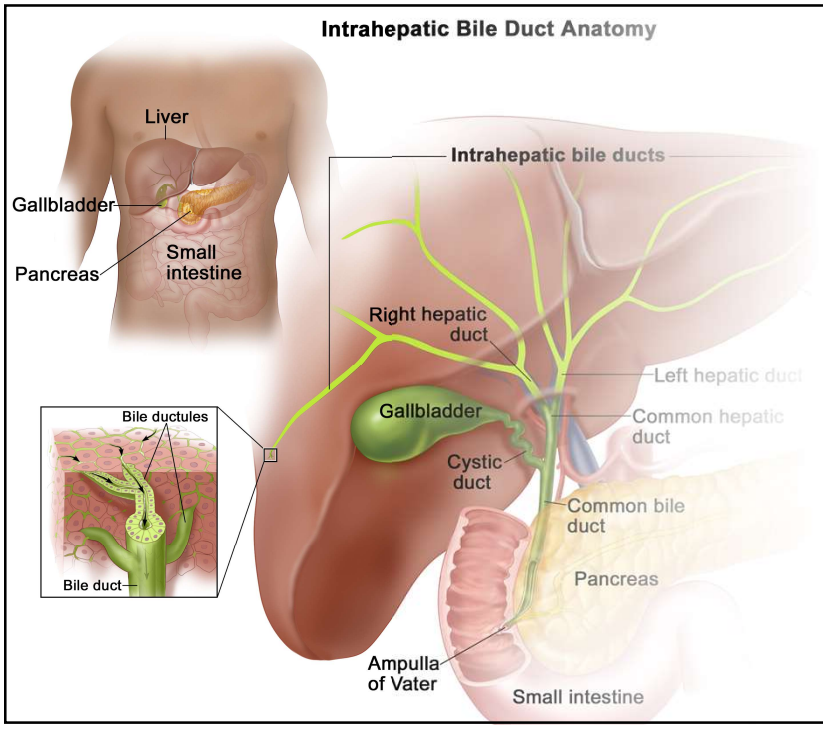

Overview

Liver and Bile Ducts

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Diagnosing Hepatocellular Carcinoma

- Populations at risk are those with liver cirrhosis
- May present with non-specific symptoms
  - Jaundice
  - Anorexia
  - Malaise
  - Upper abdominal pain
  - Hepatomegaly
  - Ascites

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LI-RADS Ultrasound

- LI-RADS are used for patients who have **cirrhosis** or who are at **high risk of developing HCC**
- LI-RADS for US range from 1-3; may also have a letter from A-C to represent liver visualization scores

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CT/MRI LI-RADS Categories

- LI-RADS for contrast-enhanced US (CEUS), CT, and MRI range from 1-5
  - CEUS LR-1 – CEUS LR-5
  - LR-1 – LR-5
  - Letters are used to describe other findings
- LR-M (malignant cancer other than HCC)
- LR-TIV (cancer is in the blood vessels)
- LR-NC (abnormality could not be evaluated – example: blurry image)

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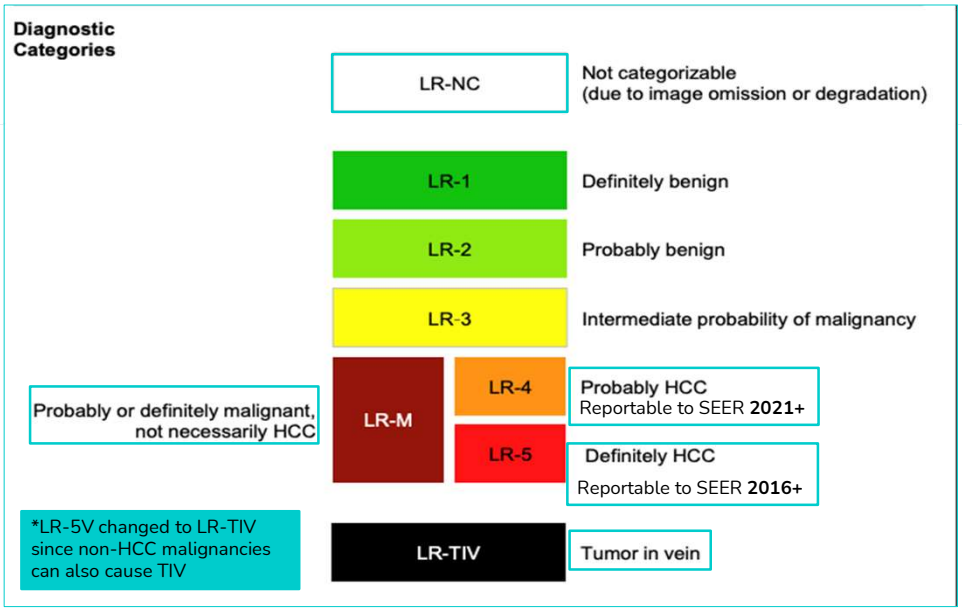
CT/MRI LI-RADS® Categories



The Liver Imaging Reporting and Data System (aka LI-RADS) is a quality assurance tool created and trademarked by the American College of Radiology in 2011

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SEER Reportability - What About RADS? SEER Sinq 20210075; SPCSM Appendix E

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Reportable unless there is information to the contrary (Appendix E)	
Liver cases w/ Li-RADS category **LR-4** (2021+) or **LR-5** (or no LI-rads but OPTN 5 (2016+)	
Prostate cases with a PI-RADS category **4** or **5** (2017+)	
Not reportable without additional information (Sinq 20210075)	
Breast cases designated BI-RADS 4, 4A, 4B, 4C or BI-RADS 5	
Lung cases designated Lung-RADS 4A, 4B, or 4X	
Liver cases based only on an LI-RADS category of LR-3	
Colon cases with only C-RADS information (C-RADS category C4 [likely malignant] is not reportable by itself)	
Head and Neck cases with only NI-RADS information (NI-RADS are used for risk stratification for reporting surveillance imaging of **treated** head and neck cancers.)	
Ovarian or fallopian tube cases with only O-RADS information	None of the O-RADS or TI-RADS categories are reportable without additional information
Thyroid cases with only TI-RADS information	

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STORE Reportability: PI Rads, BI Rads, Li Rads

- PI Rads, BI Rads, **LI Rads alone** are not reportable for CoC
- PI Rads, BI Rads, **LI Rads confirmed** with biopsy or physician statement are reportable to CoC
- When confirmed, date of dx is the date of the biopsy/physician confirmation

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Poll 1

- Your facility resides in a state with a central registry that considers LI-Rads score of 4 and 5 diagnostic.
- Patient has a contrast CT on 1/12/23 that shows a 2cm liver lesion.
  - Radiologist assigned an LI-RADS score of LR-4.
  - Summary: Highly suspicious lesion.
- Patient went elsewhere for additional work-up. No further information available.

- Will an abstract have to be completed for this case?
  - Yes
  - No
- What is the class of case?
  - **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
  - **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
  - **NA**-An abstract does not need to completed for this case.

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Poll 2

- Patient has a contrast CT on 1/12/23 that shows a 2cm liver lesion.
  - Radiologist assigned an LI-RADS score of LR-4.
  - Summary: *Lesion highly suspicious for malignancy.* Patient went to Memorial Hospital for additional work-up and received treatment.

- Will an abstract have to be completed for this case?
  - Yes
  - No
- What is the class of case?
  - **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
  - **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
  - **NA**-An abstract does not need to completed for this case.

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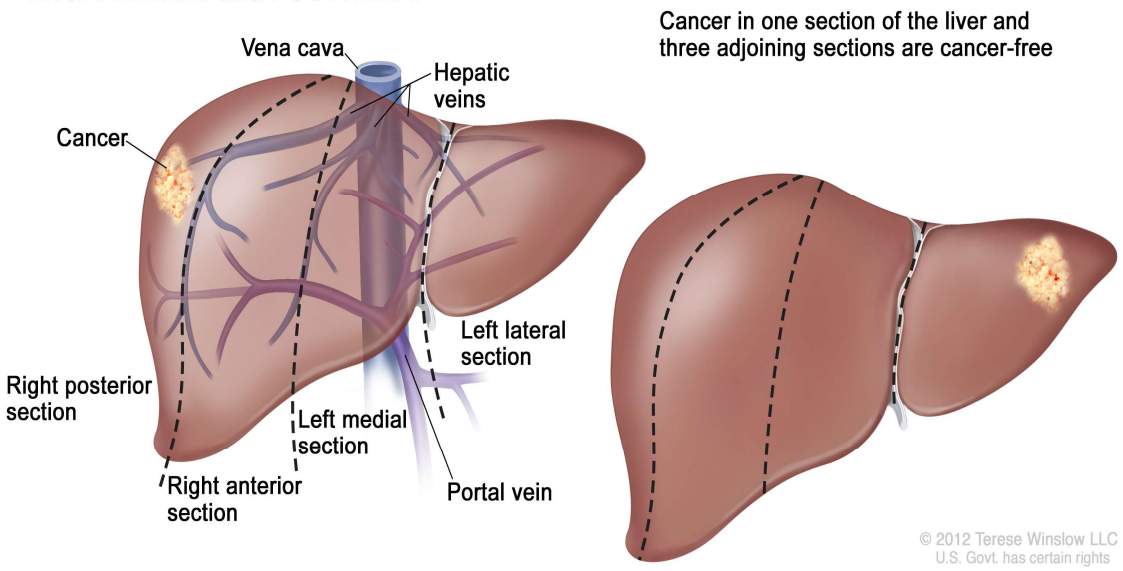

https://www.ncbi.nlm.nih.gov/books/NBK65790.13/table/CDR0000062836__696/?report=objectonly

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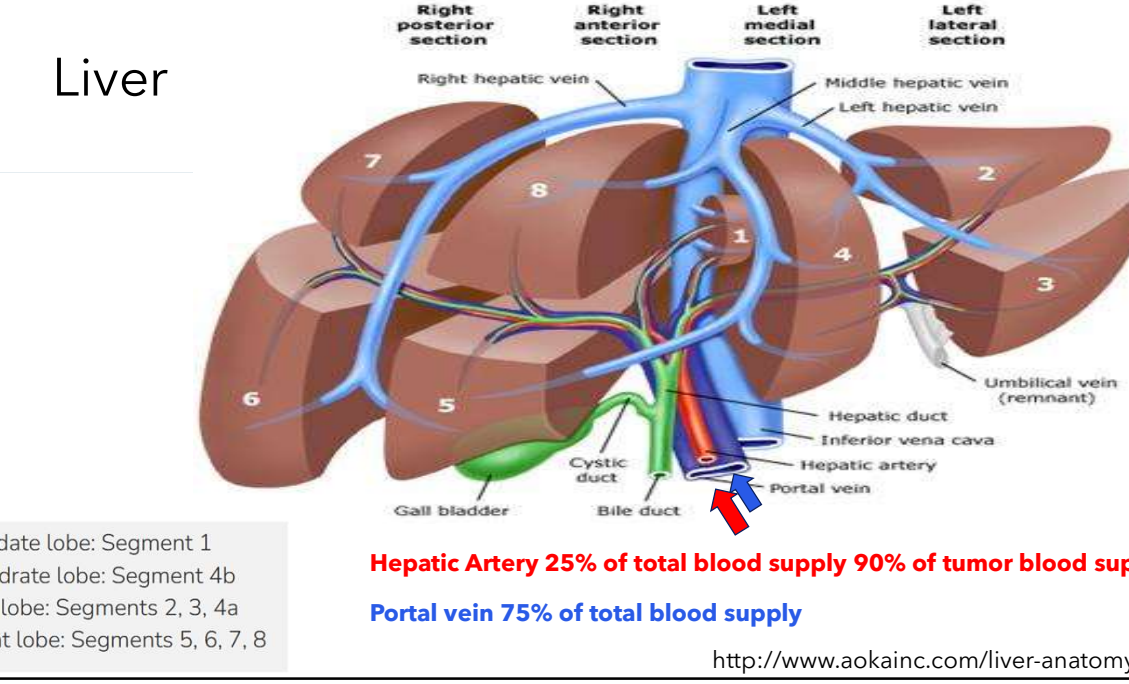

http://www.aokainc.com/liver-anatomy/

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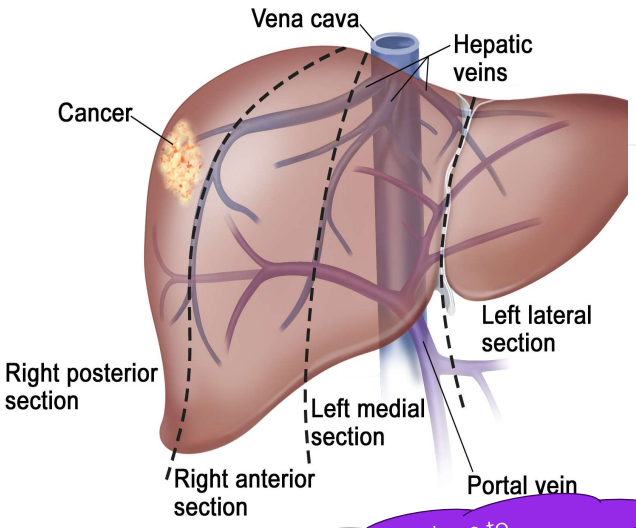
TACE,TARE, RFA

- Transcatheter Arterial Chemoebolization (**TACE**)
  - Code as chemotherapy-single or multiple agents
- Transarterial Radioembolization (**TARE**)
  - Brachytherapy, interstitial, LDR
  - Liver
- Radiofrequency Ablation (**RFA**)
  - Surgery



Bridge Therapy-Therapy done to make/keep patient eligible for transplant.

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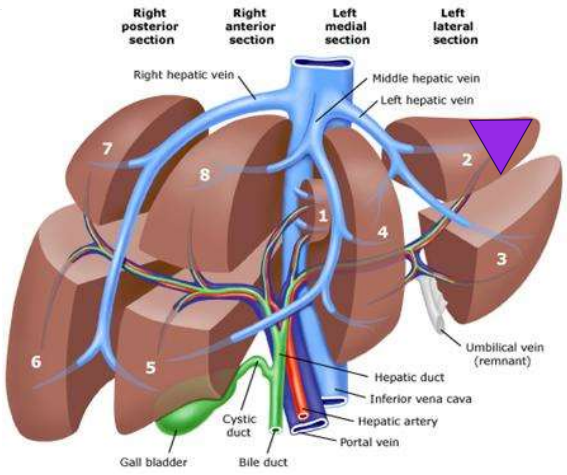
Surgery and Transplant



- A200 Wedge or segmental resection, NOS
- A210 Wedge resection
- A220 Segmental resection, NOS
  - A230 One
  - A240Two
  - A250 Three
  - A260 Segmental resection AND local tumor destruction
- A300 Lobectomy, NOS
  - A360 Right lobectomy
  - A370 Left lobectomy
  - A380 Lobectomy AND local tumor destruction

Segment 4 sometimes split into 4a and 4b

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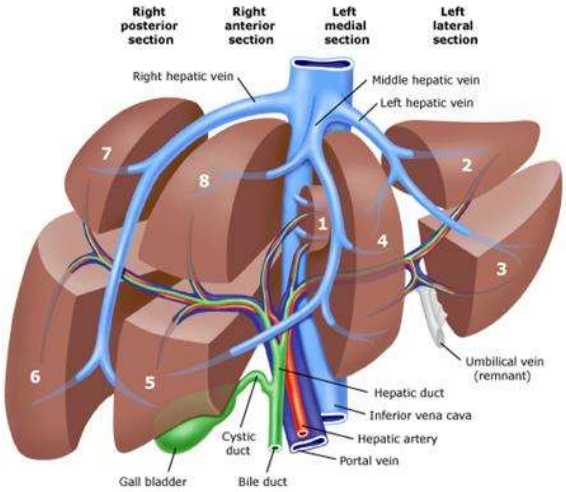
Surgery and Transplant

Liver tissue can regenerate!



- A500 Extended lobectomy, NOS (extended: resection of a single lobe plus a segment of another lobe)
  - A510 Right lobectomy
  - A520 Left lobectomy
  - A590 Extended lobectomy AND local tumor destruction
- A600 Hepatectomy, NOS
  - A610 Total hepatectomy and transplant
- A650 Excision of a bile duct (for an intra-hepatic bile duct primary only)
- A660 Excision of an intrahepatic bile duct PLUS partial hepatectomy
- A750 Extrahepatic bile duct and hepatectomy WITH transplant

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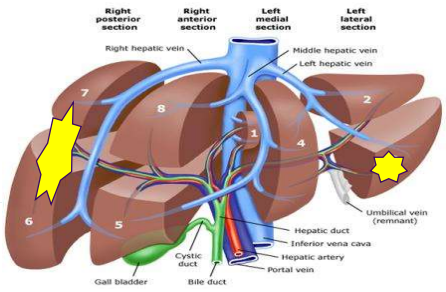
Poll 3

- Patient presents with 2 tumors in the liver.
  - The first tumor measures 4cm and is overlapping segments 6 and 7.
  - The second tumor measures 1cm and is located in segment 3.
- The tumor located in segment 3 is ablated using radio frequency ablation.
- The patient has a partial lobectomy removing segments 6 and 7 to remove the larger tumor



- What surgery code would be assigned?
  - A160 Heat-Radio-frequency ablation (RFA)
  - A240 Segmental resection, Two
  - A260 Segmental resection AND local tumor destruction
  - A360 Right lobectomy

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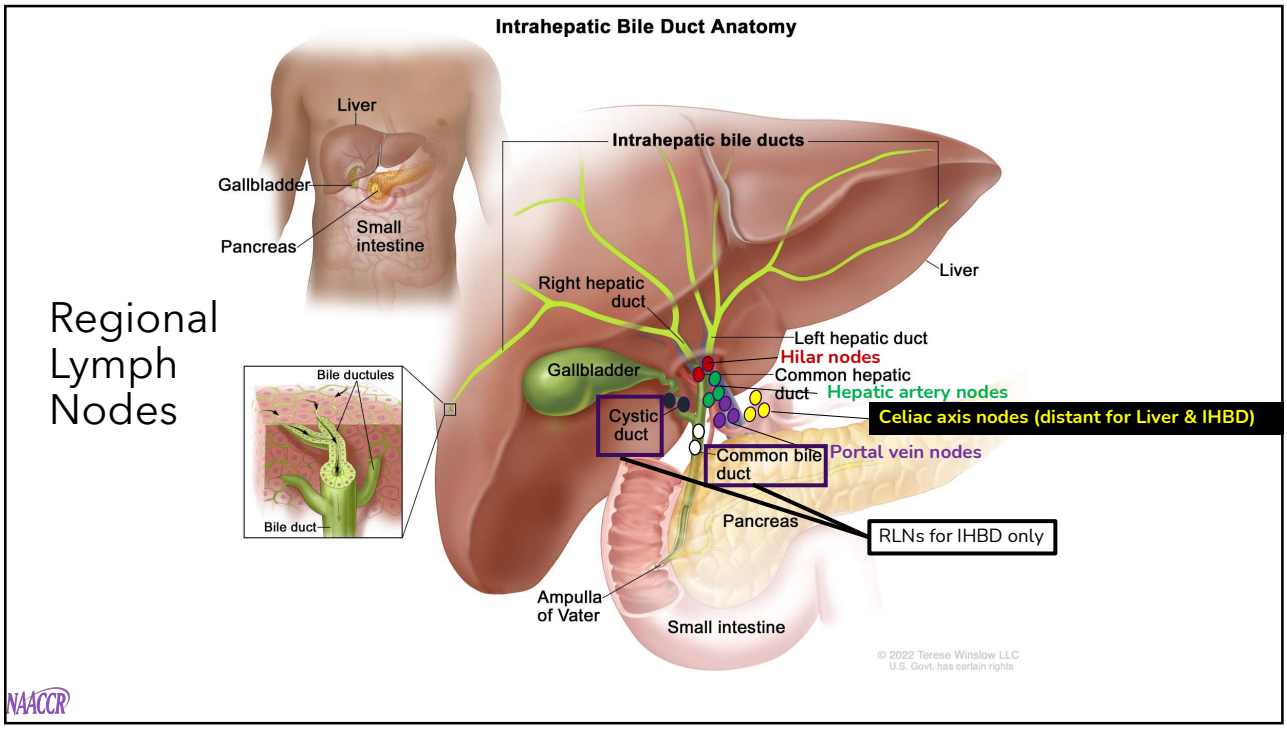
Regional Lymph Nodes



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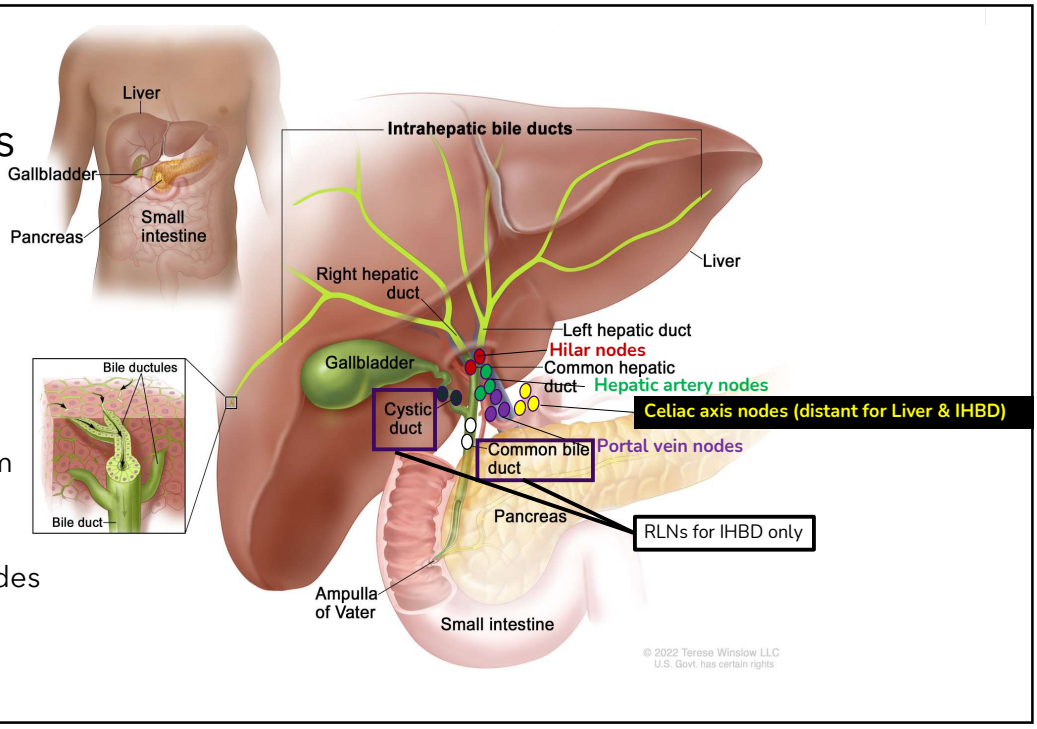
Distant Metastasis

- Liver
  - Bones
  - Lung
- Intrahepatic Bile Duct
  - Peritoneum
  - Lung
  - Pleura
  - Lymph nodes



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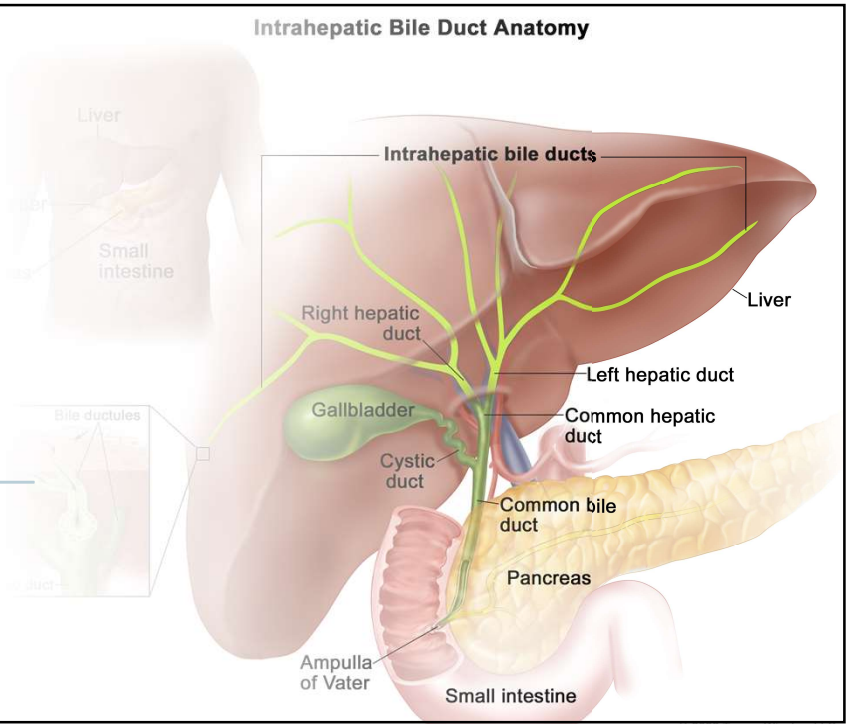
Primary Site and Solid Tumor Rules

Liver and Bile Ducts



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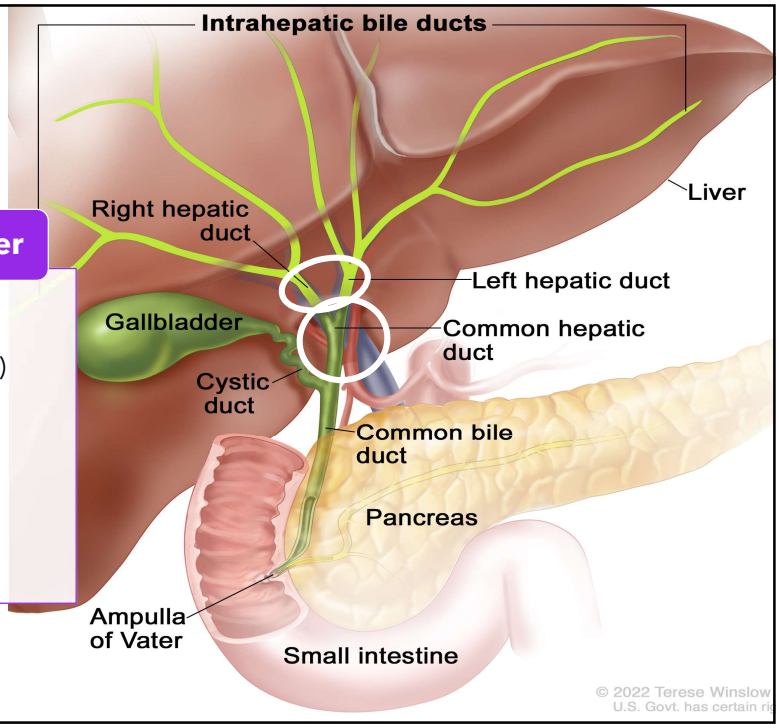
Topography Codes/ AJCC Chapter

- **C22.0** Liver (22)
- **C22.1** Intrahepatic Bile Duct (Ch 23)
- **C24.0** Cystic duct (Ch 24)
- **C24.0** Perihilar Bile Duct (Ch 25)
  - Right and left hepatic duct
  - Junction of left and right duct
  - Common hepatic bile duct
- **C24.0** Distal Bile Duct (Ch26)

Same topography code, different AJCC Chapter



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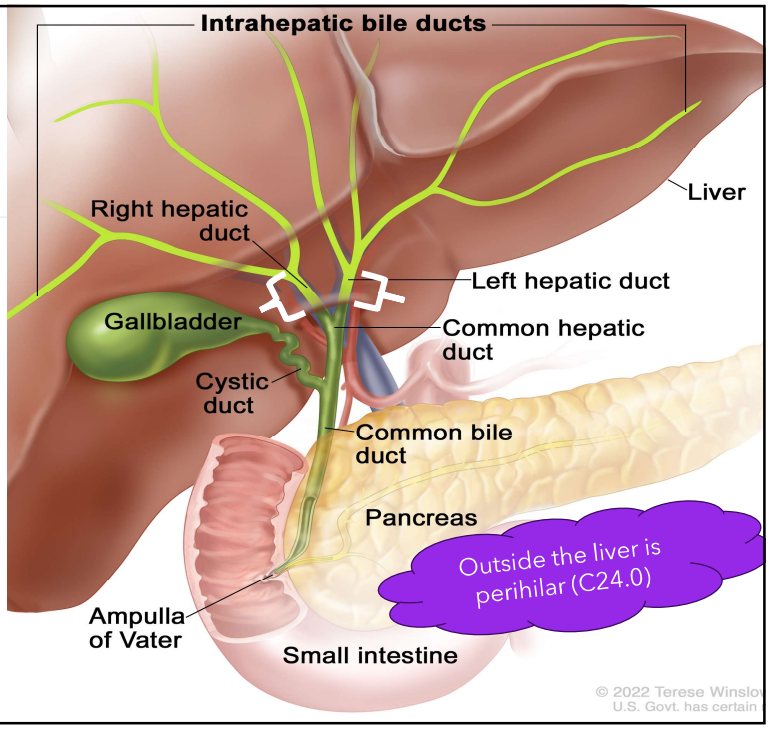
Primary of left or right hepatic bile duct that is intrahepatic.

- What AJCC Protocol is being used?
- What pathology template is being used?
- What did the physician say?
- If no clinical information, code C24.0 (perihilar)
- If unknown if intrahepatic, code C24.0 (perihilar)



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Schema Discriminator 1: BileDuctsDistal/BileDuctsPerihilar/CysticDuct

If Primary Site is C24.0 a schema discriminator is required

Code	Description	Schema ID #/Description
1	Perihilar bile duct(s) Proximal extrahepatic bile duct(s) Hepatic duct(s)	00250: Bile Ducts Perhilar
3	Cystic bile duct; cystic duct	00242: Cystic Duct
4	Distal bile duct Common bile duct Common duct, NOS	00260: Bile Duct Distal
5	Diffuse involvement More than one subsite involved, subsite of origin not stated	00250: Bile Ducts Perhilar
6	Stated as middle extrahepatic bile duct AND treated with combined hepatic and hilar resection	00250: Bile Ducts Perhilar
7	Stated as middle extrahepatic bile duct AND treated with pancreaticoduodenectomy	00260: Bile Duct Distal
9	Extrahepatic bile ducts, NOS	00250: Bile Ducts Perhilar

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Other Sites STR

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Other Sites - Introduction

- Set of Rules used is based on **date** of diagnosis
- Tumors diagnosed **01/01/2007 through 12/31/2022**: Use 2007 MPH Rules and 2007 General Instructions (See Note 2 in STR's)
- Tumors diagnosed **01/01/2023 and later**: Use the most current version of the Solid Tumor Rules and Solid Tumor General Instructions

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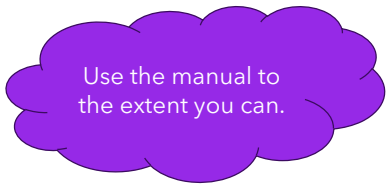
Poll 4

- You are abstracting a case on 1/10/24
- Patient has a history of cholangiocarcinoma of the intrahepatic bile duct on 1/15/2021.
- The patient is found to have a new cholangiocarcinoma of the intrahepatic bile duct on 11/4/2023.
- Which manual would be used to determine if this is a new primary?

- What manual do you use to determine if the patient has a second primary?
  - Solid Tumor Rules 2023 update
  - Solid Tumor Rules 2024 update
  - 2007 Multiple Primary and Histology Coding Rules



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Other Sites – Changes From the 2007 MP/H Rules

- Code the most specific histology from bx or resection; code from most representative specimen when discrepancy between bx and resection
- Site or Site Group Histology-Specific Tables
  - Include additional coding instructions and notes, when appropriate

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Table Index

#	Title	#	Title
1	Paired Organs and Sites with Laterality	2	Mixed and Combination Codes
3	Prostate C619	12	Thyroid C739
4	Testis C620, C621, C629	13	Ovary C569
5	Esophagus C150-C155, C158, C159	14	Peritoneum C482
6	Stomach C160-C166; C168, C169	15	Fallopian Tube C570
7	Small Intestine and Ampulla of Vater C170-C173, C178, C179, C241	16	Uterine Corpus C540-C543, C548, C549, C559
		17	Uterine Cervix C530-C531, C538, C539
8	Anus C210-C212, C218	18	Vagina C529
9	*Liver and Intrahepatic Bile Duct C220, C221*	19	Vulva C510-C512, C518, C519
9a	*Primary Site for Liver/IHBD*	20	Soft Tissue C490-C496, C498, C499
10	*Gallbladder and Extrahepatic Bile Ducts C239, C240, C248, C249*	21	Bone C400-C403, C408, C409
		22	Thymus C379
11	Pancreas C250-C254, C257, C258, C259	23	Penis and Scrotum C600-C602, C608-C609, C632

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Table 9: Liver and IHBD Histologies

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Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Carcinoma, undifferentiated **8020/3**		
Cholangiocarcinoma **8160/3 (C221)**	Bile duct adenocarcinoma/carcinoma Intrahepatic cholangiocarcinoma (iCCA) Large duct intrahepatic cholangiocarcinoma Small duct intrahepatic cholangiocarcinoma	
Combined hepatocellular carcinoma and cholangiocarcinoma **8180/3 (C221)**	Hepatocholangiocarcinoma Mixed hepatobiliary carcinoma Mixed hepatocellular-cholangiocarcinoma	
Hepatoblastoma **8970/3**		
Hepatocellular carcinoma **8170/3 (C220)**	Hepatocarcinoma Hepatoma, malignant Hepatoma, NOS	Hepatocellular carcinoma, fibrolamellar **8171** Hepatocellular carcinoma, scirrhous / sclerosing hepatic carcinoma **8172** Hepatocellular carcinoma (HCC), clear cell **8174** (synonyms below) HCC, chromophobe HCC, lymphocytic-rich HCC, macrotrabecular massive HCC, neutrophile-rich HCC, steatohepatitic

- New related terms for HCC, clear cell 8174
- Added with 2022 Updates

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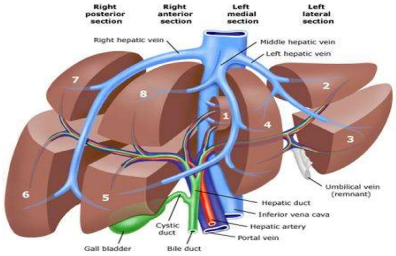
Poll 5

How would you code the histology for Hepatocellular carcinoma (HCC), pleomorphic type?

A. 8170/3
B. 8171/3
C. 8172/3
D. 8173/3
E. 8174/3
F. 8175/3
G. Not sure – it's not listed in Table 9



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Liver Histologies		
Code	**Status**	**Term**
8170/3	Preferred	Hepatocellular carcinoma, NOS
8170/3	Synonym	Hepatoma, NOS
8170/3	Synonym	Hepatocarcinoma
8170/3	Synonym	Hepatoma, malignant
8170/3	Synonym	Liver cell carcinoma
8171/3	Preferred	Hepatocellular carcinoma, fibrolamellar
8172/3	Preferred	Hepatocellular carcinoma, scirrhous
8172/3	Synonym	Sclerosing hepatic carcinoma
8173/3	Preferred	Hepatocellular carcinoma, spindle cell variant
8173/3	Synonym	Hepatocellular carcinoma, sarcomatoid
8174/3	Preferred	Hepatocellular carcinoma, clear cell type
8174/3	Related 2022+	Hepatocellular carcinoma, steatohepatitic
8174/3	Related 2022+	Hepatocellular carcinoma, macrotrabecular massive
8174/3	Related 2022+	Hepatocellular carcinoma, chromophobe
8174/3	Related 2022+	Hepatocellular carcinoma, neutrophil-rich
8174/3	Related 2022+	Hepatocellular carcinoma, lymphocyte-rich
8175/3	Preferred	Hepatocellular carcinoma, pleomorphic type

Not listed in Table 9

Not listed in Table 9

Not listed in Table 9

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Table 9a: Guidelines for Assigning Primary Site for Liver and Intrahepatic Bile Duct 2023+ Diagnoses

Site of bx or cytology	Pathology or cytology diagnosis	Criteria	Primary Site/ Histology
Liver C220	Adenocarcinoma Adenocarcinoma subtypes/variants	Supporting documentation such as scans, lab tests, or definitive clinical diagnosis of intrahepatic bile duct primary and/or definitive diagnosis of cholangiocarcinoma	C221 8160/3
Liver C220	Adenocarcinoma Adenocarcinoma, subtypes/variants	No documentation supporting the primary site of intrahepatic bile duct is available in the medical record. This includes scans, lab tests or definitive clinical diagnosis. Liver is a common metastatic site for other neoplasms such as breast, lung, and colon. Code unknown primary site C809 when a primary site is not indicated in the pathology report or medical record	C809 8140/3
Liver C220 or IHBD C221	Hepatocellular carcinoma	Cancer PathCHART review has determined hepatocellular carcinoma is valid for liver C220 only. Code C220 regardless of biopsy/cytology site.	C220 8170/3
Liver C220	Combined hepatocellular carcinoma and cholangiocarcinoma	Cancer PathCHART review has determined combined hepatocellular carcinoma and cholangiocarcinoma is valid for intrahepatic bile ducts C221 only. Code C221 regardless of biopsy/cytology site	C221 8180/3

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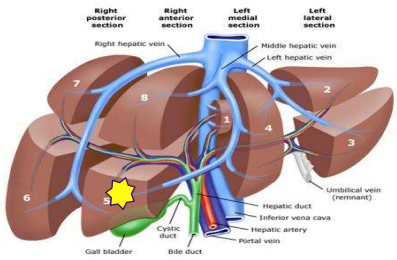
Poll 6



- 1/10/24 CT Abdomen
  - Intrahepatic mass seen in segment 5
  - No other abnormalities noted
- 1/10/24 FNA Liver
  - Adenocarcinoma

- What is the primary site?
  - Liver C22.0
  - Intrahepatic bile duct C22.1
  - Biliary tract, NOS C24.9
  - Unknown Primary C80.9
- What is the histology?
  - Bile duct carcinoma (8160/3)
  - Adenocarcinoma, NOS (8140/3)

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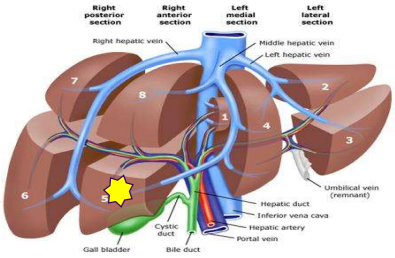
Poll 7

- 1/10/23 CT Abdomen
  - Intrahepatic mass seen in segment 5
  - No other abnormalities noted
- 1/10/23 FNA Liver
  - Adenocarcinoma
  - Managing physician stated this is most likely a cholangiocarcinoma



- What is the primary site?
  - Liver C22.0
  - Intrahepatic bile duct C22.1
  - Biliary tract, NOS C24.9
  - Unknown Primary C80.9
- What is the histology?
  - Bile duct carcinoma (8160/3)
  - Adenocarcinoma, NOS (8140/3)

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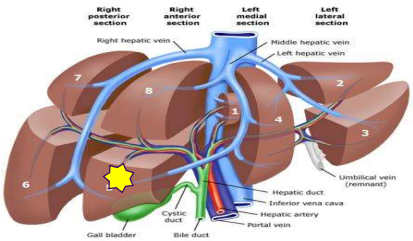
Poll 8

- Patient with a history of colon cancer has CT of the Abdomen
  - Intrahepatic mass seen in segment 5
  - No other abnormalities noted.
- 1/10/23 FNA Liver
  - Adenocarcinoma
- Managing physician stated this is either a bile duct primary or metastasis from the colon cancer.



- What is the primary site?
  - Liver C22.0
  - Intrahepatic bile duct C22.1
  - Biliary tract, NOS C24.9
  - Unknown Primary C80.9
- What is the histology?
  - Bile duct carcinoma (8160/3)
  - Adenocarcinoma, NOS (8140/3)

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Applicable MP Rules

- M1 – Single primary when unknown if single or multiple tumors present
- M2 – Single primary when single tumor
- Rules **M3 through M9** apply to **specific sites and histologies**
- M12 – Multiple primaries when tumors are diagnosed > 1 year apart
- M13 – Multiple primaries when ICD-O-3 topography codes differ at 2nd (C**X**x.x) or 3rd (Cx**X**.x) characters

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Applicable MP Rules

- M17 – Multiple primaries when separate, non-contiguous tumors are different subtypes/variants in Table 3-21 (added 3/23)
- M18 – Single primary when synchronous, separate, non-contiguous tumors are on the same row in Tables 3-21 (Liver and bile ducts table 9)
- M19 – Multiple primaries when separate, non-contiguous tumors are on multiple rows in Table 2-21
- M20 – Multiple primaries when an invasive tumor occurs > 60 days after an in situ tumor
- M21 – Single primary when multiple tumors do not meet any of the above criteria

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Rule **M17**: Abstract **multiple primaries** when separate/non-contiguous tumors are two or more **different subtypes/variants (same or different rows/NOS)** in Column 3

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Carcinoma, undifferentiated **8020/3**		
Cholangiocarcinoma **8160/3 (C221)**	Bile duct adenocarcinoma/carcinoma Intrahepatic cholangiocarcinoma (iCCA) Large duct intrahepatic cholangiocarcinoma Small duct intrahepatic cholangiocarcinoma	
Combined hepatocellular carcinoma and cholangiocarcinoma **8180/3 (C221)**	Hepatocholangiocarcinoma Mixed hepatobiliary carcinoma Mixed hepatocellular-cholangiocarcinoma	
Hepatoblastoma **8970/3**		
Hepatocellular carcinoma **8170/3 (C220)**	Hepatocarcinoma Hepatoma, malignant Hepatoma, NOS	Hepatocellular carcinoma, fibrolamellar **8171** Hepatocellular carcinoma, scirrhous / sclerosing hepatic carcinoma **8172** Hepatocellular carcinoma (HCC), clear cell **8174** (synonyms below) HCC, chromophobe HCC, lymphocytic-rich HCC, macrotrabecular massive HCC, neutrophile-rich HCC, steatohepatitic

Excerpt of Table 9: Liver and Intraheptic Bile Duct Histologies

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Rule **M17**: Abstract **multiple primaries** when separate/non-contiguous tumors are two or more **different subtypes/variants (same or different rows/NOS)** in Column 3

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Mucinous cystic neoplasm **8470**	Mucinous cystic neoplasm with associated invasive carcinoma **8470/3** Mucinous cystic neoplasm with high grade intraepithelial neoplasia **8470/2**	
Neuroendocrine carcinoma **8246/3**		Large cell neuroendocrine carcinoma **8013/3** Small cell neuroendocrine carcinoma **8041/3**
Neuroendocrine tumor **8240/3**	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2/ neuroendocrine tumor, grade 3 **8249/3**

Excerpt of Table 9: Liver and Intraheptic Bile Duct Histologies

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M18: Synchronous, separate, non-contiguous tumors on the SAME ROW = SP

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma **8140**	Biliary-type adenocarcinoma **8140**	Adenocarcinoma, intestinal type **8144** Clear cell adenocarcinoma **8310** Mucinous adenocarcinoma **8480** Pancreatobiliary-type carcinoma **8163** Poorly cohesive carcinoma/signet ring cell carcinoma **8490**
Adenosquamous carcinoma **8560**		
Bile duct carcinoma **8160 (C240)**	Cholangiocarcinoma	Bile duct cystadenocarcinoma **8161** Perihilar cholangiocarcinoma **8162**
Biliary intraepithelial neoplasia, high grade **8148/2**		
Carcinoma, NOS **8010**		Undifferentiated carcinoma **8020**
Intracystic papillary neoplasm **8503**	Intracystic papillary neoplasm with high grade intraepithelial neoplasia **8503/2** Intracystic papillary tumor with high grade dysplasia **8503/2** Intraductal papillary neoplasm with high grade dysplasia **8503/2** Intraductal papillary neoplasm with high grade intraepithelial neoplasia **8503/2** Intracystic papillary neoplasm with associated invasive carcinoma **8503/3** Intraductal papillary neoplasm with associated invasive carcinoma **8503/3**	

NAACCR Excerpt of Table 10: Gallbladder and Extrahepatic Bile Duct Histologies

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Rule **M19**: Abstract **multiple primaries** when separate/non-contiguous tumors are on different **rows** in Column 3

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Mucinous cystic neoplasm **8470**	Mucinous cystic neoplasm with associated invasive carcinoma **8470/3** Mucinous cystic neoplasm with high grade intraepithelial neoplasia **8470/2**	
Neuroendocrine carcinoma **8246/3**		Large cell neuroendocrine carcinoma **8013/3** Small cell neuroendocrine carcinoma **8041/3**
Neuroendocrine tumor **8240/3**	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2/ neuroendocrine tumor, grade 3 **8249/3**

Excerpt of Table 9: Liver and Intraheptic Bile Duct Histologies

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SUMMARY: CODING HISTOLOGY

Other Sites Priority List	
Tissue/path from primary	1
Cytology from primary site or cavity fluid^/ascites	2
Tissue/path from mets	3
Scans MRI = CT = PET = US	4
Physician Documentation	5

*must describe a carcinoma or sarcoma
^ from retroperitoneal, peritoneal, or abdominal cavity

Code histology
- Before neoadjuvant therapy (some exceptions apply)
- Using priority list & H rules
- Do not change histo to stage

Coding histology
- Code most specific histo or subtype/variant whether described as majority*, predominant*, minority*, or component*
- Code NOS w/ features or differentiation ONLY when there is a specific code
- Use ambiguous terms ONLY when criteria met
- Do NOT code histology based on pattern architecture, focus/foci/focal

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Applicable Other Sites H Rules

H Rule			Description
is	*I*	M	is: single in situ; *I*: single invasive; M: multiple tumors
1	*9*	**22**	Path/cytology not available, use physician documentation
	10	**23**	No path/cytol from primary site, code from metastatic site
2	*12*	**27**	Single histology, code that histology
6	*15*	**34**	NOS and more specific, code the more specific
7	*21*	**35**	Multiple specific histo or NOS with multiple specific histo, assign a combo code from Table 2
	8	**32**	Invasive and in situ, code the invasive histology
4		**26**	Code 8148/2 for BilN III, BilN-3*

*Check with state registry to determine if reportable

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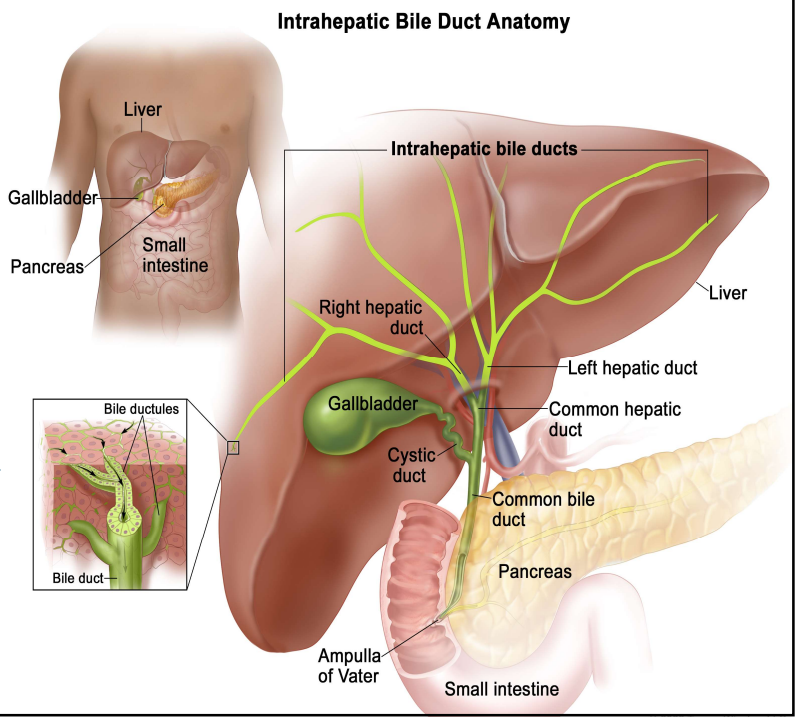
Staging Liver and Intrahepatic Bile Duct Cancers

Liver and Bile Ducts



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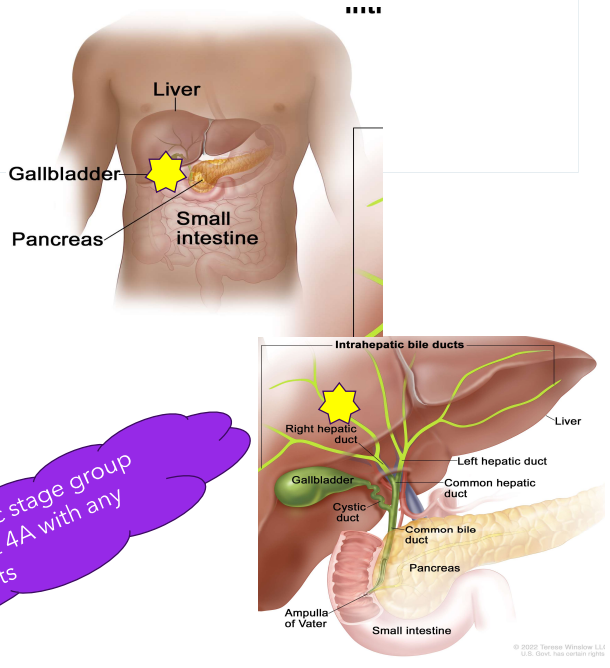
AJCC: Liver Chapter 22

- How many tumors?
- Is the tumor greater than 2cm?
- Is the tumor greater than 5cm?
- Is there vascular invasion?
- Are major veins or nearby organs involved?
  - *Is one of them the gallbladder?*
- Has the tumor invaded through the visceral peritoneum?



Prognostic stage group is at least 4A with any RLN mets

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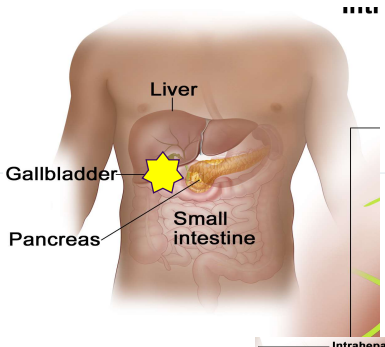
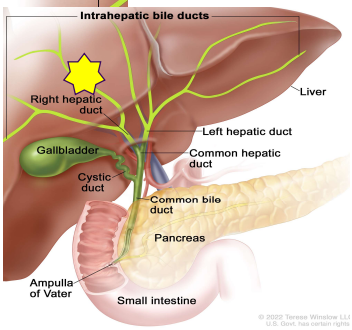
AJCC: Intrahepatic Bile Ducts, Chapter 23

- Is the tumor invasive?
- How many tumors?
- Is the tumor greater than 5cm?
- Is there vascular invasion?
- Has the tumor invaded through the visceral peritoneum?
- Are nearby organs or structures involved?





Prognostic stage group is at least 3B with any RLN mets

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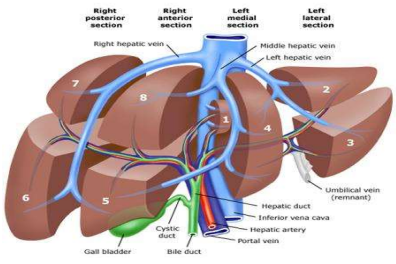
Poll 9

- FNA Liver mass: HCC; MRI: innumerable nodules and masses (largest is 3.2 cm) throughout the liver consistent with metastatic disease; no vascular invasion; PET (at OSF): No disease outside the liver

How do you assign clinical AJCC T and M categories to this case?

A. cT2 cM0

B. cT1b cM1



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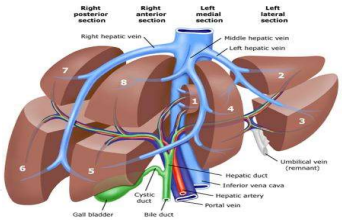
Poll 10



- MRI Abdomen: HCC, stage IA (1.8 cm); Op note: Main tumor with small satellite nodule in segment 5; thrombosis in portal vein (portal vein thrombosis not resected); pT2 (2.2 cm and 0.5 cm); Post-surgical MRI: portal vein thrombosis

How do you assign pathological AJCC T category to this case?

A. pT2

B. pT4

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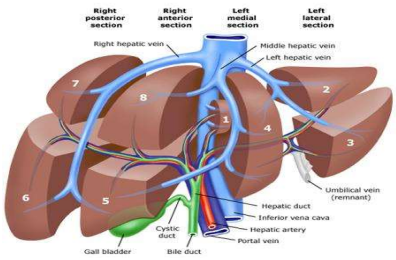
POLL 11

- Patient with a 2.3cm HCC in the liver (cT1b N0 M0) receives TACE with doxorubicin followed months later by liver transplant. The resected liver showed a 1.2cm HCC confined to the liver. No vascular invasion. 23 lymph nodes negative for metastasis. What is the correct T category for the liver resection?

A. cT1a
B. cT1b
C. pT1a
D. pT1b
E. ypT1a



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EOD Primary Tumor/SS18 (Liver): Notes

- Note 1: [EOD] Intrahepatic vascular invasion = vascular invasion for tumors in codes 100-500 and includes gross and microscopic involvement (microvascular invasion) of vessels
- **Note 2:** [EOD] Multiple tumors include satellitosis, multifocal tumors, and intrahepatic metastasis
- **Note 3:** [EOD/SS] The liver is divided into several lobes
  - If multiple **segments** in the **same** lobe are involved, code 200/1 (multiple tumors in 1 lobe)
  - If multiple **lobes** involved, see codes 300-500/2

Lobe	Segment(s)
Caudate	1
Quadrate	4b
Left	2, 3, 4a
Right	5, 6, 7, 8

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EOD Primary Tumor/SS18 (IHBD): Notes

- **Note 1:** [EOD] Multiple tumors include satellitosis, multifocal tumors, and intrahepatic metastasis [EOD]
- **Note 2/3:** [EOD/SS] **Intrahepatic vascular invasion** (codes 200/1 and 300/1) includes the following [EOD/SS18]
  - Major hepatic vessel invasion
    - 1st and 2nd order branches of the portal veins or hepatic arteries
  - Hepatic veins (right, middle, or left)
  - Microscopic invasion of smaller intraparenchymal vascular structures (identified on histopathological examination)

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SS2018 and EOD Primary Tumor Codes Liver and *Intrahepatic Bile Ducts*

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SS18	EOD	Description Liver	Description IHBD
0	000	**Intraepithelial, noninvasive**	
		In situ	*Intraductal tumor; BIN-3*
1	100	**Single** lesion (one lobe)	***Solitary** tumor*
		W/OUT or UNKNOWN [*intrahepatic*] vascular invasion	
		Confined to **liver**, NOS	*Confined to **IHBD**, NOS*
		Localized, NOS	
	150	Code 100 WITH vascular invasion	No code 150 in IHBD
	200	**Multiple** (satellite) nodules/tumors confined to 1 lobe W/ or W/OUT vascular invasion	*Code 100 W/ **intrahepatic** vascular invasion*
2 (L) 1 (B)	300	>1 lobe involved by contiguous growth of 1 lesion W/OUT or UNKNOWN vascular invasion [SS2018 code 2]	***Multiple** tumors **W/** or **W/OUT** intrahepatic vascular invasion* [SS2018 code 1]
2	400	Code 300 W/ vascular invasion	*Invasion into, but not thru visceral peritoneum*
	500	Multiple (satellite) nodules/tumors in > 1 lobe of liver or on surface of parenchyma W/ or W/OUT vascular invasion	*Invasion beyond visceral peritoneum into adjacent connective tissues W/OUT invasion of extrahepatic structures/organs*

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Poll 12

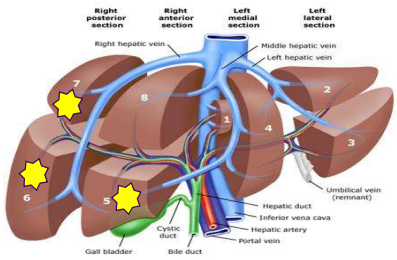
- On resection, a patient is found to have multiple nodules of hepatocellular carcinoma. The nodules are in 3 different liver segments (5, 6, and 7) and there is no vascular invasion or spread beyond the liver.
- How do you assign EOD and Summary Stage to this case.

A. EOD 100, SS 1

B. EOD 200, SS 1

C. EOD 300, SS 2

D. EOD 500, SS 2



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SS2018 and EOD Primary Tumor Codes
Liver and *Intrahepatic Bile Ducts*

EOD 600 and SS2018 Code 2

- Extrahepatic bile duct(s) *PLUS satellite nodules in more than one lobe OR multiple tumors with extrahepatic major vascular invasion*
- *Abdominal wall*
- *Colon*
- *Common bile duct*
- Diaphragm
- *Duodenum*
- Extrahepatic blood vessel(s)
  - Hepatic artery
  - **Portal vein** (Liver only)
  - [*Retrohepatic*] Vena cava
- Gallbladder
- Lesser omentum
- Ligament(s)
  - Coronary
  - Falciform
  - Hepatoduodenal
  - Hepatogastric
  - Round (of liver)
  - Triangular
- Peritoneum (parietal, NOS)
- **Peritoneum, visceral** (Liver only)
- **Major vascular invasion, NOS** (Liver only)

Regular black – Shared structures
Green italics – IHBD only
Bold black – Liver only

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SS2018 and EOD Primary Tumor Codes
Liver and *Intrahepatic Bile Ducts*

SS18	EOD	Description
7	700	*Multiple (satellite) nodules on surface of liver parenchyma* (liver see 500)
		Pancreas
		Pleura
		Stomach
		Further contiguous extension
U	800	No evidence of primary tumor
U	999	Unknown, extension not stated
		Primary tumor cannot be assessed
		Not documented in medical record
		Death Certificate Only

Regular black – Shared structures
Green italics – IHBD only

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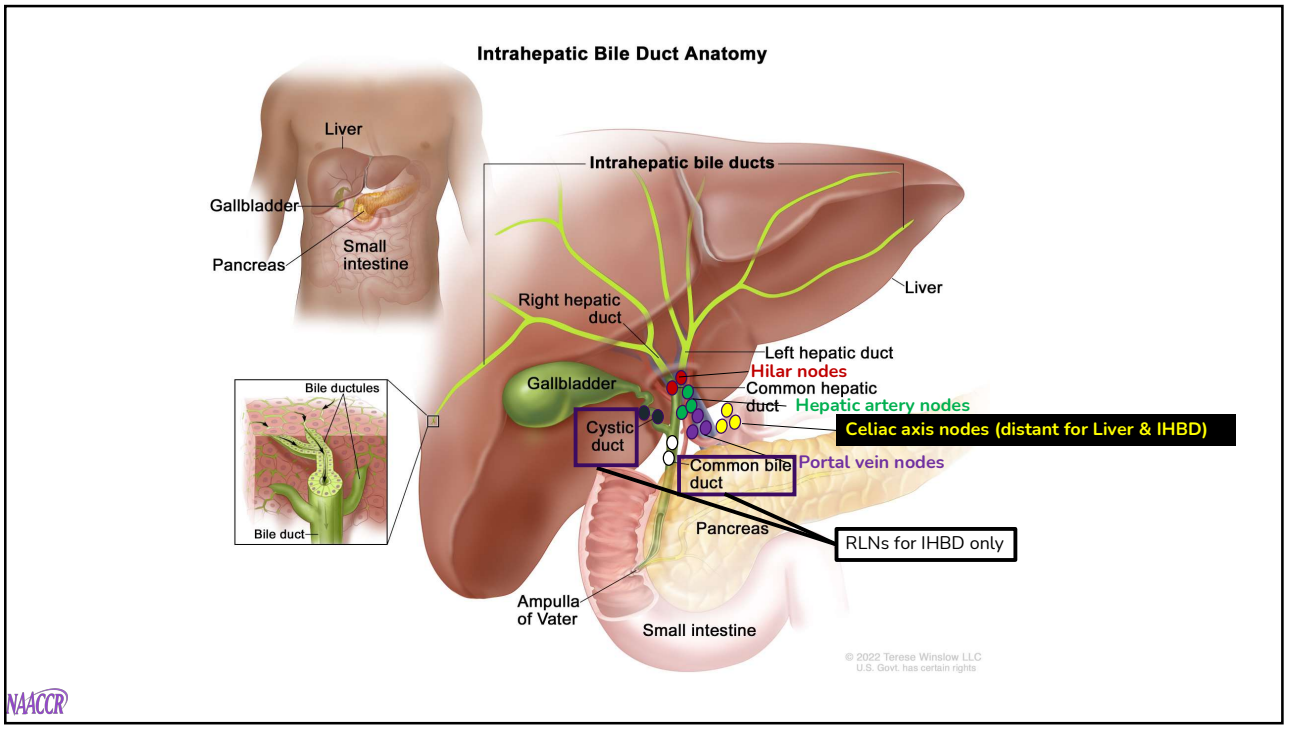

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SS2018 and EOD Regional Nodes
Liver and *Intrahepatic Bile Ducts*

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SS18	EOD	Description
U	000	No RLNs involved
3+	300	Caval
		Common Bile Duct
		Cystic Duct
		Hepatic, NOS
		Hepatic artery
		Hepatic pedicle
		Hepatoduodenal ligament
		Hilar
		Inferior vena cava
		Portal vein
		Periportal
		Porta hepatis
		Portal

SS18	EOD	Description
3+	400	*Portocaval (portacaval)*
7	700	Inferior phrenic LNs
		Lt Liver (Segments 2-4) or lobe not stated:
		Gastrohepatic
		Inferior phrenic
		Rt Liver (segments 5-8) or lobe not stated:
		Periduodenal
		Peripancreatic
		Pancreaticoduoenal
	800	RLNs, NOS; LNs, NOS
	999	Unknown; RLN(s) not stated
		RLN(s) cannot be assessed
		Not documented in medical record
		Death Certificate Only

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SS2018 and EOD Mets
Liver and *Intrahepatic Bile Ducts*

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SS18	EOD	Description
U	00	No/unknown if distant metastasis
7	10	Distant lymph node(s), NOS
		Aortocaval
		Aortic (para-aortic, periaortic); Cardiac
		Caval (IVC)
		Celiac
		Coronary artery
		Diaphragmatic, NOS; Lateral (aortic) (lumbar)
		Pericardial (pericardiac)
		Peripancreatic (near head of pancreas only)
		Posterior mediastinal (tracheoesophageal) including juxtaphrenic nodes
		Renal artery
		Retroperitoneal, NOS

SS18	EOD	Description
7		*Distant LNs*
	50 IHBD	*Lt Liver (segments 2-4)*
		Pancreaticoduodenal
		Periduodenal
		Peripancreatic
		Rt Liver (segments 5-8)
		Gastrohepatic
		Inferior phrenic
		Carcinomatosis
	70	Distant mets W/or WO distant LNs
		Distnat mets, NOS
U	99	Death certificate only

Regular black – Shared structures
Green italics – IHBD only
Bold black – Liver only

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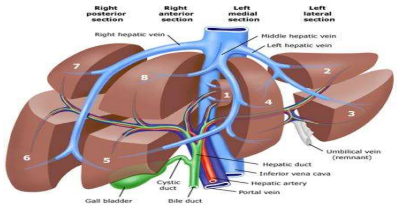
Poll 13

- CT chest/abdomen/pelvis: 8 cm liver mass; no other liver mass or lymphadenopathy; IMP: widespread metastatic disease w/ large liver mass and multifocal skeletal involvement
- PET: 8 cm mass in liver; metastatic lesions in lateral Rt lower chest and bones
- L2 decompression for tumor; L2-L3 fusion: metastatic poorly diff HCC

What is the AJCC clinical stage?

A. cT1b cN0 cM1 Prognostic Stage Group 4B
B. cT1b cN0 pM1 Prognostic Stage Group 4B



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Grade Table: Liver

Grade must be coded based on the **timeframe** in which it was assessed.

Code	Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated
4	G4: Undifferentiated
9	Grade cannot be assessed (GX); Unknown

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Grade - IHBD

Grade must be coded based on the **timeframe** in which it was assessed.

CODE	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated (undifferentiated & anaplastic)
9	Unknown, can't assess

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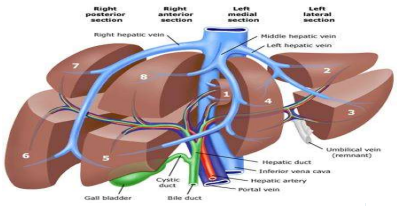
Poll 14



A patient is diagnosed with intrahepatic cholangiocarcinoma, G2. She has a surgical resection planned but is involved in a MVA which results in her death before the surgery could be done. An autopsy is performed. The autopsy report documents intrahepatic cholangiocarcinoma G3.

- What grades are entered in the grade clinical and grade pathological fields?

A. G2 Grade Clinical; G3 Grade Pathological

B. G3 Grade Clinical; G9 Grade Pathological

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New for v3.1: Autopsy Grading

Autopsy grading follows the grade timeframe rules; if a patient dies and has an autopsy during the initial workup and treatment of their cancer, in the absence of any signs of progression, the autopsy grade can be used in the appropriate timeframe.

- Patient diagnosed at autopsy – do NOT use grade information from the autopsy
- Patient diagnosed and dies w/out any treatment – grade information from autopsy can be coded in **grade clinical**
- Patient diagnosed, has surgical resection, then dies shortly after – **grade pathological** can come from the surgery or autopsy (whichever is higher)
- Patient diagnosed, has surgical resection, and completed all FCOT prior to death – do NOT use grade information from the autopsy because that procedure was not done during the initial workup or through the FCOT

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POLL 15

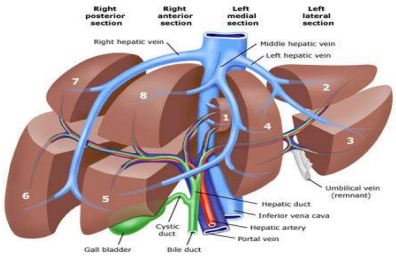
2024 Liver, core biopsy: Hepatocellular carcinoma, grade 2–3. Prominent cirrhosis noted.
The morphologic features and the immunohistochemical staining pattern support the diagnosis of hepatocellular carcinoma, grade 2–3.

What is assigned for **grade clinical**?

A. 2

B. 3

C. 9



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Ranges in Grading

New instruction "c" added to Grade Manual v3.1 under item 1, General Grade Coding Instructions for Solid Tumors

1. Code the grade from the primary tumor only
   a. Do NOT code grade based on metastatic tumor or recurrence. In the rare instance that tumor tissue extends contiguously to an adjacent site and tissue from the primary site is not available, code grade from the contiguous site.
   b. If primary site is unknown, code grade to 9.
   c. If a range is given for a grade (e.g., 1-2 or 2-3), code the **higher** grade.
      - Applies to cases diagnosed 1/1/2018 and forward (you don't have to recode cases already abstracted)

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Rules for Recording Lab Values

- Lab values are tests based on blood, urine, ascites, or spinal fluid (blood is most common).
  - **Lab values** must be done no earlier than ~3 months prior to dx
  - **Only** record test results obtained prior to any cancer-directed treatment (neoadjuvant or surgical) **UNLESS** instructions for a specific SSDI state otherwise
  - Record the **highest** laboratory value if multiple laboratory tests results are available, **UNLESS** instructions for a specific laboratory test state otherwise
- **Note**: Active surveillance is first course of treatment.
- If the only test(s) done does not meet the criteria in the 3 bullets above the note, use the code for test not done or unknown if test performed

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Rules For Recording Interpretation of Lab Values

- Clinician's/pathologist's interpretation has **first** priority
  - Physician's assignment of T, N, or M category or stage group can be used as an implied interpretation
- Reference range **listed on the report**
- Do not code based on background information provided in SSDI manual
  - Exceptions apply when the value is extremely abnormal
- If the lab value is not stated in the units used in the SSDI, AND conversion is allowed per the SSDI, the conversion can be calculated at https://www.amamanualofstyle.com/page/si-conversion-calculator

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Liver SSDI Which are Lab Values

Schema	SSDI	Specific Rules
Liver	AFP Pretx Lab Value	
Liver	AFP Pretx Interpretation	
Liver	Bilirubin Pretx Total Lab Value	
Liver	Bilirubin Pretx Total Interpretation	
Liver	Creatinine Pretx Total Lab Value	
Liver	Creatinine Pretx Total Interpretation	
Liver	International Normalized Ratio for Prothrombin Time	

None of the Liver SSDI have specific coding rules (no "YES" in specific rules column) which means they follow the general instructions for coding lab values

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Rules for Recording SSDI Based on Solid Tissue

Priority Order for SSDIs

- Addendums or amendments (corrections that are not incorporated into the initial synoptic report, including CAP Cancer Protocol)
- Synoptic report (including CAP Cancer Protocol)
- Pathology report: final diagnosis
- Physician statement

Microscopic evaluation (tissue examination) is required

- If no microscopic evaluation (bx, resection), code the SSDI to the unknown value (some exceptions for clinical dx – check coding table and coding notes before coding unknown)

General Rules versus SSDI specific rules

- Unless instructions for a specific tissue test state otherwise, record the highest value (positive versus negative, or actual numerical value) obtained from any tissue-based examination (biopsy, surgical resection, bone marrow biopsy).
- If the SSDI specific coding rules column is yes, then check the SSDI for additional coding instructions

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Liver/IHBD SSDI Which are Based on Solid Tissue

Excerpt from Table

Schema	SSDI	Specific Rules
Bile Ducts Intrahepatic	Tumor Growth Pattern (2018-2021)	
Bile Ducts Intrahepatic Liver	Fibrosis Score	
Bile Ducts Intrahepatic Bile Ducts Perihilar	Primary Sclerosing Cholangitis (2018-2021)	

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SSDIs for Liver

- AFP PreTX Lab Value → AFP PreTX Interpretation
- Bilirubin PreTX Lab Value → Bilirubin PreTX Unit
- Creatinine PreTX Lab Value → Creatinine PreTX Unit
- INR
- Fibrosis Score (also collected for intrahepatic bile duct)

- **Common** instructions to the Liver SSDIs that are LAB tests include:
  - MD statement of the PreTx Lab Value/Interpretation/Unit of measure being coded can be used when no other info available
  - Record **highest** PreTx Lab Value **prior** to **Tx**
- For **paired** SSDI:
  - Use the **same** test result to code both members of the pair

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SSDI: AFP PreTX Lab Value

Note Ug/L = ng/mL

Code	Description
0.0	0.0 ng/ml; not detected
0.1-9999.9	0.1-9999.9 ng/ml (Exact value to nearest tenth of ng/ml)
XXXX.1	10,000.0 ng/ml or >
XXXX.7	Test ordered, results not in chart
XXXX.8	Not applicable: Information not collected for this case
XXXX.9	Not documented in medical record AFP (Alpha Fetoprotein) Pretreatment Lab Value not assessed or unknown if assessed

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SSDI: Bililrubin PreTX Lab Value
SSDI: Creatinine PreTX Lab Value

Both SSDI share many table notes and code descriptions

- Bilirubin – record the **TOTAL** bilirubin
- Creatinine – record from **blood or serum** (not urine)
- Record to the nearest 10th
- Used in the calculation of the **MELD** score (along with INR)
  - Bilirubin measures how effectively the liver secretes bile
  - Creatinine measures kidney function

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SSDI: Bilirubin PreTX Lab value
SSDI: Creatinine PreTX Lab value

Bilirubin	Creatinine	Description Bilirubin	Description Creatinine
0.0	0.0	0.0 mg/dL; 0.0 umol/L	
0.1-999.9	0.1-99.9	0.1-999.9 mg/dL; 0.1-999.9 umol/L	0.1-99.9 mg/dL; 0.1-99.9 umol/L
XXX.1	XX.1	1,000 mg/dL or >; 1,000 umol/L or >	100 mg/dL or >; 100 umol/L or >
XXX.7	XX.7	Test ordered, results not in chart	
XXX.8	XX.8	Not applicable: Information not collected for this case	
XXX.9	XX.9	Not documented in medical record; Bilirubin Total/Creatinine PreTX Lab Value (Unit of measure) not assessed or unknown if assessed	

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SSDI: Bililrubin PreTX Unit
SSDI: Creatinine PreTX Unit

Both SSDI share many table notes **and** use the **same** coding table

- **Weights** are recorded in **grams**; **molecular counts** are recorded in **moles**
  - Bilirubin – 1 mg/dL of bilirubin = 17.1 umol/L
  - Creatinine – 1 mg/dL of creatinine = 88.4 umol/L

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SSDI: AFP PreTX Interpretation
SSDI: Bililrubin/Creatinine PreTX Unit

Code	AFP PreTX Interpretation	Bilirubin/Creatinine PreTX Unit
0	Negative/normal; within normal limits	No code 0
1	Positive/elevated	Milligrams per deciliter (mg/dL)
2	Borderline; undetermined if positive or negative	Micromoles/liter (umol/L)
7	Test ordered, results not in chart	
8	Not applicable: Information not collected for this case	
9	Not documented in medical record AFP Pretreatment interpretation (Bil/Creat Unit of measure) not assessed or unknown if assessed	

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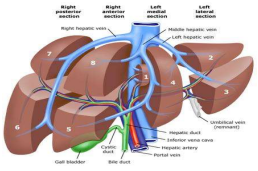
Poll 16

- 3/3/24 MRI abd: 3.5 cm suspicious liver lesion suggesting HCC
- 3/3/24 AFP 1900.3 ng/mL (Ref range ≤ 7.5 ng/mL)
- 3/25/24 TACE w/ Doxorubicin
- 4/21/24 AFP 2125.1 ng/mL (Ref range < 6.1 ng/mL)

How are the SSDIs AFP Pre-Treatment Lab Value and Interpretation assigned?

A. 1900.3; 1 – Positive/elevated
B. 2125.1; 1 – Positive/ elevated
C. 1900.3; 9 – Not documented
D. 2125.1; 9 – Not documented



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SSDI: INR Prothrombin Time

- Used in the calculation of the MELD score (measures the liver's ability to make blood clotting factors)

Code	Description
0.0	0.0
0.1	0.1 or less
0.2-9.9	0.2-9.9 (Exact ratio to nearest tenth)
X.1	10 or greater
X.7	Test ordered, results not in chart
X.8	Not applicable: Information not collected for this case
X.9	Not documented in medical record INR not assessed or unknown if assessed

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Fibrosis score

- Use MD statement of fibrosis score when no other info available
  - Code 7 when MD statement of fibrosis score is **not** based on histo exam of liver (clinical dx)
- Record the results based on initial work-up **thru 1st course surgery** (when NO no neoadjuvant Tx; NO primary systemic or NO radiation)
  - If multiple histologic exams, & conflicting scores, use the **highest** score (bx or resection)
- Codes 0 and 1 **REQUIRE** histologic confirmation of fibrosis/cirrhosis as documented in the **pathology report**
- If no score provided, use descriptive terms provided in coding table
- When Fibrosis score stated but scoring system not recorded
  - Consult with the physician; when no further info available, code 9

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SSDI: Fibrosis Score (Liver + IHBD)

Code	Descriptive terms	Fibrosis Score	Notes
Histologic confirmation required to use codes 0 and 1			
0	No to moderate fibrosis	Ishak fibrosis score 0-4 METAVIR score F0-F3 Batt-Ludwig score 0-3	FIB-4 is **NOT** a fibrosis score AJCC F0 and F1 are **NOT** the same as METAVIR score F0 or F1
1	Advanced/severe fibrosis Developing cirrhosis Incomplete cirrhosis Transition to cirrhosis Cirrhosis, probable or definite Cirrhosis, NOS	Ishak fibrosis score 5-6 METAVIR score F4 Batt-Ludwig score 4	

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SSDI: Fibrosis Score (Liver + IHBD)

Code	Description
7	Clinical statement of **advanced/severe fibrosis** or **cirrhosis**, AND **Not** histologically confirmed or unknown if histologically confirmed
8	Not applicable: Information not collected for this case
9	Not documented in medical record Stated in medical record that patient does not have advanced cirrhosis/advanced fibrosis, not/or unknown if histologically confirmed Fibrosis score stated but cannot be assigned to codes 0 or 1 Fibrosis score stated but scoring system not recorded Fibrosis Score not assessed or unknown if assessed

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POLL 17

2024 Liver, core biopsy: Hepatocellular carcinoma, grade 2–3. Prominent **cirrhosis** noted.
The morphologic features and the immunohistochemical staining pattern support the diagnosis of hepatocellular carcinoma, grade 2–3.

What is assigned for the **SSDI Fibrosis Score**?

A. 0
B. 1
C. 7
D. 9

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Poll 18

- Liver cancer patient receives TACE with doxorubicin followed by liver resection. How are the fields coded for chemotherapy and systemic/surgery sequence?

A. Chemotherapy: 00 no chemotherapy; Sequence: 0: No chemo or no surgery
B. Chemotherapy: 02 single agent; Sequence: 2: Chemo before surgery

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TACE Coding for Liver Cancer CAnswer Forum

- Transcatheter arterial chemoembolization (TACE) is coded as chemotherapy. Follow STORE rules for coding based on the number of agents administered.

https://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/fords/surgical-diagnostic-and-staging-procedure/71746-tace-coding-for-liver-cancer

- STORE:
  Code chemoembolization as 01, 02, or 03 depending on the number of chemotherapeutic agents involved.

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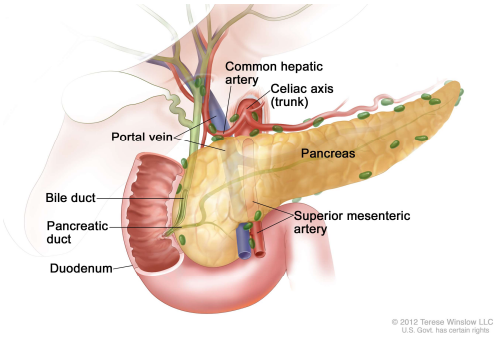
Coding and Staging Perihilar and Distal Bile Duct Cancers



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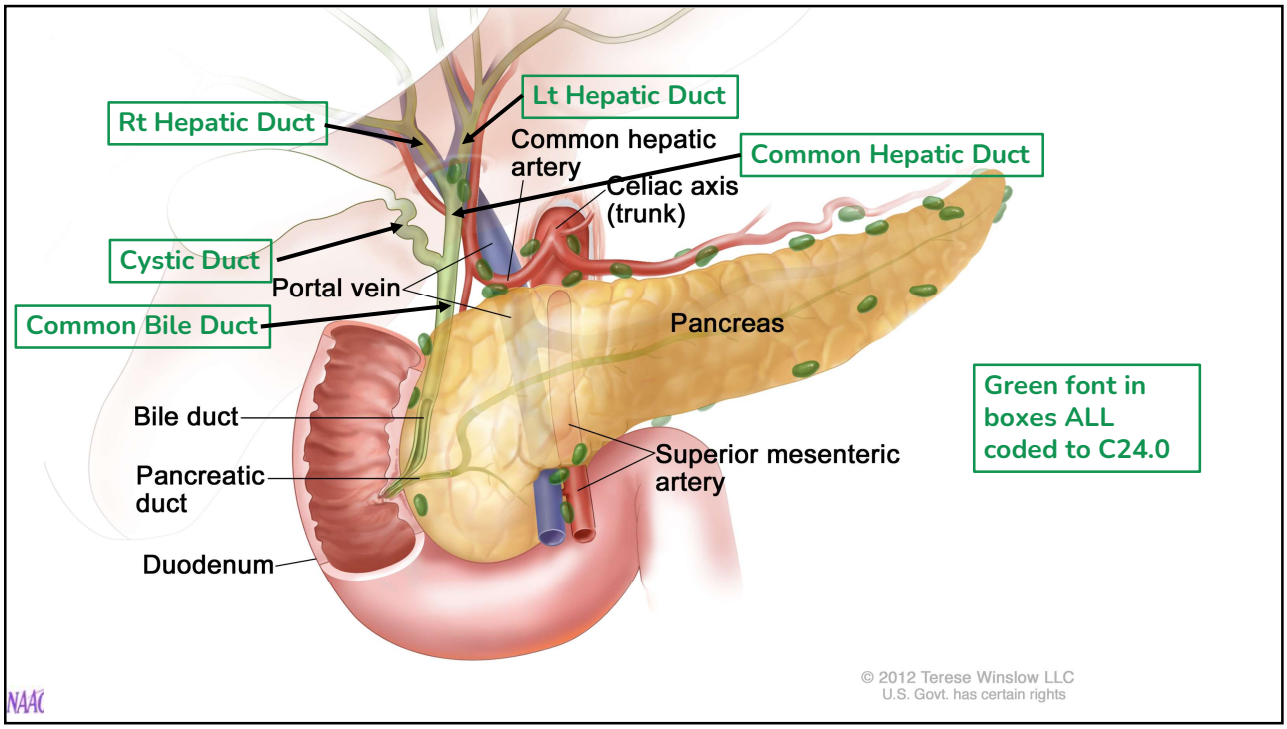

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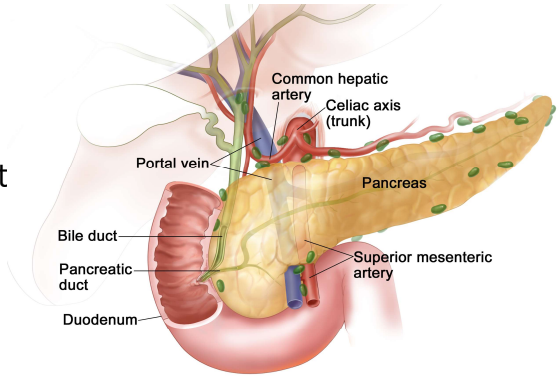
Poll 19

- A patient is diagnosed with cholangiocarcinoma of the intrapancreatic bile duct.

What is the primary site?

A. C24.0 Extrahepatic bile duct
B. C25.0 Head of pancreas
C. C25.3 Pancreatic duct



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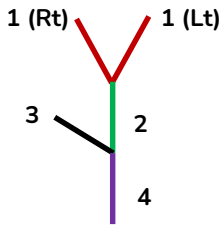
C24.0 Extrahepatic Bile Ducts

- (1) Hepatic Ducts (Rt and Lt)
- (2) Common Hepatic Duct
- (3) Cystic Duct
- (4) Common Bile Duct

All coded to C24.0 Extrahepatic bile duct



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Schema Discriminator 1: C24.0

Code	Description	Disease
1	Perihilar bile duct(s) Proximal extrahepatic bile duct(s) Hepatic duct(s)	25: Perihilar Bile Ducts
3	Cystic bile duct; cystic duct	24: Cystic Duct
4	Distal bile duct Common bile duct Common duct, NOS	26: Distal Bile Ducts
5	Diffuse involvement > 1 subsite involved, subsite of origin not stated	25: Perihilar Bile Ducts
6	Stated as middle EHBD AND treated with combined hepatic and hilar resection	25: Perihilar Bile Ducts
7	Stated as middle EHBD AND treated with pancreaticoduodenectomy	26: Distal Bile Ducts
9	Extrahepatic bile ducts, NOS	25: Perihilar Bile Ducts

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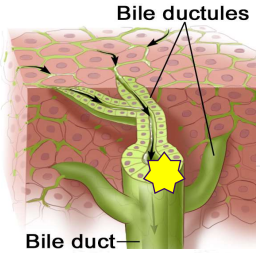
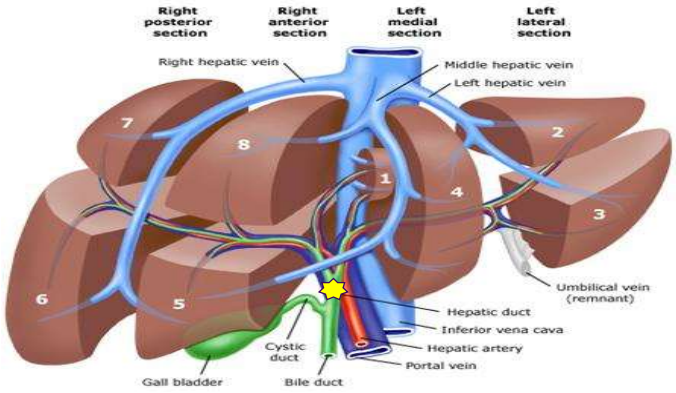
AJCC: Perihilar Bile Ducts Chapter 25

- Is the tumor invasive?
- Has the tumor invaded through the duct wall?
  - Is the adipose tissue involved?
  - Is the liver parenchyma involved?
- Is a branch of a major vein or artery involved?
  - Is there bilateral involvement?
- Is a major vein or artery involved?
- Are the second order biliary radicals involved?
  - Is there contralateral involvement of a vein or artery?



Prognostic stage group is 3C or 4A depending on # of RLN mets.



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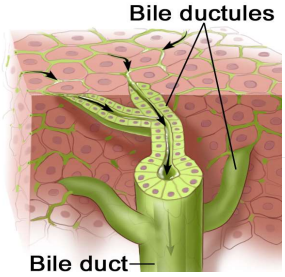
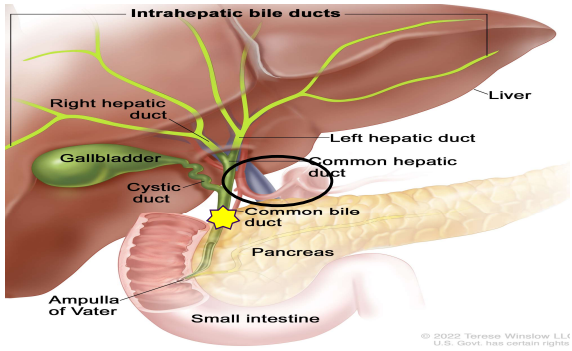
AJCC: Distal Bile Ducts Chapter 26

- Is the tumor invasive?
- Is the depth of invasion 5mm or more?
- Is the depth of invasion more than 12mm?
- Are major arteries involved?





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Poll 20

- 9/8/24 CT C/A/P: 1.5 cm lesion in head of pancreas; no evidence of metastatic dz
- 9/15/24 EUS w/ FNA HOP mass: CBD dilated w/ 17 mm area of abrupt taper in HOP; no vascular invasion; suspicious for HOP malignancy
- 9/15/24 FNA HOP mass: positive for malignancy cells c/w adenocarcinoma
- 9/30/24 Whipple resection: Adenocarcinoma of the common bile duct

How is **clinical** AJCC staging assigned in the cancer registry abstract?

A. Use the Pancreas chapter
B. Use the Distal Bile Ducts chapter
C. Leave the cT, cN, cM fields blank. Stage group 99.

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SS2018 and EOD Primary Tumor – *PHBD* and DBD

SS18	EOD	Description
0	000	In situ, intraepithelial, noninvasive
		High-grade biliary intraepithelial neoplasia (BilIn-3)
1	100	Invasive tumor confined to
		Lamina propria
		Mucosa, NOS
		Muscle layer of fibrous tissue (bile ducts perihilar only)
		Muscularis propria
		Subepithelial connective tissue (tunica mucosa) (bile ducts perihilar only)
		Submucosa (superficial invasion)
		Confined to *perihilar*/distal bile duct, NOS
		Localized, NOS

Purple italics – only applies to perihilar bile duct schema
Green bold font – only applies to distal bile ducts
Regular font – applies to perihilar and distal bile ducts

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SS2018 and EOD Primary Tumor, cont.

SS18	PHBD	DBD	Description
2	200		Adipose tissue
			Adjacent (connective) tissue, NOS
			Beyond wall of bile duct
			Periductal/fibromuscular connective tissue
	250	200	Liver **including porta hepatis**
			Adjacent hepatic parenchyma
	300	600	Colon
		200	Duodenum
			Gallbladder
		600	Omentum (greater, lesser, NOS)
		200	Pancreas
		600	Stomach **(distal, proximal)**
	400	200	Unilateral branches of hepatic artery (right or left)
			Unilateral branches of portal vein (right or left)

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SS2018 and EOD Primary Tumor, cont.

PHBD		DBD		
SS18	EOD	SS18	EOD	Description
2	500	2	600	Hepatic artery (common, NOS)
	500		600	Main portal vein or its branches bilaterally
	500			*Portal vein, NOS*
	500			*Second-order biliary radicals bilaterally*
	500			*Unilateral second-order biliary radicals with contralateral portal vein or hepatic artery involvement*
7	600	7	700	Abdominal wall
			700	**Celiac (axis) artery**
			700	**Superior mesenteric artery**
7	700	7	700	Further contiguous extension

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SS2018 and EOD Primary Tumor – PHBD and DBD

SS18	EOD		Description
	DBD	PHBD	
U	800		No evidence of primary tumor
U	999		Unknown; extension not stated
			Primary tumor cannot be assessed
			Not documented in medical record
			Death Certificate Only

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SS2018 and EOD Regional Nodes – PHBD and DBD

SS18	EOD		Description	
	PBDH	DBD		
U	000		No regional lymph node involvement	
3+			*Choledochal*	In PHBD schema only
			Common Bile Duct	
	300	300	Hilar (in hepatoduodenal ligament)– (see porta hepatis LNs)	
			Cystic duct (node of neck of gallbladder) (Calot's node)	
			Hepatic artery (common, NOS)	
			Node of foramen of Winslow (omental) (epiploic)	
			Pancreaticoduodenal (anterior for PHBD), anterior, posterior for DBD)	
			Pericholedochal (node along common bile duct)	
			Periduodenal	
			Peripancreatic (near head of pancreas only)	
			Periportal	
			Porta hepatis (portal) (hilar) (in hilus of liver)	

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SS2018 and EOD Regional Nodes – PHBD and DBD

SS18	EOD		Description
	PHBD	DBD	
7	Mets	700	Superior mesenteric artery; Superior mesenteric vein
U	800		Regional lymph node(s), NOS; Lymph node(s), NOS
	999		Unknown RLN(s) not stated RLNs cannot be assessed Not documented
			Death Certificate Only

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SS2018 and EOD Mets – PHBD and DBD

SS18	EOD		Description
	DBD	PHBD	
U	00		No distant metastasis
			Unknown if distant metastasis
7	10		Distant lymph node(s)
			Celiac
			Para-aortic
			Pericaval
			Peripancreatic (along body and tail of pancreas only)
	RLN	10	*Superior Mesenteric Artery/Vein (PHBD only)*
	10		Distant lymph node(s), NOS
	70		Carcinomatosis
			Distant metastasis WITH or WITHOUT distant lymph node(s)
			Distant metastasis, NOS
U	99		Death Certificate Only (SS2018 Unknown if extension or mets)

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Grade – Perihilar and Distal Bile Ducts

Grade must be coded based on the **timeframe** in which it was assessed.

CODE	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated (undifferentiated & anaplastic)
9	Unknown, can't assess

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Coming UP…

- Pancreas
  - Vicki Hawhee, MEd, ODS-C
- Boot Camp 1
  - Juliet Wilkins, MA, ODS-C

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CE Certificate Quiz/Survey

CE Phrase

Perihilar

Link

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