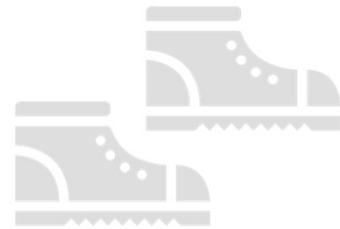
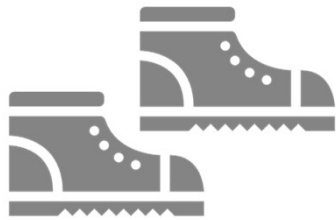


2024 NAACCR BOOT CAMP (PART 1)

Jim Hofferkamp, BA, ODS-C and Juliet Wilkins, MA, ODS-C



"Sergeant Stubby" is available in the Public Domain

1

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.

2

FABULOUS PRIZES

"Army Uniforms of Norway"
By Wolfmann available via CC-SA-4.0



"First Aid Case, Germany"
Available via CC BY 4.0



"Army Memorial Ceremony Honors Maj. Gen. Greene"
by Staff Sgt Bernardo Fuller available via Public Domain

Disclaimer:
Prize does not actually contain helmets, first aid kits, rations, or boots



"Food Packet" by Soldier Systems Center available via Public Domain

3

GUEST PRESENTER

- ★ Juliet Wilkins, MA, ODS-C
 - ★ Training and Policy Manager, Arizona Cancer Registry
 - ★ Registrar since 2011, credentialed since 2014
 - ★ 10 years of hospital registry experience, 2 years of central registry experience
 - ★ Former NCRA Education Committee Chair, Current Education Committee Member
 - ★ Thespian and opera singer



4

AGENDA

- ★ Quiz 1-Reportability
- ★ Quiz 2-Class of Case
- ★ Quiz 3-Ambiguous Terminology
- ★ Quiz 4-First Course of Treatment
- ★ Break
- ★ Quiz 5-Neoadjuvant Treatment
- ★ Quiz 6-Grade
- ★ Quiz 7-Primary Site
- ★ Quiz 8-HP & Lymphoid Neoplasms



"Shadow Cast by a Drill Instructor"
by Lupus in Saxonia available via CC BY-SA 4.0

5

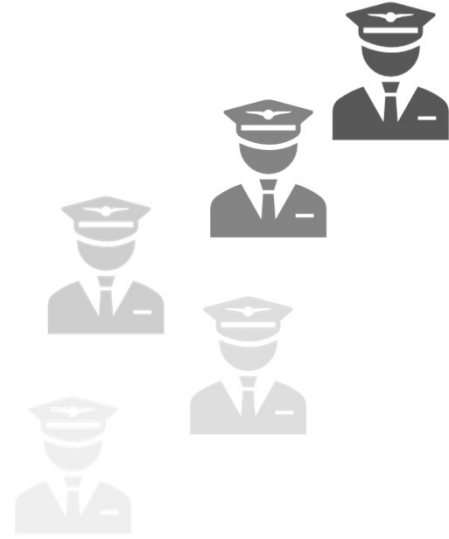


QUIZ 1 REPORTABILITY

6

WHAT IS REPORTABLE TO THE COC?

- ★ Malignancies with an ICD-O-3 (or 3.2) behavior code of 2 or 3 for *all sites*.
 - ★ Exception: Pilocytic astrocytoma/juvenile pilocytic astrocytoma
 - ★ Exception: Carcinoid, NOS of appendix
 - ★ Exception: Malignant primary skin cancers with histology codes 8000-8110
 - ★ Exception: CIS of the cervix, CIN III, PIN III, VIN III, VAIN III, AIN III, LIN III, and SIN III excluding cervix
 - ★ Specified histologies 2022+
- ★ Nonmalignant primary intracranial & CNS tumors dx 2004+ for C70.__, C71.__, C72.__, C75.1, C75.2, & C75.3
- ★ GISTs and Thymomas with a behavior code of /3
- ★ LAMN
- ★ PI Rads, BI Rads, LI Rads *confirmed via biopsy or physician statement*
- ★ LCIS is **not reportable** to the COC



7

REPORTABLE TO???


Other cases may be required by:

- ★ SEER (for SEER states)
- ★ Central/State/Territorial Registries
- ★ Providers at your facility
- ★ Administrators at your facility
- ★ IRB approved studies
- ★ Data requests



"AL 1B Peterson 00385" by SDASM Archives is available without copywrite restrictions

8




QUIZ 2

CLASS OF CASE

9

CLASS OF CASE

- Class of Case documents the *relationship* between the patient and your facility.
- **Analytic or non-analytic:**
 - Analytic (codes 00-22): your facility was directly involved in either the patient’s diagnosis or treatment (or both)
 - **Analytic cases are ALWAYS reportable to the COC**
 - Non-analytic (codes 30-99): your facility was not directly involved in either the patient’s diagnosis or treatment
 - **Non-analytic cases may or may not be reportable to State, Territorial, or Central Registries (see next slides)**



“Army Uniforms of Norway”
by Wolfmann
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10

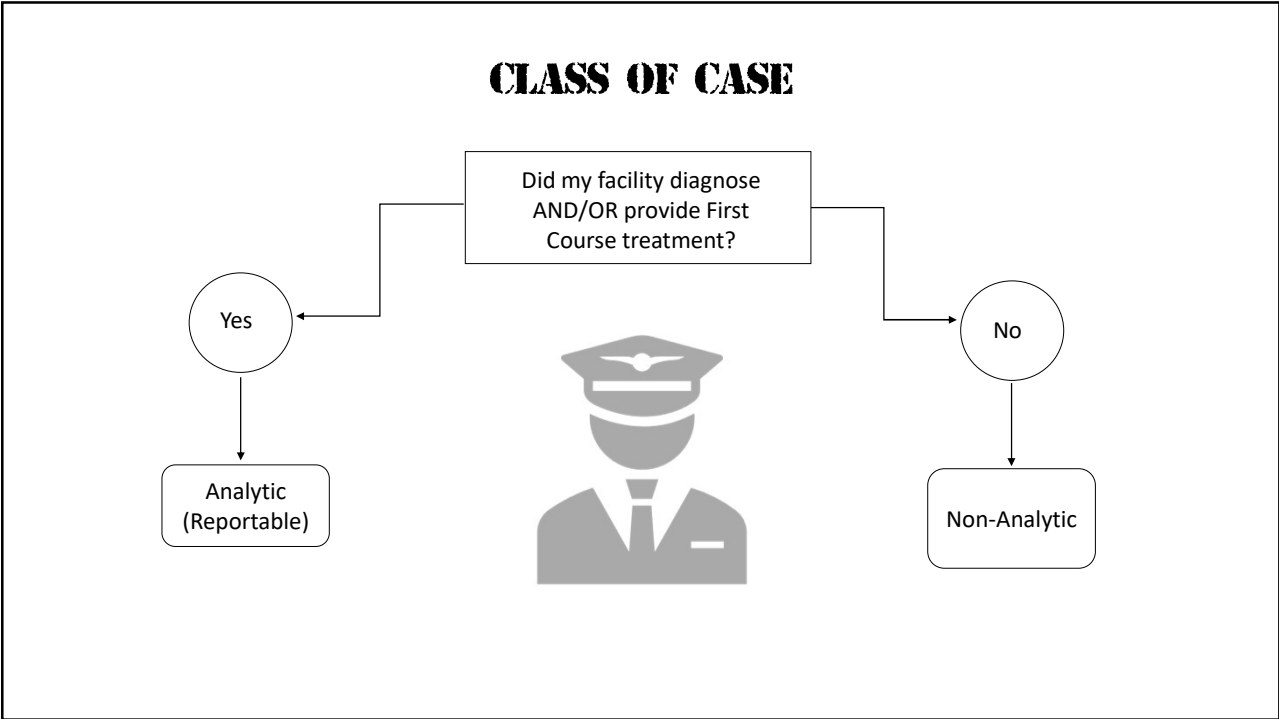
CLASS OF CASE

There is an important (but subtle) distinction between Class of Case 00 and Class of Case 10.

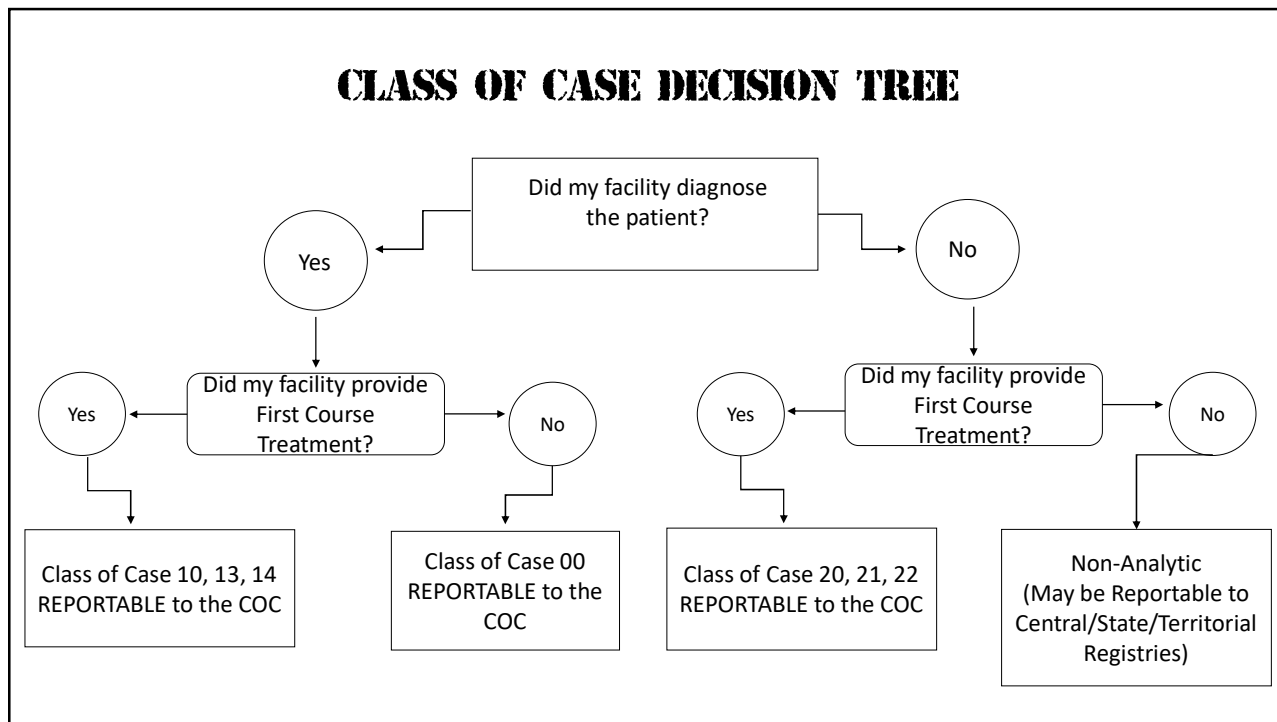
Class of Case *00* is coded when it is **known** that the patient went elsewhere for treatment (i.e. the facility has followed up to verify that treatment was given elsewhere).

Class of Case *10* is coded when treatment was recommended, but it is **not known** if that treatment was given. Further follow-up should be done on these case to determine what, if any, treatment was given.

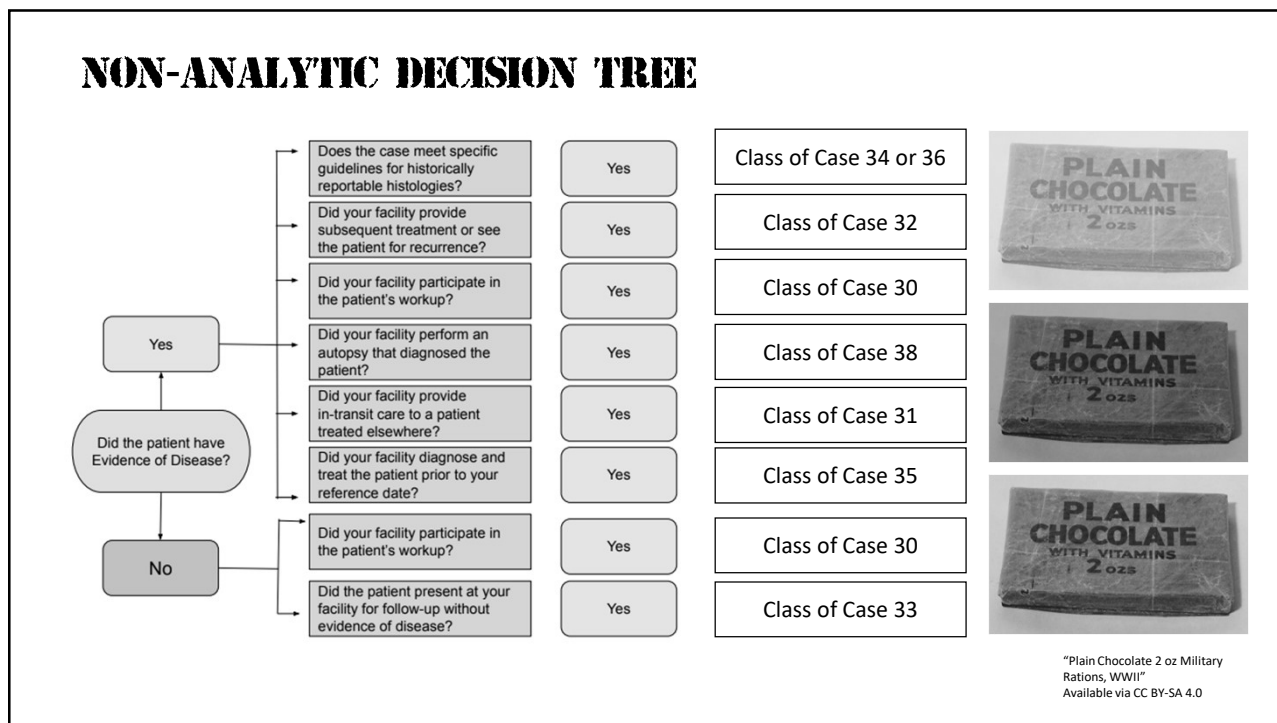
11



12



13



14

PATIENTS NOT PHYSICALLY PRESENT AT YOUR FACILITY

Class of Case	Description
40	Diagnosis & all FCoT given at a staff physician's office.
41	Diagnosis & FCoT given in 2 or more offices of physicians with admitting privileges.
42	Nonstaff physician not part of reporting facility. Case accessioned for diagnosis or treatment by reporting entity.
43	Pathology or Lab Specimen Only
49	Death Certificate Only

15



QUIZ 3

AMBIGUOUS

TERMINOLOGY

16




QUIZ 4

TREATMENT


17

TREATMENT STANDARDS

- ★ 2024 STORE p. 47
 - ★ First Course of Treatment “includes all methods of treatment recorded in the treatment plan and administered to the patient before disease *progression or recurrence*”
 - ★ Includes Active Surveillance (early stage prostate cancer, CLL, etc.)
 - ★ Includes Palliative Care
 - ★ Includes Patient Refusal
- ★ Treatment Planning




 - ★ *All therapies* specified in the provider(s) treatment plan are part of the first course of treatment *if* they are administered.
 - ★ In the *absence* of a documented treatment plan, what is Standard of Care?
 - ★ If there is *no treatment plan, established protocol, or management guidelines* and you cannot consult with a physician, the timing rule (4 months) applies.




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TREATMENT FIELDS 2023 AND AFTER




Lymph Nodes (LN)

- Sentinel LNs Examined (#834)
- Sentinel LNs Positive (#835)
- Date of Sentinel LN Biopsy (#832)
- Date Regional LN Dissection (#682)
- Regional LNs Examined (#830)
- Regional LNs Positive (#820)
- Scope of Regional LN Surgery at this Facility (#672)
- Scope of Regional LN Surgery (#1292)



General Treatment

- Date of First Course of Treatment (#1270)
- RX Summ – Treatment Status (#1285)



AND MORE...

Surgery


- Date of First Surgical Procedure (#1200)
- Date of Most Definitive Surgical Resection of the Primary Site (#3170)
- RX Hosp—Surg 2023 (#671)
- RX Summ—Surg 2023 (#1291)
- Approach-Surgery of the Primary Site at this Facility (#668)
- Surgical Margins of the Primary Site (1320)
- Surgical Procedure/Other Site (#1294 & #674)
- Date of Surgical Discharge (#3180)
- Reason for No Surgery (#1340)

19


TREATMENT FIELDS 2023 AND AFTER

- Date Radiation Started (#1210)
- Location of Radiation Treatment (#1550)
- Phase I-II-III Radiation Primary Treatment Volume (#1504, #1514, #1524)
- Phase I-II-III Radiation to Draining Lymph Nodes (#1505, #1515, #1525)
- Phase I-II-III Radiation Treatment Modality (#1506, #1516, #1526)
- Phase I-II-III External Beam Radiation Planning Technique (#1502, #1512, #1522)
- Phase I-II-III Dose per Fraction (#1501, #1511, #1521)
- Phase I-II-III Number of Fractions (#1503, #1513, #1523)
- Phase I-II-III Total Dose (#1507, #1517, #1527)
- Number of Phases of Radiation Treatment (#1532)

- Number of Phases of Radiation Treatment (#1532)
- Radiation Treatment Discontinued Early (#1531)
- Radiation Course Total Dose (#1533)
- Radiation/Surgery Sequence (#1380)
- Date Radiation Ended (#3220)
- Reason for No Radiation (#1430)






AND MORE...



Radiation

20

TREATMENT FIELDS 2023 AND AFTER


 Systemic Treatment	 Other and Palliative	 Text
<ul style="list-style-type: none"> Date Systemic Therapy Started (#3230) Date Chemotherapy Started Chemotherapy (#1390) Chemotherapy at this Facility (#700) Date Hormone Therapy Started (#1230) Hormone Therapy (#1400) Hormone Therapy at this Facility (710) Date Immunotherapy Started (#1240) Immunotherapy (#1410) Immunotherapy at this Facility (#720) Hematologic Transplant & Endocrine (#3250) Systemic/Surgery Sequence (#1639) 	<ul style="list-style-type: none"> Date Other Treatment Started (#1250) Other Treatment (#1420) Other Treatment at this Facility (#730) Palliative Care (#3270) Palliative Care at this Facility (#3280) 	<ul style="list-style-type: none"> Text-DX Proc-Path (#2570) RX Text-SURGERY (#2610) RX Text-RADIATION [BEAM] (#2620) RX Text-RADIATION [OTHER] (#2630) RX Text-CHEMO (#2640) RX Text-HORMONE (#2650) RX Text-BRM (#2660) RX Text-Other (#2670)

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TREATMENT QUIZ #2

After an ascending colon primary is abstracted, the registrar finds out that the patient had First Course of Treatment Gemcitabine and Cisplatin. Besides updating Chemotherapy (#1300), which other fields should the registrar consider updating as well?

Chemotherapy at this Facility	Date of First Course of Treatment
Date Chemotherapy Started	RX Summary Treatment Status
Date Systemic Therapy Started	RX Text-CHEMO
Systemic/Surgery Sequence	



22

TREATMENT QUIZ #3

A 35 year old male presents with abnormal lymph nodes. Bilateral lobes of the thyroid are severely enlarged. The patient was having a slowly increasing upper airway obstruction. Over the last 4 days he was unable to work or sleep. On physical exam, the left thyroid gland is very large going from the angle of the mandible to the base of the neck. The right thyroid gland is mildly enlarged. CT of the neck shows an enlarged thyroid with non-enlarged cervical lymph nodes. A thyroidectomy is performed, revealing a 1.8 cm unifocal follicular carcinoma (encapsulated angioinvasive) of the left lobe. Extrathyroidal extension was not present. Margins were uninvolved. No lymph nodes were submitted.



Date	Treatment
10/29/2023	Total thyroidectomy with bilateral modified neck dissection. Findings: Massive thyroid enlargement with upper airway obstruction and tracheal compression.
11/3/2023	I-131, 171 millicuries
2/21/2024	Thyrogen injection

23


TREATMENT QUIZ #3

What treatment is first course, and how would we code treatment for this case?

Field	Code	Field	Code
Regional LNs Examined	98	Radiation to Draining Lymph Nodes	00
Regional LNs Positive	00	Radiation Treatment Modality	13
Date Regional LN Dissection	Blank	Radiation Planning Technique	88
Date of First Surgical Procedure	10/29/23	Dose Per Fraction	99998
Date of Most Definitive Surgical Resection	10/29/23	Number of Fractions	1
RX Summ—Surg 2023	B500	Total Dose	99998
Scope of Regional LN Surgery	0	Number of Phases of Radiation	01
Surgical Margins of the Primary Site	0	Radiation Discontinued Early	01
Surgical Procedure/Other Site	0	Radiation Total Dose	999998
Reason for No Surgery	0	Reason for No Radiation	0
Date Radiation Started	11/3/23	Date Hormone Therapy Started	Blank
Radiation Primary Treatment Volume	98	Hormone Therapy	00


Yes, Thyrogen *is* listed as hormone on SEERRx. *HOWEVER*, under remarks we see: "Used as an adjunct to radioiodine scanning in the follow-up of thyroid carcinoma. Stimulates the secretion of...thyroid stimulating hormone from the anterior pituitary...[T]his drug is probably not being given as a cancer directed agent. Verify with the attending MD before coding".

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QUIZ 5
NEOADJUVANT
TREATMENT

25




QUIZ 6
GRADE

26



QUIZ 7
PRIMARY SITE

27



QUIZ 8
HP AND LYMPHOID

28

Source: US Department of Health & Human Services

TERMS AND DEFINITIONS

Plasma: The watery component of blood (which is 90% water). Transports nutrients & waste through the body.

Formed Elements: Cells/Cell Fragments suspended in plasma.

Erythrocytes (Red Blood Cells): Most numerous. Transport oxygen & CO₂.

Leukocytes (White Blood Cells): Generally larger than erythrocytes but fewer in number. Do most of their work in the tissues. Kill microorganisms (phagocytosis), produce antibodies, secrete histamine & heparin, & neutralize histamines.

Thrombocytes (Platelets): Fragments of megakaryocytes. Clump together to close breaks & tears in blood vessels. Initiate blood clot formation.

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LEUKEMIA

"Red White Blood Cell" by the NCI is Public Domain

There are **four main** types of leukemia, classified by:

1. The rate of progression
 - a. Acute leukemias grow quickly
 - b. Chronic leukemias progress over time
2. The blood cells affected
 - a. Lymphocytes
 - b. Myelocytes

At a Glance:

- ◆ Most common age at diagnosis: 65-74
- ◆ Risk Factors: Advanced age, genetic conditions, certain viruses (HIV), prior chemo/radiation exposure, and smoking
- ◆ 10th most common cancer in the US (3.5% of new cancer cases diagnosed annually)

30

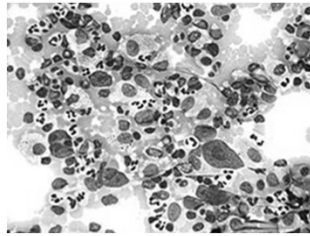
LYMPHOMA

Do not assume that the lymphoma originated in the biopsied lymph node chain...remember that providers will usually biopsy the most accessible lymph nodes or other involved tissues and that some lymph node chains are inaccessible.

Look for lymphadenopathy on PET Scan/CT and follow the rules in the HP Manual for assigning primary site.

The Primary Difference Between Hodgkin's (HL) and Non-Hodgkin's Lymphoma (NHL):

In HL, Reed-Sternberg cells are present under a microscope.



"Hodgkin Lymphoma Cytology" by Nephron is licensed under CC BY-SA 3.0

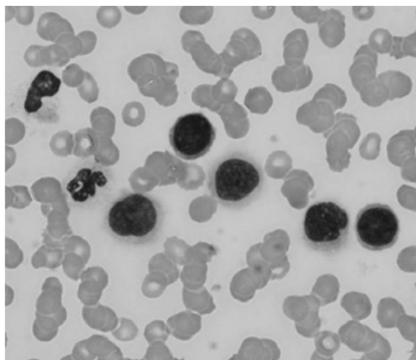
Thomas Hodgkin (1798-1866) first accounted for the type of lymphoma that bears his name all the way back in 1832



"Thomas Hodgkin Photo" by Unknown is licensed under CC BY-SA 4.0

31

PLASMA CELL MYELOMA) AND PLASMACYTOMA



"Carcinocythemia" by Ogura, Kanako et al is licensed under CC BY 3.0

Look for terms such as "smoldering" (inactive/chronic) or "active" (acute/symptomatic). This may impact coding.

Classified based on antibodies (immunoglobulins) made up of two long (heavy) protein chains & 2 short (light) protein chains. Heavy chains are used to categorize.

1. Gamma (IgG)
2. Alpha (IgA)
3. Mu (IgM)
4. Epsilon (IgE)
5. Delta (IgD)

32

MYELOYDYSPLASTIC SYNDROMES)

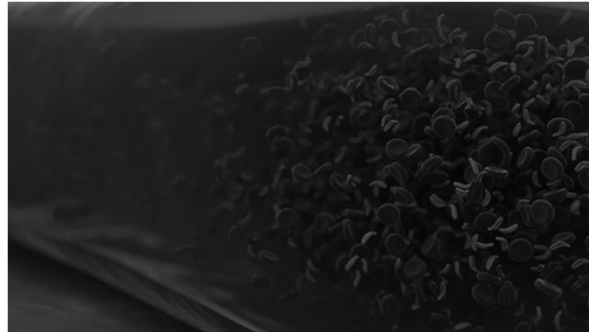
Per the HPDB:

“If the characteristics of a particular subtype of MDS develop later in the disease course, change the histology to reflect the more specific diagnosis”.

Principal Sites:
Peripheral Blood & Bone Marrow

This is a *clinical* diagnosis and the diagnostic method *cannot* include genetics/immunophenotyping.

MDS is often treated with supportive care:
Active Surveillance
Blood Transfusions for anemia



“Blood Anemia” by Jlabanimation is licensed under CC BY-SA 4.0

33

MYELOPROLIFERATIVE NEOPLASMS (MPN)

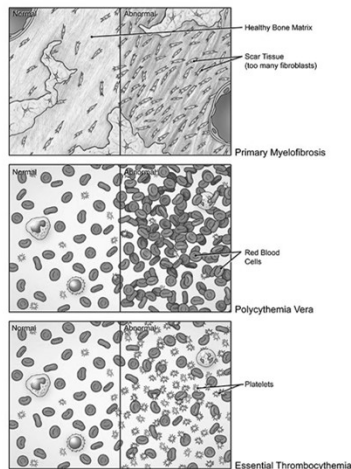


Image from www.mdanderson.org

Myelofibrosis Risk Primary v. Secondary
Mutation-Enhanced IPSS (< 70 years old)
Measures mutations in various genes, symptoms, grade of fibrosis, circulating blasts, hemoglobin, and the number of leukocytes.

Dynamic IPSS
Measures age, hemoglobin, blasts, & constitutional symptoms.

MYSEC-PM
Measures risk for secondary MF.

PV Risk Based on age (< 60=good) & prior history of thrombosis.

ET Risk Based on age (< 60=good), JAK-2 mutation status, and history of thrombosis.

34

TRANSFORMATIONS

Certain hematopoietic neoplasms can “transform” to a more serious/acute histology.

For instance, CLL/SLL (9823/3) can become Diffuse Large B-Cell Lymphoma.

Do not be fooled by “Chronic” or “Acute” in certain histology names. This use of the terms can refer to the indolence v. aggressiveness of the cancer.

The HPDB will indicate histologies that can transform under “Transforms From” or “Transforms To”

Be aware that not all the “chronic” cells will transform at once and use the appropriate timing rules to determine number of primaries. Also, some acute neoplasms can become chronic over time.

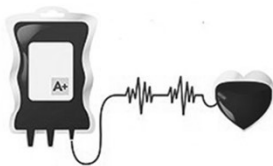
Transformations to
9680/3 Diffuse large B-cell lymphoma, NOS
Transformations from
None



“Schweizer Armee” available via Public Domain

35

Check the HP Database to determine reportability and number of primaries.



“Blood Gives Life” by ClairBlanchard is licensed under CC BY-SA 4.0



“Blood Transfusion Apparatus” available via CC BY-SA 4.0

REPORTABILITY

Reportability Guidelines
Search the HPDB to determine reportability.
Report all cases with morphology codes 9590-9993 and a /3 behavior code.
Report hematopoietic and lymphoid neoplasms with morphology codes 9590-9993 and /1 behavior codes when a provider describes them as “malignant”. Change the behavior code to /3.
Report hematopoietic neoplasms preceded by ambiguous terms described in the HP manual.
Report the case when the patient is treated for a reportable neoplasm.
Report the case when there is a clinical diagnosis (physician’s statement of reportable neoplasms).
Report the case when a reportable diagnosis appears in the text of a report described as a definitive diagnostic method .

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QUESTION:5 HP MP/H RULES

A biopsy of axillary lymph nodes positive for lymphoplasmacytic lymphoma (9671/3). A bone marrow biopsy 13 days later is positive for diffuse large B-cell lymphoma (9680/3).

How many primaries? Use the HP Multiple Primary Rules.



"Blood Drop" by Mimeooh is licensed under CC BY-SA 3.0

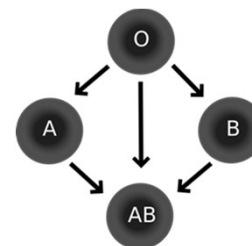
Two separate primaries per **M11**. Diffuse Large B-Cell Lymphoma (9680/3) is listed as "Transforms to" for Lymphoplasmacytic Lymphoma (9671/3). Thus, 9680/3 is the **acute** form and 9671/3 is the **chronic** neoplasm. They were diagnosed within 21 days in this case, and there were two biopsies.

37

QUESTION 6 HP MP/H RULES

An FNA of a cervical lymph node is positive for lymphocyte-rich classic Hodgkin lymphoma (9651/3). Prepared slides also show evidence of mature T-cell lymphoma (9702/3). How many primaries does the patient have and what rule applies?

How many primaries? Use the HP Multiple Primary Rules.



"Blood Compatibility" by InvictaHOG is public domain

These are the same primary per **M5**.

9651/3 is categorized as Hodgkin's Lymphoma while 9702/3 is NHL. They were diagnosed simultaneously in the same **lymph node chain**.

38

FABULOUS PRIZES

"130714-0-ZZ999-003-AU (9305239467)"
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"Army Combat Helmets" by the US Army
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helicopters, boots,
helmets, or
binoculars



"Missä" by Klearchos Kapoutis available via CC BY 2.0 DEED




"Antique Military Binoculars" by Thomas Quine available via CC BY 2.0 DEED

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COMING UP...

- ★ Boot Camp 2024 Part 2
 - ★ April 3 (Afternoon) & April 4 (Morning)
 - ★ Guest Presenter Nancy Etzold
- ★ Ovary 2024
 - ★ May 1 (Afternoon) & May 2 (Morning)
 - ★ Guest Presenter Connie Boone
- ★ Thyroid 2024
 - ★ June 5 (Afternoon) & June 6 (Morning)
 - ★ Guest Presenter Amy Bamburg
 - ★ Guest Presenter Gillian Howell




"Shadow Cast by a Drill Instructor-with Stetson Campaign Hat"
by Lupus in Saxonia available via CC BY-SA 4.0

40

CE CERTIFICATE QUIZ

CE Phrase:

Link:



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THANK YOU!!!!



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