

## Collecting Cancer Data: Bladder

March 3, 2011  
NAACCR 2010-2011 Webinar Series



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### Agenda

- Coding Moment
- Bladder Overview
- Multiple Primary Histology Rules
- Collaborative Stage Data Collection System
- Diagnostic, Staging and Treatment



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## Q&A

Please submit all questions concerning  
webinar content through the Q&A  
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## Coding Moment

**CS Mets at Diagnosis  
Bone, Brain, Liver, and Lung**




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### CS Mets at DX (Bone, Brain, Liver, or Lung)

Code	Description
0	None; no bone metastases
1	Yes
8	Not applicable
9	Unknown whether bone is involved metastatic site Not documented in patient record

If CS Mets at Dx is coded to 00, this field must be coded 0. If CS Mets at Dx is not coded to 00, this field may still be coded to 0 if bone is not a site of metastasis.




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### CS Mets at DX (Bone, Brain, Liver, or Lung)

- Use code 0 when the medical record
  - Indicates that there are no distant (discontinuous) metastases at all
  - Includes a clinical or pathologic statement that there are no bone metastases
  - Includes imaging reports that are negative for bone metastases
  - Indicates that the patient has distant (discontinuous) metastases (in other words, CS Mets at DX is not coded as 00)




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**CS Mets at DX (Bone, Brain, Liver, or Lung)**

- Use code 1 when the medical record
  - Indicates that the patient has distant (discontinuous) metastases (in other words, CS Mets at Dx is not coded as 00) and bone, brain, liver, or lung is mentioned as an involved site
  - Indicates that bone, brain, liver, or lung is the primary site and there are metastases in a different bone or bones



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**CS Mets at DX (Bone, Brain, Liver, or Lung)**

- Use code 8 when CS Mets at Dx is coded as 98 (not applicable for this site).
  - This includes Hematopoietic, Reticuloendothelial, Immunoproliferative and Myeloproliferative Neoplasms Hodgkin and non-Hodgkin Lymphoma



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**CS Mets at DX (Bone, Brain, Liver, or Lung)**

- Use code 9 when
  - It cannot be determined from the medical record whether the patient specifically has bone metastases.
  - CS Mets at Dx is coded 99 (unknown).



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**CS Mets at DX-Bone**

- Code information about bone metastases only (discontinuous or distant metastases to bone) identified at the time of diagnosis.
  - This field should not be coded for bone marrow involvement.



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**CS Mets at DX Brain**

- Code information about brain metastases only (discontinuous or distant metastases to brain) known at the time of diagnosis.
  - This field should not be coded for involvement of spinal cord or other parts of the central nervous system.



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**CS Mets at DX Liver**

- Code information about liver metastases only (discontinuous or distant metastases to liver) known at the time of diagnosis.



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**CS Mets at Dx Lung**

- Code information about lung metastases only (discontinuous or distant metastases to lung) known at the time of diagnosis.
  - This field should not be coded for pleural or pleural fluid involvement.

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**CS Mets at Diagnosis-Lung**

Code information about lung metastases only (discontinuous or distant metastases to lung) known at the time of diagnosis. This field should not be coded for pleural or pleural fluid involvement.

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**Overview of the Bladder**

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The Numbers

- Estimated new cases and deaths from melanoma in the United States in 2010:
    - New cases: 68,130
    - Deaths: 8,700
- National Cancer Institute



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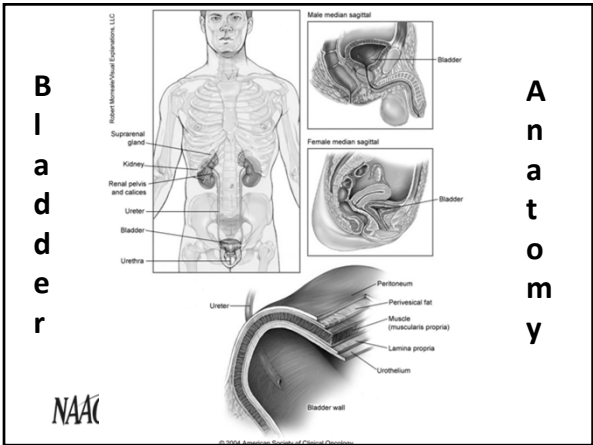
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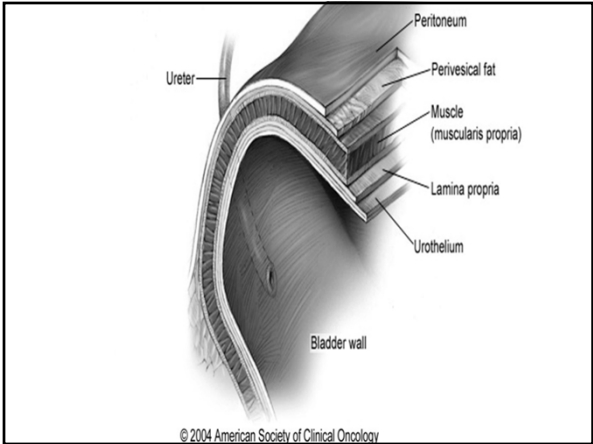
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**Bladder Wall Terminology**

- Urothelium
  - Mucosa
  - Epithelium
  - Transitional epithelium
  - Mucosal surface
  - Transitional mucosa
  - Tunica mucosa
  - Vesicae urinae
- Lamina propria
  - Submucosa
  - Suburothelial connective tissue
  - Subepithelial tissue
  - Stroma
  - Muscularis mucosa
  - Transitional epithelium
- Muscularis propria
  - Detrusor muscle
  - Muscularis externa
  - Smooth muscle

**Bladder Subsites**

ICD-O-3 Code	ICD-O-3 Description	Synonyms
C670	Trigone of bladder	Base of bladder Floor of bladder Below interureteric ridge Below interureteric crest Below interureteric field
C671	Dome of bladder	Vertex Roof Vault
C672	Lateral wall of bladder	Right wall Left wall Lateral to ureteral orifice Sidewall

**Bladder Subsites**

ICD-O-3 Code	ICD-O-3 Description	Synonyms
C673	Anterior wall of bladder	N/A
C674	Posterior wall of bladder	N/A
C675	Bladder neck	Vesical neck Internal urethral orifice
C676	Ureteric orifice	Just above ureteric orifice
C677	Urachus	Mid umbilical ligament
C678	Overlapping lesion of bladder	Lateral-posterior wall (hyphen) Fundus
C679	Bladder NOS	Lateral posterior wall (no hyphen)

### Bladder Subsites

- Priority order for coding bladder subsite
  - Op report
  - Path report
- Assign C67.9 when primary is multifocal in more than 1 bladder subsite
- Code to bladder subsite with invasive tumor if invasive tumor in 1 subsite and in situ tumor in other subsites

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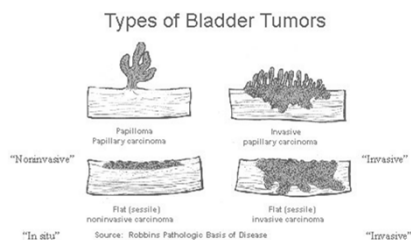
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### Papillary vs. Flat Bladder Tumors



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Image source: SEER Training Website

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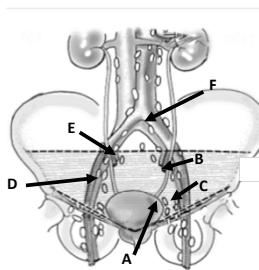
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### Regional Lymph Nodes for Bladder

#### Bladder

- Perivesical (A)
- Iliac, internal (hypogastric) (B)
- Obturator (C)
- Iliac, external (D)
- Sacral (E), presacral
- Pelvic, NOS (all nodes within shadowed area)
- Iliac, common (F)



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**Field Effect Theory**

- The field effect theory suggests that the urothelium has undergone a widespread change, perhaps in response to a carcinogen, making it more sensitive to malignant transformations. As a result, multiple tumors arise more easily.



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**Implantation theory**

- The implantation theory suggests that tumor cells in one location lose their attachments and float in the urine until they attach (implant) on another site. Transitional cell tumors commonly spread in a head-to-toe direction, for example from the renal pelvis to the ureter.



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**Bladder Cancer Histology**

- Urothelial (transitional cell) carcinoma
  - May be papillary or non-papillary
  - 90% of bladder cancers in U.S.
- Squamous cell carcinoma
  - Up to 5% of bladder cancers in U.S.
- Adenocarcinoma
  - 1% to 2% of bladder cancers in U.S.



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**Bladder Cancer Grade**

- Grade is a prognostic factor for bladder cancer
  - High grade tumors have a worse prognosis
  - Low grade noninvasive tumors in young patients have a better prognosis
- If the term low grade (LG) or high grade (HG) is indicated for a urothelial primary, assume it is a WHO/ISUP grade.




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**Bladder Cancer Grade**

<u>Term</u>	<u>Code</u>
Low grade or grade 1 / 2	2
High grade or grade 2/2	4




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**Pop Quiz**

- Pathology comes back with the final diagnosis of “high grade papillary urothelial carcinoma”. What would we assign to...
  - Grade/Differentiation
  - Grade Path System
  - Grade Path Value




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**Question**

- If the pathology from a TURB states "high grade" and the patient later undergoes a cystectomy and that path reports states poorly differentiated, what code should be used?




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**Answer**

- Convert TUBRT "high-grade" into code 4 using FORDS 2011, page 12, 2-grade system table.
  - Clarify with the pathologist what grading system did he/she use for cystectomy specimen.
  - Per 3-grade system, "poorly-differentiated" is converted to 4 (FORDS 2011, page 12).
  - Per 4-grade system (FORDS 2011, page 104), it is convert to 3.
- When more than one grade is available, compare all codes, and enter the highest. In your case it will be 4.

CAAnswer Forum




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**Diagnostic Procedures for Bladder Cancer**

- Imaging
  - CT of abdomen & pelvis
  - CT Urogram
  - Kidneys, ureter, bladder (KUB) x-ray
  - Intravenous pyelogram (IVP)



IVP




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## Multiple Primary and Histology

2007 Rules




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## Urothelial Carcinoma

Urothelial/Transitional Cell Tumors	Code
With squamous differentiation	8120
With glandular differentiation	
With trophoblastic differentiation	
Nested	
Microcystic	
Transitional cell, NOS	




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## Urothelial Carcinoma

Urothelial/Transitional Cell Tumors	Code
Papillary carcinoma Papillary transitional cell	8130
Micropapillary	8131
Lymphoepithelioma-like Plasmacytoid	8082
Sarcomatoid	8122
Giant cell	8031
Undifferentiated	8020

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**Multiple Primary Rules**

- Rule M1
  - When it is not possible to determine if there is a single tumor or multiple tumors, opt for a single tumor and abstract as a single primary.
- Rule M2
  - A single tumor is always a single primary.



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**Multiple Tumors**

- Rule M3
  - When no other urinary sites are involved, tumor(s) in the right renal pelvis AND tumor(s) in the left renal pelvis are multiple primaries.
- Rule M4
  - When no other urinary sites are involved, tumor(s) in both the right ureter AND tumor(s) in the left ureter are multiple primaries



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**Multiple Tumors**

- Rule M5
  - An invasive tumor following a non-invasive or in situ tumor more than 60 days after diagnosis is a multiple primary.



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### Multiple Tumors

- Rule M6
  - Bladder tumors with any combination of the following histologies are a single primary :
    - Papillary carcinoma (8050)
    - Transitional cell carcinoma (8120-8124)
    - Papillary transitional cell carcinoma (8130-8131)




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### SEER IR13A

- SEER IR13A compares each of the primary site, behavior code, and histology entries for a given patient to determine whether or not there are multiple bladder (**primary site = C670-C679**) primaries with histologies of transitional cell carcinoma or papillary transitional cell carcinoma (**histology ICD-O-2 or ICD-O-3 = 8120-8139**).
  - If this condition is true and more than one has a behavior code (ICD-O-2 or ICD-O-3) of 2 or more than one has a behavior of 3, the patient fails the edit.
- A patient will also fail the edit if the above condition is true (primary site = C670-C679 and histology = 8120-8139) and a record with a behavior of 3 follows a record with behavior of 2 and the year of diagnosis is less than 1995.




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### One per lifetime

- Each patient may only have one invasive urothelial bladder cancer per lifetime.
  - Once a patient has an invasive urothelial bladder cancer subsequent non-invasive or invasive urothelial bladder cancer is considered the same primary.
- Each patient can only have one non-invasive urothelial bladder cancer per lifetime.
  - Must occur prior to the an invasive urothelial bladder cancer




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**Pop Quiz**

- A patient with a history of recurrent papillary transitional cell carcinoma of the bladder originally diagnosed in 1997 now presents for a TURB and is found to have urothelial cell carcinoma.
  - Is this a new primary?



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**Multiple Tumors**

- Rule M7
  - Tumors diagnosed more than three (3) years apart are multiple primaries



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**Multiple Tumors**

- Rule M8
  - Urothelial tumors in two or more of the following sites are a single primary
    - Renal pelvis (C659)
    - Ureter (C669)
    - Bladder (C670-C679)
    - Urethra /prostatic urethra (C680)



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**Pop Quiz**

- A patient with a history of transitional cell carcinoma of the bladder diagnosed in January of 2007 was diagnosed yesterday at your facility with a papillary urothelial cell carcinoma of the left ureter.
  - Is this a new primary?
  - What if the bladder tumor was diagnosed in January of 2009?



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**Multiple Tumors**

- Rule M9
    - Tumors with ICD-O-3 histology codes that are different at the
      - first (Xxxx)
      - second (xXxx) or
      - third (xxXx)
- Number are multiple primaries.



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**Multiple Tumors**

- Rule M10
  - Tumors in sites with ICD-O-3 topography codes with
  - Different second (CXxx) and/or
  - Third characters (CxXx) are multiple primaries



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**Multiple Tumors**

- Rule M11
  - Tumors that do not meet any of the above criteria are a single primary.



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**Histology****MP/H**

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**Single Tumor**

- Rule H1
  - Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.
- Rule H2
  - Code the histology from the metastatic site when there is no pathology/cytology specimen from the primary site



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**Single Tumor**

- Rule H3
  - Code 8120 (transitional cell/urothelial carcinoma) when there is:
    - Pure transitional cell carcinoma
    - Flat (non-papillary) transitional cell carcinoma
    - Transitional cell carcinoma with squamous differentiation
    - Transitional cell carcinoma with glandular differentiation
    - Transitional cell carcinoma with trophoblastic differentiation
    - Nested transitional cell carcinoma
    - Microcystic transitional cell carcinoma




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**Single Tumor**

- Rule H4 Code 8130 when there is:
  - Papillary carcinoma or
  - Papillary transitional cell carcinoma or
  - Papillary carcinoma and transitional cell carcinoma




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**Single Tumor**

- Rule H5
  - Code the histology when only one histologic type is identified
    - *Note : Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).*
- Rule H6
  - Code the invasive histologic type when a single tumor has invasive and in situ components.




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**Single Tumor**

- Rule H7
  - Code the most specific histologic term
 Example:  
 Carcinoma NOS and urothelial carcinoma  
 Code: urothelial carcinoma 8120
- Rule H8
  - Code the histology with the numerically higher ICD-O-3 code.




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**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

- Rule H9
  - Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available
- Rule H10
  - Code the histology from the metastatic site when there is no pathology/cytology specimen from the primary site.




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**Multiple Tumors**

- Rule H11
  - Code 8120 (transitional cell/urothelial carcinoma) (See Table 1)
- Rule H12
  - Code 8130 (papillary transitional cell carcinoma) (See table 1)
- Rule H13
  - Code the histology when only one histologic type is identified




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**Multiple Tumors**

- Rule H14
  - Code the histology of the most invasive tumor.
    - If one tumor is in situ and one is invasive, code the histology from the invasive tumor.
    - If both/all histologies are invasive, code the histology of the most invasive tumor.



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**Pop Quiz**

- A patient is found to have two bladder tumors diagnosed at the same time.
  - The first is a papillary urothelial cell carcinoma. The tumor invades into the muscularis mucosa.
  - The second is a transitional cell carcinoma with invasion of the muscularis propria.
- This is one primary per rule M6, but what histology would we assign?



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**Multiple Tumors**

- Rule H15
  - Code the histology with the numerically higher ICD-O-3 code.



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**Multiplicity Counter**

- Counts number of tumors (multiplicity) abstracted as a single primary
- The number of multiple tumors in Multiplicity Counter is only updated once, at the time of the first subsequent tumor. Do not update again.



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**Pop Quiz**

- A patient was found to have two bladder tumors on 2/14/2010. One was invasive urothelial carcinoma the other was non invasive papillary urothelial carcinoma. On 6/2/10. She was found to have a recurrent non invasive papillary urothelial carcinoma and 1/6/11 she was found to have another.
  - What do we put on Date of Multiple Tumors?
  - What do we put in multiplicity counter?



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**Collaborative Stage Data  
Collection System**

Bladder  
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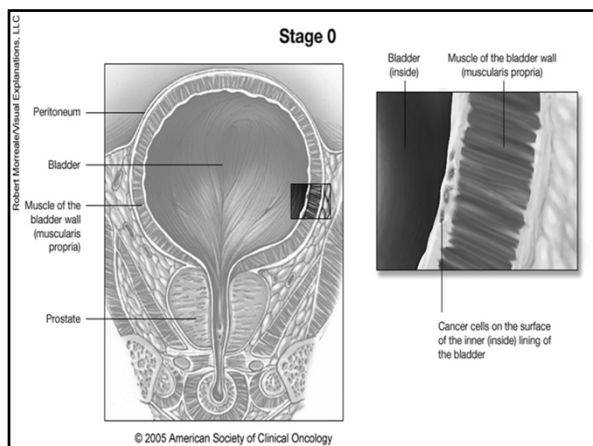
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### CS Extension: Bladder

- Bladder tumor that has not penetrated the basement membrane
  - Flat (sessile) tumor is called in situ
  - Papillary tumor is called noninvasive
- Disregard in situ component of tumor extending into prostatic ducts, prostatic glands, or ureter without invasion when assigning CS Extension code

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### CS Extension: Bladder

- Code 010: Papillary transitional cell carcinoma stated to be noninvasive; papillary non-infiltrating; stated as Ta with no other information on extension
  - Definite statements of noninvasion
    - Noninfiltrating
    - Noninvasive
    - No evidence of invasion
    - No extension into lamina propria
    - No stromal invasion
    - No extension into underlying supporting tissue
    - Negative lamina propria and superficial muscle
    - Negative muscle and (subepithelial) connective tissue
    - No infiltrative behavior/component

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**CS Extension: Bladder**

- Code 030: Papillary transitional cell carcinoma with inferred description of noninvasion
  - Inferred descriptions
    - No involvement of muscularis propria and no mention of subepithelium/submucosa
    - No statement of invasion (microscopic description present)
    - (Underlying) Tissue insufficient to judge depth of invasion
    - No invasion of bladder wall
    - No involvement of muscularis propria
    - Benign deeper tissue
    - Microscopic description problematic (noninvasion versus superficial invasion)
    - Frond surfaced by transitional cell
    - No mural infiltration
    - No evidence of invasion (no sampled stroma)
    - Confined to mucosa

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**CS Extension: Bladder**

- Code 060: Sessile (flat) (solid) carcinoma in situ; carcinoma in situ, NOS; transitional cell carcinoma in situ; stated as Tis with no other information on extension
  - Includes confined to mucosa if tumor is confined to epithelium

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**CS Extension: Bladder**

- Code 100: Confined to mucosa, NOS
  - Flat transitional cell carcinoma
    - Confined to mucosal surface
    - Limited to mucosa, no invasion of submucosa and muscularis
    - No infiltration/invasion of fibromuscular and muscular stroma
    - Superficial, NOS

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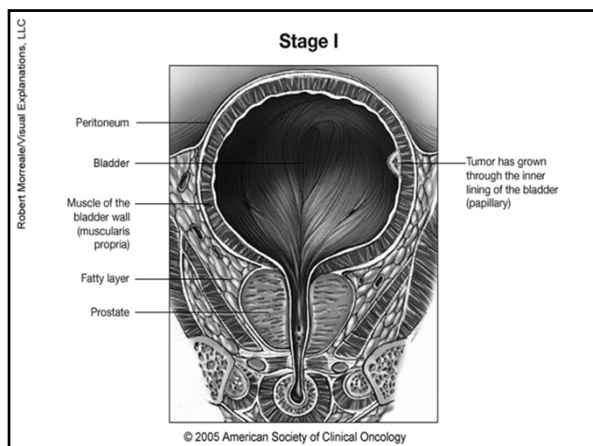
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### CS Extension: Bladder

- Code 155: Subepithelial connective tissue (tunica propria, lamina propria, submucosa, stroma) of bladder only
  - Includes confined to mucosa if tumor penetrates basement membrane to invade lamina propria
- Code 160: Subepithelial connective tissue of prostatic urethra

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### CS Extension: Bladder

- Code 165: Extension to distal ureter: subepithelial connective tissue of bladder and/or distal ureter
- Code 170: Stated as T1 with no other information on extension
- Code 300: Localized, NOS

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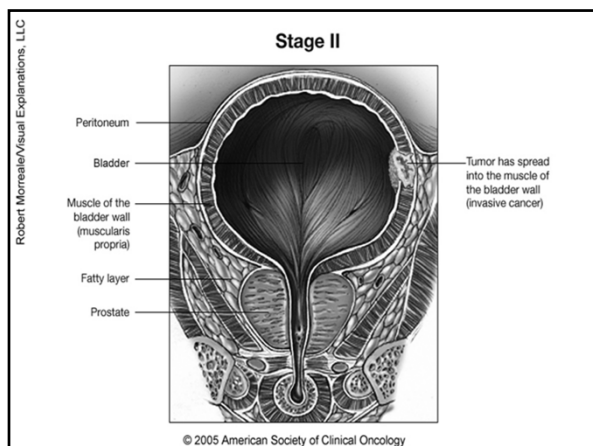
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### CS Extension: Bladder

- Code 210: Muscle (muscularis propria) of bladder only: superficial muscle - inner half; stated as T2a with no other information on extension
- Code 215: Extension to distal ureter: superficial muscle of bladder and/or distal ureter
- Code 220: Muscle (muscularis propria) of bladder only: deep muscle--outer half; stated as T2b with no other information on extension




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### CS Extension: Bladder

- Code 230: Extension through full thickness of bladder wall BUT still contained within bladder wall
- Code 235: Extension to distal ureter: deep muscle or extension through wall of bladder and/or distal ureter
- Code 240: Muscle (muscularis propria) invaded, NOS of bladder only; stated as T2 [NOS] with no other information on extension
- Code 245: Extension to distal ureter: muscle (muscularis propria) invaded, NOS of bladder and/or distal ureter




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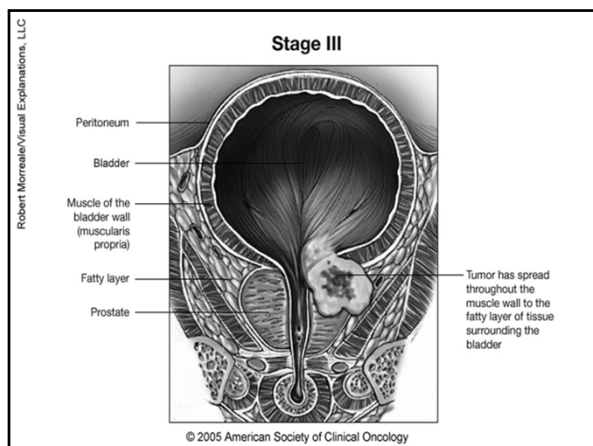
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### CS Extension: Bladder

- Code 411: Extension to perivesical fat/tissues (microscopic) including:
    - Adventitia
    - Serosa (mesothelium)
    - Peritoneum
    - Periprostic tissue
    - Distal periureteral tissue
- Stated as T3a with no other information on extension

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### CS Extension: Bladder

- Code 421: Extension to perivesical fat/tissues (macroscopic) including:
    - Adventitia
    - Serosa (mesothelium)
    - Peritoneum
    - Periprostic tissue
    - Distal periureteral tissue
- Extravesical mass  
Stated as T3b with no other information on extension

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**CS Extension: Bladder**

- Code 431: Extension to perivesical fat/tissues, NOS (unknown if microscopic or macroscopic), including:
    - Adventitia
    - Serosa (mesothelium)
    - Peritoneum
    - Periprostic tissue
    - Distal periureteral tissue
- Stated as T3 [NOS] with no other information on extension



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**CS Extension: Bladder**

- Code 630: Prostatic stroma; prostate, NOS; ureter (excluding distal ureter); urethra, including prostatic urethra (excluding subepithelial connective tissue, see code 160)
- Code 650: Parametrium; rectovesical/Denonvilliers' fascia; seminal vesicle; vas deferens
- Code 670: Uterus; vagina



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**CS Extension: Bladder**

- Code 673: Rectum, male
- Code 677: Large intestine (excluding rectum, male; see code 673); small intestine
- Code 680: Stated as T4a with no other information on extension



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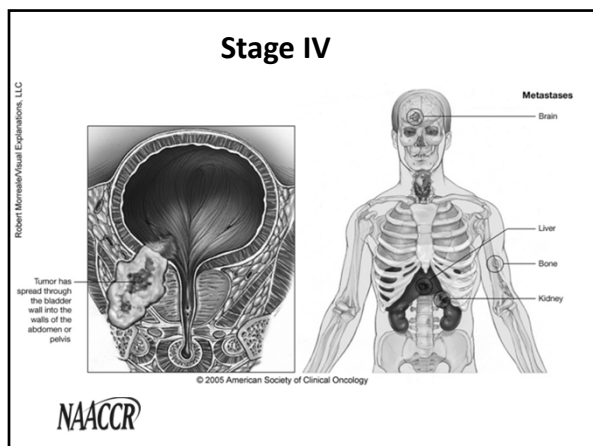
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**CS Extension: Bladder**

- Code 700: Bladder is "fixed"
- Code 710: Pubic bone
- Code 715: 700 + 673
- Code 720: (710 or 700) + 677
- Code 750: Abdominal wall; pelvic wall

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**CS Extension: Bladder**

- Code 802: Further contiguous extension
- Code 805: Stated as T4b with no other information on extension
- Code 810: Stated as T4 [NOS] with no other information on extension
- Code 950: No evidence of primary tumor
- Code 999: Unknown

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**CS Extension**

- Code 010-060
  - ICD-O-3 behavior code must be 2
- Code 100
  - ICD-O-3 behavior code may be 2 or 3
- Code 155 or greater
  - ICD-O-3 behavior code must be 3




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**Pop Quiz**

- *Final path diagnosis:* Papillary transitional cell carcinoma of the bladder. *Microscopic:* 1 cm lesion of lateral bladder wall; muscularis propria examined and is not involved.
- What is the code for CS Extension?
  - Code 010: Papillary transitional cell carcinoma stated to be noninvasive
  - Code 030: Papillary transitional cell carcinoma with inferred description of noninvasion
  - Code 300: Localized, NOS




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**Pop Quiz**

- *Pathology:* 2 cm lesion, poorly differentiated urothelial carcinoma, with involvement of muscularis propria and distal ureter. What is the code for CS extension?
  - Extension to distal ureter:
    - Code 165: Subepithelial connective tissue of bladder and/or distal ureter
    - Code 215: Superficial muscle of bladder and/or distal ureter
    - Code 235: Deep muscle or extension through wall of bladder and/or distal ureter
    - Code 245: Muscle (muscularis propria) invaded NOS of bladder and/or distal ureter
  - Code 630: Ureter




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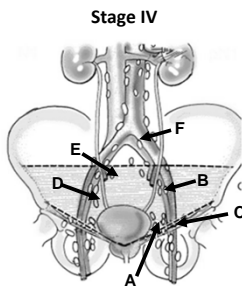
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**CS Lymph Nodes Bladder****Bladder**Regional Lymph Nodes

- Perivesical (A)
- Iliac, internal (hypogastric) (B)
- Obturator (C)
- Iliac, external (D)
- Sacral (E), presacral
- Common iliac (F)
- Pelvic, NOS (all nodes within shadowed area)



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**CS Lymph Nodes: Bladder**

- Code 000: No regional lymph node involvement
  - Code 150: SINGLE regional lymph node:
    - Perivesical
    - Iliac:
      - Internal (hypogastric)
      - Obturator
    - External
    - Iliac, NOS
    - Sacral (lateral, presacral, sacral promontory (Gerota's), or NOS)
    - Pelvic, NOS
    - Regional lymph node, NOS
- Stated as N1 with no other information on regional lymph nodes

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**CS Lymph Nodes: Bladder**

- Code 250: MULTIPLE regional lymph nodes:
    - Perivesical
    - Iliac:
      - Internal (hypogastric)
      - Obturator
    - External
    - Iliac, NOS
    - Sacral (lateral, presacral, sacral promontory (Gerota's), or NOS)
    - Pelvic, NOS
    - Regional lymph nodes, NOS
- Stated as N2 with no other information on regional lymph nodes

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**CS Lymph Nodes: Bladder**

- Code 350: Common iliac lymph node(s); stated as N3 with no other information on regional lymph nodes
- Code 400: 350 + 150
- Code 450: 350 + 250
- Code 505: Regional lymph node(s), NOS; not stated if single or multiple
- Code 800: Lymph nodes, NOS
- Code 999: Unknown

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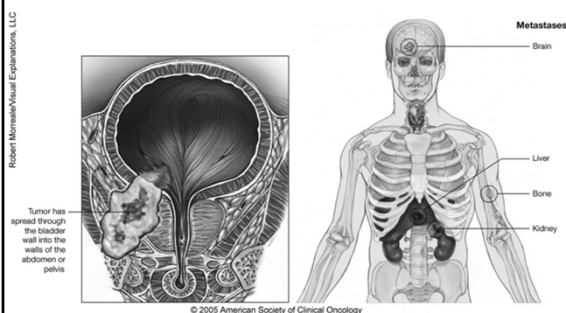
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**Stage IV**

Robert Morneau/Visual Explanations, LLC



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**CS Mets at DX**

Code	Description
00	No distant metastasis
11	Distant lymph node(s)
40	Distant metastases, except distant lymph nodes; carcinomatosis
55	40 + 11
60	Distant metastasis, NOS; stated as M1 with no other information on metastases
99	Unknown

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**SSF1: WHO/ISUP Grade**

Code	Description
010	Low grade urothelial carcinoma
020	High grade urothelial carcinoma
987	Not applicable: Not a urothelial morphology
988	Not applicable: Information not collected for this case
998	No pathologic examination of primary site
999	Unknown




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**SSF2: Size of Metastasis in Lymph Nodes**

Code	Description
000	No regional lymph nodes involved
001-979	1 - 979 mm (exact size of lymph node metastasis in millimeters)
980	980 mm or larger
988	Not applicable: Information not collected for this case
990	Microscopic focus or foci only and no size of focus given
991	Described as "less than 1 cm"
992	Described as "less than 2 cm" or "greater than 1 cm" or "between 1 cm and 2 cm"




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**SSF2: Size of Metastasis in Lymph Nodes**

Code	Description
993	Described as "less than 3 cm" or "greater than 2 cm" or "between 2 cm and 3 cm"
994	Described as "less than 4 cm" or "greater than 3 cm" or "between 3 cm and 4 cm"
995	Described as "less than 5 cm" or "greater than 4 cm" or "between 4 cm and 5 cm"
996	Described as "less than 6 cm" or "greater than 5 cm" or "between 5 cm and 6 cm"
997	Described as "more than 6 cm"
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record




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**SSF3: Extranodal Extension of Regional Lymph Nodes**

Code	Description
000	No regional lymph nodes involved
010	Extranodal extension not present; regional nodes described as mobile
020	Extranodal extension present; regional nodes described as fixed or matted
030	Regional nodes involved, unknown if extranodal extension
988	Not applicable: Information not collected for this case
999	Unknown, regional lymph nodes not stated; regional lymph nodes cannot be assessed; not documented in patient record

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**Standard Setters SSF Requirements for Bladder**

- Commission on Cancer and NCI/SEER
  - SSF1, SSF2, SSF3
- CDC/NPCR
  - SSF2
- Canadian Council of Cancer Registries
  - Essential for TNM
    - SSF2
  - Collect if in pathology report
    - SSF1, SSF3



<http://www.cancerstaging.org/cstage/manuals/coding0203.html>

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**Treatment**


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### Treatment Options

- Stage 0 and I
  - TURB (possibly with re-excision) with fulguration followed by intravesical chemotherapy
- Stage II and III
  - Radical cystectomy
  - Neoadjuvant platinum-based combination chemotherapy followed by radical cystectomy
  - EBRT with concurrent chemotherapy
- Stage IV
  - Chemotherapy as an adjunct to local treatment

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### Surgery

FORDS  
Appendix B

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### Surgical Procedure of Primary Site: Bladder

- Code 00: None
  - Record 'random bladder biopsies' as no surgery
- Code 10: Local tumor destruction, NOS
  - Code 11: Photodynamic therapy (PDT)
  - Code 12: Electrocautery; fulguration
  - Code 13: Cryosurgery
  - Code 14: Laser

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**Surgical Procedure of Primary Site: Bladder**

- Code 10: Local tumor destruction, NOS
  - Code 15: Intravesical therapy
    - Record instillation of chemotherapy into the bladder in surgical procedure of primary site and the chemotherapy data items
  - Code 16: Bacillus Calmette-Guerin (BCG) or other immunotherapy
    - Record instillation of BCG or other immunotherapy into the bladder in surgical procedure of primary site and immunotherapy data items



**Codes 10-16: no specimen sent to pathology**

**Surgical Procedure of Primary Site: Bladder**

- Code 20: Local tumor excision, NOS
  - Code 26: Polypectomy
  - Code 27: Excisional biopsy
    - Includes TURB or TURBT

**Specimen sent to path from events 20-27**

**Surgical Procedure of Primary Site: Bladder****Combination of 20 or 26-27 WITH**

- Code 21: Photodynamic therapy (PDT)
- Code 22: Electrocautery
  - Record TURB with fulguration using this code
- Code 23: Cryosurgery
- Code 24: Laser Ablation
- Code 25: Laser excision

**Specimen sent to path from events 20-27**



**Surgical Procedure of Primary Site: Bladder**

- Code 30: Partial cystectomy
  - Record segmental cystectomy using this code
- Code 50: Simple/total/complete cystectomy



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**Surgical Procedure of Primary Site: Bladder**

- Code 60: Radical cystectomy (male only)
  - Includes removal of bladder, prostate, seminal vesicles, lower ureters
    - Record removal of lymph nodes in Scope of Regional Lymph Node Surgery Data Item
- Code 61: Radical cystectomy PLUS ileal conduit
- Code 62: Radical cystectomy PLUS continent reservoir or pouch, NOS



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**Surgical Procedure of Primary Site: Bladder**

- Code 63: Radical cystectomy PLUS abdominal pouch (cutaneous)
  - Indiana pouch; Mainz pouch
- Code 64: Radical cystectomy PLUS in situ pouch (orthotopic)
  - Studer neobladder; Kock neobladder



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**Surgical Procedure of Primary Site: Bladder**

- Code 70: Pelvic exenteration, NOS
  - Code 71: Radical cystectomy (female only); anterior exenteration
  - Code 72: Posterior exenteration
  - Code 73: Total exenteration
    - Record removal of pelvic lymph nodes in Scope of Regional Lymph Node Surgery data item
- Code 74: Extended exenteration



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**Surgical Procedure of Primary Site: Bladder**

- Code 80: Cystectomy, NOS
- Code 90: Surgery, NOS
- Code 99: Unknown



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**Radiation**

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**Radiation Therapy for Bladder Cancer**

- Regional treatment modality
  - External beam (EBRT)
    - Codes 20-32 (based on specific modality of EBRT)
    - Treatment option for Stage IV bladder cancer
    - Radiosensitizing chemotherapy
      - Cisplatin alone or in combination with 5-fu
      - Mitomycin-C in combination with 5-fu
  - Interstitial implantation of radioisotopes
    - Code 50: Brachytherapy, NOS
    - Treatment option for Stage I bladder cancer



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**Chemotherapy**

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**Intravesical Chemotherapy**

- Urinary catheter is used to place anticancer drugs directly into the bladder
- Medications reach cancer cells near the bladder lining
  - Typically used for Ta or T1 tumors
  - Mitomycin-C and thiotepa are drugs used most often for this procedure
- Often administered immediately after TURB, but in some cases may be administered 3-4 weeks after TURB



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**Chemotherapy**

- Code 02: Single-agent chemotherapy
  - Intravesical mitomycin-C OR intravesical thiotepa
    - Record as chemotherapy and surgical procedure of primary site
  - Systemic cisplatin




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**Chemotherapy**

- Code 03: Multi-agent chemotherapy
  - Systemic
    - GemCIS
      - Gemcitabine and cisplatin
    - M-VAC
      - Cisplatin, methatrexate, vinplastine, doxorubicin
    - MCV
      - Cisplatin, vinplastine, methotrexate




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**Immunotherapy**

- Intravesical BCG or other immunotherapy (e.g., interferon alpha or gamma)
  - Often follows TURB with fulguration
    - Standard treatment option for stages 0 and I bladder cancer
  - Code in both immunotherapy data item (code 01) and surgical procedure of primary site data item




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## Questions?



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## Thank You!

- Collecting Cancer Data: Breast
  - 4/7/11
- Collecting Cancer Data: Prostate
  - 5/5/11



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