Case Scenario 1

1/3/11

A 57 year old white female presents for her annual mammogram and is found to have a suspicious area of calcification, spread out over at least 4 centimeters. She is scheduled to have a stereotactic core biopsy.

1/7/11

Final Pathology from stereotactic biopsy

- High grade ductal carcinoma insitu
- ER 95% (positive) and PR 90% (positive)
- HER2/Neu-Negative per IHC

1/7/11

MRI of the breast did not show any additional areas of abnormality. She was referred to a surgeon for breast conserving surgery to be followed by radiation.

1/27/11

Final pathology from lumpectomy

High-grade DCIS, with no invasion. The specimen dimension was 4.6 cm x 3.5 cm x 1.6 cm. Architectural patterns: cribriform, micropapillary, papillary, solid. Necrosis: Present, focal. 9 mm negative margin.

2/15/2011

The patient received IMRT 45 Gy at 1.8 Gy per fraction for 25 fractions.

2/30/2011-Tamoxifin

Patient started a 5 year course of tamoxifen

Case Scenario 1

- **How many primaries are present in case scenario 1?**
- **How would we code the histology of each primary?**

Stage/ Prognostic Factors

CS Tumor Size		CS SSF 9	
CS Extension		CS SSF 10	
CS Tumor Size/Ext Eval		CS SSF 11	
CS Lymph Nodes		CS SSF 12	
CS Lymph Nodes Eval		CS SSF 13	
Regional Nodes Positive		CS SSF 14	
Regional Nodes Examined		CS SSF 15	
CS Mets at Dx		CS SSF 16	
CS Mets Eval		CS SSF 17	
		CS SSF 18	
CS SSF 1		CS SSF 19	
CS SSF 2		CS SSF 20	
CS SSF 3		CS SSF 21	
CS SSF 4		CS SSF 22	
CS SSF 5		CS SSF 23	
CS SSF 6		CS SSF 24	
CS SSF 7		CS SSF 25	
CS SSF 8			

Treatment

Surgery Codes		Radiation Codes	
Surgical Procedure of Primary Site		Radiation Treatment Volume	
Scope of Regional Lymph Node Surgery		Radiation Treatment Modality	
Surgical Procedure/ Other Site		Regional Dose	
		Boost Treatment Modality	
Systemic Therapy Codes		Boost Dose	
Chemotherapy		Number of Treatments to Volume	
Hormone Therapy		Reason No Radiation	
Immunotherapy			
Hematologic Transplant/Endocrine Procedure			

Case Scenario 2

11/20/10

62 year old female presented with a large palpable mass in the left breast. Mammogram showed a 5.7cm mass highly suspicious for malignancy. Physical exam revealed a single level I movable enlarged axillary lymph node. Additional imaging was negative. Patient was scheduled for a stereotactic needle biopsy with localization.

11/27/10

Core needle biopsy of primary tumor and of enlarged lymph node-final report

- Core Needle biopsy of primary tumor
  - Infiltrating ductal carcinoma with features of comedocarcinoma
  - Estrogen receptor: positive
  - Progesterone receptor: positive
  - Her 2/Neu: 2+ *equivocal on IHC*
  - Her 2/Neu: 2.4 *positive on FISH*
  - Nottingham score: 7
- Core needle biopsy of enlarged axillary lymph node
  - Metastatic ductal carcinoma
- Clinical AJCC Stage
  - T3 $N1_f$ M0 Stage IIB

2/10/11

The patient opted for neoadjuvant treatment to be followed by breast conserving surgery. She received concurrent chemotherapy and hormone therapy for nine weeks. Per the physicians notes she experienced a near total response to the chemotherapy. Surgery was scheduled.

2/15/11

Final pathology report:

Lumpectomy and axillary node dissection.

- Largest dimension of invasive tumor: 1.7cm
- Extension: No skin, nipple or skeletal muscle involvement
- Histologic type: Invasive ductal carcinoma, comedo type
- Bloom Scarff Richardson grade: Grade 2
- Margins: Negative
- Presurgical therapy Partial response to presurgical therapy
- Lymph Nodes 23 axillary lymph nodes negative for metastasis
- AJCC Stage ypT1c N0 Stage Ia

She went on to have adjuvant therapy which included continuation of hormone therapy and IMRT radiation therapy 50 Gy in 2Gy fractions to the whole breast and regional nodes over 25 days. She then had a 10 Gy Boost in 2Gy fractions over 5 days to the tumor bed.

Case Scenario 2

- **How many primaries are present in case scenario 2?**
- **How would we code the histology of each primary?**

Stage/ Prognostic Factors

CS Tumor Size		CS SSF 9	
CS Extension		CS SSF 10	
CS Tumor Size/Ext Eval		CS SSF 11	
CS Lymph Nodes		CS SSF 12	
CS Lymph Nodes Eval		CS SSF 13	
Regional Nodes Positive		CS SSF 14	
Regional Nodes Examined		CS SSF 15	
CS Mets at Dx		CS SSF 16	
CS Mets Eval		CS SSF 17	
		CS SSF 18	
CS SSF 1		CS SSF 19	
CS SSF 2		CS SSF 20	
CS SSF 3		CS SSF 21	
CS SSF 4		CS SSF 22	
CS SSF 5		CS SSF 23	
CS SSF 6		CS SSF 24	
CS SSF 7		CS SSF 25	
CS SSF 8			

Treatment

Surgery Codes		Radiation Codes	
Surgical Procedure of Primary Site		Radiation Treatment Volume	
Scope of Regional Lymph Node Surgery		Radiation Treatment Modality	
Surgical Procedure/ Other Site		Regional Dose	
		Boost Treatment Modality	
Systemic Therapy Codes		Boost Dose	
Chemotherapy		Number of Treatments to Volume	
Hormone Therapy		Reason No Radiation	
Immunotherapy			
Hematologic Transplant/Endocrine Procedure			

Case Scenario 3

Physician office report – 1/3/11

A 47 year female presents with changes to her left breast. She was diagnosed with ductal carcinoma of the left breast in February of 2005. At that time she underwent breast conserving surgery with an axillary node dissection showing 3 of 21 positive lymph nodes. She received chemotherapy and radiation.

She recently presented to my office with concerns that her left breast has become swollen, warm to the touch and that areas of the skin had become thickened and pinkish. Physical exam revealed edema and a peau d'orange appearance to the breast. Also noted was a palpable mass in the lower inner portion of her breast. A stereotactic needle biopsy was performed and she was found to have invasive ductal carcinoma, ER and PR positive, HER2/neu 3+ (positive) per IHC. She was referred to an oncologist for treatment planning.

Oncology Consult/Assessment and Plan – 1/12/11

A patient with a previous history of ductal carcinoma now presents with inflammatory breast cancer involving a little less than half her breast. A complete staging work-up revealed a 4.8cm tumor in the left breast. There does not appear to be direct invasion into the skin or chest wall. It is noted that the axillary nodes were previously removed. No metastasis is noted. However, IMS testing for circulating tumor cells was positive.

It would be my plan to treat her relatively quickly with presurgical chemotherapy. If she responds to the chemotherapy, this will be followed by mastectomy and additional chemotherapy. Due to previous radiation she is not a candidate for additional radiation treatment.

Progress notes - 2/21/11

Patient received a nine week preoperative course of anthracycline, taxane, and trastuzumab. She had an excellent partial response to treatment. She has been scheduled for a simple mastectomy with insertion of a tissue expander later this week.

Simple mastectomy - 2/28/11

Final pathology report

- Histologic type: Invasive ductal carcinoma
- Largest dimension of invasive tumor: 1.3cm
- Extension: Involvement of the dermal lymphatics by tumor emboli.
- Nottingham score: 8
- Response to presurgical treatment Definite response to presurgical therapy

Oncology Progress Report 4/1/11

She started her final course of anthracycline and taxane last week. She will continue to take her Herceptin until she completes her one year course and she started her five year course of Tamoxifen.

Case Scenario 3

- **How many primaries are present in case scenario 3?**
- **How would we code the histology of each primary?**

Stage/ Prognostic Factors

CS Tumor Size		CS SSF 9	
CS Extension		CS SSF 10	
CS Tumor Size/Ext Eval		CS SSF 11	
CS Lymph Nodes		CS SSF 12	
CS Lymph Nodes Eval		CS SSF 13	
Regional Nodes Positive		CS SSF 14	
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CS Mets Eval		CS SSF 17	
		CS SSF 18	
CS SSF 1		CS SSF 19	
CS SSF 2		CS SSF 20	
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CS SSF 5		CS SSF 23	
CS SSF 6		CS SSF 24	
CS SSF 7		CS SSF 25	
CS SSF 8			

Treatment

Surgery Codes		Radiation Codes	
Surgical Procedure of Primary Site		Radiation Treatment Volume	
Scope of Regional Lymph Node Surgery		Radiation Treatment Modality	
Surgical Procedure/ Other Site		Regional Dose	
		Boost Treatment Modality	
Systemic Therapy Codes		Boost Dose	
Chemotherapy		Number of Treatments to Volume	
Hormone Therapy		Reason No Radiation	
Immunotherapy			
Hematologic Transplant/Endocrine Procedure			