

NAACCR Hospital Registry Webinar Series February 14, 2008

Valerie J. Vesich, RHIT, CTR

Welcome

- › Objectives of this Webinar
- › Facts/Credits/Sources
- › How to Enjoy Valentine's Day



Objectives

- › Re-assess our treatment coding skills
- › Review definitions, rules and regulations
- › Review those difficult cases
- › Improve our treatment coding skills



Facts/Sources/Credits

- › CoC Standards for Abstracting – Facility Oncology Registry Data Standards (FORDS), Revised for 2007
- › CoC Inquiry and Response
- › SEER's Web Modules
- › NCI guidelines



First Course of Treatment

- › Treatment Plan
- › Time Periods for First Course of Treatment
- › All Malignancies
- › Leukemias

Treatment Plan

- › Medical Procedures to destroy, modify, control or remove primary, regional, or metastatic cancer tissue.
- › Goals of cancer treatment
- › Decisions on how to treat are based on many factors
- › Cancer directed vs Non-cancer directed

No Formal Treatment Plan.....

- Or no established protocol, or management guidelines, and consultation with a physician advisor is not possible, use the principle:
“Initial treatment must begin within four months of the date of diagnosis”

Non-Cancer Directed

- Any treatment that prepares the patient for cancer-directed treatment
- Any treatment to:
 - Prolong life
 - Alleviate pain
 - Make the patient comfortable
 - Includes diagnostic tests and supportive care

Time Periods

- If no treatment is given, record the date of the decision not to treat, why the treatment was not given, the date of patient refusal, or the date the patient expired



Val's Family »»
OSKAR AND BARNEY

All Malignancies

- › First course of treatment
- › Planned Treatment may include intervals of a year or more
 - Any therapy administered after the discontinuation of first course of treatment is "subsequent treatment"
 - Subsequent therapy will not be collected using FORDS data standards. Please review the FORDS manual for detailed instructions. It can be downloaded from our website at www.facs.org.



Leukemia

- › First course of treatment includes all therapies planned and administered by the physician(s) during the first diagnosis of leukemia
 - Record all remission inducing or remission maintaining as the first course of treatment
 - Includes multiple modes of therapy
 - Therapies can span a year or more

Leukemia

- › After achieving a first remission---recurrence or “relapse” happens after the first remission
- › All therapy after the relapse is secondary or “subsequent treatment”

Leukemia

- › Is leukapheresis coded as other treatment for leukemia?
- › Yes
- › No

Leukemia

- › At this time, this is not considered as other treatment. You can record this in your open text field area.

Leukemia I&R

- Is "watchful waiting" for leukemia a treatment option coded under Other Treatment?



Response

- First course of treatment would be no active treatment which is sometimes known as watchful waiting.
- No treatment = treatment and is coded as 00.

Valentine's Day



History

Surgery

- Data Items
 - Date of First Surgical Procedure
 - Date of Most Definitive Surgical Resection of the Primary Site
 - Surgical Procedure of Primary Site
 - Scope of Regional Lymph Node Surgery
 - Surgical Procedures performed at this facility

Surgery Data Items

- Surgical Procedure/Other Site
- Surgical Margins of the Primary Site
- Reason for No Surgery of Primary Site
- Date of Surgical Discharge
- Readmission to the Same Hospital Within 30 Days of Surgical Discharge

Surgical Techniques/Tools

- Open
- Laparoscopic
- Less Invasive Surgery Techniques
 - Cryosurgery
 - Electrocauterization Surgery
 - Laser Surgery

Open

- › Patient is “cut” open
- › Use of a scalpel to make incision
- › Some open surgeries use laser to make the incision
- › Use of Robotics

Laparoscopic/Endoscopic

- Use of an endoscope-viewing instrument
 - Allows surgeon to view internal structures through small incisions
 - Gallbladder
 - Tubal ligation
 - Knee surgery
 - Video-assisted Thoracic Surgery – VATS
 - Transanal endoscopic microsurgery TEMS

Minimally Invasive Thoracic Surgery For EARLY lung cancer



Ross M Bremner MD, PhD
Chief General Thoracic Surgery
The Heart and Lung Institute

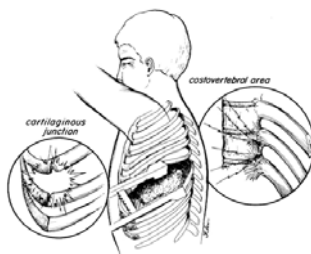
The Surgical Approaches to the Chest?

- Mediastinoscopy
- Thoracotomy
- Sternotomy
- Clamshell – bilateral thoracosternotomy
- VATS
 - (video assisted thoracic surgery)



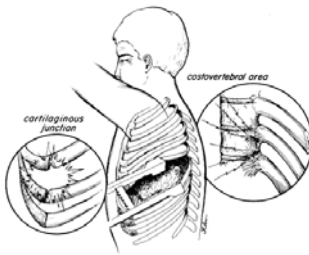
Not minimally invasive Surgery

Thoracotomy Trauma



Systemic response to thoracotomy??
Pain issues

Thoracotomy Trauma



***Systemic response to thoracotomy??
Pain issues***

Thoracotomy

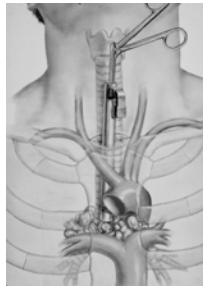
- Mean length of stay – lobectomy 8 days! (USA)
- Mean return to work – 10 weeks! (Germany)
- Pain control short and long term
 - approaches to pain control.

Minimally Invasive Surgery.....

MEDIASTINOSCOPY

**Provides access to para-
and sub-tracheal nodes
and masses**

**An outpatient procedure
With minimal morbidity**



VATS – Video Assisted Thoracoscopic Surgery

- Access to the thorax with minimal incision

- Approach, not procedure

- Advantages.....

- Less pain
- Shorter hospital stay
- Better post-operative respiratory function
- Better cosmesis



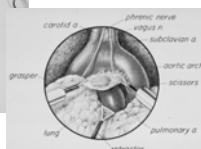
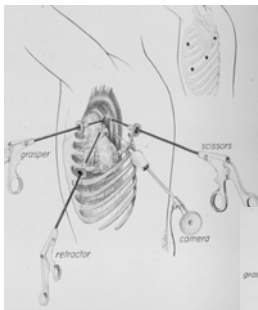
Anesthesia for VATS

- ❖ General anesthesia
- ❖ Single lung ventilation (double lumen tube or bronchial blocker)

Equipment

- Open thoracotomy set on standby
- Thoracoscope with light source
- Dedicated thoracoscopic instruments for handling lung (ring forceps and staplers)

VATS



Accepted indications for VATS *Diagnostic*

- ✦ Diagnosis of pleural effusions
- ✦ Pleural biopsy (eg TB, malignancy)
- ✦ Wedge resection of lung for interstitial disease or nodules
- ✦ Biopsy of mediastinal masses

Transanal Endoscopic Microsurgery

- ▶ TEMs is a relatively new technique used to locally excise rectal tumors compared with existing techniques such as anterior resections and abdominoperineal resections or local excisions
- ▶ TEMS uses a small camera and instruments to allow a surgeon to operate within the rectum

Less Invasive Techniques

- Cryosurgery
- Electrocauterization Surgery
- Laser Surgery



Date of First Surgical Procedure

- This is where you record the most definitive surgical resection of the primary site
 - If the surgery was the only type of first course treatment performed or was the first of multiple treatment modalities, the Date of First Surgical Procedure is the same as Date of First Course of Treatment.

Date of Most Definitive Surgical Procedure

- Date of Most definitive treatment: 22007
- Surgery Code: 50
 - Reason: If the uterus and cervix are taken out through a small incision (cut) in the abdomen using a laparoscope, the operation is called a total laparoscopic hysterectomy.

Surgical Procedure of Primary Site

- Surgical Procedures Performed at this Facility
 - Appendix B

Scope of Regional Lymph Node Surgery

- › Surgery of Regional Lymph Nodes
 - Surgery of regional lymph nodes involves surgical resection of lymph nodes that are considered to be regional to the primary site of cancer.

Scope of Lymph Node Surgery

- › FORDS pg 138 instructs to code lymph node biopsies as surgery. The edits require us to code radiation/chemo as sequenced "after surgery."

Surgical Procedures Other Sites

- › Surgery of Other Regional Site(s), Distant Site(s) or Lymph Node(s)
 - Regional to the primary
 - Colon- ablation of solitary liver mets
 - Distant sites or distant nodes
 - Lung – removal of solitary brain mets
 - Incidental removal of tissue or organs

Surgical Margins --Primary Site

- How is margin status coded if it is not stated in the surgical path report?
- Case scenario: 59 yr old female presenting with a rt temporal lesion of the brain.
 - 2/2/07 rt craniotomy with wand guidance and microsurgical resection of meningioma
 - Tumor was grossly removed
 - Pathology: Meningioma, secretory (WHO Grade I)
 - No mention of margins in pathology report.

Coding of Scenario

- Date of first surgical procedure:
- Date of most definitive surgical resection:
- Surgical Procedure of Primary Site:
- Surgical Margins of the Primary Site:

Coding of Scenario

- Date of first surgical procedure:
 - 2/2/07
- Date of most definitive surgical resection:
 - 2/2/07
- Surgical Procedure of Primary Site:
 - Code 20- gross total resection of tumor
- Surgical Margins of the Primary Site:
 - Code 9 – Margins status unknown

Reason for No Surgery

- › Description of why patient did not receive surgery.
- › Assessment of quality of care
- › The “why” something was not done is just as important as “what” was done

Date of Surgical Discharge

- › Date of discharge after the most extensive primary surgery
- › What do you record when surgery is done as Outpatient Surgery??
 - Surgical discharge date = outpatient surgery date

Readmission to the Same Hospital Within 30 Days of Surgical Discharge

- › Quality of Care data item
- › Planned vs Unplanned

Palliative Surgery

- › Surgical procedures done to improve patient's quality of life
- › Reduction of pain for the patient
- › Palliative Surgery which removes cancer tissue is recorded as cancer-directed surgery
- › Palliative Surgery such as a nerve block procedure to interrupt pain/or a stent to alleviate obstructions is not recorded as cancer directed surgery

Preventative Surgery

- › Surgeon removes tissue that does not yet contain cancer cells but may have the probability of becoming cancerous
 - Family History
 - Genetic Testing
- › Prophylactic Surgery
- › These case are not abstracted

Reconstructive Surgery

- › Repair the damage caused by curative surgery
- › Improve functions of certain anatomic parts of the body
- › Breast reconstruction is the most common example of reconstructive surgery
 - Same time of breast surgery
 - Or in Stages

Date of Most Definitive Surgical Procedure

► Example scenario:

- 71 year old female admitted to St. Jim's for definitive surgical treatment for endometrial carcinoma. She was histologically diagnosed in physicians office.
- 2/20/07: Laparoscopic-assisted vaginal hysterectomy; bilateral salpingo-oophorectomy
- Date of Most definitive treatment:
- Surgery Code

Audience

Complete Surgical Case Exercises

Complete Case scenarios

► Case 1

Sleeve Lobectomy

- › Lung-saving procedure
- › Centrally located primary tumors
- › Can be performed w/out cardiac or pulmonary reserve

Valentine's Day



History

Radiation Therapy

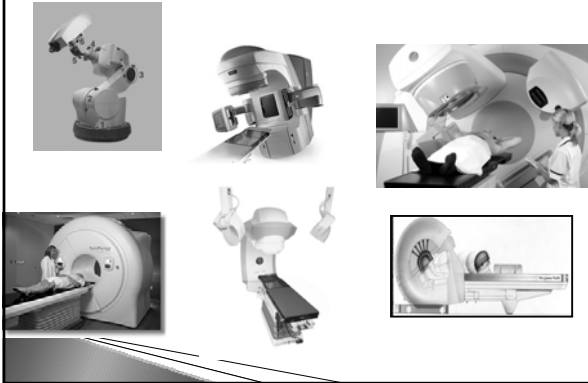
- › Form of invisible, high-energy radiation
- › Discovered by German physicist Wilhelm Roentgen
- › X-rays are used to diagnose and treat
- › X-rays can penetrate through many object/tissues
- › X-rays that kill cancerous cells and shrink tumors is termed Radiation Therapy

Radiation Therapy

- › X-rays and Gamma Rays and other sources of radiation are termed as Radiation Therapy
- › Uses sophisticated equipment
 - Most recent advances includes machine that can administer radiation in pinpoint accuracy

Important for registrars to document type of energy, dose and location

Radiation Therapy



Radiation Therapy Items

- › Date Radiation Started—Date Ended
- › Location of Radiation Therapy
- › Regional Treatment Modality-Regional Dose (cGy)
- › Boost Treatment Modality-Boost Dose (cGy)
- › Radiation/Surgery Sequence
- › Reason for No Radiation

Radiation- Curative or Palliative

- Adjuvant therapy to other treatments
 - Surgery and chemotherapy
 - Radiocurability—destroying the main tumor and tumor spread

Palliative Radiation Therapy

- Relief of pain for metastatic bone cancer
- Code in Palliative Care

Review of FORDS Radiation Items

- Regional Treatment Modality
 - This is an expanded version of the old DAM Radiation item, and it can be collapsed back into those categories
 - Typical coding problems:
 - Single modality appears to fit into more than one category
 - Regional vs. boost modality
 - Multiple modalities used
 - New or trademarked modality

Single Modality, Multiple Potential Codes

› Example from I&R #10633:

If a patient was given IMRT treatments with modality of 6MV, what is entered in the modality field?

From FORDS pages 155-156

24	Photons 6-10 MV External beam therapy using a proton producing machine with a beam energy in the range of 6-10 MV
31	IMRT Intensity modulated radiation therapy, an external beam technique that should be clearly stated in the patient record

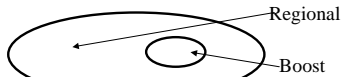
Single Modality, Multiple Potential Codes

- › Use “IMRT” whenever it is explicitly mentioned in the patient record
- › Use “Conformal or 3-D therapy” whenever it is explicitly mentioned in the patient record.
- › Avoid the “NOS” response if a more specific response applies

Regional vs. Boost Modality

From FORDS, page 28E (Section One):

“A boost treatment is provided to a smaller volume within the same volume as regional radiation in order to enhance the effect of the regional treatment”.



Regional and Boost Modalities

› From I&R #9546:

“A prostate cancer patient was treated with external beam radiation followed by seed implants. Our radiation oncologist states the seeds are dominant with ‘adjuvant’ external beam.”

What are the regional and boost modalities?

Regional vs. Boost Modality

- › Boost vs. regional treatment can not be identified by sequence
- › Boost vs. regional treatment can not be identified by modality
- › The oncologic radiologist determines whether a boost is to be given as part of the treatment plan
- › In this scenario, the seeds are regional treatment and the beam is the boost, according to the Radiation Oncologist

Multiple Modalities Used

- › From FORDS, p 155: "In the event that multiple radiation therapy modalities were employed in the treatment of the patient, record only the dominant modality"
- › Check the report to see if one modality was a boost – especially if a beam and brachytherapy are both given
- › Did the treatment involve multiple forms of beam radiation that can be coded 27, 29 or 30?
- › Does the radiology report make it clear which is dominant?
- › Any other combination – ask the Radiation Oncologist

Asking the Radiation Oncologist: New or Trademarked Modality

- › From I&R # 14860:

What is the regional modality for tomotherapy?



Asking the Radiation Oncologist: New or Trademarked Modality

- › Ask: How does tomotherapy work?
- › Tomotherapy is a form of intensity modulated radiation therapy. Tomotherapy rotates the beam source around the patient, thus allowing the beam to enter the patient from many different angles in succession as if it were "sliced". Code it as IMRT, even though the acronym is not specified in the record.

Asking the Radiation Oncologist: New or Trademarked Modality

› From I&R #12123:

What is the regional modality code for
MammoSite radiation therapy to the breast?

Asking the Radiation Oncologist: New or Trademarked Modality

› Ask: How does MammoSite work?

› “The MammoSite device is placed at the time of
lumpectomy or during a separate procedure post-
lumpectomy. The balloon can be inflated to variable sizes
to accommodate the individual cavity. An ¹⁹²Ir radiation
source, connected to a computer-controlled high-dose
rate (HDR) remote afterloader, is inserted into the
balloon to deliver the prescribed dose of radiation”
[Source: MammoSite web site]. The radioactive material
does not come into direct contact with breast tissue.

From FORDS page 156

51	Brachytherapy, intracavitary, LDR Intracavitary (no direct insertion into tissues) radioisotope treatment using low- dose applicators and isotopes (Cesium-173, Fletcher applicator).
52	Brachytherapy, intracavitary, HDR Intracavitary (no direct insertion into tissues) radioisotope treatment using high- dose rate afterloading applicators and isotopes.

Review of FORDS Radiation Items

- › Date Radiation Started
 - FORDS added the date code 88888888 to indicate planned radiation not yet begun, or not yet confirmed to have begun
 - Reason for No Radiation is coded 8 when Date Radiation Started is 88888888
 - FOLLOW PATIENTS WITH THESE CODES to get complete radiation details

Review of FORDS Radiation Items

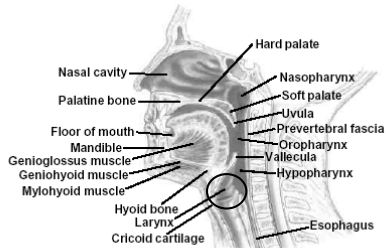
- › Location of Radiation Treatment
 - ROADS had two items that addressed treatment location: Radiation at This Facility (Supplemental) and Location of Radiation Treatment (Optional)
 - Location of Radiation Treatment has a better “fit” to the way radiation treatment is given, so it was selected for FORDS
 - Most radiation delivery fits the options in this item – use “other” for the exceptions

Review of FORDS Radiation Items

- › Radiation Treatment Volume
 - Some additional codes were added in FORDS, but the ROADS codes were unchanged
 - There is no sequential logic built into these codes, so pick the one that most closely describes the radiologist’s description of the treatment volume
 - It may be necessary to read descriptions of related responses to get the best one

Clinical Stage III Squamous Cell Ca of the Glottic Larynx

Source of Graphic: SEER Summary Staging Manual 2000



SAGITTAL CUT THROUGH THE NASAL AND ORAL CAVITIES

Clinical Stage III Squamous Cell Ca of the Glottic Larynx

► Treatment Volume: radiology report identifies three target volumes

- H/N Right lateral
- H/N Left lateral
- Anterior yoke

What Volume is coded?

From FORDS, page 151

05	Head and Neck (NOS) The treatment volume is directed at a primary tumor of the oropharyngeal complex, usually encompassing regional lymph nodes
06	Head and Neck (limited) Limited volume treatment of a head and neck primary with the exception of glottis (07), sinuses (08) or parotid (09)
07	Glottis Treatment is limited to a volume in the immediate neighborhood of the vocal cords
10	Chest/lung (NOS) Radiation therapy is directed to some combination of hilar, mediastinal, and/or supraclavicular lymph nodes, and/or peripheral lung structures

Review of FORDS Radiation Items

► Regional Dose: cGy

- The dose is the full amount of radiation received by the patient at the "axis point"; it is not the amount delivered in each fraction.
- Be careful that you are recording centiGrays (cGy) rather than Grays.
- Code all brachytherapy or radioisotopes 88888
- Code the total dose actually given

Regional Dose cGy

► Example from radiology records

- Two treatments, always performed in one session, targeting the same axis:
 - R medial breast – dose 92 cGy
 - R lateral breast – dose 88 cGy
- Treatment dose 180 cGy – according to report
28 treatments, so total dose = 05040 cGy

Report will show 05040 cGy or 180 cGy x 28

Review of FORDS Radiation Items

- Boost Treatment Modality
- Boost Dose cGy

The procedures for coding these two items are similar to the ones for regional radiation.

If no boost radiation was given, use 00 and 00000.
If only one modality was used, and you do not know whether it was regional or boost, code it as regional.

Review of FORDS Radiation Items

- ▶ Number of Treatments to This Volume
 - Sum of regional and boost treatments
 - Implantations are counted as a single treatment, to be added to any other treatments
 - MammoSite, other repeated brachytherapy – count each application

Putting It All Together

- New York Question
 - Stage II (T2) Squamous Cell Carcinoma of the Anus
 - Whole Pelvis
 - 3060 cGy in 17 fractions
 - Both inguinal areas
 - 3600 cGy in 22 fractions
 - Low pelvis including anal canal
 - 4500 cGy in 25 fractions
- 18 MV photon beam using 3D conformal treatment plan
Started 02/28/2006, ended 04/04/2006

Putting It All Together

- | | |
|------------------------|---------------------|
| ▶ Rad Treatment Volume | ▶ 29 - Pelvis (NOS) |
| ▶ Regional Modality | ▶ 32 - 3D conformal |
| ▶ Start Date | ▶ 02/28/2006 |
| ▶ End Date | ▶ 04/04/2006 |
| ▶ Regional Dose | ▶ 3060 cGy |
| ▶ Number of Treatments | ▶ 25 |
| ▶ Boost Modality | ▶ 32 – 3D conformal |
| ▶ Boost Dose | ▶ 4500 cGy |

Review of FORDS Radiation Items

► Date Radiation Ended

- If this item is completed, then all radiation items just described must be coded to indicate radiation was performed (non-zero) and Radiation Date must not be 88888888.
- If radiation is known to have begun, but has not ended, this item is coded 88888888. If radiation is planned but not yet started, this item is coded 00000000.

Date Radiation Ended

- Radiologists told us that registrars did not always know how to calculate “days elapsed”
- We saw no reason for registrars to go through the machinations of calculating “days elapsed”
- So FORDS requests registrars to copy the date of the last radiation treatment

Review of FORDS Radiation Items

► Reason for No Radiation

- Expanded in ROADS from old DAM options in the Radiation item
- Expanded in FORDS from the ROADS options
- If radiation is planned but not yet given, or not yet confirmed to have been given, code this item 8. Code 8 is designed as a tickler for follow-up. Once radiation is recorded, change the code. An edit requires that deceased patients not be coded 8.

Review of FORDS Radiation Items

- ▶ Palliative Radiation
 - Code all radiation items, and also code the applicable Palliative Care response
- ▶ Prophylactic Radiation
 - This is not treatment, and is not coded

Radiation Follow-Up

- ▶ If radiation is planned but not yet begun:
 - Reason for No Radiation = 8
 - Date Radiation Started = 88888888
 - All other radiation items are coded "no radiation"
- ▶ Once treatment has begun, the date it started, the volume, and the modality can be coded
 - Reason for No Radiation = 0
 - Date Radiation Ended = 88888888
- ▶ Once treatment is complete, code all remaining radiation items

Radiation Follow-Up

- ▶ Tracking cases
 - Work with your cancer committee to assure you have the information to follow radiation performed elsewhere
 - Establish a good relationship with the radiologist to get the information you need passed on to you
 - Radiation Oncologists have the information you need in their records – coding will be easier if they know what to give you

Radiation Follow-Up

- If you are unable to obtain follow-up information some time after radiation was to take place:
 - Look for evidence the patient's condition deteriorated and radiation was not given
 - Look for evidence the plans were so vague that radiation may not have been given
 - Can the radiologist who was to give the treatment tell what became of the plans?
 - Otherwise, you will need to code the radiation fields unknown

Radiation/Surgery Sequence

- If there was no radiation but surgery to the primary site was performed, what is the Radiation/Surgery Sequence code?
 - Per the Instructions for Coding for the Radiation/Surgery Sequence field, code to 0 if all other radiation fields have been coded to 0.

Radiation/Surgery Sequence

- Fine needle aspiration of a lymph node, only
 - Coded 1 in the field Scope of Regional Lymph Node Surgery
 - Then patient received radiation therapy
 - Radiation/Surgery Sequence is coded 3
 - Reason: Any and all surgical procedures are taken into account when determining the code for the field Radiation/Surgery Sequence

Valentine's Day



© B. L. Sullivan

Traditions

Audience

Complete Case 3

How to Code Embolization

- › **Chemoembolization:** a procedure in which the blood supply to the tumor is blocked surgically or mechanically and anticancer drugs are administered directly into the tumor. This permits a higher concentration of drug to be in contact with the tumor for a longer period of time.
- › **Radioembolization:** embolization combined with injecting small radioactive beads or coils into an organ or tumor.
- › **Tumor embolization:** the intentional blockage of an artery or vein to stop the flow of blood through the desired vessel.

Chemo—Embolization...

Code as Chemotherapy when the embolizing agent(s) is a chemotherapeutic drug(s). Use *SEER RX* to determine whether the drugs used are classified as chemotherapeutic agents. Use codes 01, 02, 03 as specific information regarding the agent(s) is documented.

Example: The patient has hepatocellular carcinoma (primary liver cancer). From a procedure report: Under x-ray guidance, a small catheter is inserted into an artery in the groin. The catheter's tip is threaded into the artery in the liver that supplies blood flow to the tumor. Chemotherapy is injected through the catheter into the tumor and mixed with particles that embolize or block the flow of blood to the diseased tissue.

Radioembolization

- › **For SEER Registries:**
- › If this data item is not reported by a CoC hospital, SEER central registries can generate the code for this field by combining the information from the following two fields: Rad-BoostRXModality and Rad-Regional TXModality
- › Code as Radioactive implants. Use code 2.

Radioembolization

- › **For CoC Registries (Regional Treatment Modality):**
- › Code as brachytherapy when the tumor embolization is performed using a radioactive agent or radioactive seeds. Use code 50.
- › **Example :** Yttrium-90 microsphere radioembolization is an FDA approved, non-surgical procedure used to treat inoperable liver cancer..

Embolization---Other Therapy

- › Code as “Other Therapy” when tumor embolization is performed using alcohol as the embolizing agent. Use code 01.
- › **Do not code** pre-surgical embolization of hypervascular tumors with particles, coils or alcohol.

Radioembolization

- › **For SEER Registries:**
- › If this data item is not reported by a CoC hospital, SEER central registries can generate the code for this field by combining the information from the following two fields: Rad-BoostRXModality and Rad-RegionalTXModality
- › Code as Radioactive implants. Use code 2.

Radioembolization

- › **For SEER Registries:**
- › If this data item is not reported by a CoC hospital, SEER central registries can generate the code for this field by combining the information from the following two fields: Rad-BoostRXModality and Rad-RegionalTXModality
- › Code as Radioactive implants. Use code 2.

Chemotherapy

- › Some history that is very interesting
- › Traced based to the ancient Egyptians
- › World War II
- › FORDS data item: records the type of chemotherapy administered as first course of therapy
 - Single vs Multi Drugs
- › Chemotherapy drugs

Date Systemic Therapy Started

- › Records the date of initiation therapy that is part of first course of treatment
- › Chemotherapy, hormonal and biological response modifiers, bone marrow transplants, stem cell harvests, and surgical and/or radiation endocrine therapy
- › When therapy planned as part of first course date = 88/88/8888

RX Text

- › Text documentation is an essential component of the electronic abstract
- › Instructions for coding
 - Date when chemo began
 - Where treatment was given
 - Type of drugs

Chemotherapy

- › Administration of chemotherapy drugs
- › Method is not coded but can be recorded in the “notes” area of the abstract
- › How to code the date when chemo is planned---88888888

Chemotherapy

- › If is known that chemotherapy is administered for this type and stage of cancer, then make sure to document
“The Reason Why it was Not Administered”

Systemic Rx/Surgery Sequence

- › If there was no chemotherapy but surgery to the primary site was performed, what is the Chemo/Surgery Sequence code?
 - Per the Instructions for Coding for the Systemic Therapy /Surgery Sequence field, code to 0 if all other Systemic RX fields have been coded to 0.

Systemic Rx/Surgery Sequence

- Fine needle aspiration of a lymph node, only
 - Coded 1 in the field Scope of Regional Lymph Node Surgery
 - Then patient received some type of systemic therapy
 - Systemic Rx/Surgery Sequence is coded 3
 - Reason: Any and all surgical procedures are taken into account when determining the code for the field Systemic Rx/Surgery Sequence

Chemotherapy

- I&R: Physicians are sometimes calling Zometa a chemotherapy agent and this is the only treatment a patient is receiving. Documentation everywhere calls Zometa an ancillary agent. Are there new uses (or classifications) for Zometa and how should this be documented if Zometa is the only treatment the patient is receiving?

I&R Answer

- Zometa does not kill cancer cells so it is not cancer-directed treatment, but does relieve pain from metastases, so it is coded as Palliative Care using code 3, chemotherapy, hormone therapy or other systemic drugs. If this is part of the first course of treatment, the patient is reportable for your facility.

Changes to Agents

- › CHOP and rituxan were changed to RICE, RICE and CHO. Changed to increased dosage of CHOP, dropping rituxin. Is dropping or adding a group of chemotherapy subsequent treatment? If a change of regimen maps out to be the same grouping of the original chemotherapy regimen, is it continuation of first course?

Response

- › If a patient is receiving a chemotherapy regimen and one of the drugs is changed but belongs to the same group as the original drug, there is no change in the regimen. If the replacement drug is in a different group than the original drug, code the new regimen as subsequent therapy.

Subsequent I&R

- › A breast cancer treatment plan called for neo-adjuvant hormone treatment followed by surgery. After two months of hormone treatment, the cancer had not decreased in size so the oncologist switched the patient to chemotherapy. Following chemo, the patient had a mastectomy, additional chemo and chest wall radiation. Is any of the treatment considered subsequent treatment?

Response

- › If the chemo, mastectomy, and radiation was part of the planned, first course of treatment, yes. If not, this would be considered subsequent treatment. The CoC does not collect subsequent treatment. This information can be documented in a user-defined or text field.

SEER Rx

- › Is Erbitux chemotherapy or a biological response modifier?
- › Both Tarceva and Erbitux are classified as chemotherapy because they interfere with the process of cell division and slow (if not completely stop) the growth of cancer cells. Please refer to SEER Rx for questions about the classifications of drugs and drug regimens.

SEER Rx

- › According to the SEER*RX drug database some monoclonal antibodies such as Avastin, Velcade, Rituxan, Herceptin, are cytostatic chemotherapy agents rather than immunotherapy. #12347 gives the coding for CHOP + Rituxan as 03-Chemo, 01-Horm, and 01-Immunotherapy. What is the coding for Rituxan? Is it coded differently in 2004 vs. 2005?
- › **SEER*Rx - Interactive Antineoplastic Drugs Database**
 - Version 1.2.0 released September 14, 2007
 - <http://seer.cancer.gov/tools/seerrx/>

SEER Rx

- With the release of SEER RX the interactive antineoplastic database (7/05), valcade, rituxan and hercptin are to be coded as chemotherapy. The information in this database is effective for cancer diagnoses made on January 1, 2005 and after. Review and recoding of drugs from previous years is not required or recommended.

St. Valentine's Day Massacre-- 1939



Audience

Complete Case 4

Hormone

- › Hormone Therapy: is a group of drug(s) that affect the growth of certain cancers
- › Hormones are natural substances that are produced by the body
- › Certain body parts require hormones to function
- › Which means that hormones can have an affect on cancer

Hormones

- › Used to prevent or delay the growth of cancer
- › Case Scenario: Breast cancer patient that underwent a lumpectomy, sentinel node biopsy followed by node dissection. Pathology revealed a T2 N1 M0 tumor with positive ER/PR, negative margins. Post op radiation therapy , systemic chemotherapy and Tamoxifen.

Prednisone

- › Prednisone give to the cancer paient as therapy along with chemotherapy should be coded as Hormonal Therapy.
- › For example when given with CHOP-R
 - Code Chemo as Multi-drugs
 - Code Hormone as Hormone administered

Hematologic Transplant

- Bone Marrow Transplants
 - Autologous (taken from the patient)
 - Allogenic (from another person)
- Stem cell harvest: involve the collection of the patients immature blood cells and the "reintroduction" by transfused cells that were harvested
 - Happens after chemotherapy or radiation therapy

Transplant I&R

- If patients received chemo and radiation therapy prior to a bone marrow transplant/stem cell transplant, is this included in first course of treatment?

I&R Response

- The chemo and radiation therapy serve a dual purpose, one being to eliminate cancer cells and the other to rid the body of its existing immune system to prepare for the transplant. Since they are eliminating cancer cells, they would be coded as part of the first course of therapy.

Endocrine Procedures

- › Surgical and radiation therapy procedure to get a hormonal or anti-hormonal affect in the body
 - Such as oophorectomy and orchiectomy
 - Coded in the "Hematologic Transplant and Endocrine Procedures"

Transplant I&R

- › Are stem cell transplants only coded in the Hematologic Transplant and Endocrine Procedures section or is it also coded under Immunotherapy?

I&R Response

- › Please use Hematologic Transplant and Endocrine Procedures code 20 to record the use of stem cell transplants. curator

Immunotherapy

- › Immunotherapy is biological or chemical agents that alter the immune system or change the host's response to tumor cells
- › Code 01---immunotherapy was administered
- › Types of Immunotherapy
 - Clearly defined in the SEER Drug Rx Program

Immunotherapy I&R

- › If a patient had BCG for ureter or renal pelvis, is it coded as both surgery and immunotherapy? For bladder we use the surgery code 16 which is BCG therapy and immunotherapy as 01 (immunotx administered as first course), however, sites 65 and 66 do not have the number 16 surgery code available and no other surgery code fits this procedure.

I&R Response

- › For renal or ureter, code 10 in the surgical procedure of the primary site field and BCG or other immunotherapy and code 01 for immunotherapy. Include specific treatment in text field.

Immunotherapy

- › How is Interleukin-2 coded on the treatment grid for renal cell carcinoma? Biologic Response Modifier is no longer listed on the treatment grid.

I&R Response

- › Interleukin 2 is coded as 01 in the Immunotherapy field.

Immunotherapy

- › Is Herceptin classified as immunotherapy or chemo?

I&R Response

- Revised 7/12/05: With the release of SEER RX (7/05) the interactive antineoplastic database , herceptin is to be coded as chemotherapy. Although previous instructions from SEER advised otherwise, SEER asks that historical treatment (cases abstracted prior to 1/1/05) not be revised.

Valentine's Day



Traditions

Complete case 6

Audience

Other Therapies

- › Category for those cases that cannot be classified as surgery, radiation therapy, chemotherapy, immunotherapy
- › Type of experimental therapy
- › Use your “Notes” area to record details

Contact Information

- › Valerie J. Vesich, RHIT, CTR
Valerie.vesich@chw.edu
602-406-3048