

**Collecting Cancer Data:
Colon/Rectum/Appendix**

NAACCR 2009-2010 WEBINAR SERIES

Agenda

- Overview
- Treatment
- MP/H Rules
- CSV2

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Overview

Colon/Rectum/Appendix

Epidemiology

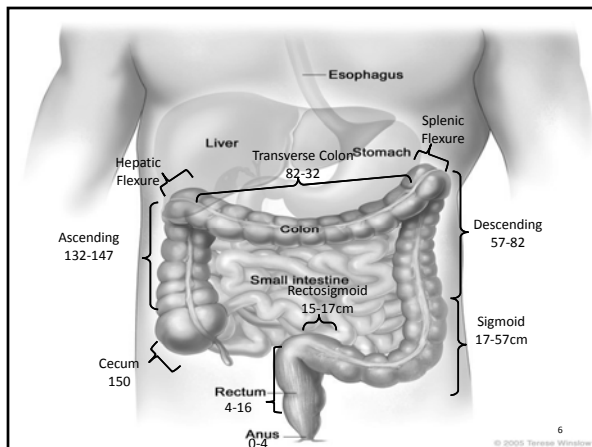
- Estimated new cases and deaths from colon and rectal cancer in the United States in 2009:
 - New cases:
 - 106,100 (colon)
 - 40,870 (rectum)
 - Deaths: 49,920 (colon and rectal combined)
- Estimated new cases and deaths from colon and rectal cancer in Canada in 2009:
 - New Cases
 - 22,000 (colon and rectum combined)
 - Deaths
 - 9,100 (colon and rectum)

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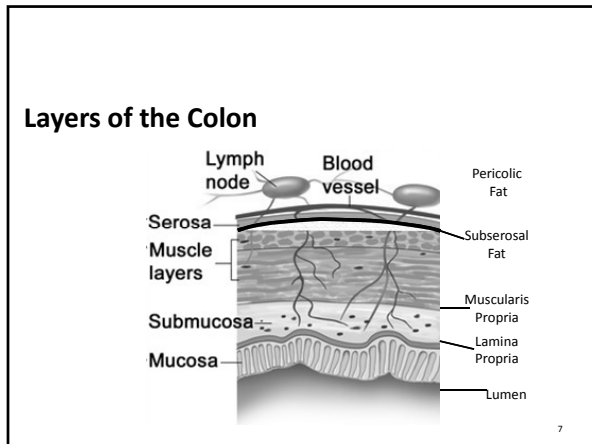
Function

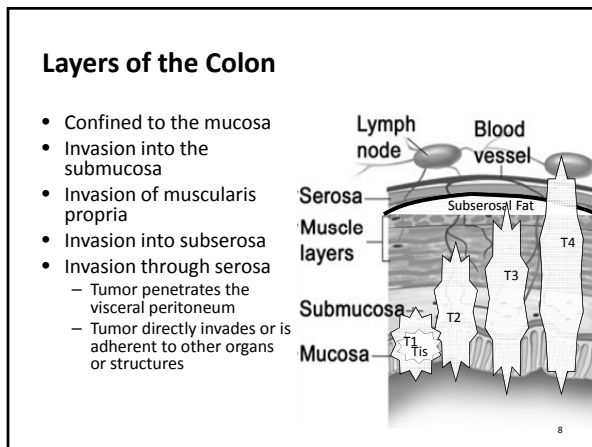
- Colon/Rectum
 - Digestion
 - Houses over 700 species of bacteria
- Appendix
 - Contains masses of lymphoid tissue
 - Plays an important role in immunity

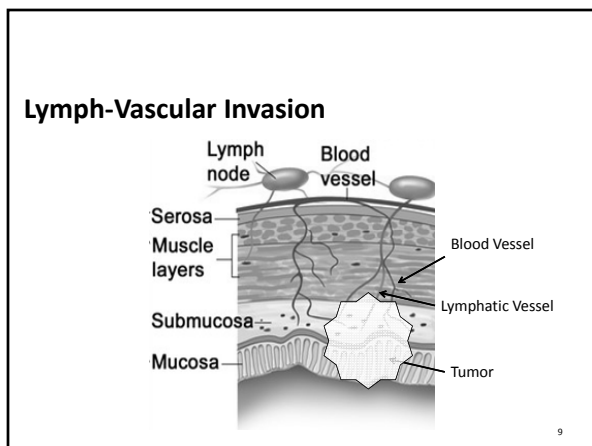
5



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Lymph-Vascular Invasion

| | |
|---|---|
| Coding Guidelines | Codes |
| <ul style="list-style-type: none">Based on all pathology reports or information availableIncludes lymphatic invasion, vascular invasion, or lymph-vascular invasionDo not use for perineural invasionUse CAP checklist as primary source | <ul style="list-style-type: none">0 Not Present (absent)/Not Identified1 Lymph-vascular Invasion Present/Identified8 Not Applicable9 Unknown/Indeterminate |

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Histology

- Adenocarcinoma
 - Ninety-eight percent of colon cancers are adenocarcinoma
 - Ten to fifteen percent of these cases produce enough mucin to be categorized as mucinous/colloid
 - Mixed histologies and specific types other than mucinous/colloid or signet ring cell are rare (2007 MPH Manual pg 29)

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Histology

- Mucinous/colloid adenocarcinoma (8480)
 - An adenocarcinoma containing **extra**-cellular mucin comprising more than 50% of the tumor
 - Note that “mucin-producing” and “mucin-secreting” are not synonymous with mucinous
- Signet ring cell carcinoma (8490)
 - An adenocarcinoma containing **intra**-cellular mucin comprising more than 50% of the tumor

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Histology

- Carcinoid, NOS (8240)
 - Also called typical carcinoid or low grade or well-differentiated neuroendocrine carcinoma
- Neuroendocrine carcinoma, NOS (8246)
- Composite carcinoid (8244)
 - Single tumor containing both carcinoid and adenocarcinoma
- Adenocarcinoid (8245)
 - Specific type usually found in appendix
- Atypical carcinoid tumor (8249)

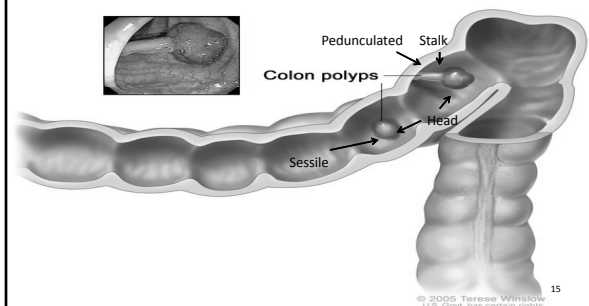
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Histology

- Familial adenomatous polypoid/FAP (8220)
 - Familial polyp or polypoid syndromes are caused by a hereditary genetic defect that increases the risk for developing colorectal cancer.
- **Malignant** Gastrointestinal Stromal Tumors/GIST (8936/3)
 - GIST NOS is not reportable (8936/1)

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Polyps



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Polyps

- Tubular
- Tubulovillous
- Villous

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Histology

- Adenocarcinoma in an adenomatous polyp (8210)
 - Adenocarcinoma in a tubular adenoma
 - Carcinoma in adenomatous polyp
 - Adenocarcinoma in a polyp, NOS
 - Carcinoma in a polyp, NOS
- Adenocarcinoma in villous adenoma (8261)
- Adenocarcinoma in tubulovillous adenoma (8263)

Terminology

- Exophytic
 - Nodular or polypoid
 - Pedunculated or sessile
- Endophytic
 - Ulcerative

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Grade

| | |
|---|--|
| <p>Two Grade system</p> <ul style="list-style-type: none"> • 2 Low-grade <ul style="list-style-type: none"> – Well-differentiated and moderately differentiated • 4 High-grade <ul style="list-style-type: none"> – Poorly differentiated and undifferentiated | <p>Four Grade System</p> <ul style="list-style-type: none"> • 1 Well Differentiated • 2 Mod Differentiated • 3 Poorly differentiated • 4 Undifferentiated |
|---|--|

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Grade

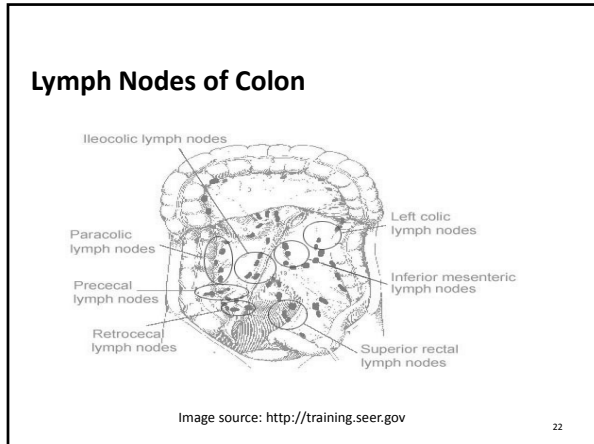
| | |
|---|---|
| <p>Grade Path System</p> <ul style="list-style-type: none"> • 2 Two-Grade System • 3 Three-Grade System • 4 Four-Grade System | <p>Grade Path Value</p> <ul style="list-style-type: none"> • 1 Recorded as Grade I or 1 • 2 Recorded as Grade II or 2 • 3 Recorded as Grade III or 3 • 4 Recorded as Grade IV or 4 |
|---|---|

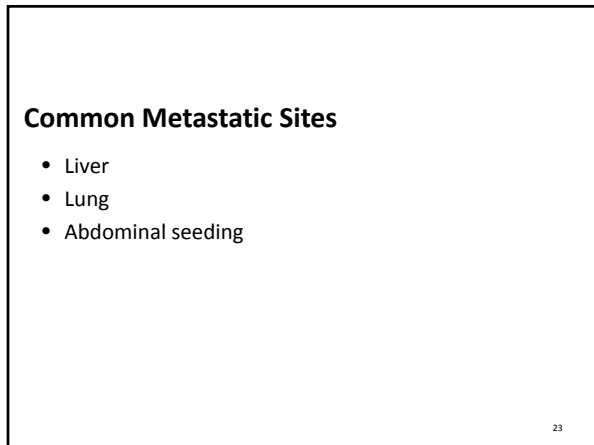
20

Colon Blood Supply

- Superior mesenteric artery branches
 - 1 Ileocolic
 - 2 Right colic
 - 3 Middle colic
- Inferior mesenteric artery branches
 - 4 Ascending left colic
 - 5 Left colic
 - 6 Sigmoid branches
 - 7 Superior rectal artery
 - 8 Middle rectal artery
 - 9 Inferior rectal artery
 - 10 Inferior mesenteric vein

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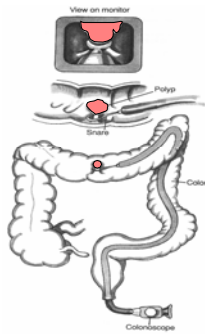


Surgical Procedure of Primary Site: Colon

- Code 20: Local tumor excision, NOS
 - Code 27: Excisional biopsy
 - Code 26: Polypectomy, NOS
 - Code 28: Polypectomy-endoscopic
 - Code 29: Polypectomy-surgical excision

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Endoscopic Polypectomy



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Polypectomy

- Polypectomy can be curative if margin is negative
 - About one-third of adenomas will recur
- Invasive adenocarcinoma of sessile polyp requires more than polypectomy

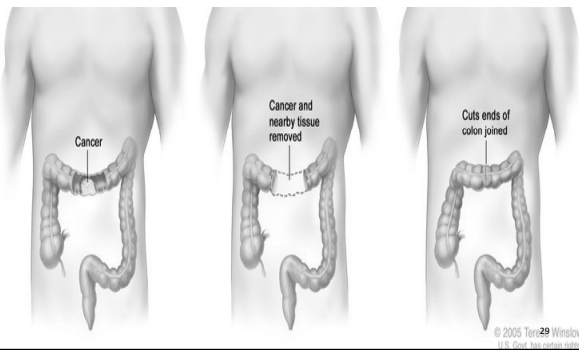
27

Surgical Procedure of Primary Site: Colon

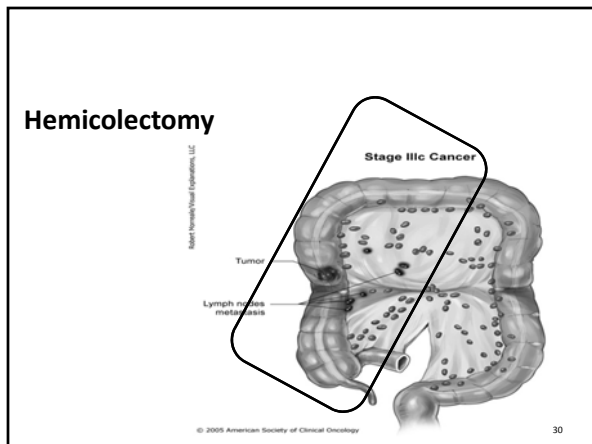
- Code 30: Partial colectomy, segmental resection
 - Code 32: Plus resection of contiguous organ
- Code 40: Subtotal colectomy/hemicolectomy
 - Code 41: Plus resection of contiguous organ

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Segmental Resection



Hemicolectomy

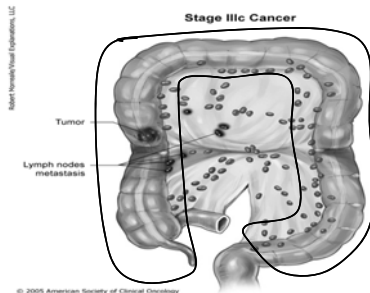


Surgical Procedure of Primary Site: Colon

- Code 50: Total colectomy
 - Code 51: Plus resection of contiguous organ
- Code 60: Total proctocolectomy
 - Code 61: Plus resection of contiguous organ

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**Surgical Procedure of Primary Site:
Colon**



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Surgical Procedure of Primary Site: Colon

- Code 70: Colectomy or proctocolectomy with resection of contiguous organ
- Code 80: Colectomy, NOS

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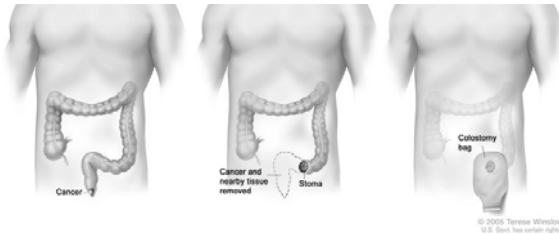
Surgical Procedure of Primary Site:

Rectum

- Code 30: Wedge or segmental resection; partial proctectomy
- Code 40: Pull through with sphincter preservation
- Code 50: Total proctectomy
- Code 60: Total proctocolectomy, NOS

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Abdominoperineal Resection



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**Surgical Approach-2010
(RX HOSP--SURG APP 2010)**

Description

- Describes the surgical method used to approach the primary site for patients undergoing surgery of the primary site at this facility

Codes

- 0 No surgical procedure of primary site at this facility.
- 1 Robotic assisted.
- 2 Robotic converted to open.
- 3 Laparoscopic.
- 4 Laparoscopic converted to open.
- 5 Open. Approach, NOS.
- 9 Unknown. Death certificate only.

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Treatment-Colon or Rectum

- Tis, T1 or T2 with no further mets
 - Surgery
 - Surveillance

The diagram shows a cross-section of the colon or rectum wall. From the inside out, the layers are Mucosa, Submucosa, Muscle layers, and Serosa. A lymph node and a blood vessel are shown in the submucosa. Three tumor stages are depicted: Tis (in situ), T1 (invasive into submucosa), and T2 (invasive into muscle layers).

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Treatment-Colon

- T3 without metastasis
 - Surgery
 - Possibly chemo
 - Surveillance
- T4, positive lymph nodes, or distant mets
 - Surgery (if resectable)
 - Chemo
 - Surveillance

The diagram shows a cross-section of the colon wall. From the inside out, the layers are Mucosa, Submucosa, Muscle layers, and Serosa. A lymph node and a blood vessel are shown in the submucosa. Two tumor stages are depicted: T3 (invasive into the serosa) and T4 (invasive through the serosa into subserosal fat).

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Treatment-Rectum

- cT3 or cN1-2
 - Neoadjuvant radiation and/or neoadjuvant chemo
 - Resection
 - Adjuvant chemo
- T4 or distant mets
 - Neoadjuvant radiation and/or neoadjuvant chemo
 - Resection (if resectable)
 - Adjuvant chemo

The diagram shows a cross-section of the rectum wall. From the inside out, the layers are Mucosa, Submucosa, Muscle layers, and Serosa. A lymph node and a blood vessel are shown in the submucosa. Two tumor stages are depicted: T3 (invasive into the serosa) and T4 (invasive through the serosa into subserosal fat).

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Radiation Therapy

- Radiation therapy is not standard treatment for colon cancer
- Radiation therapy may be used with surgery to treat rectal cancer
 - Pre-operative treatment to shrink tumor prior to surgery
 - Endocavitary treatment for small tumors

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Radiation Therapy

- Regional treatment modality (FORDS page 155)
 - External beam radiation
 - Codes 20 – 30: Orthovoltage, cobalt, photons, electrons, or neutrons
 - Code 31: Intensity modulated radiation therapy (IMRT)
 - Code 32: Conformal radiation

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Chemotherapy

- Colon
 - Post-operative single or multi-agent chemotherapy for stage III and IV
 - Use of chemotherapy for stage II is being studied
- SEER Rx

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Chemotherapy

- Rectum
 - Stage II and III
 - Pre-operative chemotherapy to preserve sphincter function
 - Single or multi-agent adjuvant chemotherapy
 - Stage IV
 - Single or multi-agent adjuvant chemotherapy

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Immunotherapy

- Colon
 - Tumor vaccines
 - Monoclonal antibodies

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Multple Primary/ Histology Rules

Question

- The pathology from a polypectomy shows portions of adenomatous polyp containing adenocarcinoma.
- The pathology from the final resection shows adenocarcinoma, nos (no mention of a polyp).
- Do we still code the adenocarcinoma in a polyp?

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Answer

- Use MPH rule H4 when there is a diagnosis of adenocarcinoma AND reference to a residual or pre-existing polyp within the medical record.
 - This includes references within the operative note, endoscopy note, or even other physician documentation that a polyp was found in the same colon segment within a short time prior to the surgery. Code 8210/3.
 - Curator

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Question

- Colonoscopy had a diagnosis of adenocarcinoma in ascending colon. They had a right hemicolectomy for resection of ascending colon mass. Final path said adenocarcinoma invading into fat with regional lymph node mets.
- A second polypoid mass in the cecum with surgical specimen, adenocarcinoma arising in a tubulovillous adenoma extending into the submucosa, margins free. Are they two separate primaries?

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Answer

- We follow Rule M4 for colon (different at 4th character) for C18.2 and C18.0. These are 2 primaries.
- To code the histology, we stop at Rule H11 for ascending (C18.2) and code 8140/3 (adenoca). We stop at Rule H4 for cecum (C18.0) and code 8263/3 (tubulovillous polyp).
 - Curator

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Question

- Pathology report for colon resection stated adenocarcinoma NOS with features of neuroendocrine carcinoma.
- Can MP/H rule H13 in the colon chapter be applied for coding the histology or is this used only when both histologies are a form of carcinoma or adenocarcinoma?

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Answer

- H13 applies when a general type is diagnosed and a more specific type is diagnosed at the same time or later
- In this case, follow Rule H11 to code adenocarcinoma with neuroendocrine (8574/3). Curator (*I & R Team*)

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Question

- A patient with a history of carcinoma of the rectosigmoid colon presents for a colonoscopy. He is found to have a lesion at the anastomotic site of his previous primary.
- The patient had a sigmoid-rectum segmental resection for a mod-diff adenocarcinoma. The physician called this a recurrence, but the pathologist did not compare the present tumor to the original tumor. Is this a second primary?

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Answer

- When a patient has colon cancer, the cancer is usually in the "center" of the colon segment that was removed.
- With the prior anterior resection, the entire segment of that part of the colon was removed along with partial removal of the sections on either side of the tumor.
- That means that the so-called "recurrence" at the anastomotic site is not in the same segment of colon. That segment is gone - permanently.
- This tumor is in a different subsite of the colon and is a **new** primary unless the pathologist calls it metastatic.
 - Curator

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COLLABORATIVE STAGE
DATA COLLECTION SYSTEM

Colon, Rectum, and Appendix

Education & Training Team
Collaborative Stage Data Collection System
Version 2.01



COLLABORATIVE STAGE
DATA COLLECTION SYSTEM

Summary of Changes for Colon and Rectum

Summary of Changes

- Appendix removed from colon schema
- T4 subdivided
- N1 & N2 subdivided
- M1 subdivided



Summary of Changes

- Satellite peritumoral nodules in pericorectal adipose tissue
 - Code 050 in CS Lymph Nodes
 - Code total number of tumor deposits in SSF4
- Additional SSFs collected

4



CS Extension

New and Revised Codes & Definitions

- Code 170
 - Stated T1, NOS
- Code 200
 - Muscularis propria invaded
 - Stated as T2, NOS
- Code 410
 - Stated as T3, NOS

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CS Extension

New and Revised Codes & Definitions

- Code 490
 - Stated as T4, NOS
- Code 500
 - Invasion of/through serosa
 - Stated as 4a, NOS


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**CS Extension
New and Revised Codes & Definitions**

- Code 560: Rectum
 - Stated as T4b, NOS

- Code 690: Colon
 - Stated as T4b, NOS




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**CS Extension
Code Clarification**

- Note 3

- Code 460
 - Tumor is adherent macroscopically only

- Code 570
 - Tumor is adherent microscopically




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**CS Lymph Nodes
New Codes & Definitions**

- Code 050
 - Tumor deposits in subserosa or non-peritonealized pericolic or perirectal tissues without regional nodal metastasis

- Code 410
 - Stated N1a pathologic

- Code 420
 - Stated N1b pathologic



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CS Lymph Nodes New Codes & Definitions

- Code 460
 - Stated N2a pathologic
- Code 470
 - Stated N2b pathologic

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MX Eliminated

- MX has been eliminated from 7th Edition
 - Clinical M0
 - Unless clinical or pathologic evidence of mets
- cM only requires history and physical
- Infer cM0 unless known cM1

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CS Mets at DX - Colon New and Revised Codes & Definitions

- Code 10
 - Obsolete data retained V0200
- Code 15
 - Metastasis to a single distant lymph node chain other than code 08
- Code 20
 - Metastasis to a single distant organ

12



**CS Mets at DX - Colon
New and Revised Codes & Definitions**

- Code 22
 - Stated as M1a, NOS
- Code 25
 - Metastasis to more than 1 distant lymph node chain other than code 08
- Code 30
 - Metastases to more than 1 distant organ
 - Stated as M1b, NOS

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**CS Mets at DX - Colon
New and Revised Codes & Definitions**

- Code 35
 - Distant lymph nodes (08 or 15 or 25) + other distant metastases (20 or 30)
- Code 40
 - Obsolete data retained V0200

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**CS Mets at DX - Colon
New and Revised Codes & Definitions**

- Code 50
 - Obsolete data retained V0200
- Code 60
 - Distant metastasis, NOS
 - M1, NOS

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**CS Mets at DX - Rectum
New and Revised Codes & Definitions**

- Code 05
 - Metastasis to a single distant lymph node chain, NOS
- Code 10
 - Obsolete data retained V0200
- Code 11
 - Obsolete data retained V0200

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**CS Mets at DX - Rectum
New and Revised Codes & Definitions**

- Code 12
 - Obsolete data retained V0200
- Code 15
 - Metastasis to a single distant lymph node chain
 - Rectosigmoid: internal iliac (hypogastric); obturator
- Code 20
 - Metastasis to other single distant lymph node chains including external iliac or common iliac

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**CS Mets at DX - Rectum
New and Revised Codes & Definitions**

- Code 25
 - Metastasis to a single distant organ
- Code 27
 - Stated as M1a, NOS
- Code 30
 - Metastasis to more than 1 distant lymph node chain

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CS Mets at DX - Rectum New and Revised Codes & Definitions

- Code 35
 - Distant metastases to more than 1 distant organ
 - Stated as M1b, NOS
- Code 40
 - Obsolete data retained V0200

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CS Mets at DX - Rectum New and Revised Codes & Definitions

- Code 45
 - Distant lymph nodes (05 or 15 or 20) + other distant metastases (25 or 35)
- Code 50
 - Obsolete data retained V0200
- Code 60
 - Distant metastasis, NOS
 - M1, NOS

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Mets at Dx-Metastatic Sites

- 4 new fields
 - Bone excluding marrow
 - Lung excluding pleura and pleural fluid
 - Brain excluding spinal cord and other CNS
 - Liver
- Code 0 when CS Mets at Dx is 00
- Code structure
 - 0 – No
 - 1 – Yes
 - 8 – Not applicable
 - 9 – Unknown

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SSF3 Pre-Operative CEA Lab Value

| Code | Description |
|---------|---|
| 000 | 000 value |
| 001 | 0.1 or less ng/ml |
| 002-979 | 0.2 - 97.9 ng/ml |
| 980 | 98.0 or greater ng/ml |
| 988 | Obsolete data converted & retained in V0200 |
| 997 | Test ordered, results not in chart |
| 998 | Test not done (test not ordered & not performed) |
| 999 | Unknown or no information Not documented in patient record |

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SSF4 Tumor Deposits

| Code | Description |
|---------|---|
| 000 | None |
| 001-080 | 1-80 tumor deposits (code exact number of tumor deposits) |
| 081 | Greater than 80 tumor deposits |
| 888 | Obsolete data converted V0200 See code 988: Not applicable for this site |
| 988 | Obsolete data converted and retained V0200 |
| 998 | Tumor deposits identified, number unknown |
| 999 | Unknown if tumor deposits are present Not documented in patient record |

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SSF5 Tumor Regression Grade

| Code | Description |
|------|---|
| 000 | Tumor regression grade 0 Complete response – no viable cancer cells No residual tumor |
| 010 | Tumor regression grade 1 Moderate response – single or small groups of cancer cells |
| 020 | Tumor regression grade 2 Minimal response – residual cancer outgrown by fibrosis |

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SSF5 Tumor Regression Grade

| Code | Description |
|------|---|
| 030 | Tumor regression grade 3 Poor response – minimal or no tumor kill; extensive residual cancer |
| 888 | Obsolete data converted V0200 See code 988: Not applicable for this site |
| 988 | Obsolete data converted and retained V0200 |
| 998 | No preoperative treatment or no surgery No histologic confirmation |
| 999 | Unknown Not documented in patient record |

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SSF6 Circumferential Resection Margin

| Code | Description |
|---------|--|
| 000 | Margin is involved with tumor Circumferential resection positive Described as "less than 1 millimeter" |
| 001-009 | 0.1 – 0.9 mm (code exact size in millimeters) |
| 010-980 | 1 – 98 mm (code exact size in millimeters) |
| 991 | Margins clear, distance from tumor not stated Circumferential resection margin negative |

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SSF6 Circumferential Resection Margin

| Code | Description |
|------|---|
| 992 | Described as "less than 2 mm" or "greater than 1 mm" or "between 1 mm and 2 mm" |
| 993 | Described as "less than 3 mm" or "greater than 2 mm" or "between 2 mm and 3 mm" |
| 994 | Described as "less than 4 mm" or "greater than 3 mm" or "between 3 mm and 4 mm" |
| 995 | Described as "less than 5 mm" or "greater than 4 mm" or "between 4 mm and 5 mm" |
| 996 | Described as "greater than 5 mm" |

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SSF6 Circumferential Resection Margin

| Code | Description |
|------|--|
| 997 | No residual tumor identified on specimen |
| 988 | Obsolete data converted and retained V0200 |
| 998 | Patient did not have surgery No histologic confirmation |
| 999 | Unknown CRM not mentioned Not documented in patient record |

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SSF7 Microsatellite Instability

| Code | Description |
|------|---|
| 020 | MSI stable; no microsatellite instability |
| 040 | MSI unstable low; positive, low |
| 050 | MSI unstable high; positive, high |
| 060 | MSI unstable, NOS; positive, NOS |
| 997 | Test ordered, but results not in chart |
| 998 | Test not done (test not ordered & not performed) |
| 999 | Unknown or no information Not documented in patient record |

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SSF8 Perineural Invasion

| Code | Description |
|------|---|
| 000 | None; no perineural invasion present |
| 010 | Perineural invasion present |
| 998 | No histologic examination of primary site |
| 999 | Unknown Not documented in patient record |

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SSF9 KRAS

| Code | Description |
|------|--|
| 010 | Abnormal (mutated) |
| 020 | Normal (wild type) |
| 997 | Test ordered, results not in chart |
| 998 | Test not done (test not ordered & not performed) |
| 999 | Unknown Not documented in patient record |

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SSF10 18q Loss of Heterozygosity

| Code | Description |
|------|---|
| 010 | Test positive for loss of heterozygosity |
| 020 | Test negative for loss of heterozygosity |
| 997 | Test ordered, results not in chart |
| 998 | Test not done (test not ordered & not performed) |
| 999 | Unknown or no information Not documented in patient record |

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COLLABORATIVE STAGE
DATA COLLECTION SYSTEM

Appendix

Appendix - Two Schemas

- Carcinoma of appendix
 - Separated into mucinous and non-mucinous types
- Carcinoid tumor of appendix
 - Not reportable
 - Not discussed in this lecture

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Summary of Changes

- Appendix removed from colon schema
- T4 subdivided
- M1 subdivided

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Summary of Changes

- Satellite peritumoral nodules in pericolorectal adipose tissue
 - Code 050 in CS Lymph Nodes
 - Code total number of tumor deposits in SSF4
- Additional SSFs collected

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Extension or Mets at DX

- Intraoperative metastasis
 - Coded in CS Extension when peritoneal involvement limited to right lower quadrant
 - Coded in CS Mets at DX when peritoneal involvement is beyond right lower quadrant
- Distant metastasis outside of the peritoneum
 - Coded in CS Mets at DX

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CS Extension

New and Revised Codes & Definitions

- Code 170
 - Stated T1, NOS
- Code 200
 - Muscularis propria invaded
 - Stated as T2, NOS
- Code 410
 - Stated as T3, NOS

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CS Extension

New and Revised Codes & Definitions


- Code 490
 - Stated as T4, NOS
- Code 510
 - Mucinous tumors only: peritoneal involvement confined within right lower quadrant
- Code 511
 - Mucinous tumors only: peritoneal involvement confined within right lower quadrant (510) + local extension categorized as T1 (130-170) or (300)

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CS Extension
New and Revised Codes & Definitions

- Code 512
 - Mucinous tumors only: peritoneal involvement confined within right lower quadrant (510) + invasion of muscularis propria or other local extension categorized as T2 (200)
- Code 513
 - Mucinous tumors only: peritoneal involvement confined within right lower quadrant (510)+ local extension categorized as T3 (400-460)

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CS Extension
New and Revised Codes & Definitions

- Code 520
 - Stated as T4a, NOS
- Code 560
 - Stated as T4b, NOS
- Code 670
 - (570-650) + (510)

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CS Extension
New and Revised Codes & Definitions

- Code 675
 - (570-650) + (511)
- Code 680
 - (570-650) + (512)
- Code 690
 - (570-650) + (513)

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CS Extension Code Clarification

- Note 3
- Code 460
 - Tumor is adherent macroscopically only
- Code 570
 - Tumor is adherent microscopically

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CS Lymph Nodes New Codes & Definitions

- Code 050
 - Tumor deposits in subserosa or non-peritonealized pericolic or perirectal tissues without regional nodal metastasis
- Code 200
 - Prececal
 - Retrocecal

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CS Mets at DX New Codes & Definitions

- Code 05
 - Mucinous tumors only: Intraperitoneal metastasis beyond RLQ, including pseudomyxoma peritonei
- Code 07
 - Non-mucinous tumors: Any intraperitoneal spread
- Code 08
 - Superior mesenteric lymph nodes

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**CS Mets at DX
New Codes & Definitions**

- Code 10
 - Distant lymph nodes
- Code 20
 - Mucinous tumors only: Distant lymph nodes (08 or 10) + intraperitoneal metastasis beyond RLQ, including pseudomyxoma peritonei (05)

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**CS Mets at DX
New Codes & Definitions**

- Code 25
 - Non-mucinous tumors only: Distant lymph nodes (08 or 10) + intraperitoneal spread (07)
- Code 40
 - Obsolete data retained V0200
- Code 45
 - Distant metastases except distant lymph nodes (10) or peritoneal spread
 - Carcinomatosis

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**CS Mets at DX
New Codes & Definitions**

- Code 50
 - Distant lymph nodes (10) + other distant metastases (45)
- Code 60
 - Distant metastasis, NOS
 - M1, NOS

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SSF1 Pre-Operative CEA

| Code | Description |
|------|---|
| 000 | Test not done |
| 010 | Positive/elevated |
| 020 | Negative/normal; within normal limits |
| 030 | Borderline; undetermined whether positive or negative |
| 998 | Test ordered, results not in chart |
| 999 | Unknown or no information Not documented in patient record |

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SSF2 Clinical Assessment Regional Nodes

| Code | Description |
|------|---|
| 000 | Nodes not clinically evident |
| 100 | Clinically N1 |
| 200 | Clinically N2 |
| 400 | Clinically positive regional nodes, NOS |
| 999 | Unknown if nodes are clinically evident |

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SSF3 Pre-Operative CEA Lab Value

| Code | Description |
|---------|---|
| 000 | 000 value |
| 001 | 0.1 or less ng/ml |
| 002-979 | 0.2 - 97.9 ng/ml |
| 980 | 98.0 or greater ng/ml |
| 988 | Obsolete data converted & retained in V0200 |
| 997 | Test ordered, results not in chart |
| 998 | Test not done (test not ordered & not performed) |
| 999 | Unknown or no information Not documented in patient record |

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SSF4 Tumor Deposits

| Code | Description |
|---------|---|
| 000 | None |
| 001-080 | 1-80 tumor deposits (code exact number of tumor deposits) |
| 081 | Greater than 80 tumor deposits |
| 888 | Obsolete data converted V0200 See code 988: Not applicable for this site |
| 988 | Obsolete data converted and retained V0200 |
| 998 | Tumor deposits identified, number unknown |
| 999 | Unknown if tumor deposits are present Not documented in patient record |

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SSF7 Microsatellite Instability

| Code | Description |
|------|---|
| 020 | MSI stable; no microsatellite instability |
| 040 | MSI unstable low; positive, low |
| 050 | MSI unstable high; positive, high |
| 060 | MSI unstable, NOS; positive, NOS |
| 997 | MSI test ordered, but results not in chart |
| 998 | MSI test not done (test not ordered & not performed) |
| 999 | Unknown or no information Not documented in patient record |

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SSF10 18q Loss of Heterozygosity

| Code | Description |
|------|---|
| 010 | Test positive for loss of heterozygosity |
| 020 | Test negative for loss of heterozygosity |
| 997 | Test ordered, results not in chart |
| 998 | Test not done (test not ordered & not performed) |
| 999 | Unknown or no information Not documented in patient record |

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SSF11 Histopathological Grading

| Code | Description |
|------|--|
| 001 | For mucinous tumors: low grade For all carcinomas: well differentiated |
| 002 | For mucinous tumors: high grade For all carcinomas: moderately differentiated |
| 003 | Poorly differentiated |
| 004 | Undifferentiated |

•Mucinous tumors with codes 8480, 8481, and 8490

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SSF11 Histopathological Grading

| Code | Description |
|------|--|
| 998 | Patient did not have surgery No histologic confirmation |
| 999 | Unknown grade Unknown or no information Not documented in patient record |

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SSF12 Pre-operative CA 19-9 Lab Value

| Code | Description |
|---------|---|
| 000 | 000 value |
| 001 | 0.1 or less ng/ml |
| 002-979 | 0.2 - 97.9 ng/ml |
| 980 | 98.0 or greater ng/ml |
| 997 | Test ordered, results not in chart |
| 998 | Test not done (test not ordered & not performed) |
| 999 | Unknown or no information Not documented in patient record |

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Inquiry & Response System

- Submit questions to Inquiry & Response System
 - Allows tracking for educational purposes
 - Provides information for all



- <http://web.facs.org/coc/default.htm>

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Do you have any questions about the information presented?



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American Joint Committee on Cancer Contact Information

Karen A. Pollitt – Manager

email: kpollitt@facs.org
phone: 312-202-5313

Donna M. Gress, RHIT, CTR – Technical Specialist

email: dgress@facs.org
phone: 312-202-5410

General Inquiries can be directed to AJCC@facs.org

Collaborative Stage Data Collection System Web Site
www.cancerstaging.org/cstage

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