

**NAACCR 2009-2010 Webinar Series**

**Collecting Cancer Data: Kidney**

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**Questions**

- Please use the Q&A panel to submit your questions
- Send questions to "All Panelist"

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**Fabulous Prizes**



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**Agenda**

- 2010 Updates
- Overview
- Multiple Primary Rules
- CSV2

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**2010 Update**

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**Implementation guidelines**

- NAACCR 2010 Implementation Guidelines and Recommendations
  - [http://www.naacr.org/filesystem/pdf/2010\\_Implementation\\_Guidelines\\_and\\_Recommendations.pdf](http://www.naacr.org/filesystem/pdf/2010_Implementation_Guidelines_and_Recommendations.pdf)
  - Posted August 2009
- CSV2 Implementation Guide for Registries and Vendors
  - <http://cancerstaging.org/cstage/index.html>
  - Updated February 2010

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**CSV2 Manual**

- Part I
  - Section 1: General Instructions
    - <http://cancerstaging.org/cstage/manuals/csmanual-p1s1.pdf>
  - Section 2: Lab Tests, Tumor Markers, and Site-Specific Factor Notes
    - <http://cancerstaging.org/cstage/manuals/csmanual-p1s2.pdf>

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**CSV2 Manual**

- Site Specific Schema
  - <http://cancerstaging.org/cstage/schema.html>
  - Natural Order TNM Schema List
    - <http://web2.facs.org/cstage/schemalistnat.html>
  - Alphabetic Order TNM Schema List
    - <http://cancerstaging.org/cstage/schema.html>
  - Revision-date Order TNM Schema List
    - <http://cancerstaging.org/cstage/schema.html>

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**Standard Setter Requirements**

- CoC has documented what they will require for 2010 cases in the FORDS manual
  - Preface outlines changes
  - A table is included in the definitions for each SSF that lists what sites are required for that variable
    - FORDS is available for download at:
      - <http://www.facs.org/cancer/coc/fordsmanual.html>
- CSV2 requirements also in appendix E of the implementation guidelines

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**Standard Setter Requirements**

- NPCR
  - 2010 requirements are included in the implementation guidelines
  - CSv2 requirements also documented at <http://cancerstaging.org/cstage/manuals/NPCR.2010.CSv2.Reporting.Requirements.pdf>

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**Standard Setter Requirements**

- SEER
  - CSV2 requirements have been provided to SEER registries
  - The 2010 Manual is scheduled to be on the website April 2010

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**Standard Setter Requirements**

- To determine their final requirements state central cancer registries will have to review:
  - Requirements from the various standard setters
  - Their legislative mandates
  - Their own research needs

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**Hematopoietic**

- The *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual*
- The Hematopoietic Database

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**CSv2 Update-CoC**  
**Schema: KidneyParenchyma**

- Site Specific factors **required** by CoC
  - SSF 1 Invasion Beyond Capsule\*
  - SSF 2 Vein Involvement\*
  - SSF 3 Ipsilateral Adrenal Gland Involvement\*
  - SSF 4 Sarcomatoid Features\*
  - SSF 6 Fuhrman Grade\*
  - SSF 8 Extranodal Extension of Regional Lymph Nodes

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**CSv2 Update-CoC**  
**Schema: KidneyParenchyma**

- Site Specific factors **not required** by CoC
  - 5 Histologic Tumor Necrosis
  - 7 Size of Metastasis in Lymph Nodes

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**Overview**

**Kidney**

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**Epidemiology**

- Estimated new cases and deaths from kidney (renal cell and renal pelvis) cancer in the United States in 2009
  - New cases: 49,096
  - Deaths: 11,033
- Risk factors
  - Smoking
  - Misusing certain pain medicines, including over-the-counter pain medicines, for a long time
  - Having certain genetic conditions, such as von Hippel-Lindau disease or hereditary papillary renal cell carcinoma

Source: <http://www.cancer.gov/cancertopics/types/kidney> 17

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**Function**

- The kidneys receive about 25% of the bodies total blood volume per minute
- Kidneys job is to:
  - Clear waste from the blood
  - Assist in regulating the bodies fluid, electrolyte, and acid/base balance

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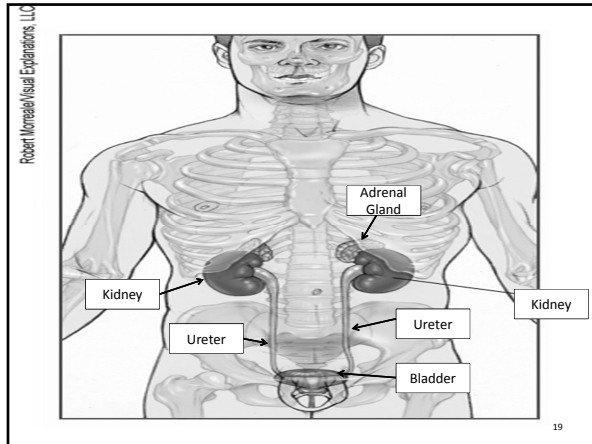
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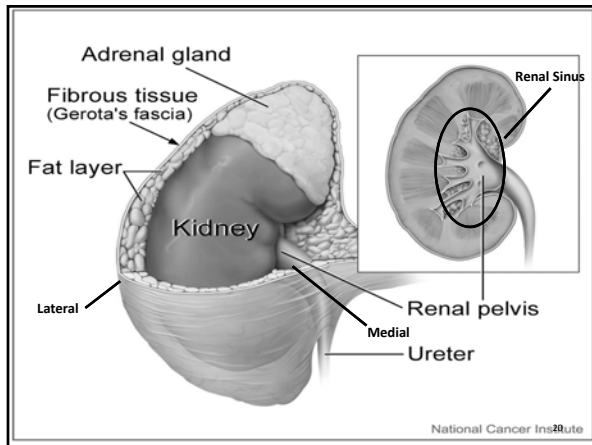
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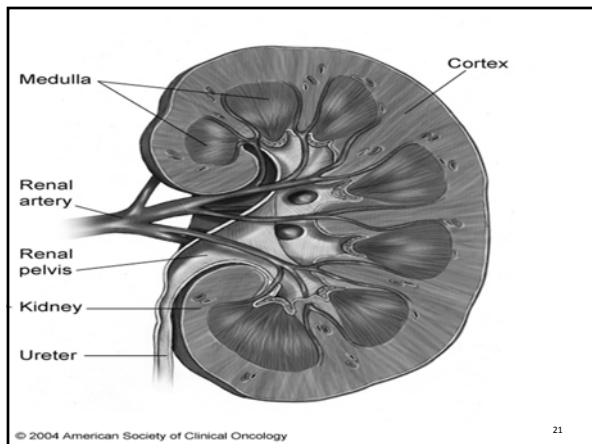
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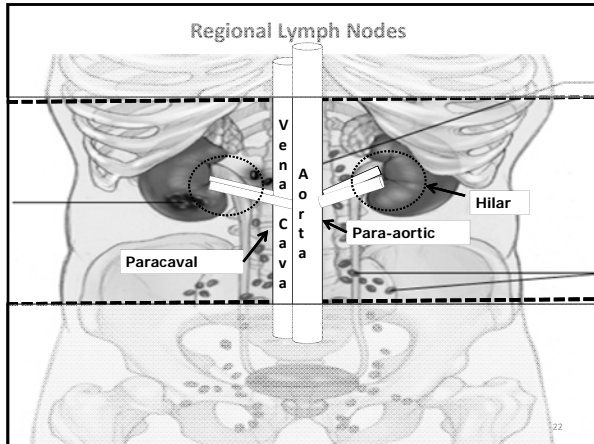
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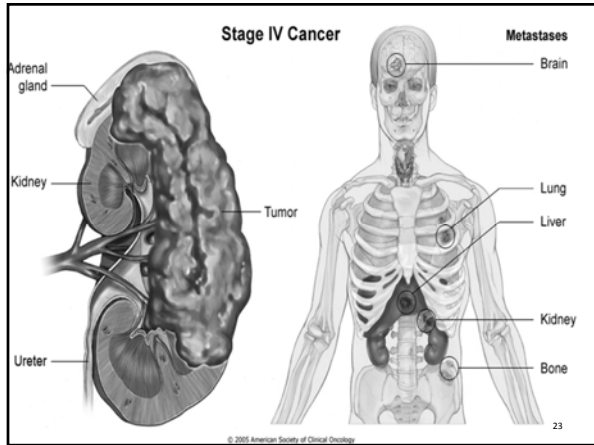
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**Grade/Differentiation**

- Use the following priority for coding grade/differentiation
  - Fuhrman grade
  - Nuclear grade
  - Terminology (well differentiated, poorly differentiated)
  - Histologic grade

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**Grade Path System/ Grade Path Value**

- Leave these items blank if the Fuhrman grading system is used for Kidney
  - Fuhrman is coded in SSF 6

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**Surgical Procedures**

- 30: Partial nephrectomy
  - Nephron-sparing surgery
- 40: Simple nephrectomy
  - Kidney Parenchyma
- 50: Radical nephrectomy
  - Adrenal gland, perinephric fat, partial/total ureter, lymph nodes

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**Surgical Procedures**

- 15: Radiofrequency ablation
  - Thermal ablation
- Cryosurgery
  - 13: without path specimen
  - 23: with pathology specimen

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**Approach-Surgical Procedure of the Primary Site at this Facility (RX HOSP-SURG APP 2010)**

- Description
  - This item is used to describe the surgical method used to approach the primary site for patients undergoing surgery of the primary site at this facility.
  - If the patient has multiple surgeries to the primary site, this item describes the approach used for the most invasive, definitive surgery.
- Rationale
  - This item is used to monitor patterns and trends in the adoption and utilization of minimally-invasive surgical techniques.

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**Approach-Surgical Procedure of the Primary Site at this Facility (RX HOSP-SURG APP 2010)**

- Codes
  - 0 No surgical procedure of primary site at this facility. Diagnosed at autopsy
  - 1 Robotic assisted
  - 2 Robotic converted to open
  - 3 Laparoscopic
  - 4 Laparoscopic converted to open
  - 5 Open. Approach not specified
  - 9 Patient record does not state whether a surgical procedure of the primary site was performed and no information is available. Death certificate only

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**RX SUMM-TREATMENT STATUS**

- Description
- This data item is a summary of the status for all treatment modalities.
  - It is used in conjunction with Date of First Course Treatment and each modality of treatment with their respective date field to:
    - Document whether treatment was given or not given
    - Whether it is unknown if treatment was given
    - Whether treatment was given on an unknown date
  - Also indicates active surveillance (watchful waiting). This data item is effective for January 2010+ diagnoses.

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**RX SUMM-TREATMENT STATUS**

Rationale

- This field will document active surveillance (watchful waiting) and eliminate searching each treatment modality to determine whether treatment was given.

Codes

- 0 No treatment given
- 1 Treatment given
- 2 Active surveillance (watchful waiting)
- 9 Unknown if treatment was given

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**Systemic Therapy**

- Typically only administered to Stage IV patients

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**Multiple Primary and Histology Rules**

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**Specific Renal Cell Carcinoma Types**

- 8260 Papillary (Chromophil) \*
- 8310 Clear Cell
- 8316 Cyst associated, cystic
- 8317 Chromophobe \*
- 8318 Sarcomatoid (Spindle cell)
- 8319 Collecting duct type (Bellini duct)
- 8320 Granular cell
- 8510 Medullary carcinoma, NOS; medullary adenocarcinoma
- 8959 Malignant cystic nephroma; malignant multilocular cystic nephroma

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**Multiple Primary Rules**

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**Unknown if Single or Multiple Tumor**

- 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.\*
  - *Note: Use this rule only after all information sources have been exhausted.*

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**Question**

- CT abdomen shows multiple solid masses bilaterally largest on right is 4.7cm and largest on left is 4.4cm. Differential considerations include multifocal renal cell ca, metastatic lesions, lymphoma or multifocal oncocytoma.
  - Biopsy of the left renal mass shows renal cell carcinoma.
  - No further workup or information available for right kidney lesions.
- How many primaries are present?

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**Answer**

- We don't know if this is a single kidney cancer with multiple metastatic sites, or two separate kidney primaries. Therefore, use Rule M1 and abstract as a single kidney primary. Code 8312/3 for renal cell ca (Kidney Rule H3).

*(I & R Team)*  
46192

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**Single Tumor**

- Rule M2
  - A single tumor is always a single primary.
  - *Note: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.*

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**Multiple Tumors**

- Rule M3
  - Wilm's tumors are a single primary.
- Rule M4
  - Tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third characters (Cxxx) are multiple primaries.

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**Multiple Tumors**

- Rule M5
  - Tumors in both the right kidney and in the left kidney are multiple primaries.
  - *Note: Abstract as a single primary when the tumors in one kidney are documented to be metastatic from the other kidney.*

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**Multiple Tumors**

- Rule M6
  - Tumors diagnosed more than three (3) years apart are multiple primaries.
- Rule M7
  - An invasive tumor following an in situ tumor more than 60 days after diagnosis are multiple primaries.
- Rule M8
  - One tumor with a specific renal cell type and another tumor with a different specific renal cell type are multiple primaries (Table 1).

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**Multiple Tumors**

- Rule M9 Abstract as a single primary when one tumor is:
  - Cancer/malignant neoplasm, NOS (8000) and another is a specific histology or
  - Carcinoma, NOS (8010) and the other is a specific carcinoma or
  - Adenocarcinoma, NOS (8140) and another is a specific adenocarcinoma or
  - Renal cell carcinoma, NOS (8312) and the other is a single renal cell type (Table 1)

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**Multiple Tumors**

- Rule M10
  - Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.
- Rule M11
  - Tumors that do not meet any of the above criteria are a single primary.

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**Question**

- A patient had a right kidney radical nephrectomy and the pathologist said there were 2 tumors, a chromophobe renal cell carcinoma measuring 8.3 cm and a clear cell renal cell carcinoma measuring 0.4 cm.
- Is this one or two primaries?

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**Answer**

- Use Kidney Rule M8, this is two primaries.
  - M8-One tumor with a specific renal cell type and another tumor with a different specific renal cell type are multiple primaries (Table 1).

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**Histology**

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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.
- Rule H3
  - Code the histology when only one histologic type is identified.

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**Question**

- A patient was found to have a kidney mass on CT. The urologist referred to this as a renal cell carcinoma. No further work-up or treatment was performed. What histology should I assign this case?

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**Answer**

- Code based on the physician's statement per the MP/H rules H1, page 152 (Renal cell carcinoma 8312/3).  
*(I & R Team)*  
24694

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**Single Tumor**

- Rule H4
  - Code the invasive histologic type when there are invasive and in situ components.
- Rule H5
  - Code the specific type when the diagnosis is
    - Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
    - Carcinoma, NOS (8010) and a more specific carcinoma or
    - Adenocarcinoma, NOS (8140) and one specific adenocarcinoma type or
    - Renal cell carcinoma, NOS (8312) and one specific renal cell type

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**Single Tumor**

- Rule H6
  - Code 8255 (adenocarcinoma with mixed subtypes) when there are two or more specific renal cell carcinoma types.
- Rule H7
  - Code the histology with the numerically higher ICD-O-3 code.

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**Multiple Tumors**

- Rule H8
  - Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.

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**Multiple Tumors**

- Rule H9
  - Code the histology from the metastatic site when there is no pathology/cytology specimen from the primary site.
- Rule H10
  - Code the histology when only one histologic type is identified.
- Rule H11
  - Code the histology of the most invasive tumor.

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**Multiple Tumors**

- Rule H12
  - Code the specific type when the diagnosis is
    - Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
    - Carcinoma, NOS (8010) and a more specific carcinoma or
    - Adenocarcinoma, NOS (8140) and one specific adenocarcinoma type or
    - Renal cell carcinoma, NOS (8312) and one specific renal cell type

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**Multiple Tumors**

- Rule H13
  - Code the histology with the numerically higher ICD-O-3 code.

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**Question**

- Pathology showed a single tumor consisting of mucinous tubular and spindle cell carcinoma. How should I code this?

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**Answer**

- Use Kidney Rule H7 and code to the highest, 8480/3.  
(I & R Team)  
46491

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**Questions?**

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**Quiz**

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**CSv2**

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**Tumor Size**

- 994
  - Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm"
  - Stated as T1a with no other information on tumor size
- 995
  - Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm"
  - Stated as T1b with no other information on tumor size

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**Tumor Size**

- 996
  - Described as "7 cm or less"
  - Stated as T1 [NOS] with no other information on tumor size
- 997
  - Described as "greater than 7 cm"
  - Stated as T2 [NOS] or T2a with no other information on tumor size
- 998
  - Described as "greater than 10 cm"
  - Stated as T2b with no other information on tumor size

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**CS Extension**

- Direct extension into the ipsilateral adrenal gland has been upstaged from a T3a to a T4 (CS Ext 630)
- Direct extension into the renal vein has been downstaged from a T3b to a T3a

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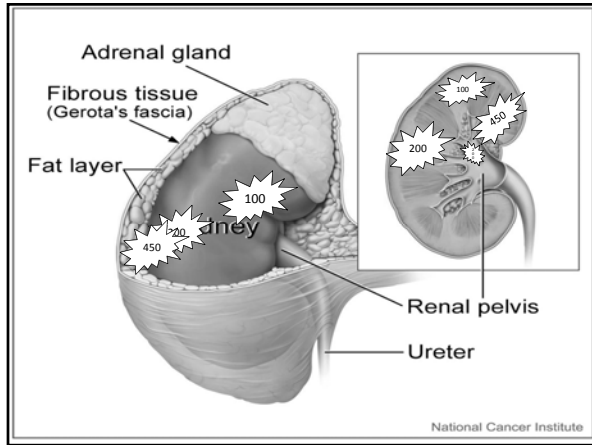
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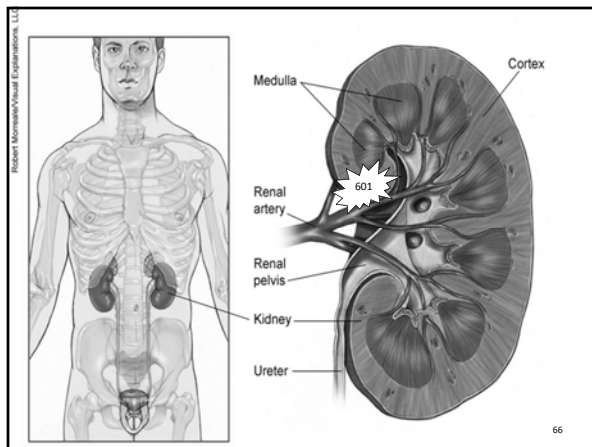
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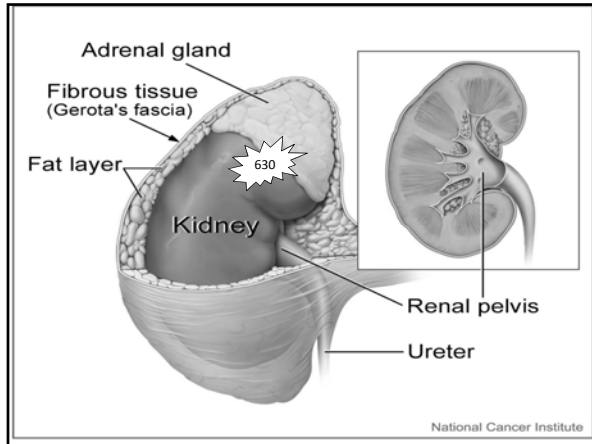
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**CS Regional Lymph Nodes**

- Nodal involvement is simplified to N0 and N1, removing the N2 category
- All codes remain the same and the mapping has been adjusted accordingly
- Regional nodes include unilateral, bilateral or contralateral involvement of nodes as specified in CS Lymph Node mapping

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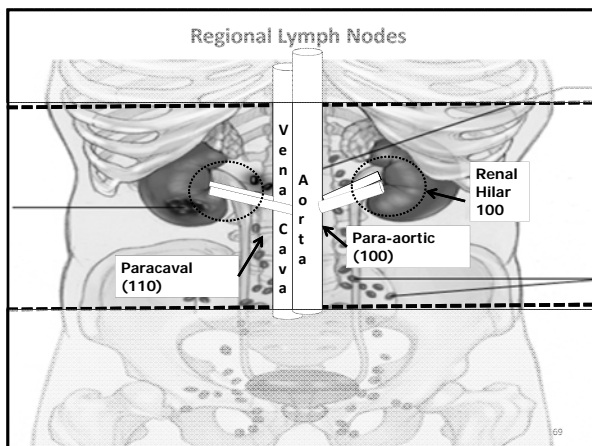
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**Question**

- How do I code a patient with two metastatic para-aortic lymph nodes?
- How do I code a patient with a single metastatic para-aortic lymph node and a single paracaval lymph node?

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**CS Mets at DX**

- No significant changes from CSv1 to CSv2

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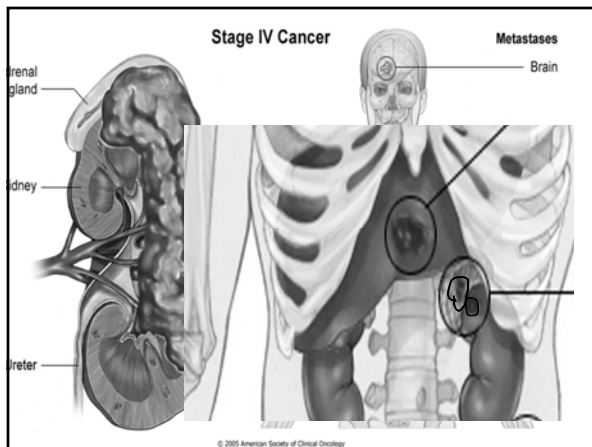
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**SSF1: Invasion Beyond Capsule**

- 000: Invasion beyond capsule not present/not identified
- 010: Lateral invasion
  - Perinephric fat
- 020: Medial invasion
  - Renal sinus
  - Perisinus fat
- 030: 020 + 010
  - Medial invasion plus lateral invasion
  - Renal sinus/perisinus fat invasion plus perinephric fat invasion

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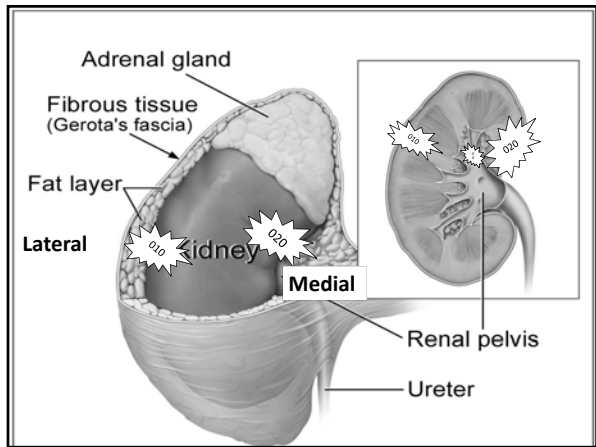
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**SSF 2: Vein Involvement**

- 000: Vein involvement not present/not identified
- 010: Involvement of renal vein only
- 020: Involvement of inferior vena cava (IVC) below the diaphragm only
- 030: Involvement of inferior vena cava (IVC) above the diaphragm only
- 040: Involvement of inferior vena cava (IVC) NOS only

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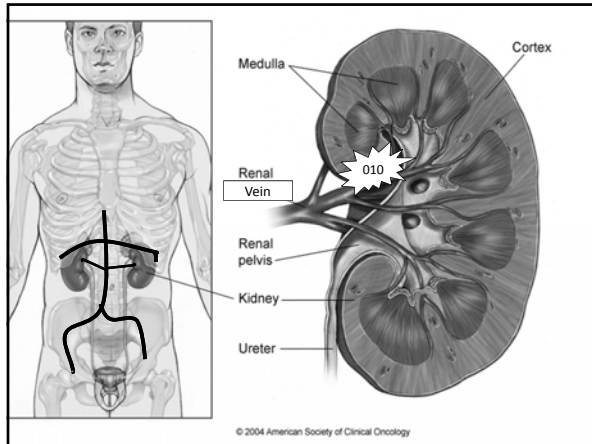
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**SSF 3: Ipsilateral Adrenal Gland Involvement**

- 000: Ipsilateral adrenal gland involvement not present/not identified
- 010: Contiguous involvement of ipsilateral adrenal gland
- 020: Noncontiguous involvement of ipsilateral adrenal gland
- 030: 020 + 010
  - Noncontiguous plus contiguous involvement of ipsilateral adrenal gland
- 040: Involvement of ipsilateral adrenal gland, not stated whether contiguous or noncontiguous

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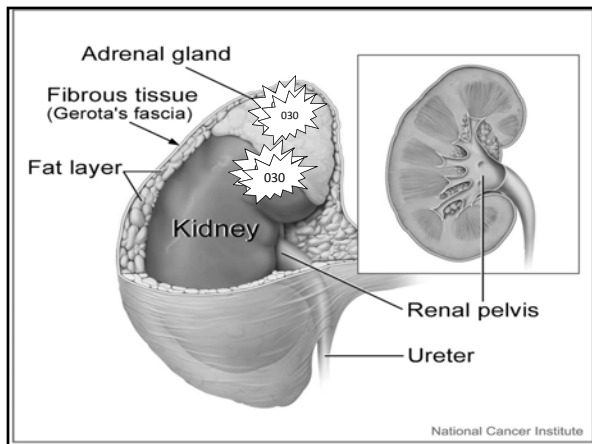
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**SSF 4: Sarcomatoid Features**

- 000: Sarcomatoid features not present/not identified
- 010: Sarcomatoid features present/identified

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**SSF 5: Histologic Tumor Necrosis**

- 000 No histologic tumor necrosis present/not identified
- 010 Histologic tumor necrosis present/identified

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**SSF 6: Fuhrman Nuclear Grade**

- 010: Grade 1
- 020: Grade 2
- 030: Grade 3
- 040: Grade 4

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**SSF 7: Size of Metastasis in Lymph Nodes**

- 000: No regional lymph node(s) involved
- 001-979: 1-979 mm (exact size of lymph node metastasis in millimeters)
- 980: 980 mm or larger

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**SSF 8: Extranodal Extension of Regional Lymph Nodes**

- 000: No lymph nodes involved
- 010: No extranodal extension
  - Nodes described as mobile
- 020: Extranodal extension present
  - Nodes described as fixed or matted
- 030: Nodes involved, unknown if extranodal extension

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**Questions?**

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**Quiz**

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**Next Month...**

- Collecting Cancer Data: Soft Tissue Sarcoma and Gastrointestinal Stromal Tumors  
– April 1, 2010

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