


NAACCR 2011-2012 Webinar Series

Collecting Cancer Data: Ovary




Q&A

- Please submit all questions concerning webinar content through the Q&A panel.


Reminder:

- If you have participants watching this webinar at your site, please collect their names and emails.
 - We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.


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Fabulous Prizes




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Agenda

- Coding Moment
 - Ambiguous Terminology
- Overview
 - Anatomy
 - MP/H Rules
- Collaborative Stage
- Treatment

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Coding Moment

AMBIGUOUS TERMINOLOGY

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Three Uses for Ambiguous Terminology

- Reportability
- Histology
- Staging

6 


Terms that Constitute a Diagnosis

- Apparent(ly)
- Presumed
- Appears
- Probable
- Suspect(ed)
- Suspicious (for)
- Compatible with
- Comparable with
- Consistent with
- Favors
- Typical of
- Malignant appearing
- Most likely

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Terms that Constitute a Diagnosis

- Tumor
- Neoplasm
 - Beginning with 2004 diagnoses and only for C70.0–C72.9, C75.1–75.3

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Terms that Constitute a Diagnosis

- EXCEPTION:
 - If a cytology is identified only with an ambiguous term, do not interpret it as diagnosis of cancer.
 - Abstract the case only if a positive biopsy or a physician’s clinical impression of cancer supports the cytology findings.
 - Genetic findings in the absence of pathologic or clinical evidence of reportable disease are indicative of risk only and do not constitute a diagnosis.

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Terms that DO NOT Constitute a Diagnosis

- Cannot be ruled out
- Questionable
- Equivocal
- Rule out
- Possible
- Suggests
- Potentially malignant
- Worrisome

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Question & Answer

- Is the following prostate biopsy reportable?
 - *Highly suspicious for, but not diagnostic of adenocarcinoma, suggest another biopsy.*
- No, it is not reportable
 - The statement “not diagnostic” overrules the highly suspicious statement

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Question and Answer


- Should a case be accessioned based only on a cytology report using ambiguous terms? For example the final report states:
 - *Consistent with papillary carcinoma*
- Do not accession a case if the only information is from a cytology report with ambiguous terms.

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Terms Used to Determine Histology


- Apparent(ly)
- Appears
- Comparable with
- Compatible with
- Consistent with
- Favor(s)
- Most likely
- Presumed
- Probable
- Suspect(ed)
- Suspicious (for)
- Typical (of)

No list of negative terms

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Terms Used to Determine Histology


- Non-small cell carcinoma, most likely adenocarcinoma.
 - Code to adenocarcinoma (8140)

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Ambiguous Terms Used for Staging

Consider as involvement


- adherent
- apparent(ly)
- appears to
- comparable with
- compatible with
- consistent with
- contiguous/continuous with
- encroaching upon*
- extension to, into, onto, out onto
- features of
- fixation to a structure other than primary**
- fixed to another structure**
- impending perforation of
- impinging upon

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Ambiguous Terms Used for Staging

Consider as involvement


- impose/imposing on
- incipient invasion
- induration
- infringe/infringing
- into*
- intrude
- invasion to into, onto, out onto
- most likely
- onto*
- overstep
- presumed
- probable
- protruding into (unless encapsulated)
- suspected
- suspicious
- to*
- Up to

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Ambiguous Terms Used for Staging


Do not consider as involvement

- abuts
- approaching
- approximates
- attached
- cannot be excluded/ruled out
- efface/effacing/effacement
- encased/encasing
- encompass(ed)
- entrapped
- equivocal
- extension to without invasion/ involvement of
- kiss/kissing
- matted (except for lymph nodes)
- possible
- questionable
- reaching
- rule out
- suggests
- very close to
- worrisome

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Ambiguous Terms Used for Staging


- If a term used in a diagnostic statement is not listed, consult the clinician to determine the intent of the statement.
- If individual clinicians use these terms differently, the clinician's definitions and choice of therapy should be recognized.

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Ovary

Collecting Cancer Data


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Statistics

- Estimated new cases and deaths from ovarian primaries in the United States in 2011
 - New cases: 21,990
 - Deaths: 15,460


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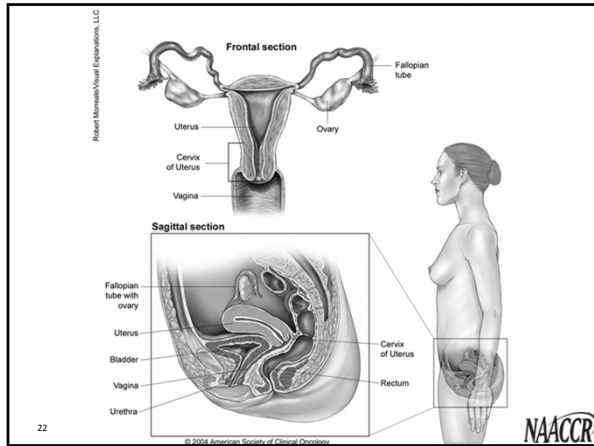


Overview

ANATOMY

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Pelvic Organs

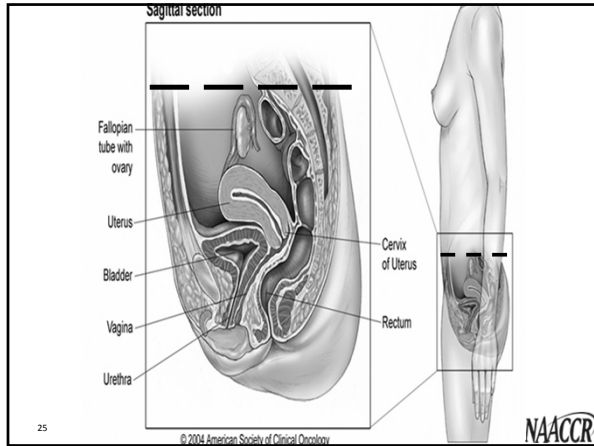
- Adnexa - *"appendages" of the uterus, namely the ovaries, fallopian tubes and ligaments that hold the uterus in place*
- Bladder
- Bladder Serosa
- Broad Ligament
- Cul-de-sac
- Fallopian Tubes
- Parametrium
- Pelvic Peritoneum
- Pelvic wall
- Rectum
- Sigmoid Colon
- Sigmoid Mesentery
- Ureter
- Uterus
- Uterine Serosa

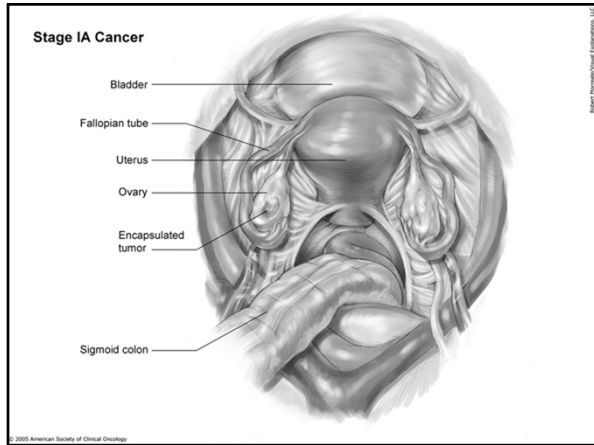
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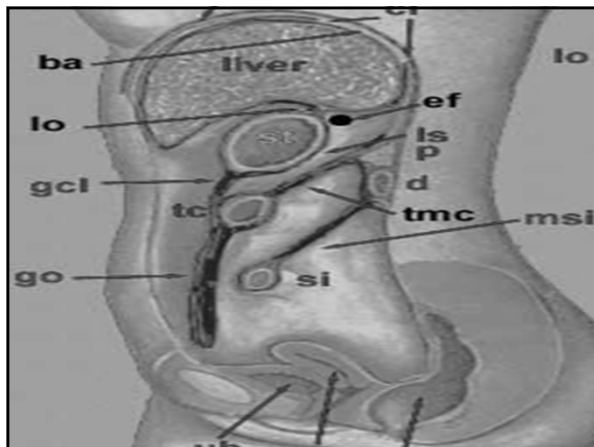
Abdominal Organs

- Abdominal Mesentery
- Diaphragm
- Gallbladder
- Infracolic omentum
- Kidneys
- Large Intestine
 - Except rectum and sigmoid
- Liver (peritoneal surface only)
- Omentum
- Pancreas
- Pericolic gutter
- Peritoneum, NOS
- Small Intestine
- Spleen
- Stomach
- Ureters

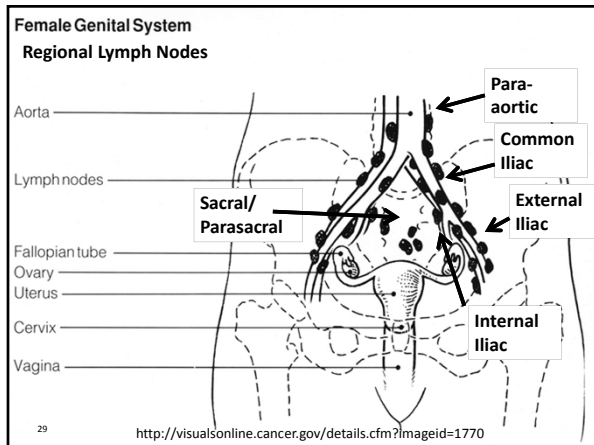
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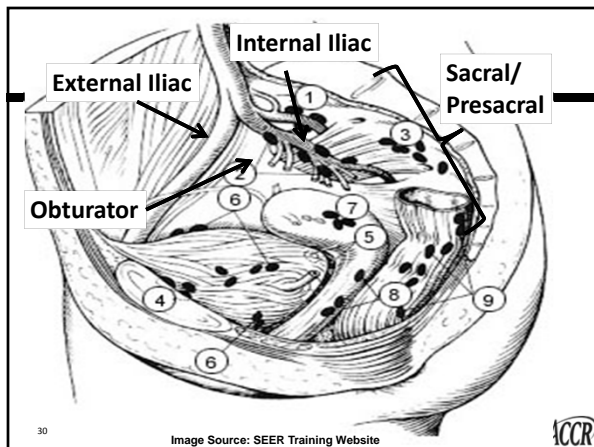






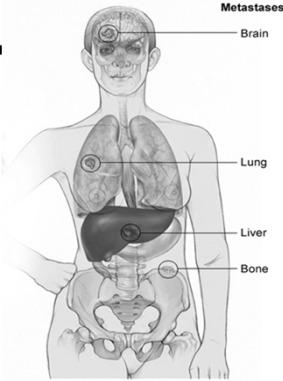






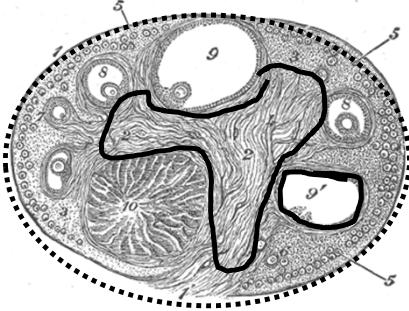
Common Metastatic Sites

- Parenchymal Liver
 - Metastasis on the liver capsule is not distant
- Lung
- Pleural Effusion
 - Must have positive cytology
- Skeletal Metastasis
- Supraclavicular and axillary lymph nodes



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Ovarian Cancer Histology



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Epithelial Tumors

- Serous cystadenocarcinoma 8441/3
 - 40% of all ovarian cancers
- Endometrioid carcinoma 8380/3
 - 15%—similar to carcinoma of the endometrium
- Mucinous cystadenocarcinoma 84703
 - 12% of all ovarian cancers
- Clear cell adenocarcinoma 8310/3
 - 6% of all ovarian cancers
- Undifferentiated carcinoma 8020/3
 - 5% of all ovarian cancers

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Germ Cell Tumors

- Dysgerminoma 9060/3
 - Counterpart to male seminoma
 - Most common in children
 - Most radiosensitive
- Endodermal sinus tumor 9071/3
 - Also called yolk sac tumor
 - Aggressive tumor
 - Sensitive to chemotherapy
- Embryonal carcinoma 9070/3
 - rare

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Sex Cord Stromal Tumors

- Granulosa-stromal cell tumor 8620/3
 - Produces estrogens
- Androblastoma 8630/3
- Other unclassified sex cord stromal tumors (many cell types)

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Other Terms

- Krukenberg tumor 8490
 - Metastatic signet ring cell carcinoma
 - Metastatic tumor to the ovary from a primary in the gastrointestinal tract
- Pseudomyxoma peritonei 8480
 - Metastases from mucinous cystadenocarcinoma in which the peritoneum becomes filled with a jellylike material that causes abdominal distention and compresses the bowel, requiring periodic surgical debulking

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Multiple Primary Rules

- Other Rules
 - Rule M7
 - Bilateral epithelial tumors (8000-8799) of the ovary within 60 days are a single primary
 - Rule H16
 - Code the appropriate combination/mixed code (Table 2) when there are multiple specific histologies or when there is a non-specific histology with multiple specific histologies

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Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Gyn malignancies with two or more of the histologies in column 2	Clear cell Endometrioid Mucinous Papillary Serous Squamous Transitional (Brenner)	Mixed cell adenocarcinoma	8323
Papillary and Follicular		Papillary carcinoma, follicular variant	8340
Medullary	Follicular	Mixed medullary-follicular carcinoma	8346

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QUIZ


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Collaborative Stage Data Collection System
(CS) v02.03

OVARY

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CS v02.03: Ovary

- Laterality must be coded
- AJCC TNM values correspond to FIGO stages

TNM	FIGO	Description
T1	I	Tumor limited to ovaries
T2	II	Pelvic extension
T3	III	Peritoneal metastasis outside pelvis
T3c OR N1	IIIC	Peritoneal metastasis outside pelvis greater than 2 cm in dimension AND/OR Regional lymph node metastasis
M1	IV	Distant metastasis


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CS Extension: Ovary

- Tumor limited to ovaries
 - Codes 100-460
- Tumor involves 1 or both ovaries with pelvic extension
 - Codes 500-660
- Tumor involves 1 or both ovaries with microscopically confirmed peritoneal metastasis outside the pelvis
 - Codes 700-800

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CS Extension: Ovary

- In situ code (000) maps to unknown AJCC stage and in situ summary stage
- Schema includes codes for FIGO stage
 - Use only when specific information is not available
 - Record code with extension detail when both extension detail and FIGO stage are available
 - Use FIGO stage IIIC code only when physician stage assignment of FIGO stage IIIC is based on extension

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CS Extension: Ovary

- Malignant ascites with T1 or T2 tumors categorized as T1c or T2c
- Extension and discontinuous metastasis to pelvic organs is in T2 category
 - Adnexa, NOS; bladder and its serosa; broad ligament; cul de sac; fallopian tubes; parametrium; pelvic peritoneum; pelvic wall; rectosigmoid; rectum; sigmoid colon; sigmoid mesentery; pelvic ureter; uterus and its serosa (500-650)

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CS Extension: Ovary

- Assign code for implants beyond pelvis only if microscopically confirmed (700-730)
- Determine if implants are in pelvis (600-650) or abdomen (700-730)
 - Use code 750 for unspecified location
- Extension and discontinuous metastasis to abdominal organs is in T3 category
 - Abdominal mesentery; diaphragm; gallbladder; infracolic omentum; kidneys; large intestine except rectum, rectosigmoid, and sigmoid colon; liver (peritoneal surface); omentum; pancreas; pericolic gutter; peritoneum, NOS; small intestine; spleen; stomach; and ureters outside pelvis(700-750)

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CS Extension: Ovary

- Code parenchymal liver nodules in CS Mets at DX
- If borderline/benign ovarian tumors are reportable by agreement for registry, assign code 999

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CS Extension: Ovary

- Final diagnosis: Serous cystadenocarcinoma to bilateral ovaries; capsules intact; no malignancy in pelvic washings; FIGO IB.
- *Q: What is the code for CS Extension?*
 - 200: Tumor limited to both ovaries, capsule(s) intact, no tumor on ovarian surface, no malignant cells in ascites or peritoneal washings
 - 250: FIGO stage IB

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CS Extension: Ovary

- Final diagnosis: Right ovarian cystadenocarcinoma with capsule ruptured and direct extension to right fallopian tube; malignant implants to pelvic wall; no ascites.
- *Q: What is the code for CS Extension?*
 - 500: Extension to or implants on (but no malignant cells in ascites or peritoneal washings): adnexa, ipsilateral or NOS; fallopian tube(s), ipsilateral or NOS
 - 600: Extension to or implants on other pelvic structures (but no malignant cells in ascites or peritoneal washings): pelvic tissue; pelvic wall

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CS Lymph Nodes: Ovary

- Code regional lymph node involvement
 - Iliac, pelvic, aortic, retroperitoneal, inguinal, and lateral sacral
- Code involvement of bilateral and contralateral regional nodes
- Use FIGO stage IIIC code when physician stage assignment is based on lymph node involvement or not specified

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CS Lymph Nodes: Ovary

- Assume nodes are not involved if there is a statement of 'adnexa palpated' and no mention of nodes
- Assume nodes are not involved if exploratory or definitive surgery is performed and no mention of nodes

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CS Lymph Nodes: Ovary

- Patient has ovarian carcinoma with extensive metastasis in abdomen and pelvis and metastasis to pericolic and pelvic lymph nodes.
- *Q: What is the code for CS Lymph Nodes?*
 - 100: Pelvic nodes, NOS
 - 200: Retroperitoneal nodes, NOS
 - 500: Regional nodes, NOS
 - 800: Lymph nodes, NOS

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CS Lymph Nodes: Ovary

- Patient had bilateral salpingo-oophorectomy with hysterectomy and pelvic lymph node dissection. Path report documented serous cystadenocarcinoma of the right ovary with ruptured capsule; no malignant ascites; 0/6 malignant right pelvic nodes; 2/6 malignant left pelvic nodes.
- *Q: What is the code for CS Lymph Nodes?*
 - 000: No regional nodes involved
 - 100: Pelvic nodes, NOS

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CS Mets at DX: Ovary

- Code distant metastasis at time of diagnosis
 - Metastasis to extraperitoneal sites
 - Common sites: liver parenchyma, lung, bone, supraclavicular nodes, and axillary nodes
 - Do NOT code peritoneal seeding or implants to abdominal organs
 - Assign discontinuous metastasis to abdominal organs in CS Extension
 - Assign code for FIGO stage IV only when specific information about distant metastasis is not available

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CS Mets at DX: Ovary


- Patient with ovarian cystadenocarcinoma involving bilateral ovaries and fallopian tubes; malignant ascites; seeding to uterus, broad ligament, sigmoid colon, liver capsule, and liver parenchyma.
- *Q: What is the code for CS Mets at DX?*
 - 00: No distant metastasis
 - 40: Distant metastasis (except lymph nodes) and involvement of other organs by peritoneal seeding or implants including liver parenchymal metastasis

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SSF1
Carbohydrate Antigen 125 (CA-125)

Code	Description
010	Positive/elevated
020	Negative/normal
030	Borderline; undetermined whether positive or negative
988	Not applicable
997	Test ordered, results not in chart
998	Test not done
999	Unknown

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SSF1
Carbohydrate Antigen 125 (CA-125)

- History and physical documented abdominal bloating over 3 months time. CT showed enlarged right ovary. CA-125 blood serum drawn with result of 70 ug/ml. Labs reference range for normal is 0 to 35 ug/ml. Patient admitted for bilateral salpingo-oophorectomy with hysterectomy. Path diagnosis was serous adenocarcinoma of the right ovary.
- Q: What is the code for SSF1?*
- A:*

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SSF2
FIGO Stage

- International staging system for cancer of female genital organs
- Adapted into AJCC Staging Manual
- FIGO Stage for ovary (appended)
 - I: Tumor limited to ovaries
 - II: Pelvic extension
 - III: Peritoneal metastasis outside the pelvis
 - IIIC: Peritoneal metastasis outside the pelvis > 2 cm AND/OR regional node metastasis
 - IV: Distant metastasis

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SSF2
FIGO Stage

Code	Description	Code	Description
100	FIGO stage I	300	FIGO stage III
110	FIGO stage IA	310	FIGO stage IIIA
120	FIGO stage IB	320	FIGO stage IIIB
130	FIGO stage IC	330	FIGO stage IIIC
200	FIGO stage II	400	FIGO stage IV
210	FIGO stage IIA	987	CA in situ
220	FIGO stage IIB	988	Not applicable
230	FIGO stage IIC	999	Unknown

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SSF2
FIGO Stage

- Final diagnosis: 3 cm mucinous cystadenocarcinoma, confined to right ovary; peritoneal washing negative.
- Q: What is the FIGO Stage?*
 - Code 110 - FIGO IA: Tumor limited to 1 ovary; capsule intact, no tumor on ovarian surface. No malignant cells in ascites or peritoneal washings.
 - Code 999 - Unknown

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SSF3: Residual Tumor Status and Size After Primary Cytoreduction

- Cytoreductive or debulking surgery
 - Surgical removal of most of tumor so there is less tumor load for subsequent chemotherapy or radiation treatment
- Residual tumor after debulking is important prognostic factor

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SSF3: Residual Tumor Status and Size After Primary Cytoreduction

Code	Description
000	No gross residual tumor nodules
010	Residual tumor nodule(s) 1 cm or less AND neoadjuvant chemotherapy not given or unknown if given
020	Residual tumor nodule(s) 1 cm or less AND neoadjuvant chemotherapy given (before surgery)
030	Residual tumor nodule(s) greater than 1 cm AND neoadjuvant chemotherapy not given or unknown if given
040	Residual tumor nodule(s) greater than 1 cm AND neoadjuvant chemotherapy given (before surgery)
988	Not applicable

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SSF3: Residual Tumor Status and Size After Primary Cytoreduction

Code	Description
990	Macroscopic residual tumor, size not stated AND neoadjuvant chemotherapy not given or unknown if given
991	Macroscopic residual tumor nodule(s), size not stated AND neoadjuvant chemotherapy given (before surgery)
992	Procedure described as optimal debulking and size of residual tumor nodule(s) not given AND neoadjuvant chemotherapy not given or unknown if given
993	Procedure described as optimal debulking and size of residual tumor nodule(s) not given AND neoadjuvant chemotherapy given (before surgery)
998	No cytoreductive surgery performed
999	Unknown

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SSF3: Residual Tumor Status and Size After Primary Cytoreduction

- Patient had huge abdominal mass originating in right ovary. Patient treated with neoadjuvant chemotherapy followed by debulking surgery. Operative report documented 2 cm right ovarian residual tumor nodule and optimal debulking.
- Q: *What is the code for SSF3?*
- A:

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SSF4: Tumor Location after Primary Cytoreduction (Debulking)

Code	Description
010	Residual tumor in ovary, ipsilateral, contralateral, or NOS AND neoadjuvant chemotherapy not given or unknown if given
015	010 AND neoadjuvant chemotherapy given (before surgery)
...
990	Residual tumor, location not stated AND neoadjuvant chemotherapy not given or unknown if given
991	Residual tumor, location not stated AND neoadjuvant chemotherapy given (before surgery)

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SSF4: Tumor Location after Primary Cytoreduction (Debulking)

- *Q: What code is assigned for SSF4 for ovarian primary if patient did not have debulking or neoadjuvant treatment?*
- *A:*
- *Q: What is the code for SSF4 when a single (non-ovary) site is involved after pre-operative chemotherapy? For example, a patient underwent pre-operative chemotherapy and had residual disease involving the diaphragm only.*
 - 170: Residual tumor in diaphragm and chemo not given
 - 999: Unknown

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SSF5 Malignant Ascites

Code	Definition
001-979	1-979 milliliters (ml) (Exact volume in ml)
980	980 ml or greater
988	Not applicable
990	Malignant ascites present, volume not stated
991	Ascites present, determined to be non-malignant
992	Ascites present, no information whether malignant or non-malignant
998	Ascites not assessed
999	Unknown


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SSF5
Malignant Ascites

- Operative report documented removal of half of a liter of ascitic fluid from the peritoneum during bilateral salpingo-oophorectomy and hysterectomy. Pathology report documented malignant ascites.
- Q: *What is the code for SSF5?*
- A:
- Q: *What is the correct code for SSF5 when no ascites is present?*
- A:


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QUIZ


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Treatment

SURGERY AND SYSTEMIC TREATMENT


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Surgical Procedure of Primary Site: Ovary




Surgical Procedure of Primary Site: Ovary

- Code 17
 - Local tumor destruction, NOS, without pathology specimen



Surgical Procedure of Primary Site: Ovary

- Code 25 - 28
 - Total removal of tumor or (single) ovary
- Code 25: NOS
- Code 26: Resection of ovary (wedge, subtotal, or partial) ONLY; unknown if hysterectomy was done
- Code 27: WITHOUT hysterectomy
- Code 28: WITH hysterectomy



Surgical Procedure of Primary Site: Ovary

- Codes 35 - 37
 - Unilateral (salpingo-)oophorectomy
 - Code 35: unknown if hysterectomy was done
 - Code 36: WITHOUT hysterectomy
 - Code 37: WITH hysterectomy



Surgical Procedure of Primary Site: Ovary



Code 37: USO with hysterectomy

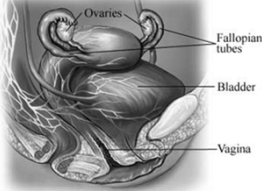


Surgical Procedure of Primary Site: Ovary


- Codes 50 - 52
 - Bilateral (salpingo-)oophorectomy
 - Code 50: unknown if hysterectomy was done
 - Code 51: WITHOUT hysterectomy
 - Code 52: WITH hysterectomy



Surgical Procedure of Primary Site: Ovary




Codes 50-52: BSO with or without hysterectomy




Surgical Procedure of Primary Site: Ovary

- Codes 55 - 57
 - Unilateral or bilateral (salpingo-) oophorectomy WITH OMENTECTOMY; partial or total
 - Code 55: unknown if hysterectomy was done
 - Code 56: WITHOUT hysterectomy
 - Code 57: WITH hysterectomy



Surgical Procedure of Primary Site: Ovary

- Code 60 - 63
 - Debulking; cytoreductive surgery
 - Tumor reduction surgery
 - Code 60: NOS
 - Code 61: WITH colon and/or small intestine resection
 - Code 62: WITH partial resection of urinary tract
 - Code 63: Combination of 61 and 62



Chemotherapy

- Intraperitoneal (IP) single and multi-agent
 - Cisplatin
 - Cisplatin, paclitaxel
- Intravenous (IV) single and multi-agent
 - Paclitaxel followed by carboplatin
 - Docetaxel followed by carboplatin



Treatment

- Primary treatment for presumed ovarian cancer primarily consists of surgical staging (laparotomy, TAH BSO) and if appropriate chemotherapy.
- Some patients may have neoadjuvant chemotherapy prior to a debulking procedure.

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QUIZ

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QUESTIONS?

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Thank You!

- Next Month...
 - Collecting Cancer Data: Thyroid and Adrenal Gland
- January
 - Collecting Cancer Data: Pancreas

The prize winner is...

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