


**Advanced Abstracting  
And Coding**

Nancy Etzold, CTR  
Cancer Program Manager  
St. David's Healthcare System



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**Overview**



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**Overview**



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# WHAT CAN WE RELY ON?



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# THE ECONOMY



AMERITRADE  
Trade free for 30 days

100 FREE TRADES  
\$7.99-\$3.99 Stock Trades

US Markets	Active	Gainers	Losers	Volatility	Down 30
Colt		-117.87	-1.30%	8,421.76	
WALSH		-35.60	-1.95%	1,791.87	
S&P		-16.43	-1.78%	904.80	
DJ Tot Mt		-176.57	-1.87%	9,251.93	
Russell 2000		-12.14	-2.37%	500.58	
Philadelphia Semiconductor		-1.17	-0.44%	263.30	
Dow Transports		-107.17	-3.33%	3,112.60	

DOW JONES ED 11:00am ET  
 8,425.70 -119.03  
 NASDAQ ED 11:00am ET  
 1,791.33 -36.14



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# POLITICIANS



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**OUR MEMORY**



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**ONE THING WE CAN ALWAYS  
COUNT ON IS.....**



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**CHANGE!**



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**We have a choice!**

- Fight it
- Ignore it

**OR**

- Embrace it and grow




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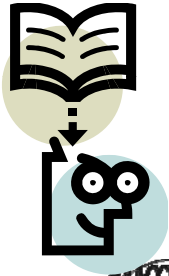
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**First and most importantly.....**

- **READ**
- Updates
  - State Registry
  - Commission on Cancer
  - SEER





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**Webinar Objectives:  
Advanced Abstracting  
& Coding Instruction**

- Patient Identification
- Cancer Identification
- Stage
- Treatment




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**Sequence Number**

- Code 00
  - One malignant or in situ primary only in the patient's lifetime (One and Only).
- Codes 01-59:
  - Indicate reportable neoplasms of in situ or malignant behavior (Behavior equals 2 or 3).




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**Sequence Number**

- Codes 60 – 88
  - Indicate neoplasms of non-malignant behavior (Behavior equals 0 or 1).
- Code 99
  - Unspecified malignant or in situ sequence number or unknown




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**Example**

- Patient had a sigmoid colon resection at reporting facility in 2006 to remove adenocarcinoma.
- Results from 6/14/09 colonoscopy indicate two new masses located in the descending and rectosigmoid colon.
- Biopsy confirms moderately differentiated adenocarcinoma.




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**Example**

- 2006 Sigmoid colon
  - Sequence 00
  - Changed to sequence 01 in 6/09
- Descending colon
  - Sequence 02
- Rectosigmoid colon
  - Sequence 03




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**Example II**

- Patient presents 6/12/09 with seizures and syncope.
- MRI indicates bilateral frontal lobe suspicious for malignancy.
- Craniotomy 6/20/09 confirms glioblastoma multiforme.
- History of craniotomy and tumor excision, frontal lobe, benign meningiomas 2002 and temporal lobe 2001.




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**Example II**

- Glioblastoma Multiforme
  - Sequence 00
- Frontal lobe meningioma
  - Sequence 60 changed to 61 in 2002
- Temporal lobe meningioma
  - Sequence 62




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### Patient Address

- Address at diagnosis
- More than one primary, may be different for each primary
- Current address updated if patient moves
- Residence is home named by patient, legal status and citizenship not factors




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### Patient Address

- Persons with more than one residence
- Persons with no usual residence
- Persons away at school
- Persons in institutions
- Persons in the Armed Forces & on Maritime ships




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### Zip Code

- US Residents
- Canadian Residents
- Residents of other countries
- If patient has multiple malignancies, zip code may different for subsequent primaries
- <http://zip4.usps.com/zip4/welcome.jsp>




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### State

- US Postal Service abbreviation
- If patient has multiple tumors, may be different for subsequent primaries
- If the patient is a foreign resident the code is either XX or YY depending on the circumstance
- ZZ Residence is unknown




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### County

- US Residents
- List in FORDS
- Code Label Definition
  - 001–997 County at diagnosis Valid FIPS code.
  - 998 Outside state/county
  - 999 County unknown
- <http://quickfacts.census.gov/cgi-bin/qfd/lookup>
- <http://zip4.usps.com/zip4/welcome.jsp>




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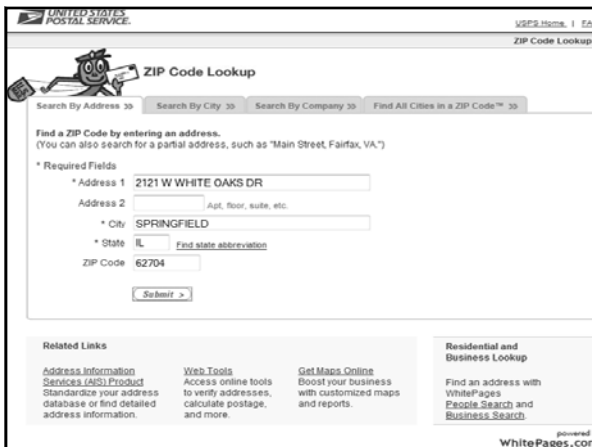
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The screenshot shows the USPS ZIP Code Lookup page. At the top, it says "UNITED STATES POSTAL SERVICE" and "ZIP Code Lookup". Below that, there are search options: "Search By Address", "Search By City", "Search By Company", and "Find All Cities in a ZIP Code". The main section is titled "Find a ZIP Code by entering an address." and includes a sub-note: "(You can also search for a partial address, such as 'Main Street, Fairfax, VA.')."

Under "Required Fields", there are input boxes for:

- Address 1: 2121 W WHITE OAKS DR
- Address 2: (empty) Apt. floor, suite, etc.
- City: SPRINGFIELD
- State: IL (with a link to "Find state abbreviation")
- ZIP Code: 62704

A "Submit" button is located below the ZIP Code field. At the bottom, there are "Related Links" for "Address Information", "Web Tools", "Get Maps Online", and "Residential and Business Lookup".

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POSTAL SERVICE. USPS Home | FAQ ZIP Code Lookup

**Find a ZIP + 4® Code By Address Results**

You Gave Us the Building Address ?  
 2121 W WHITE OAKS DR  
 SPRINGFIELD IL 62704-7411

[Mailing Industry Information](#)  
[Lookup Another ZIP Code™](#)

**!** We returned more than one result based on the information you provided. This could be because you didn't enter a street number, the street number you entered has more than one unit associated with it (e.g., apartment building) etc.

entries 1-3 of 3

Units or Apartments in Building	ZIP + 4 Code	<a href="#">Mailing Industry Information</a>
2121 W WHITE OAKS DR SPRINGFIELD IL	62704-7411	<a href="#">Mailing Industry Information</a>
2121 W WHITE OAKS DR STE (Range A - E) SPRINGFIELD IL	62704-7412	<a href="#">Mailing Industry Information</a>
(ODD Range 2101 - 2199) W WHITE OAKS DR SPRINGFIELD IL	62704-6495	<a href="#">Mailing Industry Information</a>

entries 1-3 of 3

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**Mailing Industry Information**  
[Mail Industry Information Definitions](#)

[Close Window](#)

Carrier Route 6646

County **SANGAMON**

Delivery Point Code

Check Digit 0

LAC™

eLOT™

eLOT Ascending/Descending Indicator

Record Type Code

PMB Designator

PMB Number

Default Flag Y

EWS Flag

DPV Confirmation Indicator

[Close Window](#)

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**Race**

- Race is analyzed with *Spanish/Hispanic Origin*
- If the person is multiracial and one of the races is Hawaiian, code Hawaiian as Race 1, followed by the other race(s).
- If patient is multiracial, then code all races using Race 2 through 5 and code all remaining Race items 88



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**Race**

- If person is multiracial and one of the races is white, code the other race(s) first
- If Race 1 is coded 99, all other Race fields must be coded 99
- If the person is multiracial and one of the races is Hawaiian, code Hawaiian as Race 1, followed by the other race(s).




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**Spanish/Hispanic Origin**

- Review admission information, history and physical, or additional physician documentation
- Persons of Spanish or Hispanic origin may be of any race
- Patients with multiple tumors will have the same codes




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**Race**

- Race is analyzed with *Spanish/Hispanic Origin*
- If the person is multiracial and one of the races is Hawaiian, code Hawaiian as Race 1, followed by the other race(s).
- If patient is multiracial, then code all races using Race 2 through 5 and code all remaining Race items 88




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### Race

- If person is multiracial and one of the races is white, code the other race(s) first
- If Race 1 is coded 99, all other Race fields must be coded 99




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### Race

- The fields Place of Birth, Race, Marital Status, Name, Maiden Name, and Hispanic Origin are inter-related
  - Code the stated race, if possible
  - Refer to “Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics” for guidance
    - SEER Program Coding and Staging Manual 2007 Appendix D ([http://seer.cancer.gov/manuals/2007/SPCSM\\_2007\\_AppendixD.pdf](http://seer.cancer.gov/manuals/2007/SPCSM_2007_AppendixD.pdf))




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### Race

- NAACCR Asian Pacific Islander Identification Algorithm (NAPIIA v1.1)
  - Uses a combination of NAACCR variables to classify cases as Asian Pacific Islander
  - Focuses on coding cases with a race code of Asian NOS (96) to a more specific Asian race category using the birthplace and name fields
  - Does not replace data in any of the race fields




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### Spanish/Hispanic Origin

- Review admission information, history and physical, or additional physician documentation
- Persons of Spanish or Hispanic origin may be of any race
- Patients with multiple tumors will have the same codes




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### Spanish/Hispanic Origin

- NAACCR Hispanic/Latino Identification Algorithm (NHIA v2.1)
  - Uses a combination of NAACCR variables to classify Hispanic/Latino origin
  - Does not replace data in Spanish/Hispanic Origin data item




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### Comorbidities/Complications

- Comorbidities
- Complications
- Factors influencing health status




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**Comorbidities/Complications**

- Comorbidities
- Complications
- Factors influencing health status




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**Comorbidities/Complications**

- Secondary diagnoses for inpatient hospitalizations
- Information found in the discharge abstract
- Code the secondary diagnoses in sequence
- Info for *Readmission To The Same Hospital Within 30 Days of Surgical Discharge*




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**Comorbidities/Complications**

- DO NOT record any neoplasms
- DO NOT record injury or poisonings
- DO NOT record specific "V" codes
- If no secondary diagnoses code 00000
- If fewer than 10 secondary diagnoses, leave remaining fields blank




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**Secondary Diagnosis  
Priority Rules**

- **Surgically treated patients**
  - Following the most definitive surgery of the primary site
  - Following other non-primary site surgeries
- **Non-surgically treated patients**
  - Following the first treatment encounter or episode
- **In cases of non-treatment**
  - Following the last diagnostic/evaluative encounter




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**Physician**

- **Managing physician**
- **Following physician**
- **Primary Surgeon**
- **Physician 3 (Radiation Oncologist)**
- **Physician 4 (Medical Oncologist)**




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**NPI Physician**

- **NPI Managing physician**
- **NPI Following physician**
- **NPI Primary Surgeon**
- **NPI Physician 3 (Radiation Oncologist)**
- **NPI Physician 4 (Medical Oncologist)**




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**National Provider Identifier  
(NPI) Physician**

- NPI should be recorded as available for cases diagnosed during 2007, and is required to be recorded for all cases diagnosed January 1, 2008, and later.
- NPI may be blank for cases diagnosed on or before December 31, 2006.
- NPI Look-up page

<https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>



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**Questions?**



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**Quiz**



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**Cancer Identification**




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**Class of Case**

- For a hospital registry, Class of Case divides cases into two groups:
  - Analytic
  - Non-analytic cases.




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**Class of Case**

- Class of Case can be used in conjunction with Type of Reporting Source.
- Type of Reporting Source is designed to document the source of documents used to abstract the cancer being reported.




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### Analytic Cases

- Analytic cases are grouped according to the location of diagnosis and treatment. Treatment and outcome reports may be limited to analytic cases.
- Analytic cases are coded 0, 1 or 2
- Abstracted within 6 months of diagnosis or first date of contact




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### Analytic Cases

- Class 0
  - Diagnosed at facility and first course of treatment elsewhere
- Class 1
  - Diagnosed at facility and all or part of first course of treatment performed at reporting facility
- Class 2
  - Diagnoses elsewhere and all or part of first course of treatment at reporting facility




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### Non-Analytic Cases

- Class 3
  - Diagnosed and all of first course of treatment performed elsewhere
- Class 4
  - Diagnosed and/or first course of treatment before reference date
- Class 5
  - Diagnosed at autopsy




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**Non-Analytic Cases**

- **Class 6**
  - Diagnosed and first course of treatment at staff physician's office
- **Class 7**
  - Pathology report only
- **Class 8**
  - Death certificate only
- **Class 9**
  - Unknown




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**Type of Reporting Source**

- Identifies the source documents used to abstract the majority of information on the tumor being reported.
- The code in this field can be used to explain why information may be incomplete on a tumor.




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**Type of Reporting Source**

- **Codes**
  - 1 Hospital inpatient
  - 2 Radiation Centers or Medical Oncology Centers
  - 3 Laboratory only
  - 4 Physician's office
  - 5 Nursing/convalescent home/hospice
  - 6 Autopsy only
  - 7 Death certificate only
  - 8 Other hospital outpatient units/surgery centers




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**Date of First Contact**

- Documents date patient first had contact with the facility
  - Can be outpatient visit
  - Autopsy or death certificate
  - Diagnosed in a staff physician' office



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**Date of First Contact**

- Patient first had contact with reporting facility
  - Diagnostic procedure
  - Review or administration of treatment
  - Palliative care
  - Pathology only
- Unknown date



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**Date of First Contact**

- Histologic confirmation
- Physician statement
- Date therapy started
- Admission date may vary from date of diagnosis



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**Date of First Contact**

- Date of First Contact can not be prior to Date of Diagnosis.




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**Date First Contact**

- Patient is admitted as an in-patient on 1/1/2009 for pneumonia.
- Patient is diagnosed with lung cancer on 1/3/2009 (during same stay).

Date of Diagnosis 1/3/2009  
 Date of First Contact 1/3/2009




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**Date of Diagnosis**

- Records the date of initial diagnosis by a physician for the tumor being reported.
  - The timing for staging and treatment of cancer begins with the date of initial diagnosis for cancer.
- Use the first date of diagnosis whether clinically or histologically confirmed.




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### Date of Diagnosis

- In Utero Diagnosis
  - Effective 1/1/2009, the date reflects the date the baby was diagnosed with cancer rather than the date of birth.



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### Grade

- Stay tuned for changes scheduled to be reviewed in CSV2 !!!
- Code grade according to ICD-O-3
- Code grade from FINAL pathologic diagnosis
- When more than 1 grade listed
- Primary tumor, not metastatic sites
- When no tissue diagnosis is available



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### Grade

- Unknown primary site
- In situ lesions
- In situ and invasive lesions
- Leukemia's and Lymphomas
- Astrocytomas
- Glioblastoma Multiforme



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### Coding 2 Grade Systems

Code	Terminology	Histologic Grade
2	Low grade	1/2
4	High grade	2/2




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### Three Grade System

- Peritoneum
- Breast
- Endometrium
- Fallopian Tube
- Prostate
- Kidney
- Brain
- Spinal Cord




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### Coding 3 Grade Systems

Code	Terminology	Histologic Grade	Nuclear Grade
2	Low grade, well to moderately differentiated	I/III or 1/3	1/3, 1/2
3	Medium grade, moderately undifferentiated, relatively undifferentiated	II/III or 2/3	2/3
4	High grade, poorly differentiated to undifferentiated	III/III or 3/3	2/2, 3/3




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### Breast Priority Rules

- Bloom-Richardson (Nottingham) Scores
- Bloom-Richardson Grade
- Nuclear Grade
- Terminology
- Histologic Grade shown on table




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### Breast Grade

Code	Bloom-Richardson (Nottingham) Scores	Bloom-Richardson Grade	Nuclear Grade	Terminology	Histologic Grade
1	3-5 points	Low grade	1/3, 1/2	Well differentiated	I/III or 1/3
2	6, 7 points	Intermediate grade	2/3	Moderately differentiated	II/III or 2/3
3	8, 9 points	High grade	2/2, 3/3	Poorly differentiated	III/III or 3/3




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### Kidney Priority Rules

- Fuhrman Grade
- Nuclear Grade
- Terminology
- Histologic Grad
- Rules do not apply to Wilm's tumor




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### Prostate Priority Rules

- Gleason Score
- Terminology
- Histologic grade
- Nuclear Grade (obsolete)




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### Prostate Grade

Code	Gleason's Score (sum of primary and secondary patterns)	Terminology	Histologic Grade
1	2, 3, 4	Well differentiated	I
2	5, 6	Moderately differentiated	II
3	7, 8, 9, 10	Poorly differentiated	III




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### Tumor Grade at AJCC Stage

Site	ICD-O-3
Heart, mediastinum, and pleura (soft tissue)	C38.0-C38.8
Bone	C40.0-C41.9
Peripheral nerves and autonomic nervous system (soft tissue)	C47.0-C47.9
Retroperitoneum and peritoneum (soft tissue)	C48.0-C48.8
Connective, subcutaneous and other soft tissues	C49.0-C49.9
Prostate (Stage IA only)	C61.9
Thyroid (undifferentiated carcinoma only)	C73.9




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**Ambiguous Terminology**  
**Terms that Constitute a diagnosis**

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




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**Terms That Do Not Constitute a Diagnosis**  
*(without additional information)*

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




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**Date of Conclusive Diagnosis**

- Greater than two months from the date of initial diagnosis
- Date conclusive diagnosis was made
- Leave Blank if case diagnosed before 12/31/06




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**Date of Conclusive Diagnosis**

Code	Definition
0000000	No conclusive diagnosis made; the only diagnosis was by ambiguous terminology.
MMDDCCYY	The date the conclusive cancer diagnosis is made at least 2 months after an initial diagnosis based on ambiguous terminology.
88888888	Not applicable; initial diagnosis made by definitive terminology.
99999999	Unknown date, unknown if diagnosis based on ambiguous terminology.
(leave blank)	Patient was diagnosed on or before December 31, 2006.




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**Revising the Original Diagnosis**

- **Over time, things may change**
  - Information becomes more complete
- **Changing information in abstract affects information in state and national databases**
  - Be sure to re-submit updated cases to the state and NCDB!




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**Questions?**




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**Quiz**



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**Stage**



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**Surgical Diagnostic and Staging Procedures**

- Record initial diagnosis procedure
- Incisional biopsy of primary and metastatic sites
- Lymph node biopsies



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**Surgical Diagnostic Staging Procedures**

- Lymph node aspirations & biopsies to diagnose and stage disease
- Brushings, washings, cell aspirations, & hematologic findings
- Excisional biopsies




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**Surgical Diagnostic Staging Procedures**

Code	Definition
00	No surgical diagnostic or staging procedure was performed.
01	A biopsy (incisional, needle, or aspiration) was done to a site other than the primary site. No exploratory procedure was done.
02	A biopsy (incisional, needle, or aspiration) was done to the primary site; or biopsy or removal of a lymph node to diagnose or stage lymphoma.
03	A surgical exploration only. The patient was not biopsied or treated.
04	A surgical procedure with a bypass was performed, but no biopsy was done.
05	An exploratory procedure was performed, and a biopsy of either the primary site or another site was done.
06	A bypass procedure was performed, and a biopsy of either the primary site or another site was done.
07	A procedure was done, but the type of procedure is unknown.
09	No information of whether a diagnostic or staging procedure was performed.




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**Stage and Treatment Planning**

- **New Standard 4.3:**
  - The cancer committee, or other appropriate leadership body, develops a process to monitor physician use of stage, site-specific prognostic indicators, and evidence –based national treatment guidelines in treatment planning for cancer patients.




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**Stage and Treatment Planning**

- **Standard 4.3 (continued)**
  - The findings of the monitoring are presented at least annually to the cancer committee, or other appropriate leadership body, and are documented in the minutes.




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**Stage and Treatment Planning**

- **Accurate data is needed to evaluate appropriate treatment choices**
  - Physician clinical staging
  - Treatment planned/performed
  - Treatment guidelines for site/stage




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**AJCC, CS, & DERIVED STAGE**

- **Opportunity for visual review**
- **Forward issues to quality coordinator**
- **Present at cancer committee meetings**
- **Document process/corrections**




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**Lymphovascular Invasion**

- Coming soon.....
- Changes announced in CSV2!!!



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**Questions?**



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**First Course of Treatment**

- Treatment plan
  - Types of therapy
  - Physician directed
  - Discharge plan
  - Management guidelines
- No therapy



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**First Course of Treatment**

- Surgery
- Radiation
- Systemic Therapy
- Other Treatment
- Palliative Care




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**First Course of Treatment**

- Time periods
  - All malignancies except leukemia
  - Leukemia
- Earliest dates
  - Surgery
  - Radiation
  - Systemic Therapy
  - Other Treatment




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**First Course of Treatment**

- Site-specific codes in Appendix B of FORDS
- Software capabilities
- Multiple procedures recorded
- Responses are hierarchical
- 98 Takes precedence over 00




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**First Course of Treatment**

- Excisional biopsies
- Surgery to remove regional tissue
- Multiple surgeries of primary site
- Palliative procedures
- Incomplete treatment information




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**Date of Most Definitive Type of Surgical Procedure**

- Records the date of the most definitive surgical procedure of the primary site performed as part of the first course of treatment
  - Date corresponding to Surgical Procedure of the Primary Site
  - Code 00000000
  - Code 99999999




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**Surgical Margins**

- Records the final status of the surgical margins after resection of the primary tumor
- No surgery
- Lymphomas
- Unknown, ill-defined, or hematopoietic sites




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**Reason No Surgery Given**

- Surgical procedure of primary site coded 00
- Multiple treatment options offered
- No treatment accepted
- Patient refused
- Unknown



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**Scope of Regional Lymph Node Surgery**

- Collected even if surgery of the primary site was not performed
- Aspirations, biopsy or removal of lymph nodes to diagnose or stage
- Codes are hierarchal
- CNS primaries
- Lymphomas
- Distant lymph nodes
- Palliative care



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**Surgical Procedure-Other Site**

- Non-primary tissue
- Highest number code
- Incidental removal
- Unknown, ill-defined, and hematopoietic sites
- Palliative care



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**Date of Surgical Discharge**

- Length of stay
- Patient expired
- Outpatient surgery



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**Readmission Within 30 Days**

- Quality of care
- Readmission to same hospital
- Treatment of this cancer
- Review treatment plan
- Review comorbidities and complications



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**Radiation**

- Date treatment started
- Regional or Boost
- Treatment planned but not started
- Treatment information incomplete
- Number of treatments
- Radio embolization



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**Reason No Radiation**

- Radiation coded as 00
- Surgical procedure of primary site coded 00
- Multiple treatment options offered
- No treatment accepted
- Patient refused
- Unknown



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**Systemic Treatment**

- Therapy not administered
- Multiple treatment options offered
- Recommended, not administered
- Patient refused
- Recommended, unknown if given
- Unknown
- Chemoembolization



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**Other Treatment**

- Hematopoietic diseases
- Transfusions
- Phlebotomy
- Aspirin



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**Hematologic Transplant and  
Endocrine Procedures**

- Bone marrow transplants
- Stem cell harvests
- Endocrine irradiation/surgery
- Not administered
- Not selected
- Why treatment was not administered



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**Palliative Care**

- Not used to diagnose or stage the primary tumor
- First course of treatment
- Prolong patient's life
- Improve quality of life
- Not curative



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**Questions?**



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**Text**




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**Text**

- Helps you tell the story!
- Be concise and thorough
- Justify what you have coded
- Good text is a sign of a true professional




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**Text**

• Dx PE (Physical Exam)	• Surgery
• X-Ray	• Radiation-Beam
• Scopes	• Radiation-Other
• Lab Tests	• Chemo
• OP (Operative Findings)	• Hormone
• Path	• BRM
• Primary Site	• Transplant/Endocrine
• Histology	• Other
• Staging	• Remarks




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**Quiz**




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**THANK YOU!**


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**Thank you for participating in today's webinar!**

- The next webinar is scheduled for 8/6/2009  
*Collecting Cancer Data: Breast*
- Forward questions from today's webinar to us. Per request of CoC, we will forward questions to them.
- Contact us at
  - Shannon Vann – [svann@naaccr.org](mailto:svann@naaccr.org); 217-698-0800 X9
  - Jim Hofferkamp – [jhofferkamp@naaccr.org](mailto:jhofferkamp@naaccr.org); 217-698-0800 X5




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**Registration is Open for the  
2009-2010 Season!!!**

[www.NAACCR.org](http://www.NAACCR.org)



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