


NAACCR 2008-2009 Webinar Series

# COLLECTING CANCER DATA: *BLADDER*



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## Agenda

- ◆ Introduction
- ◆ Bladder Overview
  - Quiz
- ◆ Multiple Primary Histology Rules
  - Quiz
- ◆ Break
- ◆ Collaborative Staging
  - Quiz
- ◆ Diagnostic, Staging and Treatment
  - Quiz



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# OVERVIEW OF THE BLADDER



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### Bladder Wall Involvement

- ◆ Mucosa = epithelium, transitional epithelium, urothelium, mucosal surface, transitional mucosa
  - No invasion of basement membrane is in situ
  - Invasion of basement membrane is invasive
- ◆ Lamina propria = submucosa, suburothelial connective tissue, subepithelial tissue, stroma, muscularis mucosa, transitional epithelium
  - Involvement is invasive
- ◆ Muscle = muscularis, muscularis propria, muscularis externa, smooth muscle
  - Involvement is invasive



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### Bladder Subsites

- ◆ Priority order for coding bladder subsites
  - Op report
  - Path report
  - Assign C67.9 when primary is multifocal in more than 1 bladder subsite
  - Code to bladder subsite with invasive tumor if invasive tumor in 1 subsite and in situ tumor in other subsites

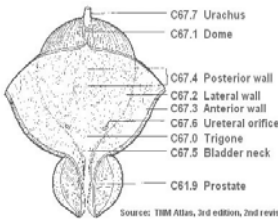



Image source: SEER Training Website



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### Papillary vs. Flat Bladder Tumors

Types of Bladder Tumors

Image source: SEER Training Website

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### Regional Lymph Nodes for Bladder

**Bladder**

- Perivesical (A)
- Iliac, internal (hypogastric) (B)
- Obturator (C)
- Iliac, external (D)
- Sacral (E), presacral
- Pelvic, NOS (all nodes within shadowed area)

**Distant Lymph Nodes**

- Iliac, common (F)

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### Multifocal Bladder Cancer

- ♦ Field effect theory
  - Urothelium undergoes widespread change making it more sensitive to malignant transformation
- ♦ Implantation theory
  - Tumor cells lose attachments and float in the urine until they implant on another site

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### Bladder Cancer Histology

- ◆ Urothelial (transitional cell) carcinoma
  - May be papillary or non-papillary
  - 90% of bladder cancers in U.S.
- ◆ Squamous cell carcinoma
  - Up to 5% of bladder cancers in U.S.
- ◆ Adenocarcinoma
  - 1% to 2% of bladder cancers in U.S.




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### Bladder Cancer Grade

- ◆ Grade is a prognostic factor for bladder cancer
  - High grade tumors have a worse prognosis
  - Low grade noninvasive tumors in young patients have a better prognosis
- ◆ Grade may affect treatment choices
- ◆ Three-grade system may be used for bladder cancer




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### Bladder Cancer Grade

- Converting a grade to a code in a 3-grade system

Term	Grade	Code
1/3, 1/2	Low grade	2
2/3	Intermediate grade	3
3/3, 2/2	High grade	4




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### Diagnostic Procedures for Bladder Cancer

- ♦ Imaging
  - CT of abdomen & pelvis
  - CT Urogram
  - Kidneys, ureter, bladder (KUB) x-ray
  - Intravenous pyelogram (IVP)



IVP

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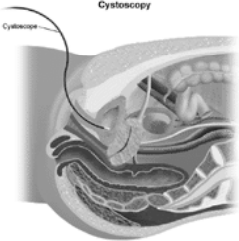
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### Diagnostic Procedures for Bladder Cancer

- ♦ Cytology
- ♦ Cystoscopy with biopsy



Cystoscopy

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2007 Rules

### MULTIPLE PRIMARY AND HISTOLOGY



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### MP/H Rules

- A flat tumor is a non-papillary bladder tumor that lies flat against the bladder tissue.
- Flat tumors usually have a poor prognosis.
- Noninvasive flat TCC grows in the layer of cells closest to the inside of the bladder and appears as flat lesions on the inside surface of the bladder.




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### Urothelial Carcinoma

Urothelial/Transitional Cell Tumors	Code
With squamous differentiation	8120
With glandular differentiation	
With trophoblastic differentiation	
Nested	
Microcystic	
Transitional cell, NOS	




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### Urothelial Carcinoma

Papillary carcinoma Papillary transitional cell	8130
Micropapillary	8131
Lymphoepithelioma-like Plasmacytoid	8082
Sarcomatoid	8122
Giant cell	8031
Undifferentiated	8020




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### Multiple Primary Rules

- ◆ 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.
- ◆ Rule M2
  - A single tumor is always a single primary.



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### Multiple Tumors

- ◆ Rule M3
  - When no other urinary sites are involved, tumor(s) in the right renal pelvis AND tumor(s) in the left renal pelvis are multiple primaries.
- ◆ Rule M4
  - When no other urinary sites are involved, tumor(s) in both the right ureter AND tumor(s) in the left ureter are multiple primaries



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### Multiple Tumors

- ◆ Rule M5
  - An invasive tumor following a non-invasive or in situ tumor more than 60 days after diagnosis is a multiple primary.



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**Multiple Tumors**

- ◆ Rule M6
  - Bladder tumors with any combination of the following histologies are a single primary :
    - Papillary carcinoma (8050)
    - Transitional cell carcinoma (8120-8124)
    - Papillary transitional cell carcinoma (8130-8131)



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**Pop Quiz**

- ◆ A patient with a history of recurrent papillary transitional cell carcinoma originally diagnosed in 1997 now presents for a TURB and is found to have new tumor.



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**Pop Quiz**

- ◆ According to rule M6 the new tumor would be considered the same primary if the histology was:
  - Papillary transitional cell carcinoma
  - Papillary urothelial cell carcinoma
  - Transitional cell carcinoma
  - Transitional cell carcinoma with sarcomatoid features
  - Transitional cell carcinoma with squamous differentiation
  - Squamous cell carcinoma



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**Multiple Tumors**

- ◆ Rule M7
  - Tumors diagnosed more than three (3) years apart are multiple primaries



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**Multiple Tumors**

- ◆ Rule M8
  - Urothelial tumors in two or more of the following sites are a single primary
    - Renal pelvis (C659)
    - Ureter(C669)
    - Bladder (C670-C679)
    - Urethra /prostatic urethra (C68o)



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**Pop Quiz**

- ◆ A patient with a history of transitional cell carcinoma of the left ureter diagnosed in 2004 now presents for TURB and is found to have a papillary transitional cell carcinoma of the bladder wall.



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**Pop Quiz**

- ♦ What rule would you use to determine the number of primaries?
- ♦ What if the first tumor had been diagnosed in 2006?



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**Multiple Tumors**

- ♦ Rule M9
  - Tumors with ICD-O-3 histology codes that are different at the
    - first (Xxxx)
    - second (xXxx) or
    - third (xxXx)

Number are multiple primaries.



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**Multiple Tumors**

- ♦ Rule M10
  - Tumors in sites with ICD-O-3 topography codes with
  - Different second (CXxx) and/or
  - Third characters (CxXx) are multiple primaries



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**Multiple Tumors**

- ◆ Rule M11
  - Tumors that do not meet any of the above criteria are a single primary.



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**Histology**  
MP/H



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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



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### Single Tumor

- ◆ Rule H3
  - Code 8120 (transitional cell/urothelial carcinoma) when there is:
    - Pure transitional cell carcinoma
    - Flat (non-papillary) transitional cell carcinoma
    - Transitional cell carcinoma with squamous differentiation
    - Transitional cell carcinoma with glandular differentiation
    - Transitional cell carcinoma with trophoblastic differentiation
    - Nested transitional cell carcinoma
    - Microcystic transitional cell carcinoma



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### Single Tumor

- ◆ Rule H4 Code 8130 when there is:
  - Papillary carcinoma or
  - Papillary transitional cell carcinoma or
  - Papillary carcinoma and transitional cell carcinoma



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### Single Tumor

- ◆ Rule H5
  - Code the histology when only one histologic type is identified
    - *Note: Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).*
- ◆ Rule H6
  - Code the invasive histologic type when a single tumor has invasive and in situ components.



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**Single Tumor**

- ◆ Rule H7
  - Code the most specific histologic term

Example:  
 Carcinoma NOS and transitional cell carcinoma  
 Code: transitional cell carcinoma 8120

- ◆ Rule H8
  - Code the histology with the numerically higher ICD-O-3 code.




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**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

- ◆ Rule H9
  - Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available
- ◆ Rule H10
  - Code the histology from the metastatic site when there is no pathology/cytology specimen from the primary site.




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**Multiple Tumors**

- ◆ Rule H11
  - Code 8120 (transitional cell/urothelial carcinoma) (See Table 1)
- ◆ Rule H12
  - Code 8130 (papillary transitional cell carcinoma) (See table 1)
- ◆ Rule H13
  - Code the histology when only one histologic type is identified




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### Multiple Tumors

- ◆ Rule H14
  - Code the histology of the most invasive tumor.
    - If one tumor is in situ and one is invasive, code the histology from the invasive tumor.
    - If both/all histologies are invasive, code the histology of the most invasive tumor.



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### Pop Quiz

- ◆ A patient is found to have two bladder tumors diagnosed at the same time.
  - The first is a transitional cell carcinoma with squamous differentiation with invasion into the lamina propria.
  - The second is a papillary transitional cell carcinoma with invasion of the muscularis propria.



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### Pop Quiz

- ◆ What rule would we use to determine the histology?
  - H11
  - H12
  - H13
  - H14
  - H15



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### Multiple Tumors

- ◆ Rule H15
  - Code the histology with the numerically higher ICD-O-3 code.



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### Multiplicity Counter

- ◆ Counts number of tumors (multiplicity) abstracted as a single primary
- ◆ The number of multiple tumors in Multiplicity Counter is only updated once, at the time of the first subsequent tumor. Do not update again.



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### Pop Quiz

- ◆ A patient was originally diagnosed with invasive ptcc on 1/2/07. She was found to have a new ptcc on 4/6/07 and another on 12/4/07.
  - How many times would the registrar have to update the multiplicity counter?



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## COLLABORATIVE STAGING DATA ITEMS FOR BLADDER




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### CS Tumor Size

CODE	DESCRIPTION
000	No mass found
001-988	Exact size in mm
989	989 mm or larger
990	Microscopic focus or foci only
991	Less than 1 cm
992	Less than 2 cm OR greater than 1 cm OR between 1 cm and 2 cm
993	Less than 3 cm OR greater than 2 cm OR between 2 cm and 3 cm
994	Less than 4 cm OR greater than 3 cm OR between 3 cm and 4 cm
995	Less than 5 cm OR greater than 4 cm OR between 4 cm and 5 cm
999	Unknown




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### CS Tumor Size

- ◆ Example
  - Urothelial carcinoma in 4 bladder tumors; 1.3 cm, 2.5 cm, 0.8 cm, and 2.1 cm in size
  - CS tumor size = 025




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**CS Extension Bladder Notes**

1. Distinguishing noninvasive and invasive bladder cancer
2. Definite statements of non-invasion for papillary transitional cell carcinoma (extension code 01)
3. Inferred descriptions of non-invasion for papillary transitional cell carcinoma(extension code 03)
4. Terms lamina propria and submucosa are used interchangeably




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**CS Extension Bladder Notes**

5. Definitions for invasion of mucosa grade 1 or grade 2 vary by pathologist
6. 

<u>Extension</u>	<u>Behavior</u>
01-06	2
10	2 or 3
15 or greater	3




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**CS Extension Bladder Notes**

7. Statements meaning confined to mucosa, NOS (code 10)
  - a. Confined to mucosal surface
  - b. Limited to mucosa, no invasion of submucosa and muscularis
  - c. No infiltration/invasion of fibromuscular and muscular stroma
  - d. Superficial, NOS




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### CS Extension Bladder Notes

8.	<u>Extension</u> 01 or 03	<u>Description</u> Confined to mucosa AND papillary
	10	Confined to mucosa
9.	<u>Extension</u> 40	<u>Description</u> Periureteral = portion of ureter intramural to bladder
	60	All other periureteral involvement




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CS extension code derives Ta or Tis




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### CS Extension Bladder

- ◆ Code 01
  - Papillary transitional cell carcinoma stated to be noninvasive
  - Derived Ta
- ◆ Code 03
  - Papillary transitional cell carcinoma with inferred description of non-invasion
  - Derived Ta




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**CS Extension Bladder**

- ◆ Code 06
  - Sessile carcinoma in situ
    - Derived Tis
- ◆ Code 10
  - Confined to mucosa, NOS
    - Derived Tis



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**CS Extension Bladder**

- ◆ Code 15
  - Invasive tumor confined to subepithelial connective tissue
    - Extension into Von Brunn's nest (within lamina propria)
    - Derived T1
- ◆ Code 30
  - Localized, NOS
    - Derived T1



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**CS Extension Bladder**

- ◆ Code 20
  - Muscle invaded, NOS
    - Derived T2NOS
- ◆ Code 21
  - Muscle invaded: superficial muscle, inner half
    - Derived T2a
- ◆ Code 22
  - Muscle invaded: deep muscle, outer half
    - Derived T2b



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### CS Extension Bladder

- ◆ Code 23
  - Extension through full thickness of bladder wall
    - Derived T3a
- ◆ Code 40
  - Adventitia; extension to/through serosa; peritoneum; periureteral fat/tissue; perivesical fat/tissue, NOS
    - Derived T3NOS
- ◆ Code 41
  - Extension to perivesical fat (microscopic)
    - Derived T3a
- ◆ Code 42
  - Extension to perivesical fat (macroscopic); extravesical mass
    - Derived T3b



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### CS Extension Bladder

- ◆ Code 45
  - Stated as T4, NOS
    - Derived T4NOS
- ◆ Code 60
  - Prostate; ureter; urethra, including prostatic urethra
    - Derived T4a



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### CS Extension Bladder

- ◆ Code 65
  - Parametrium; rectovesical/Denonvilliers' fascia; Vas deferens, seminal vesicle
    - Derived T4a
- ◆ Code 67
  - Uterus; vagina
    - Derived T4a



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**CS Extension Bladder**

- ◆ Code 70
  - Bladder is FIXED
    - Derived T4b
- ◆ Code 75
  - Abdominal wall; pelvic wall
    - Derived T4b
- ◆ Code 80
  - Further contiguous extension including: pubic bone; rectum, male; sigmoid
    - Derived T4b




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**CS Extension Bladder**

- ◆ Code 95
  - No evidence of primary tumor
    - Derived To
- ◆ Code 99
  - Unknown extension; primary tumor cannot be assessed; not documented in patient record
    - Derived Tx




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**CS Tumor Size/Ext Eval Bladder**

<u>Code</u>	<u>Description</u>
0	Clinical only
1	Invasive techniques
2	Autopsy (known or suspected dx)
3	Pathology
5	Pre-op tx; clinical eval
6	Pre-op tx; pathologic eval
8	Autopsy (tumor unsuspected)
9	Unknown




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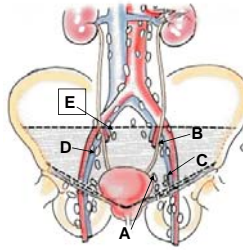
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### CS Lymph Nodes Bladder

Bladder

Regional Lymph Nodes

- Perivesical (A)
- Iliac, internal (hypogastric) (B)
- Obturator (C)
- Iliac, external (D)
- Sacral (E), presacral
- Pelvic, NOS (all nodes within shadowed area)




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### CS Lymph Nodes Bladder

- Code 00: derived N0
  - No regional node involvement
- Code 10: derived N1
  - Single regional lymph node less than or equal to 2 cm
- Code 20: derived N2
  - Single regional lymph node greater than 2 cm and less than or equal to 5 cm
  - Multiple regional nodes, none greater than 5 cm
- Code 30: derived N3
  - Regional lymph node(s), at least one greater than 5 cm




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### CS Lymph Nodes Bladder

- Code 50: derived N1
  - Regional nodes, NOS (size and/or number not stated)
- Code 80: derived N1
  - Lymph nodes, NOS
- Code 99: derived Nx
  - Unknown




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### CS Mets at DX Bladder

- ◆ Code 00
  - No; none
- ◆ Code 10
  - Distant lymph nodes: common iliac
- ◆ Code 11
  - Distant lymph nodes, NOS; Specified distant lymph nodes other than code 10
- ◆ Code 40
  - Distant metastases except distant lymph nodes
- ◆ Code 50
  - (40) + any of [(10) or (11)]
- ◆ Code 99
  - Unknown



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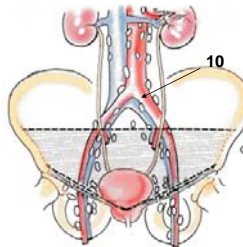
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### CS Mets at DX Bladder

Code 10: Distant lymph nodes – common iliac



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### Pop Quiz

- ◆ Path report for bladder cancer patient stated: grade III/IV invasive transitional cell carcinoma; no smooth muscle invasion. The physician documented Ta on staging form. What is the code for CS extension?



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**Pop Quiz**

- ♦ Patient is diagnosed with poorly differentiated urothelial carcinoma with focal extension into the fat surrounding the ureteral orifice. What is the code for CS extension?
  - Code 40: Periureteral fat/tissue
  - Code 60: Ureter



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**BLADDER CANCER TREATMENT AND HOW TO CODE IT**



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**Surgery**  
FORDS  
Appendix B  
Page 280



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**Surgical Procedure of Primary Site: Bladder**

- ◆ Code 00: None
  - Record 'random bladder biopsies' as no surgery
- ◆ Code 10: Local tumor destruction, NOS
  - Code 11: Photodynamic therapy (PDT)
  - Code 12: Electrocautery; fulguration
  - Code 13: Cryosurgery
  - Code 14: Laser



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**Surgical Procedure of Primary Site: Bladder**

- ◆ Code 10: Local tumor destruction, NOS
  - Code 15: Intravesical therapy
    - Record instillation of chemotherapy into the bladder in surgical procedure of primary site and the chemotherapy data items
  - Code 16: Bacillus Calmette-Guerin (BCG) or other immunotherapy
    - Record instillation of BCG or other immunotherapy into the bladder in surgical procedure of primary site and immunotherapy data items

**Codes 10-16: no specimen sent to pathology**



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**Surgical Procedure of Primary Site: Bladder**

- ◆ Code 20: Local tumor excision, NOS
  - Code 26: Polypectomy
  - Code 27: Excisional biopsy
    - Includes TURB or TURBT

**Specimen sent to path from events 20-27**



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### Surgical Procedure of Primary Site: Bladder

**Combination of 20 or 26-27 WITH**

- Code 21: Photodynamic therapy (PDT)
- Code 22: Electrocautery
  - Record TURB and fulguration using this code
- Code 23: Cryosurgery
- Code 24: Laser Ablation
- ♦ Code 25: Laser excision

Specimen sent to path from events 20-27




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### Surgical Procedure of Primary Site: Bladder

- ♦ Code 30: Partial cystectomy
  - Record segmental cystectomy using this code
- ♦ Code 50: Simple/total/complete cystectomy




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### Surgical Procedure of Primary Site: Bladder

- ♦ Code 60: Radical cystectomy (male only)
  - Includes removal of bladder, prostate, seminal vesicles, lower ureters
    - Record removal of lymph nodes in Scope of Regional Lymph Node Surgery Data Item
- Code 61: Radical cystectomy PLUS ileal conduit
- Code 62: Radical cystectomy PLUS continent reservoir or pouch, NOS




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**Surgical Procedure of Primary Site: Bladder**

- Code 63: Radical cystectomy PLUS abdominal pouch (cutaneous)
  - Indiana pouch; Mainz pouch
- Code 64: Radical cystectomy PLUS in situ pouch (orthotopic)
  - Studer neobladder; Kock neobladder



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**Surgical Procedure of Primary Site: Bladder**

- ♦ Code 70: Pelvic exenteration, NOS
  - Code 71: Radical cystectomy (female only); anterior exenteration
  - Code 72: Posterior exenteration
  - Code 73: Total exenteration
    - Record removal of pelvic lymph nodes in Scope of Regional Lymph Node Surgery data item
- ♦ Code 74: Extended exenteration



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**Surgical Procedure of Primary Site: Bladder**

- ♦ Code 80: Cystectomy, NOS
- ♦ Code 90: Surgery, NOS
- ♦ Code 99: Unknown



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### Pop Quiz

- ♦ A bladder cancer patient was treated with TURB and BCG as 1<sup>st</sup> course treatment. What is the code for the data item, surgical procedure of primary site? Is the treatment coded in the immunotherapy data item?



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### Radiation



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### Radiation Therapy for Bladder Cancer

- ♦ Regional treatment modality
  - External beam (EBRT)
    - Codes 20-32 (based on specific modality of EBRT)
    - Treatment option for Stage IV bladder cancer
  - Radiosensitizing chemotherapy
    - Cisplatin alone or in combination with 5-fu
    - Mitomycin-C in combination with 5-fu
  - Interstitial implantation of radioisotopes
    - Code 50: Brachytherapy, NOS
    - Treatment option for Stage I bladder cancer



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### Radiation Therapy for Bladder Cancer

- Determine if one modality is regional and one is boost when bladder cancer patient receives both EBRT and interstitial implant as 1<sup>st</sup> course treatment
- Interstitial implantation of radioisotopes before or after EBRT for stage II bladder cancer
- EBRT with interstitial implantation of radioisotopes for stage III bladder cancer
- Record the dominant modality if both are regional treatment



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### Chemotherapy



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### Intravesical Chemotherapy

- Urinary catheter is used to place anticancer drugs directly into the bladder
- Medications reach cancer cells near the bladder lining
  - Typically used for Ta or T1 tumors
  - Mitomycin-C and thiotepa are drugs used most often for this procedure
- Often administered immediately after TURB, but in some cases may be administered 3-4 weeks after TURB



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**Chemotherapy**

- ◆ Code 02: Single-agent chemotherapy
  - Intravesical mitomycin-C OR intravesical thiotepa
    - Record as chemotherapy and surgical procedure of primary site
  - Systemic cisplatin



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**Chemotherapy**

- ◆ Code 03: Multi-agent chemotherapy
  - Systemic
    - GemCIS
      - Gemcitabine and cisplatin
    - M-VAC
      - Cisplatin, methatrexate, vinplastine, doxorubicin
    - MCV
      - Cisplatin, vinplastine, methotrexate



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**Treatment Options with Adjuvant Chemotherapy**

- ◆ Stage 0 and I
  - TURB with fulguration followed by intravesical chemotherapy
- ◆ Stage II and III
  - Neoadjuvant platinum-based combination chemotherapy followed by radical cystectomy
  - EBRT with concurrent chemotherapy
- ◆ Stage IV
  - Chemotherapy as an adjunct to local treatment



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### Immunotherapy

- ◆ Intravesical BCG or other immunotherapy (e.g., interferon alpha or gamma)
  - Often follows TURB with fulguration
    - Standard treatment option for stages 0 and I bladder cancer
  - Code in both immunotherapy data item (code 01) and surgical procedure of primary site data item




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

- ◆ The next webinar is scheduled for 11/6/08, and the topic is 'Coding Pitfalls'.
  - If you have something you'd like included, please forward to us.
- ◆ 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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