**Collecting Cancer Data:
Lung**

NAACCR 2009-2010 WEBINAR SERIES

Questions

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

2

Fabulous Prizes

3

Agenda

- Overview
- CSv2
- MP/H Rules
- Treatment

4

Overview

Lung

Epidemiology

- **Estimated new cases and deaths** from lung cancer (non-small cell and small cell combined) in the United States in 2009:
  - New cases: 219,440
  - Deaths: 159,390
- **Estimated new cases and deaths** from lung cancer (non-small cell and small cell combined) in Canada in 2009:
  - New Cases: 23,400
  - Deaths: 20,500

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Function

- Respiration
- Protection against infection
- Alter the pH of the blood
- Filter gas micro-bubbles
- Shock absorber for the heart

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Mulitple Primary Rules

Lung

Histology Rules

UNKNOWN IF SINGLE OR MULTIPLE TUMORS

- 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.

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Multiple Primary Rules
SINGLE TUMOR

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

10

Multiple Primary Rules
MULTIPLE TUMORS

- Rule M3
  - Tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third character (Cxxx) are multiple primaries.
- Rule M4
  - At least one tumor that is non-small cell carcinoma (8046) and another tumor that is small cell carcinoma (8041-8045) are multiple primaries.

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Multiple Primary Rules
MULTIPLE TUMORS

- Rule M5
  - A tumor that is adenocarcinoma with mixed subtypes (8255) and another that is bronchioloalveolar (8250-8254) are multiple primaries.
- Rule M6
  - A single tumor in each lung is multiple primaries.

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Multiple Primary Rules
MULTIPLE TUMORS

- Rule M7
  - Multiple tumors in both lungs with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.
- Rule M8
  - Tumors diagnosed more than three (3) years apart are multiple primaries.

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Multiple Primary Rules
MULTIPLE TUMORS

- Rule M9
  - An invasive tumor following an in situ tumor more than 60 days after diagnosis is a multiple primary.
- Rule M10
  - Tumors with non-small cell carcinoma, NOS (8046) and a more specific non-small cell carcinoma type (Chart 1) are a single primary.

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Multiple Primary Rules
MULTIPLE TUMORS

- Rule M11
  - Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.
- Rule M12
  - Tumors that do not meet any of the above criteria are a single primary.

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Question

- A patient was diagnosed with 3 lung tumors. One in left lower lobe, one in right lower lobe and one in the right upper lobe. All tumors had the same histology.
- Pathologist is calling this one primary with "bilateral multicentricity and metachronous in time of origin."
- How do I code/abstract this case??
- One primary with metastasis or three primaries?

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Answer

- Per Lung Rule M12, this is a single primary.
  - Curator
    (*I & R Team 45146*)

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Histology Rules

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 a 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

- Imaging report stated the patient had a 3 cm spiculated mass presumably a non-small cell carcinoma of the right upper lung.
- No histologic diagnosis was made.
- Is the histology 80463, non-small cell carcinoma?

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Answer
- Per the General Instructions, *Priority for Using Documents to Code Histology,* rule 3b allows for the circumstance of having no pathology report. It states we should code "from mention of type of cancer (histology) in the medical record.
- The doctors are making an educated guess based on size, shape, location of the type of this lung tumor. Code 8046/3.
  - Curator
    (*I & R Team 28702*)

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Histology Rules
 SINGLE TUMOR

- Rule H4
  - Code the invasive histologic type when a single tumor has invasive and in situ components.
- Rule H5
  - Code the most specific term using Chart 1 when there are multiple histologies within the same branch.

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Histology Rules
SINGLE TUMOR

- Rule H6
  - Code the appropriate combination/mixed code (Table 1) when there are multiple specific histologies or when there is a non-specific with multiple specific histologies.
- Rule H7
  - Code the histology with the numerically higher ICD-O-3 code.

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Question

- Path on lung biopsy was large-cell undifferentiated carcinoma, giant-cell type. Do we code large-cell 8012 or giant cell 8031?

23

Answer

- We can't stop at Rule H5. Large cell, undifferentiated, and giant cell are not on the same branch of Chart 1.
- Follow Rule H7 and choose giant cell (8031) over large cell (8012) or undifferentiated (8020).
  - Curator
    (*I & R Team 28723*)

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Histology Rules

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.
- Rule H9
  - Code the histology from a 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.

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Histology Rules

MULTIPLE TUMORS

- Rule H11
  - Code the histology of the most invasive tumor.
- Rule H12
  - Code the most specific term using Chart 1 when there are multiple histologies within the same branch.

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Question

- 12/13/08 CT showed three lung masses. Two in the left upper lobe and one in the right lower lobe.
- An FNA on 12/15/08 of one of the left upper lobe masses shows a non-small cell carcinoma. No surgery is done and patient does not return. Based on MPH rules, this is abstracted as a single primary (M1).
- Are the New Data Items coded as:
  - Multiplicity Counter 03
  - Date of Multiple tumors 12/13/08 (CT date) or 12/15/08 (FNA date)
  - Type Multiple Tumors 40 (or 99).

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Answer
- The coding instructions for the Date of Multiple Tumors states we use the date of diagnosis.
- However, code multiplicity counter to 99 because we don't know if the 3 tumors are all individual tumors OR if 2 of them are mets.
- Code the Type to 99 because of the same reason.
  - Curator
    (*I & R Team 45208*)

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Quiz

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CSv2

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Lung

Education & Training Team
Collaborative Stage Data Collection System
Version 2.03

Learning Objectives

- Understand anatomy

- Understand rationale behind changes and updates

- Understand use of codes and reporting

- Determine proper code use for accurate reporting

- Understand finding specific documentation
  – SSFs
  – Coding rules

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Outline

- Overview of prognostic factors

- Overview of lung anatomy

- Review Collaborative Stage data items for lung

- Describe changes to lung in CSv2
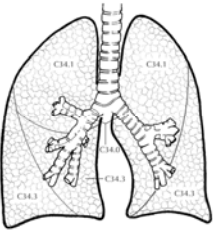
33

Lung Prognostic Factors

- Cell type
  – Small vs. non-small cell
  – Mucinous vs. non-mucinous

- Clinical stage

- Bilateral involvement at diagnosis

- Performance status

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Lung Anatomy
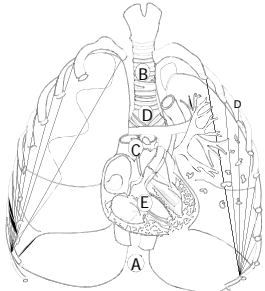
C34.0 Main bronchus

C34.1 Upper lobe, lung

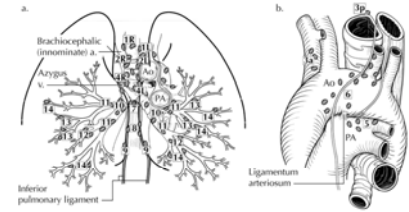C34.2 Middle lobe, lung

C34.3 Lower lobe, lung

C34.8 Overlapping lesion of lung

C34.9 Lung, NOS

Credit line: Lung. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 167-176. ©American Joint Committee on Cancer.

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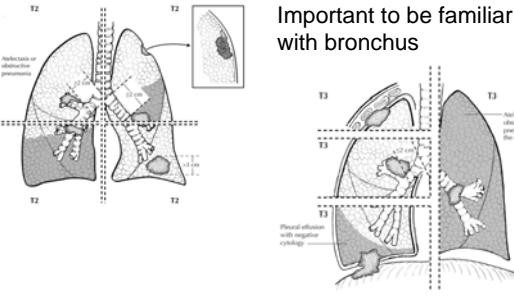
Lung Anatomy

A = Mediastinum

B = Trachea

C = Great vessels

D = Carina

E = Heart or visceral pericardium

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36 Not shown = nerves and esophagus (behind trachea)

Lung Anatomy

Important to be familiar with bronchus

Credit line: Lung. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors.
AJCC Cancer Staging Atlas. New York: Springer, 2006: 167-176.
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Regional Lymph Nodes of Lungs and Mediastinum

N2 nodes:		N1 nodes:
1 Highest medistinal	5 Subaortic	10 Hilar
2 Upper paratracheal	6 Para-aortic	11 Interlobar
3 Prevascular and retrotracheal	7 Subcarinal	12 Lobar nodes bronchi
4 Lower paratracheal	8 Paraesophageal	13 Segmental
	9 Pulmonary ligament	14 Subsegmental

Credit line: Lung. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors.
AJCC Cancer Staging Atlas. New York: Springer, 2006: 167-176.
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What is New in CSv2 for Lung

- Used for carcinoid tumor

- CS Tumor Size – new descriptions

- CS Extension – new and obsolete codes

- CS Lymph Nodes – new descriptions

- CS Mets – new and obsolete codes

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What is New in CSv2 for Lung

- CS Tumor Size/Ext Eval 1 now maps to 'c'

- Site-Specific Factor 1 – new data item

- Site-Specific Factor 2 – new data item

- Site-Specific Factors 3-25 – not applicable

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CS Tumor Size

- Hilar mass

- Use of codes 997 and 998

- Use of codes 992 or 993

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CS Tumor Size

- Site specific table due to special codes *
  - 000 = no mass/tumor found
  - 001-988 = exact size in mm
  - 989 = 989 mm or larger
  - 990 = microscopic focus or foci only
  - 991 = Described as < 1 cm
  - 992 = Described as < 2 cm, or > 1 cm, or
          between 1 cm and 2 cm
          Stated as T1a, NOS with no other info

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CS Tumor Size

- Site specific table due to special codes *

  – 993 = Described as < 3 cm, or > 2 cm, or
    between 2 cm and 3 cm
    Stated as T1 NOS or T1b, NOS with no
    other info

  – 994 = Described as < 4 cm, or > 3 cm, or
    between 3 cm and 4 cm

  – 995 = Described as < 5 cm, or > 4 cm, or
    between 4 cm and 5 cm

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CS Tumor Size

- Site specific table due to special codes *

  – *996 = Malignant cells present but no tumor
    seen radiographically / bronchoscopy - occult
    carcinoma (TX)

  – *997 = Diffuse (entire lobe)

  – *998 = Diffuse (entire lung or NOS)

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CS Extension Notes

- Note 1: Direct extension may be M1 in AJCC

- Note 2: Distance from carina

- Note 3: Opposite lung

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CS Extension Notes

- Note 4: Bronchopneumonia

- Note 5: Pulmonary artery/vein

- Note 6: Vocal cord paralysis
          SVC obstruction
          Compression of trachea or esophagus

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CS Extension Notes
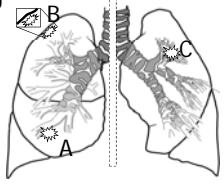
- Note 7: Pleural effusion and pericardial effusion

- Note 8: Determining T category

- Note 9: Separate tumor nodules in ipsilateral lung

- Note 10: Visceral pleural invasion

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CS Extension

- Code 000 – In situ

- Code 100 – Confined to lung

  A = Tumor surrounded by lung

  B = Tumor surrounded by
  visceral pleura

  C = No invasion more proximal
  than a lobar bronchus

  B

  C

  A

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48
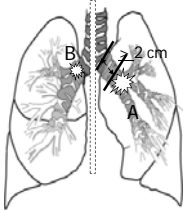
CS Extension

- Code 110 – Superficial tumor

- Code 115 – Stated as T1a

- Code 120 – Stated as T1b

- Code 125 – Stated as T1, NOS

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CS Extension

- Code 200 – Involving main bronchus greater than 2cm from carina (A)

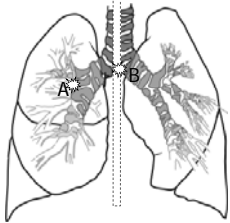- Code 210 – Involving main bronchus NOS, distance unknown (B)

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CS Extension

- Code 230 – Confined to hilus (A)
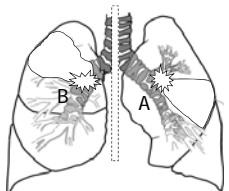
- Code 250 – Confined to carina (B)

- Code 300 – Localized, NOS

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CS Extension

- Code 400 – Partial atelectasis (A)

- Code 400 – Obstructive pneumonitis (B)

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CS Extension

- Code 410 – Extension to (not into) pleura
  – Including into but not through elastic layer

- Code 420 – Invasion of pleura, including invasion through the elastic layer

- Code 430 – Invasion of pleura NOS

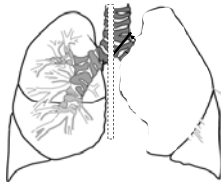- Code 440 – Invasion of pulmonary ligament

53

CS Extension

- Code 450 – Obsolete: Extension to
  – Pleura, visceral or NOS
  – Pulmonary ligament

- Code 455 – Stated as T2a

- Code 460 – Stated as T2b

- Code 465 – Stated as T2, NOS

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CS Extension

- Code 500 – Tumor in main bronchus less then 2cm from carina

- Code 520 – Combination code (A) [500+400]

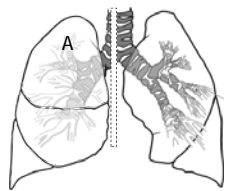- Code 530 – Obsolete

- Code 540 – Combination code

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CS Extension

- Code 550 – Atelectasis or obstructive pneumonitis of entire lung (A)

A

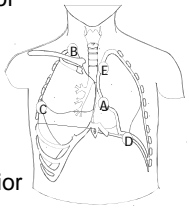Used with permission: April Fritz, A.Fritz and Associates, LLC

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CS Extension

- Code 560 – Parietal pericardium or pericardium, NOS (A)

- Code 570 – Stated as T3, NOS

- Code 590 – Phrenic nerve

- Code 600 – Brachial plexus, inferior branch or NOS, from superior sulcus, chest wall (C), diaphragm (D), Pancoast tumor (B), or parietal pleura (E)
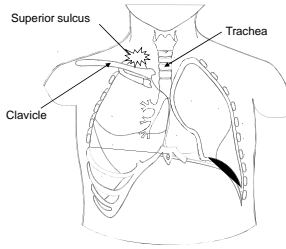
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CS Extension

- Code 610 – Superior sulcus tumor WITH encasement of subclavian vessels OR WITH unequivocal involvement of superior branches of brachial plexus (C8 or above – above clavicle)

Superior sulcus

Trachea

Clavicle

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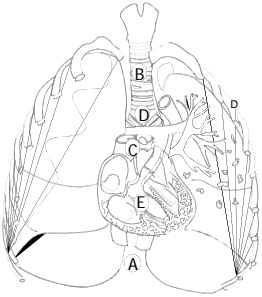
58

CS Extension

- Code 650 – Obsolete: Multiple tumor nodule in same lobe

- Code 700 – Extension into major extrapulmonary structures

    – Ignore if involvement of artery/vein only within lung tissue

- Code 710 – Heart or visceral pericardium

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CS Extension

- Codes 700 and 710

A = Mediastinum

B = Trachea

C = Great vessels

D = Carina

E = Heart or visceral pericardium

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60 Not shown = nerves and esophagus (behind trachea)

CS Extension

- Code 720 – Obsolete: Pleural effusion (moved to Mets at Dx)

- Code 730 – Adjacent rib

- Code 740 – Aorta

- Code 745 – Combination codes (740 + 710)

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CS Extension

- Code 750 – Vertebra, neural foramina

- Code 760 – Obsolete: Pleural tumor foci

- Code 770 – Inferior vena cava

- Code 780 – Obsolete: Contiguous adjacent rib + other codes

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CS Extension

- Code 785 – Obsolete: Pleural tumor foci separate from direct pleural invasion

- Code 790 – Obsolete: Pericardial effusion reclassified as distant metastasis

- Code 795 – Stated as T4, NOS

- Code 800 – Further contiguous extension

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CS Extension

- Code 950 – No evidence of primary tumor

- Code 980 – Tumor proven in sputum or washings only - "occult" carcinoma

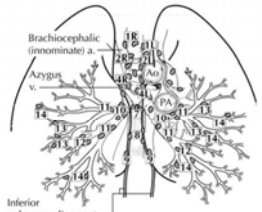- Code 999 – Unknown, cannot be assessed, not documented

64

CS Tumor Size/Ext Eval

- Tumor size and extension
  – Determine T category

- Eval code important

- Eval code 1 maps to
  – Clinical staging basis

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CS Lymph Nodes

Station Code	CSLN
1-9 ipsilateral	200
1-9 contralateral	600
10-14 ipsilateral	100
10-14 contralateral	600

Credit line: Lung. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 167-176. ©American Joint Committee on Cancer.

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CS Lymph Nodes - Notes

- Note 1: Field is for regional nodes only

- Note 2: Code node involvement based on specific descriptions

- Note 3: Coding nodes as negative

- Note 4: Vocal cord paralysis
    SVC obstruction
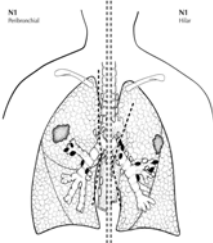   Compression of trachea or esophagus

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CS Lymph Nodes

- Code 000 – None, no regional node involvement

- Code 500 – Regional nodes, NOS

- Code 800 – Nodes, NOS

- Code 999 – Unknown, cannot be assessed, not documented

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CS Lymph Nodes

- Code 100 corresponds to AJCC N1

- LN Stations 10-14

- Metastasis to ipsilateral peribronchial, ipsilateral hilar or intrapulmonary nodes including direct extension of primary tumor

Credit line: Lung. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 167-176. ©American Joint Committee on Cancer.

69 - Stated as N1

CS Lymph Nodes

- Code 200 corresponds to AJCC N2

- LN Stations 1-9

- Metastasis to ipsilateral mediastinal (right side of diagram) and/or subcarinal nodes (left side of diagram)
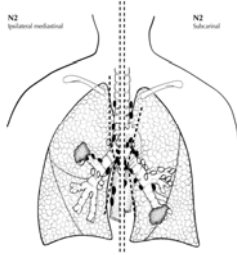
- Stated as N2

70

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CS Lymph Nodes

- Code 600 corresponds to AJCC N3

- Contralateral mediastinal or hilar nodes

- Ipsilateral / contralateral scalene or supraclavicular nodes
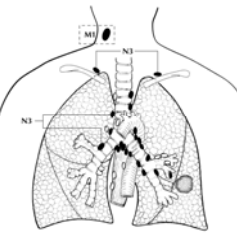
- Stated as N3

71

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MX Eliminated

- MX has been eliminated from 7th Edition
  - Clinical M0
  - Unless clinical or pathologic evidence of mets

- cM only requires history and physical

- Infer cM0 unless known cM1

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CS Mets at Dx

- Note 1: Pleural (and pericardial) effusions

- Note 2: Contralateral pleural or pericardial effusion

- Note 3: Code 10 has been made obsolete
  – All previously coded cases converted to code 30

- Note 4: Extension to & separate tumor nodules in contralateral lung

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CS Mets at Dx

- Code 00 – No, none

- Code 10 – Obsolete

- Code 15 – Malignant pleural effusion, ipsilateral lung

- Code 16 – Malignant pleural effusion, contralateral lung
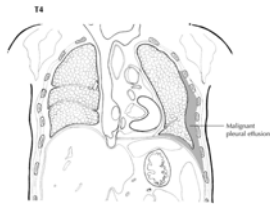
Credit line: Lung. In: Greene, F.L., Compton, C.C., Fritz, A.G., et al., editors. AJCC Cancer Staging Atlas. New York: Springer, 2006: 167-176. ©American Joint Committee on Cancer.

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CS Mets at Dx

- Code 17 – Bilateral malignant pleural effusion

- Code 18 - Malignant Pleural effusion, unknown if ipsilateral or contralateral lung

- Code 20 – Malignant pericardial effusion

- Code 23 – Extension to: Contralateral lung or mainstem bronchus; Separate tumor nodule(s) in contralateral lung

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CS Mets at Dx

- Code 24 – Discontinuous pleural tumor foci (A)

A

Pleura (2 layers)

Pleural effusion (malignant or NOS)

Pleural space

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CS Mets at Dx

- Code 25 – Contralateral lung + Pleural or Pericardial effusion

- Code 26 – Stated as M1a

- Code 30 – Distant nodes, including cervical nodes

- Code 32 – Distant nodes + Pleural or Pericardial effusion

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CS Mets at Dx

- Code 33 – Distant nodes + Pleural tumor foci

- Code 35 – Obsolete: Separate tumor nodules in different lobe, same lung (moved to CSSF1)

- Code 37 – Extension to sternum, skeletal muscle, skin of chest

- Code 39 – Obsolete: Changed to code 23

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CS Mets at Dx

- Code 40 – Abdominal organs
  Distant metastases except distant lymph node(s) (code 30) or those specified in codes 23 and 37
  Distant metastasis, NOS; Carcinomatosis

- Code 42 - Distant metastases + Pleural or Pericardial effusion

- Code 43 - Distant mets + Pleural tumor foci

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CS Mets at Dx

- Code 50 – Obsolete: Distant nodes + distant mets

- Code 51 - Distant metastases + Distant lymph node(s)

- Code 52 – Distant metastases + Distant lymph nodes + Pleural or Pericardial effusion

- Code 53 – Distant metastases + Distant lymph nodes + Pleural tumor foci

80

CS Mets at Dx

- Code 70 – Stated as M1b

- Code 75 – Stated as M1, NOS

- Code 99 – Unknown, not documented

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Mets at Dx-Metastatic Sites

- 4 new fields
  - Bone excluding marrow
  - Lung excluding pleura and pleural fluid
  - Brain excluding spinal cord and other CNS
  - Liver

- Code 0 when CS Mets at Dx is 00

- Code structure
  0 – No
  1 – Yes
  8 – Not applicable
  9 – Unknown

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Site-Specific Factor 1:
Separate Tumor Nodules

- Note 1: Coded separately from CS Extension
  - Except for nodules in contralateral lung
    - Collected in Mets at Dx

- Note 2: Defined clinically (imaging) or pathologically

- Note 3: Code 000
  - Not mentioned in imaging and/or pathology reports

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Site-Specific Factor 1:
Separate Tumor Nodules

- Code 000: No separate tumor nodules noted

- Code 010: Identified in same lobe ipsilateral lung

- Code 020: Identified in different lobe ipsilateral lung

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Site-Specific Factor 1: Separate Tumor Nodules

- Code 030: Identified in ipsilateral lung
  – Same and different lobe

- Code 040: Identified in ipsilateral lung
  – Unknown if same or different lobe

- Code 888 and 988: Obsolete

- Code 999: Unknown

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Site-Specific Factor 2: Visceral Pleural Invasion (VPI) / Elastic Layer

- Note 1: Relevant for peripheral lesions

- Note 2: Code results as stated on pathology report
  – Code 998 if no pathologic examination of pleura

- Note 3: Mets to the pleura

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Microscopic Anatomy of Visceral Pleura

Moving from the visceral pleural surface to the lung parenchyma:

1. a single layer of mesothelial cells
2. a submesothelial connective tissue layer,
3. elastic fibers that usually form a single prominent layer (may also form a second discontinuous layer)
4. a connective tissue layer

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Site-Specific Factor 2: Visceral Pleural Invasion (VPI) / Elastic Layer

- Code 000 – No evidence of visceral pleural invasion (PL 0)

- Code 010 – Invasion beyond the visceral elastic pleura, but limited to the pulmonary pleura (PL 1)

- Code 020 – Invasion to the surface of the pulmonary pleura (PL 2)

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Site-Specific Factor 2: Visceral Pleural Invasion (VPI) / Elastic Layer

- Code 030 – Extends to parietal pleura (PL 3)

- Code 040 – Invasion of pleura, NOS

- Code 888 and 988 – Obsolete

- Code 998 – No histologic exam of pleura

- Code 999 – Unknown if VPI present

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Conclusion

- Malignant pleural effusion or pericardial effusion
  – Moved from CS Ext to Mets at Dx

- Additional codes or additional descriptions
  – Accommodate physician statement with no further info
    - CS Extension
    - CS Lymph Nodes
    - CS Mets Dx

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Conclusion

- 2 Site Specific Factors for Lung added to CSv2

  – Separate tumor nodules in same lung
    - Collected in SSF1

  – Visceral Pleural Invasion/Elastic Layer
    - Collected in SSF2

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Inquiry & Response System

- Submit questions to Inquiry & Response System

  – Allows tracking for educational purposes

  – Provides information for all

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

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Questions?

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American Joint Committee on Cancer
Contact Information

Karen A. Pollitt – Manager
email: kpollitt@facs.org
phone: 312-202-5313

Donna M. Gress, RHIT, CTR – Technical Specialist
email: dgress@facs.org
phone: 312-202-5410

General Inquiries can be directed to AJCC@facs.org

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

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Work-up

- Pulmonary function test
- Bronchoscopy
- Mediastinoscopy
- Endobronchial ultrasound
- PET/CT scan
- MRI

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Question

- A lung cancer patient had a mediastinoscopy and fine needle aspiration of two subcarinal nodes.
- No other procedures for tissue diagnosis were performed.
- Would this be coded under Surgical Diagnostic and Staging Procedure as biopsy of other than primary site or Scope of Regional Lymph Node Surgery?

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Answer

- Aspiration of biopsy or removal of regional lymph nodes, whether for diagnosis or for treatment, is coded under Scope of Regional Lymph Node Surgery. See bullet 4 for Surgical Diagnostic and Staging Procedure (page 109) and bullet 2 for Scope of Regional Lymph Node Surgery (page 138).
  – (*I & R Team 46400)*

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Question

- What if a patient with lung cancer has a thoracentesis that serves the dual purpose of diagnosing & providing palliative (pain control)?
- What code is used in the Diagnostic, Staging & Palliative Field?
- Is this also coded in the surgery field?

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Answer

- A thoracentesis is the removal of pleural fluid through a long needle, classified as cytology.
- If a biopsy of tissue is not performed it is coded in the Diagnostic Confirmation field.
- Palliative thoracentesis is coded in the palliative treatment item, code 4 - if it helps with pain, or code 7 - if it improves the breathing function.
  – (*I & R Team 45493*)

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Treatment

100

NCCN Clinical Practice Guidelines in Oncology™

- Excellent source for treatment recommendations
- http://www.nccn.org

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Treatment-Non Small Cell Carcinoma
STAGE I, STAGE IIA, AND STAGE IIB (T1-2, N1) DISEASE

- Surgery
- Observation
- Chemotherapy
- Radiation

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Treatment-Non Small Cell Carcinoma
STAGE IIB (T3, N0), STAGE IIIA, AND STAGE IIIB DISEASE

- Neoadjuvant chemo/radiation
- Resection
- Chemotherapy
- Chemoradiation
- Radiation

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Treatment-Non Small Cell Carcinoma
STAGE IV

- Chemotherapy
- Radiation

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Treatment-Small Cell Carcinoma

- Surgery (early stage disease only)
- Chemotherapy
- Radiation

105

Surgery

- 20 Excision or resection of less than one lobe, NOS
  - 23 Excision, NOS
  - 24 Laser excision
  - 25 Bronchial sleeve resection ONLY
  - 21 Wedge resection
  - 22 Segmental resection, including lingulectomy

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Surgery

- 30 Resection of lobe or bilobectomy, but less than the whole lung (partial pneumonectomy, NOS)
  - 33 Lobectomy WITH mediastinal lymph node dissection

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Surgery

- 45 Lobe or bilobectomy extended, NOS
  - 46 WITH chest wall
  - 47 WITH pericardium
  - 48 WITH diaphragm
- 55 Pneumonectomy, NOS
  - 56 WITH mediastinal lymph node dissection (radical pneumonectomy)

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Surgery

- 65 Extended pneumonectomy
  - 66 Extended pneumonectomy plus pleura or diaphragm
- 70 Extended radical pneumonectomy

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Radiation

- IMRT
- 3D Conformal
- 4-10 MV photons

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Chemotherapy

- Cisplatin and
- Vinorelbine or
- Etoposide or
- Gemcitabine or
- Docetaxel

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Questions?

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Next Month…

- Change Management in Cancer Registry
  - Presented by Charlotte Wilhelm
  - January 7, 2010

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