

Case Scenario 1

2/2/12

History and physical

Patient is a 40-year-old white female seen in office with complaint of an 8 mm mole of right foot which changed color and texture. No palpable popliteal lymph nodes or satellite nodules. Patient had excisional biopsy on 1/20/12. There is a 1.5 cm scar on the right heel. Patient reports now for wide re-excision of right foot.

1/12/12

PET scan

No lymphadenopathy, no satellites, and no in-transit metastasis of right leg.

1/12/12

Chest x-ray

Negative.

1/12/12

Lab work

LDH was within normal limits at 350 U/L (300 – 600 normal range).

1/20/12

Operation 1: Punch biopsy, right heel; sentinel lymph node biopsy, popliteal nodes.

1/20/12

Pathology 1

Acral lentiginous melanoma, right heel, Clark level III, 1 mm thick. Ulceration was present, but there was no regression or VGP. Mitoses are not identified. 2 mm margin of resection. 1 of 2 sentinel lymph nodes positive for isolated tumor cells.

2/2/12

Operation: Wide re-excision, right heel; lymphadenectomy.

2/2/12

Pathology 2

Residual melanoma in situ found in right foot; 1cm margins of resection are negative. 10 popliteal nodes resected; all negative for metastasis.

- How many primaries are present in case scenario 1?
- How would we code the histology of the primary you are currently abstracting?

Stage/ Prognostic Factors

CS Tumor Size		CS SSF 9	
CS Extension		CS SSF 10	
CS Tumor Size/Ext Eval		CS SSF 11	
CS Lymph Nodes		CS SSF 12	
CS Lymph Nodes Eval		CS SSF 13	
Regional Nodes Positive		CS SSF 14	
Regional Nodes Examined		CS SSF 15	
CS Mets at Dx		CS SSF 16	
CS Mets Eval		CS SSF 17	
CS SSF 1		CS SSF 18	
CS SSF 2		CS SSF 19	
CS SSF 3		CS SSF 20	
CS SSF 4		CS SSF 21	
CS SSF 5		CS SSF 22	
CS SSF 6		CS SSF 23	
CS SSF 7		CS SSF 24	
CS SSF 8		CS SSF 25	

Treatment

Diagnostic Staging Procedure			
Surgery Codes		Radiation Codes	
Surgical Procedure of Primary Site 1/20/12		Radiation Treatment Volume	
Surgical Procedure of Primary Site 2/2/12		Regional Treatment Modality	
Scope of Regional Lymph Node Surgery		Regional Dose	
Surgical Procedure/ Other Site		Boost Treatment Modality	
		Boost Dose	
Systemic Therapy Codes		Number of Treatments to Volume	
Chemotherapy		Reason No Radiation	
Hormone Therapy			
Immunotherapy			
Hematologic Transplant/Endocrine Procedure			

Exercise 2

History and Physical 1/7/12

This is a 46-year-old female who was found to have a suspicious left axillary lump identified during a routine breast screening. Her mammogram and ultrasound did not show any suspicious masses in either breast. A core biopsy of the axillary lump was performed and the pathology returned as metastatic melanoma in a background of lymph node tissue. A thorough skin exam was performed and a .5cm nodular nevus suspicious for melanoma was identified on the left side scalp along the hair line. The rest of the skin evaluation was negative. The scalp nodule was excised on 1/1/12 and came back as nodular melanoma. Additional serial CT imaging a PET scan showed two metastatic brain lesions in the left temporal lobe. No further abnormalities were seen on imaging.

The patient is here today for a wide excision of the scalp lesion as well as excision of the metastatic axillary lymph node.

Pathology report 1/1/12

- Tumor size: .5 x .43 cm
- Histology: malignant melanoma, nodular type. Regression is present.
- Peripheral margins: negative. 2mm from invasive melanoma
- Deep margin: negative. 1mm from invasive melanoma
- Growth Phase: vertical
- Depth of invasion: 2.02mm
- Ulceration: absent
- Mitotic count: 9 mitosis per mm²
- LDH: 1,994 (95-185)

Pathology report 1/7/12

- An ellipse of skin measuring 5cm x 2cm with site of previous excision apparent.
 - No residual melanoma.
 - Nearest margin to previous excision: 1.52cm's
- A soft tissue mass marked "axillary lymph node".
 - A 1.5 cm lymph node with a .7cm metastatic melanoma nodule. The metastasis is extracapsular and has invaded some of the surrounding tissue.

Radiation Oncology Notes 3/12/12

- The patient has stereotactic beam radiosurgery using Cyberknife® beginning on 1/23/12. The patient received 18 Gy to the metastatic tumor 3 fractions.

- I have been informed by the radiation oncologist that the patient started a course of Ipilimumab (BRM).

- How many primaries are present in case scenario 2?
- How would we code the histology of the primary you are currently abstracting?

Stage/ Prognostic Factors

CS Tumor Size		CS SSF 9	
CS Extension		CS SSF 10	
CS Tumor Size/Ext Eval		CS SSF 11	
CS Lymph Nodes		CS SSF 12	
CS Lymph Nodes Eval		CS SSF 13	
Regional Nodes Positive		CS SSF 14	
Regional Nodes Examined		CS SSF 15	
CS Mets at Dx		CS SSF 16	
CS Mets Eval		CS SSF 17	
CS SSF 1		CS SSF 18	
CS SSF 2		CS SSF 19	
CS SSF 3		CS SSF 20	
CS SSF 4		CS SSF 21	
CS SSF 5		CS SSF 22	
CS SSF 6		CS SSF 23	
CS SSF 7		CS SSF 24	
CS SSF 8		CS SSF 25	

Treatment

Diagnostic Staging Procedure			
Surgery Codes		Radiation Codes	
Surgical Procedure of Primary Site 1 st surgery		Radiation Treatment Volume	
Surgical Procedure of Primary Site 2 nd Surgery		Regional Treatment Modality	
Scope of Regional Lymph Node Surgery		Regional Dose	
Surgical Procedure/ Other Site		Boost Treatment Modality	
		Boost Dose	
Systemic Therapy Codes		Number of Treatments to Volume	
Chemotherapy		Reason No Radiation	
Hormone Therapy			
Immunotherapy			
Hematologic Transplant/Endocrine			

Procedure			
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