Collecting Cancer Data: Melanoma of Skin

NAACCR 2011-2012 Webinar Series
5/3/2012

Q&A

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

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

Fabulous Prizes
Agenda

• Overview
• Collaborative Stage Data Collection System
• Treatment
• Review of Case Scenarios

OVERVIEW

The Numbers

• Estimated new cases and deaths from melanoma in the United States in 2012
  – New cases: 76,250.
  – Deaths: 9,180.
    • American Cancer Society, Facts and Figures 2012
• Estimated new cases and death from melanoma in Canada in 2011
  – New cases: 5,500
  – Deaths: 950
    • Canadian Cancer Statistics 2011
Facts and Figures

- Melanoma is 10 times more common in whites than in blacks
- Age
  - Patients under 40-more common in women
  - Patients over 40-almost twice as common in men
- Incidence rates have been increasing over the last 30 years
  - A 3% annual increase among both men and women since 2004
- Death rates among whites under 50 decreased in 2004-2008
- Death rates among whites 50 and over increased in 2004-2008

American Cancer Society, Facts and Figures 2012

Risk Factors

- Personal or family history of melanoma
- Presence of atypical or numerous moles
- Sun sensitive skin
  - Sunburn easily
  - Difficulty tanning
  - Natural blond or red hair
- History of excessive sun exposure
- Use of tanning booths
- Diseases that suppress the immune system

American Cancer Society, Facts and Figures 2012

Melanoma

- Melanoma is a malignant tumor of melanocytes, which are the cells that make the pigment melanin
- Most melanomas arise in the skin, they may also arise from mucosal surfaces or at other sites to which neural crest cells migrate
  - Eye
  - Mouth
  - Larynx
  - Lip
  - Sinus
  - Etc.
Anatomy

- Laterality
  - C44.1 Skin of eyelid
  - C44.2 Skin of external ear
  - C44.3 Skin of other and unspecified parts of face
  - C44.5 Skin of trunk
  - C44.6 Skin of upper limb and shoulder
  - C44.7 Skin of lower limb and hip
- C44.4 Skin of scalp and neck is not considered a paired organ
  - Laterality may be coded for this site

Mitotic Rate

- Pathologist counts the number of cells actively dividing
- Mitotic rate is the second most powerful predictor of survival outcome (after tumor thickness).
Ulceration

- Absence of an intact epidermis
- Survival rates are lower for patients with ulceration than for patients without ulceration and similar tumors.

Growth Phases

- Radial Growth Phase (RGP)
- Vertical Growth Phase (VGP)

Histology

- Melanoma-8270-8290
  - Superficial spreading melanoma – 70%
    - Grows horizontally first (RGP)
  - Nodular melanoma – 15%
    - Most aggressive
  - Lentigo maligna melanoma – 10%
    - Least aggressive
  - Acral lentiginous melanoma – 5%
    - Most common in dark-skinned people
  - Desmoplastic melanoma - rare
    - Characterized by non-pigmented lesions
    - Lymph node metastasis is rare
Collecting Cancer Data: Melanoma

Histology

- **Superficial spreading melanoma**
  - 70% of all melanoma cases diagnosed in the US
  - Often arise from a pigmented dysplastic nevus
  - Radial growth phase often occurs before the vertical growth phase

Histology

- **Nodular Melanoma**
  - 10-15% of all melanomas in the US
  - Often are symmetrical and uniform
  - Tend to be dark brown or black
  - Short radial growth phase

Histology

- **Lentigo Maligna**
  - Confined to the epidermis
  - May remain non-invasive for years
  - Often occurs in sun damaged skin
- **Lentigo Maligna Melanoma**
  - Invaded the dermis
  - May be raised
  - Accounts for 10-15% of all melanomas in the US
Lentigo

- Small pigmented spot on the skin
  - Caused by hyperplasia of melanocytes
  - Linear spread
  - Restricted to the cell layer above basement membrane of the epidermis
- Mole (melanocytic nevus)
  - Caused by nests of multilayered melanocytes
- Freckle (ephelis)
  - Normal amount of melanocytes
  - Increased amount of melanin

Histology

- Acral lentiginous melanoma
  - Typically found
    - Under the toenails or fingernails (subungual)
    - On the soles of the feet, palm of the hands, or inside mucous membranes
  - Starts as lentigo maligna
  - Accounts for about 3% of melanomas in the US

Histology

- Meningeal Melanomatosis
  - Malignant melanoma of the CNS that seems to arise directly from melanocytes within the leptomeninges
  - May also be used to refer to metastasis from another primary
Regression

- Melanoma regression does not refer to a specific histology
  - It is the size and physical appearance of the lesion
  - Shrinking in size is the immune system’s reaction to the melanoma
  - It may indicate a poor prognosis
- Only code regressing melanoma (8723/3) if it is the final diagnosis
- Regression does not affect staging

Prognostic Factors

- Thickness of the tumor
- Ulceration
- Mitotic rate
- Clarks Level

Prognostic Factors

- Number of positive lymph nodes
- Macro vs. Micro lymph node metastasis
Prognostic Factors

- Site of distant metastasis
  - M1a
    - Skin
    - Subcutaneous tissue
    - Distant lymph nodes
  - M1b
    - Lung
  - M1c
    - All other sites
- Elevated serum lactate dehydrogenase (M1c)

Unknown Primary Site

- Metastatic melanoma with not apparent primary should be coded to C44.9
  - Metastatic melanoma to the lymph nodes, skin, and subcutaneous tissue should be considered regional (stage III) if no sign of additional metastasis

Unknown Primary Site

- Metastatic melanoma to the lymph nodes should be considered regional (stage III) in the absence of additional metastasis
- Metastatic melanoma to the skin and subcutaneous tissue should be considered regional (stage III) if no sign of additional metastasis
**Unknown Primary Site**

- Metastatic melanoma to all other sites should be considered distant metastasis (stage IV)

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**Multiple Primary Rules**

- **Rule M1 Unknown if single or multiple melanoma’s**
  - When it is not possible to determine if there is a single melanoma or multiple melanomas, opt for a single melanoma and abstract as a single primary.

- **Rule M2 Single Tumor**
  - A single melanoma is always a single primary.
Multiple Primary Rules

- Rule M3
  - Melanomas in sites with ICD-O-3 topography codes that are different at the second (Cxxx), third (Cxx) or fourth (C4x) character are multiple primaries.

- Rule M4
  - Melanomas with a different laterality are multiple primaries.
    - A midline melanoma is a different laterality than right or left.

- Rule M5
  - Melanomas with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third number (xxxx) are multiple primaries.

- Rule M6
  - An invasive melanoma that occurs more than 60 days after an in situ melanoma is a multiple primary.

- Rule M7
  - Melanomas diagnosed more than 60 days apart are multiple primaries.

- Rule M8
  - Melanomas that do not meet any of the above criteria are abstracted as a single primary.
Histology Coding

- 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.
- Rule H3
  - Code the histology when only one histologic type is identified.

Histology Rules

- Rule H4
  - Code the invasive histologic type when there are invasive and in situ components.
- Rule H5
  - Code the histologic type when the diagnosis is regressing melanoma and a histologic type.
- Rule H6
  - Code 8723 (Malignant melanoma, regressing) when the diagnosis is regressing melanoma.
Histology Rules

- Rule H7
  - Code the histologic type when the diagnosis is lentigo maligna melanoma and a histologic type.

- Rule H8
  - Code 8742 (Lentigo maligna melanoma) when the diagnosis is lentigo maligna melanoma.

Histology Rules

- Rule H9
  - Code the most specific histologic term when the diagnosis is melanoma, NOS (8720) with a single specific type.

- Rule H10
  - Code the histology with the numerically higher ICD-O-3 code.

Question

- A patient had two skin lesions removed at your facility.
  - Left upper lateral calf (C44.7)
    - Superficial spreading melanoma (8743/3)
  - Under the left toenail (44.7)
    - Acral lentiginous (8744/3)

- Is this one or two primaries and what rule did you use?
Collecting Cancer Data: Melanoma

Answer

• Per Melanoma Rule M5, this is one primary.
  – Code as acral lentiginous melanoma per Melanoma Histology Rule H10.

QUESTIONS?

Malignant Melanoma of Skin, Vulva, Penis, Scrotum

COLLABORATIVE STAGE DATA COLLECTION SYSTEM (CS)
CS Extension: Melanoma

- Record invasion of primary tumor through anatomic layers of skin
- May be documented as Clark level or pathologic description of invasion into layers of dermis
- Use the higher code if there is a discrepancy between Clark level and pathologic description of invasion

<table>
<thead>
<tr>
<th>CS Ext. Code</th>
<th>Clark Level</th>
<th>Anatomic Extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>I</td>
<td>In situ, intraepidermal, intraepithelial, noninvasive</td>
</tr>
<tr>
<td>100</td>
<td>II</td>
<td>Papillary dermis invaded</td>
</tr>
<tr>
<td>200</td>
<td>III</td>
<td>Papillary-recticular dermal interface invaded</td>
</tr>
<tr>
<td>300</td>
<td>IV</td>
<td>Reticular dermis invaded</td>
</tr>
<tr>
<td>500</td>
<td>V</td>
<td>Subcutaneous tissue invaded</td>
</tr>
</tbody>
</table>

CS Extension: Melanoma

- T category
  - CS Extension code = 100-300, 400-800, or 999
    - Measured thickness (SSF1)
    - Ulceration (SSF2)
    - Primary tumor mitotic count/rate (SSF7)
      - For certain cases only
  - CS Extension code = 310-380 (stated as T_)
    - CS Extension
    - Measured thickness (SSF1)
    - Ulceration (SSF2)
    - Primary tumor mitotic count/rate (SSF7)
      - For certain cases only
Pop Quiz: CS Extension

• Final pathologic diagnosis: Malignant melanoma, superficial spreading type, Clark level I with minute focus of microinvasion.
• What is the code for CS Extension?
  a. 000: In situ; Clark level I
  b. 100: Papillary dermis invaded; Clark level II
  c. 400: Skin/dermis NOS; localized NOS
  d. 999: Unknown

CS Lymph Nodes: Melanoma

• Code isolated tumor cells (ITC) in regional lymph nodes as regional node involvement in CS Lymph Nodes
  – Code 010: ITC only (v02.04)
• Code involvement of bilateral or contralateral nodes for head, neck, and trunk tumors in CS Lymph Nodes
  – Primary nodal basement
    • Regional for AJCC and Summary Stage
  – Secondary nodal basement
    • Regional for AJCC
    • May be distant for Summary Stage

CS Lymph Nodes: Melanoma

• Stated as N_ with no other information on regional nodes (v02.04)
  – Code 121: Clinically N1
  – Codes 122-124: Pathologically N1_
  – Code 125: N1; no information on clinical or pathologic evaluation
  – Code 128: Clinically N2
  – Codes 152-154: Pathologically N2_
  – Code 155: N2; no information on clinical or pathologic evaluation
CS Lymph Nodes: Melanoma

- Code satellite lesions or in-transit metastasis in CS Lymph Nodes
  - Satellite lesions
    - Clinical or microscopic presence of satellites around the primary melanoma
  - In-transit metastases
    - Metastases between the primary melanoma and regional lymph node basin

CS Lymph Nodes: Melanoma

- Regional node involvement without satellite lesions or in-transit metastases
  - Codes 100-120 (v02.03)
  - Codes 100-118 (v02.04)
- Satellite lesions or in-transit metastases without regional node involvement
  - Codes 130-150 (v02.03)
  - Codes 140-151 (v02.04)
- Satellite lesions or in-transit metastases and regional node involvement
  - Codes 200-220 (v02.03)
  - Codes 200-223 (v02.04)

Regional Nodes Positive
Regional Nodes Examined

- Do not count satellite lesions and in-transit metastases in these fields
- Count nodes with ITCs in positive lymph node count for melanoma
Pop Quiz: Lymph Nodes

• Final diagnosis: Right forearm lesion, 2 cm, malignant melanoma, Clark level II, Breslow depth 2 mm; satellite nodule 1 cm from forearm lesion, malignant melanoma; sentinel node biopsy to right axillary nodes, 2 nodes removed, 1 with melanoma in isolated tumor cells.

Pop Quiz: Lymph Nodes

• What is the code for CS Lymph Nodes?
  a. 010: Isolated tumor cells only
  b. 100: Regional nodes by site – arm/shoulder – axillary
  c. 140: Satellite nodule(s) or in-transit metastases less than or equal to 2 cm from primary tumor
  d. 200: Satellite nodule(s) or in-transit metastases WITH regional lymph nodes listed in code 100

Pop Quiz: Lymph Nodes

• What is the code for Regional Nodes Positive?
  a. 00
  b. 01
  c. 02
  d. 95: Positive or core biopsy of lymph node

• What is the code for Regional Nodes Examined?
  a. 02
  b. 03
  c. 95: No regional nodes removed but aspiration or core biopsy of regional nodes performed
  d. 96: Regional lymph node removal documented as sampling and number of nodes unknown/not stated
Collecting Cancer Data: Melanoma

CS Mets at DX: Melanoma

- Do not code involvement of contiguous and bidirectional nodal basins in CS Mets at DX
  - Code such nodal involvement in CS Lymph Nodes
- M category
  - CS Mets at DX code = 05, 10, 42, 43, 52, 53, 55, 56, or 60
  - Serum lactate dehydrogenase - LDH (SSF4)

Pop Quiz: CS Mets at DX

- Final diagnosis: Right forearm lesion, 2 cm, malignant melanoma, Clark level II, Breslow depth 2 mm; lymphadenectomy – 1/5 metastatic axillary nodes; 1/1 metastatic supraclavicular node. Chest x-ray: normal.
- What is the code for CS Mets at DX?
  a. 00: No distant metastasis
  b. 10: Distant lymph nodes
  c. 60: Distant metastasis NOS
  d. 99: Unknown

SSF1: Measured Thickness (Depth)
Breslow Measurement

- Code measured thickness of primary melanoma in hundredths of mm
  - Breslow measurement
    - Vertical measurement from the granular layer of the epidermis to the deepest point of invasion
  - Code measurement labeled as thickness or depth
    - Next priority: Measurement described as taken from the cut surface of specimen
    - Last priority: Third dimension in a statement of tumor size
SSF1: Measured Thickness (Depth) Breslow Measurement

- Assign code 999 (unknown) for melanoma in situ
- Code maximum tumor thickness if there is biopsy followed by definitive excision
  - Do not add the measurements together

Pop Quiz: SSF1

- Patient A
  - Punch biopsy right upper back: Superficial spreading melanoma, Breslow depth 6.3 mm
  - Wide excision right upper back: Superficial spreading melanoma, Breslow thickness 3.2 mm
- What is the code for SSF1?
  a. 320
  b. 630
  c. 950
  d. 999: Unknown

SSF2: Ulceration

- Code the absence (000) or presence (010) of primary tumor ulceration as documented in path report
  - Ulceration: Absence of intact epidermis covering primary melanoma
  - Assign code 000 (no ulceration present) if path report is available for review and there is no mention of ulceration
Pop Quiz: SSF2

- Final diagnosis: Right forearm lesion, 2 cm, malignant melanoma, Clark level II, Breslow depth 2 mm.
- What is the code for SSF2?
  a. 000: No ulceration present
  b. 010: Ulceration present
  c. 999: Unknown

SSF3: Clinical Status of Lymph Node Mets

- Tumor burden of nodal metastases
  - Micrometastasis
    • No clinical regional lymph node metastasis but nodes pathologically positive
  - Macrometastasis
    • Regional lymph node metastasis confirmed pathologically by lymphadenectomy

<table>
<thead>
<tr>
<th>SSF3: Clinical Status of Lymph Node Mets (v02.04)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>000</td>
<td>OBSOLETE DATA RETAINED V0204</td>
</tr>
<tr>
<td>005</td>
<td>Clinically-negative lymph node metastasis AND no pathologic examination performed Or unknown if pathologic exam performed Or nodes negative on pathologic examination</td>
</tr>
<tr>
<td>010</td>
<td>Clinically occult (microscopic) lymph node metastasis only</td>
</tr>
<tr>
<td>020</td>
<td>OBSOLETE DATA RETAINED V0204</td>
</tr>
<tr>
<td>043</td>
<td>Clinically apparent nodal metastasis in 1 regional node</td>
</tr>
<tr>
<td>045</td>
<td>Clinically apparent nodal metastasis in 2-3 regional nodes</td>
</tr>
<tr>
<td>048</td>
<td>Clinically apparent nodal metastasis in 4+ regional nodes</td>
</tr>
<tr>
<td>050</td>
<td>Clinically apparent nodal metastasis in regional node(s) but number not specified</td>
</tr>
<tr>
<td>100</td>
<td>Clinically apparent in transit metastasis only</td>
</tr>
<tr>
<td>150</td>
<td>Clinically apparent in transit metastasis and clinically apparent nodal metastasis (at least one node)</td>
</tr>
</tbody>
</table>
Pop Quiz: SSF3

- Patient diagnosed elsewhere. Referred here for treatment. Wide excision of left leg lesion, melanoma Clark II Breslow 3mm; superficial inguinal lymphadenectomy, 1 of 5 lymph nodes with metastasis.

- What is the code for SSF3?
  a. 043: Clinically apparent nodal metastasis in 1 regional node
  b. 048: Clinically apparent nodal metastasis in 4+ regional nodes
  c. 050: Clinically apparent nodal metastasis in regional nodes but number not specified
  d. 999: Unknown or no information about clinical nodal involvement

SSF4: Serum Lactate Dehydrogenase (LDH)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>Within normal limits</td>
</tr>
<tr>
<td>010</td>
<td>Range 1: Less than 1.5 x upper limit of normal for LDH assay Stated as elevated NOS</td>
</tr>
<tr>
<td>020</td>
<td>Range 2: 1.5 – 10 x upper limit of normal for LDH assay</td>
</tr>
<tr>
<td>030</td>
<td>Range 3: More than 10 x upper limit of normal for LDH assay</td>
</tr>
<tr>
<td>988</td>
<td>Not applicable</td>
</tr>
<tr>
<td>997</td>
<td>Test ordered, results not in chart</td>
</tr>
<tr>
<td>998</td>
<td>Test not done</td>
</tr>
<tr>
<td>999</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

- Use information from same test used to code SSF5 and SSF6

SSF4: Serum Lactate Dehydrogenase (LDH)

- Positive LDH results from 2 lab tests required to code as positive (v02.04 clarification)
  - Assign code 000 if 1st test positive and 2nd test negative
  - Assign code 999 if 1st test positive and no 2nd test performed
  - Assign code 999 if 1st test positive and no information about 2nd test
  - Assign code 000 if only 1 test performed and it is within normal limits
SSF5: LDH Lab Value
- Record LDH lab value prior to treatment or within 6 weeks of diagnosis
  - Record exact value for values 001-800
  - Record range for values 801 and greater
  - Use information from same test used to code SSF4 and SSF6

SSF6: LDH Upper Limits of Normal
- Record exact upper limit of normal for LDH as documented on lab report
  - Values vary by lab
  - Use information from same test used to code SSF4 and SSF5

Pop Quiz: SSF4, SSF5, and SSF6
- 2/27/12: LDH lab value elevated at 300; lab range 150-250 U/L
- 3/7/12: Punch biopsy left arm – melanoma
- 3/7/12: LDH lab value 200; lab range 150-250 U/L
- 3/21/12: Wide excision left arm – 0.5 cm melanoma, Breslow 3mm, Clark II
Pop Quiz: SSF4 and SSF5

- What is the code for SSF4?
  a. 000: Within normal limits
  b. 010: Range 1: Less than 1.5 x upper limit of normal
  c. 998: Test not done
  d. 999: Unknown

- What is the code for SSF5?
  a. 200
  b. 300
  c. 998: Test not done
  d. 999: Unknown

Pop Quiz: SSF6

- What is the code for SSF6?
  a. 150
  b. 250
  c. 998: Test not done
  d. 999: Unknown

SSF7: Primary Tumor Mitotic Count/Rate

- Record the number of mitoses per square mm as documented in path report
- T category
  - CS Extension code = 100-800 or 999; SSF1 (measured thickness) = 001-100
    • Ulceration (SSF2)
    • Primary tumor mitotic count/rate (SSF7)
- Code 996 (v02.04)
  - Mitotic rate described with denominator other than square mm
Pop Quiz: SSF7

• Final path diagnosis: Nodular melanoma, right ankle, Breslow 3 mm; Clark III; greater than 1 mitosis per square mm.
• What is the code for SSF7?
  a. 001
  b. 990: Stated as less than 1 mitosis/square mm; stated as nonmitogenic
  c. 991: Stated as at least 1 mitosis/square mm; stated as mitogenic
  d. 996: Mitotic rate described with denominator other than square mm

SSF8: Primary Tumor Regression

• Record the absence or presence of regression as documented in path report
  – Assign code 000 (regression absent) if regression is not identified

SSF9: Vertical Growth Phase (VGP)

• Record the absence or presence of VGP as documented in path report
  – Assign code 000 (VGP absent) if VGP is not identified
  – Assign code 010 (VGP present) if VGP is identified OR if tumor is nodular melanoma
Pop Quiz: SSF8 and SSF9

- Final path diagnosis: Nodular melanoma, Breslow 1 mm; Clark level III.
- What is the code for SSF8?
  - 000: Regression absent
  - 010: Regression present
  - 999: Unknown
- What is the code for SSF9?
  - 000: VGP absent
  - 010: VGP present
  - 999: Unknown

Standard Setters SSF Requirements for Melanoma Skin

- CoC, SEER
  - SSF: 1-7
- NPCR
  - SSF: 1-4, 7
- Canadian Council of Cancer Registries
  - SSF: 1-4, 5-6*, 7, 8-9**
    - * Collect if readily available in clinical chart
    - ** Collect if in path report
**DIAGNOSTIC BIOPSIES**

**Excisional Biopsy**
- Suspicious pigmented lesions usually undergo an excisional biopsy
  - 1-3mm margins
  - Elliptical shape
  - Should be done with future lymphatic mapping in mind

**Punch Biopsy**
- For some sites a standard excisional biopsy may be inappropriate
  - Face, palmar surface of the hand, sole of the foot, distal digit, subungal (under a nail)
  - Very large lesions
- May be excisional or incisional
Shave Biopsy

- Superficial
  - "shaves" off the epidermis and part of the dermis
  - Not generally done for suspected invasive melanoma
- Deep
  - "Scoops" out the suspicious lesion with sufficient depth to stage
- Least invasive type of biopsy
  - No stitches

Clinical Stage

- Pathology report
  - Breslow’s Depth
  - Ulceration
  - Mitotic rate
  - Deep and peripheral margin status
  - Satellitosis
- Clinically positive lymph nodes
- In-transit metastasis
- Imaging if suspected distant mets
- LDH

Coding Surgical Procedures

- Incisional biopsy
  - Removal of the tumor with positive margins
    - Punch
    - Shave
    - Elliptical
  - Code as a diagnostic staging procedure (02)
- Excisional biopsy (27)
  - Elliptical
  - Shave
  - Punch
Coding Surgical Procedures

- Mohs Surgery
  - 34-margins unknown
  - 35-margins 1cm or less
  - 36-margins 1cm or more

- Biopsy of primary tumor followed by gross excision of the lesion (codes 30-33)
  - Incisional biopsy followed by gross excision
  - Excisional biopsy with margins less than 1cm
  - Does not have to be done under the same anesthesia

- Wide excision
  - Code 45 if the nearest involved margin is more than 1cm, but unknown how much more.
  - Code 46 if the nearest involved margin is >1cm and ≤ or = 2cm
  - Code 47 if the nearest involved margin is >2cm
Wide excision

• In situ melanoma
  – ≤.5cm
• Stage IA
  – 1cm margins
• Breslow’s depth of 1.01 to 2.0mm
  – 1-2cm margins
• Breslow’s depth more than 2.1 mm
  – 2cm margins

Sentinel Lymph Node Biopsy

Lymph Node Dissection

• Clinically negative lymph nodes
  – If sentinel lymph node is negative, regional node dissection is not required
  – If sentinel lymph node is positive, dissection of the lymph node basin should be offered.
• Clinically positive lymph nodes
  – Lymph node dissection of the lymph node basin should be offered
Adjuvant treatment

- Stage III (lymph node positive)
  - Interferon (BRM)
    - Low dose or intermediate dose
    - High-dose or pegylated interferon
  - Stage IV (distant metastasis)
    - Clinical Trial
    - Chemotherapy
    - Ipilimumab (BRM)
    - Excision of solitary metastatic lesions
    - Radiation

PUVA

- Psoralens (P) and then exposing the skin to UVA (long wave ultraviolet radiation)
  - Code as Other treatment

QUESTIONS?
Coming up!

- 6/14/12
  - Using and Interpreting Data Quality Indicators
- 7/12/12
  - ICD-10-CM and Cancer Surveillance

And the winners of the fabulous prizes are....

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Thank You!

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