



**NAACCR Hospital Registry
Webinar Series**

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NAACCR Webinar 411

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- Please enter all questions in the Q & A panel
- Webinar has been approved for 4 NCRA CE hours
 - ◆ Approval number is 2007-137




**Abstracting Other Digestive
System Cancer Incidence and
Treatment Data**

Presented by:
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Other Digestive System

- Liver and intrahepatic bile ducts
- Gallbladder
- Extrahepatic bile ducts
- Pancreas



Overview



Accessory Organs of the Digestive System


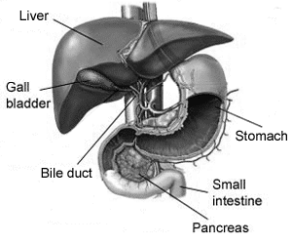
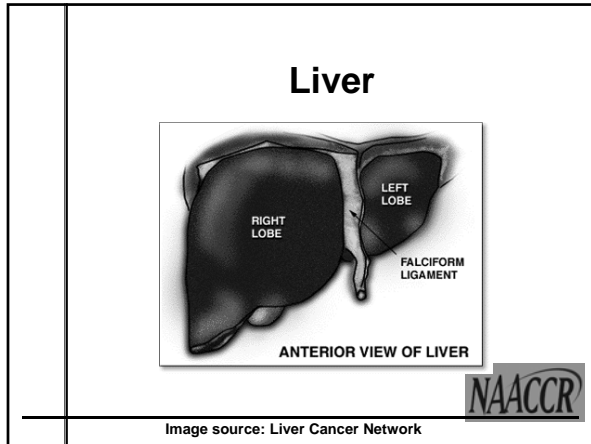


Image source: Pure Body Institute



Hepatitis C

- **4 million Americans**
 - ◆ 1.3% of the US population
- **170 million worldwide**
 - ◆ 3% of the worldwide population
- **Chronic Hepatitis C can progress to:**
 - ◆ Liver failure
 - ◆ Cirrhosis
 - ◆ Liver Cancer

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Cirrhosis

- **Healthy liver tissue is replaced with scar tissue**
- **Scar tissue blocks the flow of blood through the liver**
- **Slows the processing of nutrients, hormones, drugs and naturally produced toxins**

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Bile Ducts

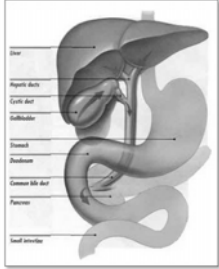


Image source: Surgical Consultants of San Antonio

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Gallbladder

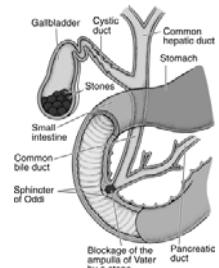


Image source: Merck Manuals

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Pancreas

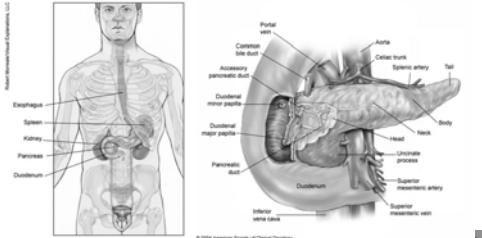



Image source: American Society for Clinical Oncology

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Primary Site for Other Digestive Cancer

<p>■ C22.1</p> <ul style="list-style-type: none">◆ Intrahepatic bile duct	<p>■ C24.0</p> <ul style="list-style-type: none">◆ Extrahepatic bile duct<ul style="list-style-type: none">◆ Bile duct NOS◆ Common bile duct◆ Cystic bile duct◆ Hepatic bile duct◆ Sphincter of Oddi
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Primary Site for Other Digestive Cancer

- **Assign primary site of pancreatic cancer originating in islets of Langerhans or endocrine pancreas to C25.4 even if site is documented as head, body, or tail**




Histology

- **Liver**
 - ◆ **Hepatocellular carcinoma**
 - ◆ Possible risk factors include
 - Chronic hepatitis B & C
 - Cirrhosis of the liver
 - Excessive alcohol use




Histology

- **Bile ducts**
 - ◆ **Cholangiocarcinoma**
 - ◆ Intrahepatic
 - ◆ Perihilar
 - ◆ Distal
- **Gallbladder**
 - ◆ **Adenocarcinoma**




Histology

- **Exocrine pancreas**
 - ◆ **Most common: ductal adenocarcinoma**
 - ◆ **Less common**
 - ◆ Adenosquamous carcinoma
 - ◆ Acinar cell carcinoma
 - ◆ Giant cell carcinoma
 - ◆ Pancreatoblastoma




Histology

- **Endocrine pancreas**
 - ◆ Islet cell carcinoma
 - ◆ Gastrinoma, malignant
 - ◆ Glucagonoma, malignant
 - ◆ Somatostatinoma, malignant
 - ◆ Vipoma



2007 MPH Rules



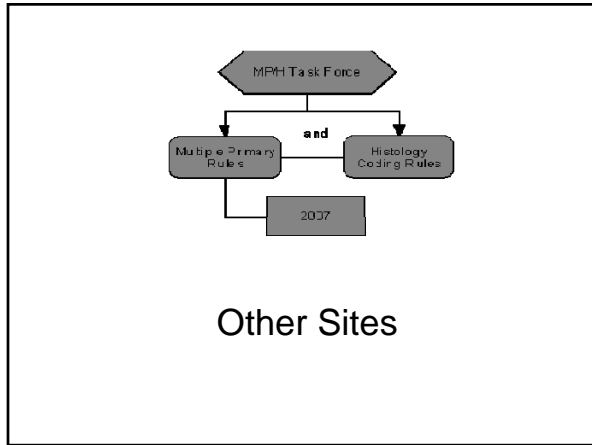


Table 2 Continued

Use this **two-page** table to select combination histology codes.

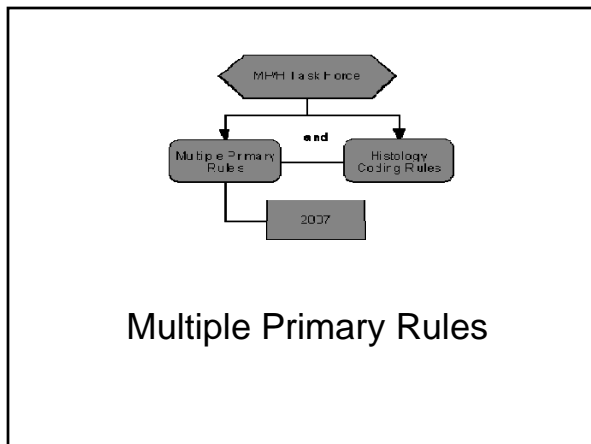
Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Small cell carcinoma	Large cell carcinoma	Combined small cell carcinoma	8045
	Adeno-carcinoma		
	Squamous cell carcinoma		
Squamous carcinoma	Basal cell carcinoma	Basosquamous carcinoma	8094
Islet cell	Exocrine	Mixed islet cell and exocrine adenocarcinoma (pancreas)	8154
Acinar	Endocrine		

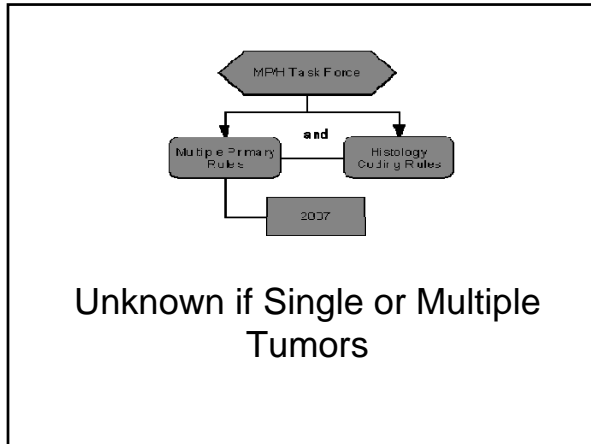
Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Hepatocellular carcinoma	Cholangio-carcinoma	Combined hepatocellular carcinoma and cholangiocarcinoma	8180
Adenocarcinoma	Carcinoid	Composite carcinoid	8244
Adenocarcinoma	Papillary	Adenocarcinoma with mixed subtypes Adenocarcinoma combined with other types of carcinoma	8255
	Clear cell		
	Mucinous (colloid)		
	Signet ring		
	Acinar		

Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Gyn malignancies with two or more of the histologies in column 2	Clear cell Endometrioid Mucinous Papillary Serous Squamous Transitional (Brenner)	Mixed cell adenocarcinoma	8323
Papillary and Follicular		Papillary carcinoma, follicular variant	8340
Medullary	Follicular	Mixed medullary-follicular carcinoma	8346

Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Medullary	Papillary	Mixed medullary-papillary carcinoma	8347
Squamous carcinoma and Adenocarcinoma		Adeno-squamous carcinoma	8560
Any combination of histologies in Column 2	Myxoid Round cell Pleomorphic	Mixed liposarcoma	8855
Embryonal rhabdomyosarcoma	Alveolar rhabdomyosarcoma	Mixed type rhabdomyosarcoma	8902

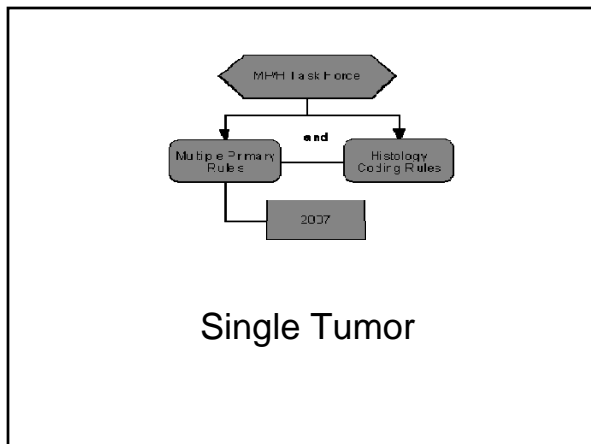
Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Teratoma	Embryonal carcinoma	Teratocarcinoma	9081
Teratoma and one or more of the histologies in Column 2	Seminoma Yolk sac tumor	Mixed germ cell tumor	9085
Choriocarcinoma	Teratoma Seminoma Embryonal	Choriocarcinoma combined with other germ cell elements	9101





Unknown if Single or Multiple Tumors

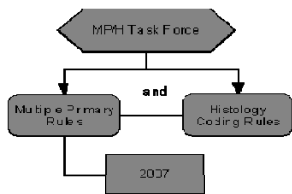
- **Rule M1**
 - When it is not possible to determine if there is a single or multiple tumors, opt for a single tumor and abstract as a single primary.
 - Use this rule only after all sources of information have been exhausted.



Single Tumor

- **Rule M2**

- A single tumor is always a single primary no matter how large the tumor is or how many regional sites it may involve.



Multiple Tumors

Multiple Tumors

- **Rule M3**
 - Adenocarcinoma of the prostate is always a single primary.
- **Rule M4**
 - Retinoblastoma is always a single primary (unilateral or bilateral).
- **Rule M5**
 - Kaposi sarcoma (any site or sites) is always a single primary.
- **Rule M6**
 - Follicular and papillary tumors in the thyroid within 60 days of diagnosis are a single primary.
- **Rule M7**
 - Bilateral epithelial tumors (8000-8799) of the ovary within 60 days are a single primary.

Multiple Tumors

- **Rule M8**
 - Tumors on both sides (right and left) of a site listed in Table 1 are multiple primaries.
- **Rule M9**
 - Adenocarcinoma in adenomatous polyposis coli (familial polyposis) with one or more in situ or malignant polyps is a single primary.
 - *Note: Tumors may be present in a single or multiple segments of the colon, rectosigmoid, rectum.*
- **Rule M10**
 - Tumors diagnosed more than one (1) year apart are multiple primaries.

Multiple Tumors

- **Rule M11**
 - Tumors with ICD-O-3 topography codes that are different at the second (C~~X~~xx) and/or third characters (C~~X~~x) are multiple primaries.
 - Example 1:
 - A tumor in the common bile duct (C24.0) and a tumor in the head of the pancreas (C25.0).
 - Multiple primaries.
 - Example 2:
 - A tumor in the liver (C22.0) and a tumor in the intrahepatic bile duct (C22.1)
 - Move to the next rule.

Multiple Tumors

- **Rule M12**
 - Tumors with ICD-O-3 topography codes that differ only at the fourth character (Cxxx) and are in any one of the following primary sites are multiple primaries.
 - Anus and anal canal (C21_)
 - Bones, joints, and articular cartilage (C40_ - C41_)
 - Peripheral nerves and autonomic nervous system (C47_)
 - Connective subcutaneous and other soft tissues (C49_)
 - Skin (C44_)

Multiple Tumors

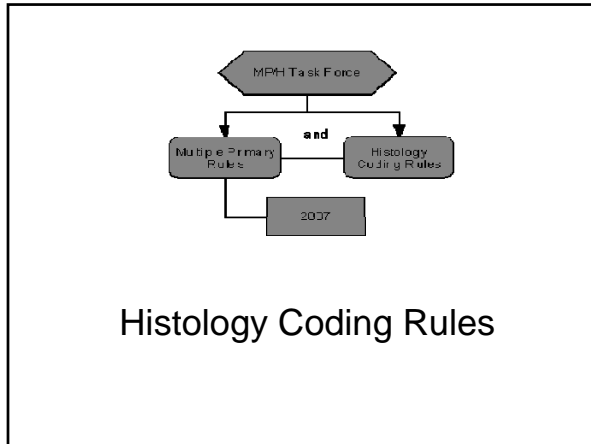
- **Rule M13**
 - A frank in situ or malignant adenocarcinoma and an in situ or malignant tumor in a polyp are a single primary.
- **Rule M14**
 - Multiple in situ and/or malignant polyps are a single primary.
 - *Note:* Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.
- **Rule M15**
 - An invasive tumor following an in situ tumor more than 60 days after diagnosis is a multiple primary.

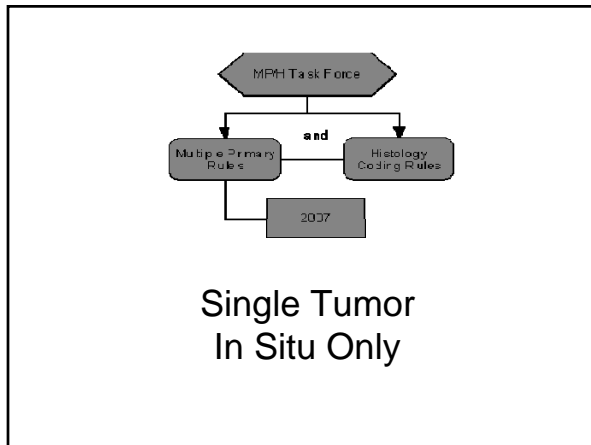
Multiple Tumors

- **Rule M16**
 - Abstract as a single primary when one tumor is:
 - Cancer/malignant neoplasm, NOS (8000) and another is a specific histology or
 - Carcinoma, NOS (8010) and another is a specific carcinoma or
 - Squamous cell carcinoma, NOS (8070) and another is specific squamous cell carcinoma or
 - Adenocarcinoma, NOS (8140) and another is a specific adenocarcinoma or
 - Melanoma, NOS (8720) and another is a specific melanoma
 - Sarcoma, NOS (8800) and another is a specific sarcoma

Multiple Tumors

- **Rule M17**
 - Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.
- **Rule M18**
 - Tumors that do not meet any of the above criteria are a single primary.





Single Tumor In Situ Only

- **Rule H1**
– Code the histology documented by the physician when the **pathology/cytology** report is **not available**.
- **Rule H2**
– Code the histology when only **one histologic type** is identified.

Single Tumor In Situ Only

- **Rule H3**

- Code:

- **8210** (adenocarcinoma in **adenomatous polyp**)
- **8261** (adenocarcinoma in **villous adenoma**)
- **8263** (adenocarcinoma in a **tubulovillous adenoma**)

When there is any indication the tumor arose in a polyp.

Single Tumor In Situ Only

- **Rule H4**

- Code the most specific histologic term when the diagnosis is:

- Carcinoma in situ, NOS (8010) and a specific in situ carcinoma or
- Squamous cell carcinoma in situ, NOS (8070) and a specific in situ squamous cell carcinoma or
- Adenocarcinoma in situ, NOS (8140) and a specific in situ adenocarcinoma or
- Melanoma in situ, NOS (8720) and a specific in situ melanoma

Single Tumor In Situ Only

- Specific histology may be identified as:

- Type
- Subtype
- Predominantly
- With features of
- Major
- With ___ differentiation
- Architecture
- Pattern.

- The terms architecture and pattern are subtypes only for in situ cancer.

Single Tumor In Situ Only

- **Rule H5**
 - Code the appropriate combination/mixed code (Table 2) when there are multiple specific histologies or when there is a non-specific histology with multiple specific histologies
- **Rule H6**
 - Code the histology with the numerically higher ICD-O-3 code.

Single Tumor Invasive and In Situ

- **Rule H7**
 - Code the single invasive histology. Ignore the in situ terms.

Single Invasive Tumor

- **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 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is acinar (adeno)carcinoma.
- **Rule H11**
 - Code the histology when only one histologic type is identified

Single Invasive Tumor

- **Rule H12**

- Code:

- 8210 (adenocarcinoma in adenomatous polyp)
 - 8261 (adenocarcinoma in villous adenoma),
 - 8263 (adenocarcinoma in a tubulovillous adenoma)

- when there is any indication the tumor arose in a polyp

Single Invasive Tumor

- **Rule H13**

- Code the most specific histologic term.

- Example:

- Invasive poorly differentiated squamous cell carcinoma with basaloid features

- Code to 8083/3, basaloid squamous cell carcinoma*

- Specific histology may be identified as type, subtype, predominantly, **with features of**, major, or with ___ differentiation

Single Invasive Tumor

- **Rule H14**

- Code papillary carcinoma of the thyroid to papillary adenocarcinoma, NOS (8260).

- **Rule H15**

- Code follicular and papillary carcinoma of the thyroid to papillary carcinoma, follicular variant (8340).

Single Invasive Tumor

- **Rule H16**
 - Code the appropriate combination/mixed code (Table 2) when there are multiple specific histologies or when there is a non-specific histology with multiple specific histologies
- **Example 1 (multiple specific histologies):** Pancreatic lesion; islet cell carcinoma and exocrine carcinoma. Code 8154.
- **Example 2 (non-specific with multiple specific histologies):** Liver lesion; carcinoma with hepatocellular carcinoma and cholangiocarcinoma. Code 8180.

Single Invasive Tumor

- **Rule H17**
 - Code the histology with the **numerically higher** ICD-O-3 code.

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

- **Rule H18**
 - Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available
- **Rule H19**
 - Code the histology from a metastatic site when there is no pathology/cytology specimen from the primary site.

**MULTIPLE TUMORS ABSTRACTED
AS A SINGLE PRIMARY**

- **Rule H20**
 - Code 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is acinar (adeno)carcinoma.
- **Rule H21**
 - Code 8077/2 (Squamous intraepithelial neoplasia, grade III) for in situ squamous intraepithelial neoplasia grade III in sites such as the vulva (VIN III) vagina (VAIN III), or anus (AIN III).
- **Rule H22**
 - Code 8148/2 (Glandular intraepithelial neoplasia grade III) for in situ glandular intraepithelial neoplasia grade III in sites such as the pancreas (PAIN III).

**MULTIPLE TUMORS ABSTRACTED
AS A SINGLE PRIMARY**

- **Rule H23**
 - Code the histology when only one histologic type is identified
- **Rule H24**
 - Code the histology of the underlying tumor when there is extramammary Paget disease and an underlying tumor of the anus, perianal region, or vulva.
- **Rule H25**
 - Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma) when there is any indication the tumor may have arisen in a polyp

**MULTIPLE TUMORS ABSTRACTED
AS A SINGLE PRIMARY**

- **Rule H26**
 - Code papillary carcinoma of the thyroid to papillary adenocarcinoma, NOS (8260).
- **Rule H27**
 - Code follicular and papillary carcinoma of the thyroid to papillary carcinoma, follicular variant (8340).
- **Rule H28**
 - Code the single invasive histology for combinations of invasive and in situ. Ignore the in situ terms.

**MULTIPLE TUMORS ABSTRACTED
AS A SINGLE PRIMARY**

- **Rule H29**
 - Code the most specific histologic term.
 - Example:
 - Two tumors in the pancreas. Biopsy of the first tumor shows carcinoma. Biopsy of the second tumor shows islet cell carcinoma.
 - Code to islet cell carcinoma as it is a more specific type of carcinoma.


**MULTIPLE TUMORS ABSTRACTED
AS A SINGLE PRIMARY**

- **Rule H30**
 - Code the appropriate combination/mixed code (Table 2) when there are multiple specific histologies or when there is a non-specific histology with multiple specific histologies
- **Rule H31**
 - Code the histology with the numerically higher ICD-O-3 code.


MP/H Task Force




Quiz





Collaborative Stage





CS Tumor Size	
<u>Code</u>	<u>Description</u>
000	No mass or tumor
001-988	Exact size in millimeters
989	989 mm or larger
990	Microscopic focus
991	Described as less than 1 cm
992-995	Described as less than 2-5 cm OR greater than 1-4 cm OR between 1-4 cm and 2-5 cm
999	Unknown





	<h2>Liver and Intrahepatic Bile Ducts</h2> 
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	<h2>CS Extension</h2>
	<ul style="list-style-type: none">■ Note 1<ul style="list-style-type: none">◆ In codes 30, 40, & 65, “multiple (satellite) nodules/tumors” includes satellitosis, multifocal tumors, and intrahepatic metastases 


	<h2>CS Extension</h2>
	<ul style="list-style-type: none">■ Note 2<ul style="list-style-type: none">◆ Major vascular invasion (code 63) is defined as invasion of branches of the main portal vein or as invasion of 1 or more of the 3 hepatic veins. Invasion of hepatic artery or vena cava is assigned code 66. 


	CS Extension
	<ul style="list-style-type: none">■ Code 10: Single lesion (one lobe) WITHOUT intrahepatic vascular invasion■ Code 20: Single lesion (one lobe) WITH intrahepatic vascular invasion■ Code 30: Multiple (satellite) nodules (one lobe) WITHOUT intrahepatic vascular invasion■ Code 40: Multiple (satellite) nodules (one lobe) WITH intrahepatic vascular invasion
	

	CS Extension
	<ul style="list-style-type: none">■ Code 50: Confined to liver; localized, NOS■ Code 51: More than 1 lobe involved by contiguous growth (single lesion) WITHOUT vascular invasion■ Code 52: More than 1 lobe involved by contiguous growth (single lesion) WITH vascular invasion
	

	CS Extension
	<ul style="list-style-type: none">■ Code 53: Extension to gallbladder, extent within liver not stated■ Code 54: Single lesion with extension to gallbladder + [(10) or (51)]■ Code 55: Single lesion with extension to gallbladder + [(20) or (52)]■ Code 56: Extension to gallbladder + [(30) or (40)]
	


	CS Extension
	<ul style="list-style-type: none">■ Code 58: Extrahepatic bile ducts■ Code 63: Major vascular invasion: major branches of portal or hepatic veins■ Code 64: Direct extension/perforation of visceral peritoneum
	

	CS Extension
	<ul style="list-style-type: none">■ Code 65: Multiple (satellite) nodules in more than 1 lobe of liver or on surface of parenchyma; satellite nodules NOS■ Code 66: Extension to hepatic artery or vena cava■ Code 67: (63) + (65)■ Code 70: Diaphragm
	

	CS Extension
	<ul style="list-style-type: none">■ Code 75: Lesser omentum; ligaments (coronary, falciform, hepatoduodenal, hepatogastric, round of liver, triangular); parietal peritoneum■ Code 76: [(65) or (67)] + any of [(64) or (66) or (70) or (75)]
	


CS Extension

- **Code 80: Further contiguous extension – pancreas, pleura, stomach, other**
- **Code 95: No evidence of primary tumor**
- **Code 99: Unknown**




CS Tumor Size/Ext Eval


<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; dx not suspected
9	Unknown





CS Lymph Nodes


- **Code 00: None**
- **Code 10: Regional lymph nodes**
 - ◆ Hepatic NOS; hepatoduodenal ligament; periportal; portal vein
- **Code 80: Lymph nodes NOS**
- **Code 99: Unknown**





	CS Mets at DX
	<ul style="list-style-type: none">■ Code 00: None■ Code 10: Distant lymph nodes NOS■ Code 11: Distant lymph nodes<ul style="list-style-type: none">◆ Cardiac; lateral; pericardial; posterior mediastinal; retroperitoneal■ Code 12: Distant lymph nodes<ul style="list-style-type: none">◆ Coronary artery; renal artery
	


	CS Mets at DX
	<ul style="list-style-type: none">■ Code 13: Distant lymph nodes<ul style="list-style-type: none">◆ Aortic; diaphragmatic NOS; peripancreatic (near head of pancreas only)■ Code 15: Distant lymph nodes other than codes 10-13■ Code 40: Distant metastasis except distant lymph nodes
	


	CS Mets at DX
	<ul style="list-style-type: none">■ Code 50: (40) + [(10) or (11) or (15)]■ Code 52: (40) + [(12) or (13)]■ Code 99: Unknown
	


	SSF 1 Alpha-fetoprotein (AFP)
	<ul style="list-style-type: none">■ Widely used biochemical blood test for liver cancer■ Elevated AFP blood test is seen in about 60% of hepatocellular carcinoma(HCC) patients■ AFP may also be used as a marker of response to treatment
	


	Site-Specific Factor (SSF) 1 Alpha Fetoprotein (AFP)
	<ul style="list-style-type: none">■ Code 000: Test not done■ Code 010: Positive/elevated■ Code 020: Negative/normal■ Code 030: Borderline; undetermined whether positive or negative■ Code 080: Ordered, but results not in chart■ Code 999: Unknown
	


	SSF 2 Fibrosis
	<ul style="list-style-type: none">■ The accumulation of tough, fibrous scar tissue in the liver■ As the inflammation and liver injury continue, scar tissue builds up and connects with existing scar tissue.■ If the disease progresses, it can lead to cirrhosis, a condition in which the liver is severely scarred, its blood flow is restricted, and its ability to function is impaired.
	


	ISHAK FIBROSIS SCORE
	<ul style="list-style-type: none">■ Score of 1-2<ul style="list-style-type: none">◆ Minimal liver scarring around liver blood vessels■ Score of 3<ul style="list-style-type: none">◆ Scarring extended out from liver blood vessels■ Score of 4<ul style="list-style-type: none">◆ Scarring that forms "bridges" between blood vessels■ Score of 5-6<ul style="list-style-type: none">◆ Extensive scarring or cirrhosis
	


	SSF 2 Fibrosis Score
	<ul style="list-style-type: none">■ Code 000: F0<ul style="list-style-type: none">◆ Fibrosis score 0-4 (none to moderate fibrosis)■ Code 001: F1<ul style="list-style-type: none">◆ Fibrosis score 5-6 (severe fibrosis or cirrhosis)■ Code 999: Fibrosis score not recorded
	


	Gallbladder
	


	CS Extension
	<ul style="list-style-type: none">■ Code 00: In situ■ Code 10: Invasive tumor confined to:<ul style="list-style-type: none">◆ Lamina propria; mucosa; submucosa■ Code 20: Muscularis propria■ Code 30: Localized NOS■ Code 40: Perimuscular connective tissue
	


	CS Extension
	<ul style="list-style-type: none">■ Code 50: Invasion of/through serosa (visceral peritoneum)■ Code 55: (40) + (50)■ Code 60: Extension into liver NOS■ Code 61: Extension into liver less than or equal to 2 cm
	


	CS Extension
	<ul style="list-style-type: none">■ Code 62: Extension to ONE of the following:<ul style="list-style-type: none">◆ Ampulla of Vater; duodenum; extrahepatic bile duct; omentum; pancreas; small intestine■ Code 65: Extension to ONE of the following WITHOUT extension to any structure in 62:<ul style="list-style-type: none">◆ Colon; stomach
	


	<h3>CS Extension</h3> <ul style="list-style-type: none">■ Code 66: Extension to cystic artery/vein WITHOUT extension to any structure in [(62) to (65)]■ Code 67: [(60) or (61) PLUS extension to ONE structure in codes [(62) to (65)]■ Code 68: 66 + [(60) or (61)] 
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	<h3>CS Extension</h3> <ul style="list-style-type: none">■ Code 71: Extension into liver greater than 2 cm WITHOUT extension to any structure in [(62) to (66)]■ Code 72: Extension into liver greater than 2 cm PLUS extension to one structure in [(62) to (66)]■ Code 73: Extension to 2 or more structures in [(62) to (66)] with or without extension into liver of any depth 
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	<h3>CS Extension</h3> <ul style="list-style-type: none">■ Code 75: Extension to:<ul style="list-style-type: none">◆ Hepatic artery; portal vein■ Code 78: (75) + any of [(60) to (73)]■ Code 80: Further contiguous extension including<ul style="list-style-type: none">◆ Abdominal wall; diaphragm■ Code 95: No evidence of primary tumor■ Code 99: Unknown 
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	CS Lymph Nodes
	<ul style="list-style-type: none">■ Code 00: None■ Code 10: Regional lymph nodes<ul style="list-style-type: none">◆ Cystic duct; Node of foramen of Winslow; pericholedochal■ Code 11: Regional lymph nodes<ul style="list-style-type: none">◆ Porta hepatis■ Code 20: Regional lymph nodes<ul style="list-style-type: none">◆ Pancreaticoduodenal
	


	CS Lymph Nodes
	<ul style="list-style-type: none">■ Code 21: Regional lymph nodes<ul style="list-style-type: none">◆ Periduodenal; peripancreatic (near head of pancreas only)■ Code 25: (11) + (20)■ Code 30: Regional lymph nodes NOS■ Code 50: Celiac lymph nodes■ Code 60: Superior mesenteric lymph nodes■ Code 80: Lymph nodes NOS■ Code 99: Unknown
	


	CS Mets at DX
	<ul style="list-style-type: none">■ Code 00: None■ Code 10: Distant lymph nodes including:<ul style="list-style-type: none">◆ Para-aortic; peripancreatic (along body & tail of pancreas only)■ Code 40: Distant metastases except distant lymph nodes■ Code 50: Distant lymph nodes plus other distant metastases■ Code 99: Unknown
	


	<h2>Extrahepatic Bile Ducts</h2> <p style="text-align: right;"></p>
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	<h2>CS Extension</h2> <ul style="list-style-type: none">■ Code 00: In situ■ Code 10: Invasive tumor of extrahepatic bile duct confined to:<ul style="list-style-type: none">◆ Lamina propria; mucosa; submucosa■ Code 20: Muscularis propria■ Code 30: Localized NOS■ Code 40: Beyond wall of bile duct; periductal/fibromuscular connective tissue <p style="text-align: right;"></p>
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	<h2>CS Extension</h2> <ul style="list-style-type: none">■ Code 60: Gallbladder; liver; pancreas■ Code 61: Unilateral branches of portal vein; unilateral branches of hepatic artery■ Code 65: Transverse colon including flexure & colon NOS; duodenum; lesser omentum & omentum NOS; distal stomach <p style="text-align: right;"></p>
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	CS Extension
	<ul style="list-style-type: none">■ Code 66: Main portal vein or its branches bilaterally; common hepatic artery; hepatic artery NOS; portal vein NOS■ Code 70: Other parts of colon; greater omentum; proximal stomach■ Code 75: Abdominal wall
	

	CS Extension
	<ul style="list-style-type: none">■ Code 80: Further contiguous extension■ Code 95: No evidence of primary tumor■ Code 99: Unknown
	


	CS Lymph Nodes
	<ul style="list-style-type: none">■ Code 00: None■ Code 15: Regional lymph nodes<ul style="list-style-type: none">◆ Cystic duct; hepatic; hilar in the hepatoduodenal ligament; node of the foramen of Winslow; pancreaticoduodenal; pericholedochal (node around common bile duct; periduodenal; peripancreatic (near head of pancreas only; periportal; porta hepatis
	

	<h3>CS Lymph Nodes</h3> <ul style="list-style-type: none">■ Code 35: Regional lymph nodes<ul style="list-style-type: none">◆ Celiac; superior mesenteric■ Code 80: Lymph nodes NOS■ Code 99: Unknown 
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	<h3>CS Mets at DX</h3> <ul style="list-style-type: none">■ Code 00: None■ Code 10: Distant lymph nodes including:<ul style="list-style-type: none">◆ Para-aortic; peripancreatic (along body & tail of pancreas only)■ Code 40: Distant metastases except distant lymph nodes■ Code 50: Distant lymph nodes plus distant metastases■ Code 99: Unknown 
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	<h3>Pancreas</h3> 
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	<h3>CS for Pancreas</h3> <ul style="list-style-type: none">■ 3 schemas<ul style="list-style-type: none">◆ Pancreas: Head◆ Pancreas: Body and Tail◆ Pancreas: Other and Unspecified<ul style="list-style-type: none">◆ Pancreatic duct◆ Islets of Langerhans◆ Other specified parts of pancreas◆ Overlapping lesion of pancreas◆ Pancreas NOS
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	<h3>CS for Pancreas</h3> <ul style="list-style-type: none">■ Note<ul style="list-style-type: none">◆ For tumors of islet cells, determine which subsite of the pancreas is involved and use that CS schema. If subsite cannot be determined, use pancreas other and unspecified schema.
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	<h3>CS Extension</h3> <ul style="list-style-type: none">■ Note 1: Islets of Langerhans are distributed throughout the pancreas so any extension code can be used.■ Note 2: Codes 40-80 are used for contiguous extension from the site of origin. Code discontinuous involvement in Mets at DX.
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	CS Extension Pancreas: Head
	<ul style="list-style-type: none">■ Code 00: In situ; PanIn III; pancreatic intraepithelial neoplasia III■ Code 10: Confined to pancreas■ Code 30: Localized NOS■ Code 40: Extension to peripancreatic tissue NOS; fixation to adjacent structures NOS
	


	CS Extension Pancreas: Head
	<ul style="list-style-type: none">■ Code 44: Ampulla of Vater; duodenum; extrahepatic bile duct■ Code 50: Adjacent stomach■ Code 54:<ul style="list-style-type: none">◆ Major blood vessels<ul style="list-style-type: none">◆ Gastroduodenal artery; hepatic artery; pancreaticoduodenal artery; portal vein; superior mesenteric vein◆ Transverse colon including hepatic flexure
	


	CS Extension Pancreas: Head
	<ul style="list-style-type: none">■ Code 55: Mesenteric fat; mesentery; mesocolon; peritoneum■ Code 57: Gallbladder■ Code 58: Body of stomach■ Code 59: (58) + [(55) or (57)]■ Code 60: Tumor is inseparable from the superior mesenteric artery; superior mesenteric artery
	


	CS Extension Pancreas: Head
	<ul style="list-style-type: none">■ Code 61: Omentum■ Code 63: Liver■ Code 65: (60) + [(55) or (57)]■ Code 66: (60) + (58)■ Code 67: (60) + (59) OR any of [(61) to (65)] + [(58) or (59)] OR (66) + any of [(55) or (57) or (59) or (61) or (63) or (65)]
	


	CS Extension Pancreas: Head
	<ul style="list-style-type: none">■ Code 68: Tumor is inseparable from the celiac axis; aorta; celiac artery■ Code 69: Colon (other than transverse colon including hepatic flexure)■ Code 78: Adrenal gland; ileum; jejunum; kidney; retroperitoneum; ureter
	


	CS Extension All Pancreas
	<ul style="list-style-type: none">■ Code 80: Further contiguous extension■ Code 95: No evidence of primary site■ Code 99: Unknown
	


	CS Extension Pancreas: Body & Tail
	<ul style="list-style-type: none">■ Code 44: Duodenum■ Code 48: Ampulla of Vater; extrahepatic bile duct■ Code 50: Spleen■ Code 56:<ul style="list-style-type: none">◆ Blood vessels: hepatic artery; portal vein; splenic artery/vein; superior mesenteric vein◆ Splenic flexure of colon
	


	CS Extension Pancreas: Body & Tail
	<ul style="list-style-type: none">■ Code 57: Kidney; left adrenal gland; left kidney; left ureter■ Code 58: Mesenteric fat; mesentery; mesocolon; peritoneum■ Code 59: Retroperitoneal soft tissue■ Code 60: Tumor is inseparable from the celiac axis or superior mesenteric artery; aorta; celiac artery; superior mesenteric artery
	


	CS Extension Pancreas: Body & Tail
	<ul style="list-style-type: none">■ Code 62: Stomach■ Code 70: [(60) or (62)] + [(57) or (58)]■ Code 71: Ileum; jejunum■ Code 73: Gallbladder; liver■ Code 75: (59) + any of [(60) or (62) or (71) or (73)]
	


	CS Extension Pancreas: Body & Tail
	<ul style="list-style-type: none">■ Code 77: Colon (other than splenic flexure)■ Code 78: Diaphragm; right adrenal gland; right kidney; right ureter
	


	CS Extension Pancreas: Other & Unspecified
	<ul style="list-style-type: none">■ Code 40: Peripancreatic tissue■ Code 45: Ampulla of Vater; duodenum; extrahepatic bile ducts■ Code 50: Adjacent large vessels; colon; spleen; stomach■ Code 60: Tumor is inseparable from the celiac axis or superior mesenteric artery; aorta; celiac artery; superior mesenteric artery
	


	CS Lymph Nodes Pancreas: Head
	<ul style="list-style-type: none">■ Code 00: None■ Code 10: Regional lymph nodes<ul style="list-style-type: none">◆ Celiac; gastroepiploic, left; hepatic; infrapyloric; lateral aortic; peripancreatic (see CS Manual); retroperitoneal; superior mesenteric■ Code 20: Pancreaticosplenic; splenic (superior hilum, suprapancreatic)
	

	CS Lymph Nodes All Pancreas
	<ul style="list-style-type: none">■ Code 80: Lymph nodes NOS■ Code 99: Unknown
	

	CS Lymph Nodes Pancreas: Body & Tail
	<ul style="list-style-type: none">■ Code 10: Regional lymph nodes<ul style="list-style-type: none">◆ Hepatic; lateral aortic; pancreaticosplenic; peripancreatic (see CS Manual); retroperitoneal; splenic (gastroepiploic, splenic hilum, suprapancreatic); superior mesenteric■ Code 20: Regional lymph nodes<ul style="list-style-type: none">◆ Celiac; infrapyloric
	

	CS Lymph Nodes Pancreas: Other & Unspecified
	<ul style="list-style-type: none">■ Code 10: Regional lymph nodes<ul style="list-style-type: none">◆ Celiac; hepatic; infrapyloric; lateral aortic; pancreaticosplenic; peripancreatic (see CS Manual); retroperitoneal; splenic (gastroepiploic, splenic hilum, suprapancreatic); superior mesenteric
	


	CS Mets at DX All Pancreas
	<ul style="list-style-type: none">■ Code 00: None■ Code 10: Distant lymph nodes■ Code 40: Distant metastases except distant lymph nodes; includes seeding of peritoneum■ Code 50: Distant lymph nodes plus other distant metastases■ Code 99: Unknown
	

	Quiz
	

	Treatment
	


**LIVER AND INTRAHEPATIC
BILE DUCTS**

C22.0–C22.1




Surgery

**FORDS
Appendix B
page 261**





Surgery


- **10 Local tumor destruction, NOS**
 - ◆ **11 Photodynamic therapy (PDT)**
 - ◆ **12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)**
 - ◆ **13 Cryosurgery**








	<h3>Surgery</h3> <ul style="list-style-type: none">◆ 14 Laser◆ 15 Alcohol (Percutaneous Ethanol Injection-PEI)◆ 16 Heat-Radio-frequency ablation (RFA)◆ 17 Other (ultrasound, acetic acid) <p><i>No specimen sent to pathology from surgical events 10–17.</i></p> 
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	<h3>Surgery</h3> <ul style="list-style-type: none">■ 20 Wedge or segmental resection, NOS<ul style="list-style-type: none">◆ 21 Wedge resection◆ 22 Segmental resection, NOS<ul style="list-style-type: none">◆ 23 One◆ 24 Two◆ 25 Three◆ 26 Segmental resection AND local tumor destruction <p>Specimen sent to pathology from surgical events 20–26.</p> 
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	<h3>Surgery</h3> <ul style="list-style-type: none">■ 30 Lobectomy, NOS<ul style="list-style-type: none">◆ 36 Right lobectomy◆ 37 Left lobectomy◆ 38 Lobectomy AND local tumor destruction 
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	<h3>Surgery</h3> <ul style="list-style-type: none">■ 50 Extended lobectomy, NOS (extended: resection of a single lobe plus a segment of another lobe)<ul style="list-style-type: none">◆ 51 Right lobectomy◆ 52 Left lobectomy◆ 59 Extended lobectomy AND local tumor destruction 
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	<h3>Surgery</h3> <ul style="list-style-type: none">■ 60 Hepatectomy, NOS<ul style="list-style-type: none">◆ 61 Total hepatectomy and transplant■ 65 Excision of a bile duct (for an intra-hepatic bile duct primary only)<ul style="list-style-type: none">◆ 66 Excision of a bile duct PLUS partial hepatectomy■ 75 Bile duct and hepatectomy WITH transplant 
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	<h2>Chemotherapy</h2> <ul style="list-style-type: none">■ Intra Arterial Chemotherapy■ Chemoembolization<ul style="list-style-type: none">◆ Blocks small blood vessels within the tumor.◆ Exposes tumor to high concentrations of chemotherapy.◆ Deprives blood supply to the tumor 
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	<h2>Radiation</h2> <ul style="list-style-type: none">■ Beam Radiation<ul style="list-style-type: none">◆ Rarely used for liver primaries■ Brachytherapy<ul style="list-style-type: none">◆ Micro-Sphere Therapy◆ Code 50 
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	<h2>Gallbladder</h2> 
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	<h2>Surgery</h2> <p>All Other Sites FORDS Appendix B Page 284</p> 
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	<h2>Surgery</h2> <ul style="list-style-type: none">■ 40 Total surgical removal of primary site; enucleation■ 50 Surgery stated to be “debulking”■ 60 Radical surgery<ul style="list-style-type: none">◆ Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs. 
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	<h2>Chemo/Radiation</h2> <ul style="list-style-type: none">■ Adjuvant<ul style="list-style-type: none">◆ For patients with resectable tumors that show regional spread, 5 fu and radiation is often recommended.■ Primary Treatment<ul style="list-style-type: none">◆ Combined 5 fu and radiation are also recommended for patients with unresectable disease. 
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	<h2>Pancreas</h2>
	

	<h2>Surgery</h2>
	<ul style="list-style-type: none">■ 00 None; no surgery of primary site; autopsy ONLY■ 25 Local excision of tumor, NOS
	


	<h2>Surgery</h2>
	<ul style="list-style-type: none">■ 30 Partial pancreatectomy, NOS; example: distal■ 35 Local or partial pancreatectomy and duodenectomy<ul style="list-style-type: none">◆ 36 WITHOUT distal/partial gastrectomy◆ 37 WITH partial gastrectomy (Whipple)
	

	<h3>Whipple Procedure</h3> <ul style="list-style-type: none">■ Removal of:<ul style="list-style-type: none">◆ Distal half of the stomach (antrectomy)◆ Gallbladder (cholecystectomy)◆ Distal portion of the common bile duct (choledochectomy)◆ Head of the pancreas◆ Duodenum◆ Proximal jejunum◆ Regional lymph nodes 
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	<h3>Surgery</h3> <ul style="list-style-type: none">■ 40 Total pancreatectomy■ 60 Total pancreatectomy and subtotal gastrectomy or duodenectomy■ 70 Extended pancreatoduodenectomy 
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	<h3>Chemotherapy/Radiation</h3> <ul style="list-style-type: none">■ 5 fu in combination with Radiation■ Gemcitabine or Gemctibine Combinations<ul style="list-style-type: none">◆ <i>Gemcitabine + erlotinib</i>◆ <i>Gemcitabine + cisplatin</i>◆ <i>Gemcitabine + flouropyrimidine</i> 
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Quiz



Thank You!

Please join us for
The 2008-2009 Webinar Series
Collecting Cancer Data: *Bladder*
10/2/2008

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