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:
Jim Hofferkamp, CTR
Shannon Vann, CTR
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
Liver

Image source: Liver Cancer Network

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

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
Primary Site for Other Digestive Cancer

- C22.1
  - Intrahepatic bile duct
- C24.0
  - Extrahepatic bile duct
    - Bile duct NOS
    - Common bile duct
    - Cystic bile duct
    - Hepatic bile duct
    - Sphincter of Oddi

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
Other Gastrointestinal Tract Cancer
Incidence and Treatment Data

2007 MPH Rules

Other Sites

Table 2 Continued

Use this two-page table to select combination histology codes.
<table>
<thead>
<tr>
<th>Column 1: Required Histology</th>
<th>Column 2: Combined With</th>
<th>Column 3: Combination Term</th>
<th>Column 4: Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small cell carcinoma</td>
<td>Large cell carcinoma</td>
<td>Combined small cell carcinoma</td>
<td>8045</td>
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<tr>
<td></td>
<td>Adeno-carcinoma</td>
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<tr>
<td></td>
<td>Squamous cell carcinoma</td>
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<td></td>
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<tr>
<td>Squamous carcinoma</td>
<td>Basal cell carcinoma</td>
<td>Basosquamous carcinoma</td>
<td>8094</td>
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<tr>
<td>Islet cell</td>
<td>Exocrine</td>
<td>Mixed islet cell and exocrine adenocarcinoma (pancreas)</td>
<td>8154</td>
</tr>
<tr>
<td>Acinar</td>
<td>Endocrine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>Column 4: Code</th>
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<tbody>
<tr>
<td>Hepatocellular carcinoma</td>
<td>Cholangiocarcinoma</td>
<td>Combined hepatocellular carcinoma and cholangiocarcinoma</td>
<td>8180</td>
</tr>
<tr>
<td>Adenocarcinoma</td>
<td>Carcinoid</td>
<td>Composite carcinoïd</td>
<td>8244</td>
</tr>
<tr>
<td>Adenocarcinoma</td>
<td>Papillary</td>
<td>Adenocarcinoma with mixed subtypes Adenocarcinoma combined with other types of carcinoma</td>
<td>8255</td>
</tr>
<tr>
<td></td>
<td>Clear cell</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mucinous (colloid)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Signet ring</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acinar</td>
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<th>Column 4: Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gyn malignancies with two or more of the histologies in column 2</td>
<td>Clear cell Endometrioid Mucinous Papillary Serous Squamous Transitional (Brenner)</td>
<td>Mixed cell adenocarcinoma</td>
<td>8323</td>
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<tr>
<td>Papillary and Follicular</td>
<td></td>
<td></td>
<td>8340</td>
</tr>
<tr>
<td>Medullary</td>
<td>Follicular</td>
<td>Mixed medullary-follicular carcinoma</td>
<td>8346</td>
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</table>
### Other Gastrointestinal Tract Cancer Incidence and Treatment Data

<table>
<thead>
<tr>
<th>Column 1: Required Histology</th>
<th>Column 2: Combined With</th>
<th>Column 3: Combination Term</th>
<th>Column 4: Code</th>
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</thead>
<tbody>
<tr>
<td>Medullary papillary</td>
<td>Mixed medullary-papillary carcinoma</td>
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</tr>
<tr>
<td>Squamous carcinoma and Adenocarcinoma</td>
<td>Adeno-squamous carcinoma</td>
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<tr>
<td>Any combination of histologies in Column 2</td>
<td>Mixed liposarcoma</td>
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<tr>
<td>Embryonal rhabdomyosarcoma</td>
<td>Mixed type rhabdomyosarcoma</td>
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</table>

<table>
<thead>
<tr>
<th>Column 1: Required Histology</th>
<th>Column 2: Combined With</th>
<th>Column 3: Combination Term</th>
<th>Column 4: Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teratoma embryonal carcinoma</td>
<td>Teratocarcinoma</td>
<td>9081</td>
<td></td>
</tr>
<tr>
<td>Teratoma and one or more of the histologies in Column 2</td>
<td>Mixed germ cell tumor</td>
<td>9085</td>
<td></td>
</tr>
<tr>
<td>Choriocarcinoma teratoma seminoma embryonal</td>
<td>Choriocarcinoma combined with other germ cell elements</td>
<td>9101</td>
<td></td>
</tr>
</tbody>
</table>

### Multiple Primary Rules

- **Multiple Primary Tumors:**
  - Histology Coding Criteria
  - 2017
Other Gastrointestinal Tract Cancer
Incidence and Treatment Data

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
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 (CXXx) and/or third characters (CXXx) 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.

- **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

- **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.
Other Gastrointestinal Tract Cancer
Incidence and Treatment Data

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 (adenoc)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
Other Gastrointestinal Tract Cancer
Incidence and Treatment Data

Collaborative Stage

CS Tumor Size

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>No mass or tumor</td>
</tr>
<tr>
<td>001-988</td>
<td>Exact size in millimeters</td>
</tr>
<tr>
<td>989</td>
<td>989 mm or larger</td>
</tr>
<tr>
<td>990</td>
<td>Microscopic focus</td>
</tr>
<tr>
<td>991</td>
<td>Described as less than 1 cm</td>
</tr>
<tr>
<td>992-995</td>
<td>Described as less than 2-5 cm OR greater than 1-4 cm OR between 1-4 cm and 2-5 cm</td>
</tr>
<tr>
<td>999</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
Liver and Intrahepatic Bile Ducts

CS Extension

Note 1

- In codes 30, 40, & 65, “multiple (satellite) nodules/tumors” includes satellitosis, multifocal tumors, and intrahepatic metastases

Note 2

- 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.
Other Gastrointestinal Tract Cancer
Incidence and Treatment Data

CS Extension

- 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

- 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

- 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

- 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
- 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

- 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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Clinical only</td>
</tr>
<tr>
<td>1</td>
<td>Invasive techniques</td>
</tr>
<tr>
<td>2</td>
<td>Autopsy (known or suspected dx)</td>
</tr>
<tr>
<td>3</td>
<td>Pathology</td>
</tr>
<tr>
<td>5</td>
<td>Pre-op tx; clinical eval</td>
</tr>
<tr>
<td>6</td>
<td>Pre-op tx; pathologic eval</td>
</tr>
<tr>
<td>8</td>
<td>Autopsy; dx not suspected</td>
</tr>
<tr>
<td>9</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

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
Other Gastrointestinal Tract Cancer
Incidence and Treatment Data

CS Mets at DX

- Code 00: None
- Code 10: Distant lymph nodes NOS
- Code 11: Distant lymph nodes
  - Cardiac; lateral; pericardial; posterior mediastinal; retroperitoneal
- Code 12: Distant lymph nodes
  - Coronary artery; renal artery
- Code 13: Distant lymph nodes
  - 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

- Code 50: (40) + [(10) or (11) or (15)]
- Code 52: (40) + [(12) or (13)]
- Code 99: Unknown
SSF 1
Alpha-fetoprotein (AFP)

- 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)

- 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

- 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**

- **Score of 1-2**
  - Minimal liver scarring around liver blood vessels
- **Score of 3**
  - Scarring extended out from liver blood vessels
- **Score of 4**
  - Scarring that forms “bridges” between blood vessels
- **Score of 5-6**
  - Extensive scarring or cirrhosis

**SSF 2 Fibrosis Score**

- **Code 000: F0**
  - Fibrosis score 0-4 (none to moderate fibrosis)
- **Code 001: F1**
  - Fibrosis score 5-6 (severe fibrosis or cirrhosis)
- **Code 999: Fibrosis score not recorded**

**Gallbladder**
**CS Extension**

- **Code 00**: In situ
- **Code 10**: Invasive tumor confined to:
  - Lamina propria; mucosa; submucosa
- **Code 20**: Muscularis propria
- **Code 30**: Localized NOS
- **Code 40**: Perimuscular connective tissue

**CS Extension**

- **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**

- **Code 62**: Extension to ONE of the following:
  - 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:
  - Colon; stomach
### CS Extension

- **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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### CS Extension

- **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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### CS Extension

- **Code 75**: Extension to:
  - Hepatic artery; portal vein
- **Code 78**: (75) + any of [(60) to (73)]
- **Code 80**: Further contiguous extension including
  - Abdominal wall; diaphragm
- **Code 95**: No evidence of primary tumor
- **Code 99**: Unknown
Other Gastrointestinal Tract Cancer
Incidence and Treatment Data

CS Lymph Nodes

- Code 00: None
- Code 10: Regional lymph nodes
  - Cystic duct; Node of foramen of Winslow; pericholedochal
- Code 11: Regional lymph nodes
  - Porta hepati
- Code 20: Regional lymph nodes
  - Pancreaticoduodenal

CS Lymph Nodes

- Code 21: Regional lymph nodes
  - 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

- Code 00: None
- Code 10: Distant lymph nodes including:
  - 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
Extrahepatic Bile Ducts

CS Extension
- Code 00: In situ
- Code 10: Invasive tumor of extrahepatic bile duct confined to:
  - Lamina propria; mucosa; submucosa
- Code 20: Muscularis propria
- Code 30: Localized NOS
- Code 40: Beyond wall of bile duct; periductal/fibromuscular connective tissue

CS Extension
- 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
Other Gastrointestinal Tract Cancer
Incidence and Treatment Data

CS Extension

- 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

- Code 80: Further contiguous extension
- Code 95: No evidence of primary tumor
- Code 99: Unknown

CS Lymph Nodes

- Code 00: None
- Code 15: Regional lymph nodes
  - Cystic duct; hepatic; hilar in the hepatoduodenal ligament; node of the foramen of Winslow;
  - Pancreaticoduodenal; percholedochal (node around common bile duct;
  - Periduodenal; peripancreatic (near head of pancreas only; periportal; porta hepatis
**CS Lymph Nodes**

- **Code 35: Regional lymph nodes**
  - Celiac; superior mesenteric
- **Code 80: Lymph nodes NOS**
- **Code 99: Unknown**

**CS Mets at DX**

- **Code 00: None**
- **Code 10: Distant lymph nodes including:**
  - 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**

**Pancreas**
CS for Pancreas

3 schemas
- Pancreas: Head
- Pancreas: Body and Tail
- Pancreas: Other and Unspecified
  - Pancreatic duct
  - Islets of Langerhans
  - Other specified parts of pancreas
  - Overlapping lesion of pancreas
  - Pancreas NOS

Note
- 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.

CS Extension

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.
Other Gastrointestinal Tract Cancer
Incidence and Treatment Data

CS Extension
Pancreas: Head
- 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
- Code 44: Ampulla of Vater; duodenum; extrahepatic bile duct
- Code 50: Adjacent stomach
- Code 54: Major blood vessels
  - Gastroduodenal artery; hepatic artery; pancreaticoduodenal artery; portal vein; superior mesenteric vein
  - Transverse colon including hepatic flexure

CS Extension
Pancreas: Head
- 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

- 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)]
- 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

- Code 80: Further contiguous extension
- Code 95: No evidence of primary site
- Code 99: Unknown
Other Gastrointestinal Tract Cancer
Incidence and Treatment Data

CS Extension
Pancreas: Body & Tail
- Code 44: Duodenum
- Code 48: Ampulla of Vater; extrahepatic bile duct
- Code 50: Spleen
- Code 56:
  - Blood vessels: hepatic artery; portal vein; splenic artery/vein; superior mesenteric vein
  - Splenic flexure of colon

CS Extension
Pancreas: Body & Tail
- 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
- 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
- Code 77: Colon (other than splenic flexure)
- Code 78: Diaphragm; right adrenal gland; right kidney; right ureter

CS Extension
Pancreas: Other & Unspecified
- 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
- Code 00: None
- Code 10: Regional lymph nodes
  - Celiac; gastroepiploic, left; hepatic; infrapyloric; lateral aortic; peripancreatic (see CS Manual); retroperitoneal; superior mesenteric
- Code 20: Pancreatosplenic; splenic (superior hilum, suprapancreatic)
CS Lymph Nodes
All Pancreas

- Code 80: Lymph nodes NOS
- Code 99: Unknown

CS Lymph Nodes
Pancreas: Body & Tail

- Code 10: Regional lymph nodes
  - Hepatic; lateral aortic; pancreaticosplenic; peripancreatic (see CS Manual); retroperitoneal; splenic (gastroepiploic, splenic hilum, suprapancreatic); superior mesenteric

- Code 20: Regional lymph nodes
  - Celiac; infrapyloric

CS Lymph Nodes
Pancreas: Other & Unspecified

- Code 10: Regional lymph nodes
  - Celiac; hepatic; infrapyloric; lateral aortic; pancreaticosplenic; peripancreatic (see CS Manual); retroperitoneal; splenic (gastroepiploic, splenic hilum, suprapancreatic); superior mesenteric
### CS Mets at DX

**All Pancreas**

- **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

10 Local tumor destruction, NOS
11 Photodynamic therapy (PDT)
12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
13 Cryosurgery
Surgery
- 14 Laser
- 15 Alcohol (Percutaneous Ethanol Injection-PEI)
- 16 Heat-Radio-frequency ablation (RFA)
- 17 Other (ultrasound, acetic acid)

*No specimen sent to pathology from surgical events 10–17.*

Surgery
- 20 Wedge or segmental resection, NOS
  - 21 Wedge resection
  - 22 Segmental resection, NOS
    - 23 One
    - 24 Two
    - 25 Three
  - 26 Segmental resection AND local tumor destruction

*Specimen sent to pathology from surgical events 20–26.*
Other Gastrointestinal Tract Cancer
Incidence and Treatment Data

Surgery

- 30 Lobectomy, NOS
  - 36 Right lobectomy
  - 37 Left lobectomy
  - 38 Lobectomy AND local tumor destruction

Surgery

- 50 Extended lobectomy, NOS
  (extended: resection of a single lobe plus a segment of another lobe)
  - 51 Right lobectomy
  - 52 Left lobectomy
  - 59 Extended lobectomy AND local tumor destruction

Surgery

- 60 Hepatectomy, NOS
  - 61 Total hepatectomy and transplant
- 65 Excision of a bile duct (for an intra-hepatic bile duct primary only)
  - 66 Excision of a bile duct PLUS partial hepatectomy
- 75 Bile duct and hepatectomy WITH transplant
Chemotherapy

- Intra Arterial Chemotherapy
- Chemoembolization
  - Blocks small blood vessels within the tumor.
  - Exposes tumor to high concentrations of chemotherapy.
  - Deprives blood supply to the tumor

Radiation

- Beam Radiation
  - Rarely used for liver primaries
- Brachytherapy
  - Micro-Sphere Therapy
  - Code 50

Gallbladder
Surgery

All Other Sites
FORDS Appendix B
Page 284

40 Total surgical removal of primary site; enucleation
50 Surgery stated to be “debulking”
60 Radical surgery
  * Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs.

Chemo/Radiation

* Adjuvant
  * For patients with resectable tumors that show regional spread, 5 fu and radiation is often recommended.
* Primary Treatment
  * Combined 5 fu and radiation are also recommended for patients with unresectable disease.
Pancreas

Surgery

- 00 None; no surgery of primary site; autopsy ONLY
- 25 Local excision of tumor, NOS

Surgery

- 30 Partial pancreatectomy, NOS; example: distal
- 35 Local or partial pancreatectomy and duodenectomy
  + 36 WITHOUT distal/partial gastrectomy
  + 37 WITH partial gastrectomy (Whipple)
Whipple Procedure
- Removal of:
  - 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

Surgery
- 40 Total pancreatectomy
- 60 Total pancreatectomy and subtotal gastrectomy or duodenectomy
- 70 Extended pancreatoduodenectomy

Chemotherapy/Radiation
- 5 fu in combination with Radiation
- Gemcitabine or Gemcitabine Combinations
  - Gemcitabine + erlotinib
  - Gemcitabine + cisplatin
  - Gemcitabine + fluoropyrimidine
Quiz

Thank You!

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

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