NAACCR 2011-2012 Webinar Series

Collecting Cancer Data: Ovary

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

- Coding Moment
  - Ambiguous Terminology
- Overview
  - Anatomy
  - MP/H Rules
- Collaborative Stage
- Treatment

AMBIGUOUS TERMINOLOGY

Three Uses for Ambiguous Terminology

- Reportability
- Histology
- Staging
Terms that Constitute a Diagnosis

- Apparent(ly)
- Presumed
- Appears
- Probable
- Suspect(ed)
- Suspicious (for)
- Compatible with
- Comparable with
- Consistent with
- Favors
- Typical of
- Malignant appearing
- Most likely

Terms that Constitute a Diagnosis

- Tumor
- Neoplasm
  - Beginning with 2004 diagnoses and only for C70.0–C72.9, C75.1–75.3

Terms that Constitute a Diagnosis

- EXCEPTION:
  - If a cytology is identified only with an ambiguous term, do not interpret it as diagnosis of cancer.
  - Abstract the case only if a positive biopsy or a physician’s clinical impression of cancer supports the cytology findings.
  - Genetic findings in the absence of pathologic or clinical evidence of reportable disease are indicative of risk only and do not constitute a diagnosis.
Terms that DO NOT Constitute a Diagnosis

• Cannot be ruled out
• Questionable
• Equivocal
• Rule out
• Possible
• Suggests
• Potentially malignant
• Worrisome

Question & Answer

• Is the following prostate biopsy reportable?
  – Highly suspicious for, but not diagnostic of adenocarcinoma, suggest another biopsy.
• No, it is not reportable
  – The statement “not diagnostic” overrules the highly suspicious statement

Question and Answer

• Should a case be accessioned based only on a cytology report using ambiguous terms? For example the final report states:
  – Consistent with papillary carcinoma
• Do not accession a case if the only information is from a cytology report with ambiguous terms.
Terms Used to Determine Histology

- Apparent(ly)
- Appears
- Comparable with
- Compatible with
- Consistent with
- Favor(s)
- Most likely
- Presumed
- Probable
- Suspect(ed)
- Suspicious (for)
- Typical (of)

No list of negative terms

Terms Used to Determine Histology

- Non-small cell carcinoma, most likely adenocarcinoma.
  - Code to adenocarcinoma (8140)

Ambiguous Terms Used for Staging

Consider as involvement

- adherent
- apparent(ly)
- appears to
- comparable with
- compatible with
- consistent with
- contiguous/continuous with
- encroaching upon*
- extension to, into, onto, out onto
- features of
- fixation to a structure other than primary**
- fixed to another structure**
- impending perforation of
- impinging upon
Ambiguous Terms Used for Staging

Consider as involvement
- impose/imposing on
- incipient invasion
- induration
- infringe/infringing
  - into*
  - intrude
  - invasion to into, onto, out onto
  - most likely
  - onto*
- overstep
- presumed
- probable
- protruding into (unless encapsulated)
- suspected
- suspicious
- to*
- Up to

Ambiguous Terms Used for Staging

Do not consider as involvement
- abuts
- approaching
- approximates
- attached
- cannot be excluded/ruled out
- efface/effacing/effacement
- encompass/encasing
- entrap/entrapped
- equivocal
- extension to without
  - invasion/ involvement of
- kiss/kissing
- matted (except for lymph nodes)
- possible
- questionable
- reaching
- rule out
- suggests
- very close to
- worrisome

Ambiguous Terms Used for Staging

- If a term used in a diagnostic statement is not listed, consult the clinician to determine the intent of the statement.
- If individual clinicians use these terms differently, the clinician’s definitions and choice of therapy should be recognized.
Ovary

Collecting Cancer Data

Statistics

- Estimated new cases and deaths from ovarian primaries in the United States in 2011
  - New cases: 21,990
  - Deaths: 15,460

ANATOMY
Pelvic Organs

- Adnexa - "appendages" of the uterus, namely the ovaries, fallopian tubes and ligaments that hold the uterus in place
- Bladder
- Bladder Serosa
- Broad Ligament
- Cul-de-sac
- Fallopian Tubes
- Parametrium
- Pelvic Peritoneum
- Pelvic wall
- Rectum
- Sigmoid Colon
- Sigmoid Mesentery
- Ureter
- Uterus
- Uterine Serosa

Abdominal Organs

- Abdominal Mesentery
- Diaphragm
- Gallbladder
- Infracolic omentum
- Kidneys
- Large Intestine
  - Except rectum and sigmoid
- Liver (peritoneal surface only)
- Omentum
- Pancreas
- Pericolic gutter
- Peritoneum, NOS
- Small Intestine
- Spleen
- Stomach
- Ureters
Collecting Cancer Data: Ovary

Image Source: SEER Training Website

http://visualsonline.cancer.gov/details.cfm?imageid=1770

Image Source: SEER Training Website

NAACCR 2011-2012 Webinar Series
Common Metastatic Sites

- Parenchymal Liver
  - Metastasis on the liver capsule is not distant
- Lung
- Pleural Effusion
  - Must have positive cytology
- Skeletal Metastasis
- Supraclavicular and axillary lymph nodes

Ovarian Cancer Histology

Epithelial Tumors

- Serous cystadenocarcinoma 8441/3
  - 40% of all ovarian cancers
- Endometrioid carcinoma 8380/3
  - 15%—similar to carcinoma of the endometrium
- Mucinous cystadenocarcinoma 84703
  - 12% of all ovarian cancers
- Clear cell adenocarcinoma 8310/3
  - 6% of all ovarian cancers
- Undifferentiated carcinoma 8020/3
  - 5% of all ovarian cancers
Germ Cell Tumors

- Dysgerminoma 9060/3
  - Counterpart to male seminoma
  - Most common in children
  - Most radiosensitive
- Endodermal sinus tumor 9071/3
  - Also called yolk sac tumor
  - Aggressive tumor
  - Sensitive to chemotherapy
- Embryonal carcinoma 9070/3
  - Rare

Sex Cord Stromal Tumors

- Granulosa-stromal cell tumor 8620/3
  - Produces estrogens
- Androblastoma 8630/3
- Other unclassified sex cord stromal tumors
  (many cell types)

Other Terms

- Krukenberg tumor 8490
  - Metastatic signet ring cell carcinoma
  - Metastatic tumor to the ovary from a primary in the gastrointestinal tract
- Pseudomyxoma peritonei 8480
  - Metastases from mucinous cystadenocarcinoma in which the peritoneum becomes filled with a jellylike material that causes abdominal distention and compresses the bowel, requiring periodic surgical debulking
Multiple Primary Rules

- Other Rules
  - Rule M7
    - Bilateral epithelial tumors (8000-8799) of the ovary within 60 days are a single primary
  - 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

<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>Gyn malignancies with two or more of the histologies in column 2</td>
<td>Clear cell Endometroid Mucinous Papillary Serous Squamous Transitional (Brenner)</td>
<td>Mixed cell adenocarcinoma</td>
<td>8323</td>
</tr>
<tr>
<td>Papillary and Follicular</td>
<td>Papillary carcinoma, follicular variant</td>
<td>8340</td>
<td></td>
</tr>
<tr>
<td>Medullary Follicular</td>
<td>Mixed medullary-follicular carcinoma</td>
<td>8346</td>
<td></td>
</tr>
</tbody>
</table>

QUIZ
Collaborative Stage Data Collection System (CS) v02.03

OVARY

CS v02.03: Ovary

- Laterality must be coded
- AJCC TNM values correspond to FIGO stages

<table>
<thead>
<tr>
<th>TNM</th>
<th>FIGO</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>I</td>
<td>Tumor limited to ovaries</td>
</tr>
<tr>
<td>T2</td>
<td>II</td>
<td>Pelvic extension</td>
</tr>
<tr>
<td>T3</td>
<td>III</td>
<td>Peritoneal metastasis outside pelvis</td>
</tr>
<tr>
<td>T3c</td>
<td>IIIc</td>
<td>Peritoneal metastasis outside pelvis greater than 2 cm in dimension AND/OR</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td>Regional lymph node metastasis</td>
</tr>
<tr>
<td>N1</td>
<td></td>
<td>Distant metastasis</td>
</tr>
</tbody>
</table>

CS Extension: Ovary

- Tumor limited to ovaries
  - Codes 100-460
- Tumor involves 1 or both ovaries with pelvic extension
  - Codes 500-660
- Tumor involves 1 or both ovaries with microscopically confirmed peritoneal metastasis outside the pelvis
  - Codes 700-800
CS Extension: Ovary

- **In situ code (000)** maps to unknown AJCC stage and in situ summary stage
- **Schema includes codes for FIGO stage**
  - Use only when specific information is not available
  - Record code with extension detail when both extension detail and FIGO stage are available
  - Use FIGO stage IIIC code only when physician stage assignment of FIGO stage IIIC is based on extension

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CS Extension: Ovary

- **Malignant ascites with T1 or T2 tumors categorized as T1c or T2c**
- **Extension and discontinuous metastasis to pelvic organs is in T2 category**
  - Adnexa, NOS; bladder and its serosa; broad ligament; cul de sac; fallopian tubes; parametrium; pelvic peritoneum; pelvic wall; rectosigmoid; rectum; sigmoid colon; sigmoid mesentery; pelvic ureter; uterus and its serosa (500-650)

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CS Extension: Ovary

- **Assign code for implants beyond pelvis only if microscopically confirmed (700-730)**
- **Determine if implants are in pelvis (600-650) or abdomen (700-730)**
  - Use code 750 for unspecified location
- **Extension and discontinuous metastasis to abdominal organs is in T3 category**
  - Abdominal mesentery; diaphragm; gallbladder; infracolic omentum; kidneys; large intestine except rectum; rectosigmoid, and sigmoid colon; liver (peritoneal surface); omentum; pancreas; pericolic gutter; peritoneum, NOS; small intestine; spleen; stomach; and ureters outside pelvis (700-750)
CS Extension: Ovary

• Code parenchymal liver nodules in CS Mets at DX
• If borderline/benign ovarian tumors are reportable by agreement for registry, assign code 999

CS Extension: Ovary

• Final diagnosis: Serous cystadenocarcinoma to bilateral ovaries; capsules intact; no malignancy in pelvic washings; FIGO IB.
• Q: What is the code for CS Extension?
  – 200: Tumor limited to both ovaries, capsule(s) intact, no tumor on ovarian surface, no malignant cells in ascites or peritoneal washings
  – 250: FIGO stage IB

CS Extension: Ovary

• Final diagnosis: Right ovarian cystadenocarcinoma with capsule ruptured and direct extension to right fallopian tube; malignant implants to pelvic wall; no ascites.
• Q: What is the code for CS Extension?
  – 500: Extension to or implants on (but no malignant cells in ascites or peritoneal washings): adnexa, ipsilateral or NOS; fallopian tube(s), ipsilateral or NOS
  – 600: Extension to or implants on other pelvic structures (but no malignant cells in ascites or peritoneal washings): pelvic tissue; pelvic wall
CS Lymph Nodes: Ovary

- Code regional lymph node involvement
  - Iliac, pelvic, aortic, retroperitoneal, inguinal, and lateral sacral
- Code involvement of bilateral and contralateral regional nodes
- Use FIGO stage IIIC code when physician stage assignment is based on lymph node involvement or not specified

CS Lymph Nodes: Ovary

- Assume nodes are not involved if there is a statement of 'adnexa palpated' and no mention of nodes
- Assume nodes are not involved if exploratory or definitive surgery is performed and no mention of nodes

CS Lymph Nodes: Ovary

- Patient has ovarian carcinoma with extensive metastasis in abdomen and pelvis and metastasis to pericolic and pelvic lymph nodes.
- Q: What is the code for CS Lymph Nodes?
  - 100: Pelvic nodes, NOS
  - 200: Retroperitoneal nodes, NOS
  - 500: Regional nodes, NOS
  - 800: Lymph nodes, NOS
### CS Lymph Nodes: Ovary

- Patient had bilateral salpingo-oophorectomy with hysterectomy and pelvic lymph node dissection. Path report documented serous cystadenocarcinoma of the right ovary with ruptured capsule; no malignant ascites; 0/6 malignant right pelvic nodes; 2/6 malignant left pelvic nodes.
- **Q: What is the code for CS Lymph Nodes?**
  - 000: No regional nodes involved
  - 100: Pelvic nodes, NOS

### CS Mets at DX: Ovary

- Code distant metastasis at time of diagnosis
  - Metastasis to extraperitoneal sites
    - Common sites: liver parenchyma, lung, bone, supraclavicular nodes, and axillary nodes
    - Do NOT code peritoneal seeding or implants to abdominal organs
      - Assign discontinuous metastasis to abdominal organs in CS Extension
    - Assign code for FIGO stage IV only when specific information about distant metastasis is not available

- **Q: What is the code for CS Mets at DX?**
  - 00: No distant metastasis
  - 40: Distant metastasis (except lymph nodes) and involvement of other organs by peritoneal seeding or implants including liver parenchymal metastasis
SSF1
Carbohydrate Antigen 125 (CA-125)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>010</td>
<td>Positive/elevated</td>
</tr>
<tr>
<td>020</td>
<td>Negative/normal</td>
</tr>
<tr>
<td>030</td>
<td>Borderline; undetermined whether positive or negative</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>

• History and physical documented abdominal bloating over 3 months time. CT showed enlarged right ovary. CA-125 blood serum drawn with result of 70 ug/ml. Labs reference range for normal is 0 to 35 ug/ml. Patient admitted for bilateral salpingo-oophorectomy with hysterectomy. Path diagnosis was serous adenocarcinoma of the right ovary.

• Q: What is the code for SSF1?
• A: 56

SSF2
FIGO Stage

• International staging system for cancer of female genital organs
• Adapted into AJCC Staging Manual
• FIGO Stage for ovary (appended)
  – I: Tumor limited to ovaries
  – II: Pelvic extension
  – III: Peritoneal metastasis outside the pelvis
    • IIIA: Peritoneal metastasis outside the pelvis > 2 cm AND/OR regional node metastasis
  – IV: Distant metastasis
SSF2
FIGO Stage

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>FIGO stage I</td>
<td>300</td>
<td>FIGO stage III</td>
</tr>
<tr>
<td>110</td>
<td>FIGO stage IA</td>
<td>310</td>
<td>FIGO stage IIIA</td>
</tr>
<tr>
<td>120</td>
<td>FIGO stage IB</td>
<td>320</td>
<td>FIGO stage IIIB</td>
</tr>
<tr>
<td>130</td>
<td>FIGO stage IC</td>
<td>330</td>
<td>FIGO stage IIC</td>
</tr>
<tr>
<td>200</td>
<td>FIGO stage II</td>
<td>400</td>
<td>FIGO stage IV</td>
</tr>
<tr>
<td>210</td>
<td>FIGO stage IIA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>220</td>
<td>FIGO stage IIB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>230</td>
<td>FIGO stage IIC</td>
<td>987</td>
<td>CA in situ</td>
</tr>
<tr>
<td></td>
<td></td>
<td>988</td>
<td>Not applicable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>999</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

SSF2
FIGO Stage

• Final diagnosis: 3 cm mucinous cystadenocarcinoma, confined to right ovary; peritoneal washing negative.
• Q: What is the FIGO Stage?
  – Code 110 - FIGO IA: Tumor limited to 1 ovary; capsule intact, no tumor on ovarian surface. No malignant cells in ascites or peritoneal washings.
  – Code 999 - Unknown

SSF3: Residual Tumor Status and Size After Primary Cytoreduction

• Cytoreductive or debulking surgery
  – Surgical removal of most of tumor so there is less tumor load for subsequent chemotherapy or radiation treatment
• Residual tumor after debulking is important prognostic factor
SSF3: Residual Tumor Status and Size After Primary Cytoreduction

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>No gross residual tumor nodules</td>
</tr>
<tr>
<td>010</td>
<td>Residual tumor nodule(s) 1 cm or less AND neoadjuvant chemotherapy not given or unknown if given</td>
</tr>
<tr>
<td>020</td>
<td>Residual tumor nodule(s) 1 cm or less AND neoadjuvant chemotherapy given (before surgery)</td>
</tr>
<tr>
<td>030</td>
<td>Residual tumor nodule(s) greater than 1 cm AND neoadjuvant chemotherapy not given or unknown if given</td>
</tr>
<tr>
<td>040</td>
<td>Residual tumor nodule(s) greater than 1 cm AND neoadjuvant chemotherapy given (before surgery)</td>
</tr>
<tr>
<td>988</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

Patient had huge abdominal mass originating in right ovary. Patient treated with neoadjuvant chemotherapy followed by debulking surgery. Operative report documented 2 cm right ovarian residual tumor nodule and optimal debulking.

Q: What is the code for SSF3?

A: 63
### SSF4: Tumor Location after Primary Cytoreduction (Debulking)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>010</td>
<td>Residual tumor in ovary, ipsilateral, contralateral, or NOS AND neoadjuvant chemotherapy not given or unknown if given</td>
</tr>
<tr>
<td>015</td>
<td>010 AND neoadjuvant chemotherapy given (before surgery)</td>
</tr>
<tr>
<td>......</td>
<td></td>
</tr>
<tr>
<td>990</td>
<td>Residual tumor, location not stated AND neoadjuvant chemotherapy not given or unknown if given</td>
</tr>
<tr>
<td>991</td>
<td>Residual tumor, location not stated AND neoadjuvant chemotherapy given (before surgery)</td>
</tr>
</tbody>
</table>

• Q: What code is assigned for SSF4 for ovarian primary if patient did not have debulking or neoadjuvant treatment?  
  • A:  
  • Q: What is the code for SSF4 when a single (non-ovary) site is involved after pre-operative chemotherapy? For example, a patient underwent pre-operative chemotherapy and had residual disease involving the diaphragm only. 
  
  – 170: Residual tumor in diaphragm and chemo not given  
  – 999: Unknown

### SSF5: Malignant Ascites

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-979</td>
<td>1-979 milliliters (ml) (Exact volume in ml)</td>
</tr>
<tr>
<td>980</td>
<td>980 ml or greater</td>
</tr>
<tr>
<td>988</td>
<td>Not applicable</td>
</tr>
<tr>
<td>990</td>
<td>Malignant ascites present, volume not stated</td>
</tr>
<tr>
<td>991</td>
<td>Ascites present, determined to be non-malignant</td>
</tr>
<tr>
<td>992</td>
<td>Ascites present, no information whether malignant or non-malignant</td>
</tr>
<tr>
<td>998</td>
<td>Ascites not assessed</td>
</tr>
<tr>
<td>999</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
**Malignant Ascites**

- Operative report documented removal of half of a liter of ascitic fluid from the peritoneum during bilateral salpingo-oophorectomy and hysterectomy. Pathology report documented malignant ascites.
- **Q: What is the code for SSF5?**
- **A:**
- **Q: What is the correct code for SSF5 when no ascites is present?**
- **A:**
Surgical Procedure of Primary Site: Ovary

- Code 17
  - Local tumor destruction, NOS, without pathology specimen

Surgical Procedure of Primary Site: Ovary

- Code 25 - 28
  - Total removal of tumor or (single) ovary
  - Code 25: NOS
  - Code 26: Resection of ovary (wedge, subtotal, or partial) ONLY; unknown if hysterectomy was done
  - Code 27: WITHOUT hysterectomy
  - Code 28: WITH hysterectomy
Collecting Cancer Data: Ovary

Surgical Procedure of Primary Site: Ovary

- Codes 35 - 37
  - Unilateral (salpingo-)oophorectomy
  - Code 35: unknown if hysterectomy was done
  - Code 36: WITHOUT hysterectomy
  - Code 37: WITH hysterectomy

Surgical Procedure of Primary Site: Ovary

- Codes 50 - 52
  - Bilateral (salpingo-)oophorectomy
  - Code 50: unknown if hysterectomy was done
  - Code 51: WITHOUT hysterectomy
  - Code 52: WITH hysterectomy
Surgical Procedure of Primary Site: Ovary

- Codes 50-52: BSO with or without hysterectomy

Surgical Procedure of Primary Site: Ovary

- Codes 55 - 57
  - Unilateral or bilateral (salpingo-) oophorectomy WITH OMENTECTOMY; partial or total
  - Code 55: unknown if hysterectomy was done
  - Code 56: WITHOUT hysterectomy
  - Code 57: WITH hysterectomy

Surgical Procedure of Primary Site: Ovary

- Code 60 - 63
  - Debulking; cytoreductive surgery
    - Tumor reduction surgery
      - Code 60: NOS
      - Code 61: WITH colon and/or small intestine resection
      - Code 62: WITH partial resection of urinary tract
      - Code 63: Combination of 61 and 62
Chemotherapy

- Intraperitoneal (IP) single and multi-agent
  - Cisplatin
  - Cisplatin, paclitaxel
- Intravenous (IV) single and multi-agent
  - Paclitaxel followed by carboplatin
  - Docetaxel followed by carboplatin

Treatment

- Primary treatment for presumed ovarian cancer primarily consists of surgical staging (laparotomy, TAH BSO) and if appropriate chemotherapy.
- Some patients may have neoadjuvant chemotherapy prior to a debulking procedure.

QUIZ
QUESTIONS?

Thank You!

- Next Month...
  - Collecting Cancer Data: Thyroid and Adrenal Gland
- January
  - Collecting Cancer Data: Pancreas

The prize winner is...