

**NAACCR 2009-2010 Webinar Series**

**Collecting Cancer Data:  
Skin Malignancies**

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**Questions**

- Please use the Q&A panel to submit your questions
- Send questions to "All Panelist"

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**Fabulous Prizes**



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**Agenda**

- 2010 Updates
- Overview
- CSV2
  - Merkel cell carcinoma
  - Melanoma of the skin
- Multiple Primary Rules

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**2010 Update**

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**Implementation guidelines**

- NAACCR 2010 Implementation Guidelines and Recommendations
  - [http://www.naacr.org/filesystem/pdf/2010\\_Implementation\\_Guidelines\\_and\\_Recommendations.pdf](http://www.naacr.org/filesystem/pdf/2010_Implementation_Guidelines_and_Recommendations.pdf)
  - Posted August 2009
- CSV2 Implementation Guide for Registries and Vendors
  - <http://cancerstaging.org/cstage/index.html>
  - Posted January 2010

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**CSV2 Manual**

- Part 1 (two sections)
  - Section 1 has been posted
    - <http://cancerstaging.org/cstage/manuals/csmanual-p1s1.pdf>
  - Section 2 should be posted soon (if not already)
- Part 2

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**Standard Setter Requirements**

- CoC has documented what they will require for 2010 cases in the FORDS manual
  - Preface outlines changes
  - A table is included in the definitions for each SSF that lists what sites are required for that variable
    - FORDS is available for download at:
      - <http://www.facs.org/cancer/coc/fordsmanual.html>
- CSV2 requirements also in appendix E of the implementation guidelines

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**Standard Setter Requirements**

- NPCR
  - 2010 requirements are included in the implementation guidelines.
  - CSV2 requirements also documented at <http://cancerstaging.org/cstage/manuals/NPCR.2010.CSv2.Reporting.Requirements.pdf>

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**Standard Setter Requirements**

- SEER
  - The CSV2 requirements are still a draft awaiting final approval
  - The 2010 Manual is scheduled to be on the website April 2010

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**Standard Setter Requirements**

- To determine their final requirements state central cancer registries will have to review:
  - Requirements from the various standard setters
  - Their legislative mandates
  - Their own research needs

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**Hematopoietic**

- *The Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual*
- The Hematopoietic Database

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**CSv2 Update-CoC**  
**Schema: MerkelCellSkin**

- Site Specific factors **required** by CoC
  - SSF 1 Measured Thickness (Depth)
  - SSF 3 Clinical Status of Lymph Node Mets
  - SSF 16 Size of Metastasis in Lymph Nodes
  - SSF 17 Extracapsular Extension of Regional Lymph Nodes
  - SSF 18 Isolated Tumor Cells (ITCs) in Regional Lymph Node(s)
  - SSF 22 Profound Immune Suppression

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**CSv2 Update-CoC**  
**Schema: MerkelCellSkin**

- Site Specific factors **not required** by CoC
  - 19 Tumor Base Transection Status
  - 20 Tumor Infiltrating Lymphocytes (TIL)
  - 21 Growth Pattern of Primary Tumor

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**CSv2 Update-CoC**  
**Schema: MelanomaSkin**

- Site Specific factors **required** by CoC
  - SSF 1 Measured Thickness (Depth), Breslow's Measurement
  - SSF 2 Ulceration
  - SSF 3 Clinical Status of Lymph Node Mets.
  - SSF 4 LDH
  - SSF 5 LDH Value
  - SSF 6 LDH Upper Limits of Normal
  - SSF 7 Primary Tumor Mitotic Count/Rate

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**CSv2 Update-CoC**  
**Schema: MelanomaSkin**

- Site Specific factors *not* required by CoC
  - SSF 8 Primary Tumor Regression
  - SSF 9 Vertical Growth Phase

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**Overview**

**Skin Malignancies**

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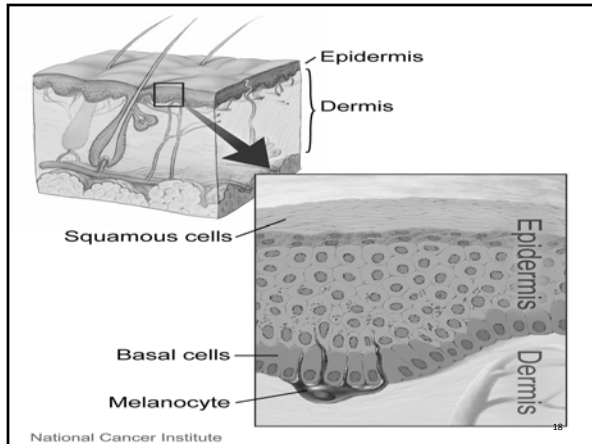
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**Histology**

- Melanoma-8270-8290
  - Superficial spreading melanoma – 70%
    - Grows horizontally first
  - Nodular melanoma – 15%
    - Most aggressive
  - Lentigo maligna melanoma – 10%
    - Least aggressive
  - Acral lentiginous melanoma – 5%
    - Most common in dark-skinned people
  - Desmoplastic melanoma - rare
    - Characterized by non-pigmented lesions

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**Regression**

- Melanoma regression does not refer to a specific histology
  - It is the size and physical appearance of the lesion
  - Shrinking in size is the immune system’s reaction to the melanoma
  - It may indicate a poor prognosis

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**Regression**

- Only code regressing melanoma (8723/3) if it is the final diagnosis
- Regression does not affect staging
- Regression is a prognostic factor and is collected in SSF 8

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**Synonyms for In Situ Melanoma**

- Basement membrane of epidermis intact
- Behavior code 2
- Clark level I
- Hutchinson freckle
- Intraepidermal
- Intraepithelial
- Lentigo maligna
- Noninvasive
- Precancerous melanosis
- Radial growth phase melanoma
- Stage 0
- Tis

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**Synonyms for Hutchinson Freckle (8742/2)**

- Circumscribed precancerous melanosis
- Intraepidermal malignant melanoma
- Lentigo maligna
- Precancerous melanosis of Dubreuilh

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**Non-reportable Skin Conditions**

- Atypical melanocytic hyperplasia (dysplasia)
- Evolving melanoma
- Giant pigmented nevus (8761/1)
- Junctional nevus (8740/0)
- Proliferation of atypical melanocytes confined to epidermis
- Severe melanotic dysplasia

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**Histology**

- Merkel cell carcinoma-8247/3
  - Merkel cell tumor
  - Primary cutaneous neuroendocrine carcinoma

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**Laterality**

- Skin sites for which laterality is recorded
  - Skin of eyelid C44.1
  - Skin of external ear C44.2
  - Skin of face C44.3
  - Skin of trunk C44.5
  - Skin of upper limb and shoulder C44.6
  - Skin of lower limb and hip C44.7

Source: FORDS p. 9-10

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**Update: Laterality**

- Code 5 was added to this variable
  - Use Code 5 for a midline tumor in a paired site
  - Use code 9 only when the laterality is truly unknown
- Example:
  - Patient had a malignant melanoma in the middle of his back.
    - Use code 5

*For analysis using data with diagnoses before January 1, 2010, code 5 should be grouped with code 9.*

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**Question**

- If a biopsy said "metastatic melanoma," is primary site an unknown primary site (C80.9) or skin, NOS (C44.9)?

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**Answer**

- FORDS, Revised 2009, page 9 and 10 Overview of Coding Principles under Primary Site: Melanoma, code to Skin, NOS (C44.9) if a patient is diagnosed with metastatic melanoma and the primary site is not identified.

*(I & R Team) 22155  
5/2/2007*

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**Question**

- A patient had a biopsy of the liver positive for Merkel cell carcinoma.
- No skin lesions were found.
- Is primary site unknown primary (C80.9) or skin, NOS (C44.9)?

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**Answer**

- Merkel cell (neuroendocrine carcinoma of the skin) is a primary that arises only in the skin. Code to skin, NOS (C44.9)

*(I & R Team)*

46490

12/3/2009

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**Question**

- A patient presents with a history of numerous melanomas and prostate carcinoma. All were diagnosed and treated elsewhere.
- At our facility two melanomas are removed from the back:
  - One on the left and one on the right.
  - These are two primaries per the Multiple Primary & Histology Coding Rules.
- Since sequence is unknown, I used code 99 for our first primary. However, I cannot enter a second primary since our system will not allow two 99 codes.
- What is the sequence number for our second primary?

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**Answer**

- The patient has a history of more than one melanoma (exact number unknown) and prostate, which is equal to at least three primary sites with sequence numbers 01, 02, and 03.
- Two more melanomas were resected at your hospital and they would be sequenced to 04 and 05.
- You may change these numbers later if you get more information about the number of melanomas the patient had prior to admission at your facility.

*(I & R Team)*

44948

4/23/2009

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**CSv2**

MerkelCellSkin  
MelanomaSkin

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**MP/H Rules**

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**MP/H Rules**

- Merkel Cell Carcinoma
  - Other rules
- Melanoma of the Skin (C44.0-C44.9)
  - Melanoma of Skin module

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**Melanoma of the Skin**

**Multiple Primary Rules**

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**Multiple Primary Rules**

- Rule M1 Unknown if single or multiple melanoma's
  - When it is not possible to determine if there is a single melanoma or multiple melanomas, opt for a single melanoma and abstract as a single primary.
- Rule M2 Single Tumor
  - A single melanoma is always a single primary.

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**Multiple Primary Rules**

- Rule M3
  - Melanomas in sites with ICD-O-3 topography codes that are different at the second (Cxx), third (Cxxx) or fourth (C44x) character are multiple primaries.
- Rule M4
  - Melanomas with a different laterality are multiple primaries.
    - A midline melanoma is a different laterality than right or left.

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**Multiple Primary Rules**

- Rule M5
  - Melanomas with ICD-O-3 histology codes that are different at the first (x~~xxx~~), second (x~~xxx~~) or third number (x~~xxx~~) are multiple primaries.
- Rule M6
  - An invasive melanoma that occurs more than 60 days after an in situ melanoma is a multiple primary.

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**Multiple Primary Rules**

- Rule M7
  - Melanomas diagnosed more than 60 days apart are multiple primaries.
- Rule M8
  - Melanomas that do not meet any of the above criteria are abstracted as a single primary.

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**Histology Coding Rules**

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**Histology Coding**

- Rule H1
  - Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.
- Rule H2
  - Code the histology from the metastatic site when there is no pathology/cytology specimen from the primary site.
- Rule H3
  - Code the histology when only one histologic type is identified.

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**Histology Rules**

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

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**Histology Rules**

- Rule H7
  - Code the histologic type when the diagnosis is lentigo maligna melanoma and a histologic type.
- Rule H8
  - Code 8742 (Lentigo maligna melanoma) when the diagnosis is lentigo maligna melanoma.

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**Histology Rules**

- Rule H9
  - Code the most specific histologic term when the diagnosis is melanoma, NOS (8720) with a single specific type.
- Rule H10
  - Code the histology with the numerically higher ICD-O-3 code.

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**Question**

- A patient had two skin lesions removed at our facility.
  - Left upper lateral calf (C44.7)
    - Superficial spreading melanoma (8743/3)
  - Left anterior upper shin (44.7)
    - Melanoma in situ (8720/2)
- Is this one or two primaries and what rule did you use?

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**Answer**

- Per Melanoma Rule M5, this is two primaries. Code superficial spreading as 8473/3 and melanoma in situ 8720/2 per Melanoma Histology Rule H3.

*(I & R Team)*

46516

12/9/2009

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**Question**

- A patient presented with a previously excised T1 malignant melanoma. Is here for a wide excision.
  - The surgeon noted a 1.0 cm pre-existing junctional nevus in the field of excision, not related to the melanoma.
- Pathology
  - Residual malignant melanoma in situ
  - Second malignant melanoma in situ arising in the Clark-type nevus, completely excised
- Are these multiple primaries? If so, what histology is used for the 2nd malignant melanoma in situ?

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**Answer**

- Per Melanoma Rule M8, T1 (invasive) melanoma and in situ melanoma arising in the field of excision (assuming same subsite) would be a single primary.
- Per Melanoma Rule H4, it would be coded to the invasive melanoma.

*Based on answer from:  
Curator (I & R Team)  
28850  
2/9/2009*

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**Questions?**

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**Next Month...**

- Collecting Cancer Data: Kidney
  - March 4, 2010

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