Q&A

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

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

Fabulous Prizes
Agenda

• Overview
• Collaborative Stage
• Treatment

OVERVIEW

Key Facts

• Cervix
  – New cases: 12,170
  – Deaths: 4,220
• Cervical cancer is decreasing in the U.S.
• Cervical cancer is increasing in developing countries
Key Facts

- Endometrial carcinoma estimated 2012 cases in the U.S.
  - New cases: 47,130
  - Deaths: 8,010

5 year Relative Survival Rates (%) by Stage at Diagnosis, 2001-2007

<table>
<thead>
<tr>
<th>Stage</th>
<th>Local</th>
<th>Regional</th>
<th>Distant</th>
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<tr>
<td>Uterine Cervix</td>
<td>91</td>
<td>57</td>
<td>19</td>
</tr>
<tr>
<td>Uterine Corpus</td>
<td>96</td>
<td>67</td>
<td>16</td>
</tr>
</tbody>
</table>


Risk Factors

- Cervical carcinoma
  - HPV
  - Smoking
  - Immunosuppression
  - Chlamydia infection
  - Diet
  - Birth control pills
Human Papilloma Virus (HPV) Infection

- Epidemiologic studies convincingly demonstrate that the major risk factor for development of preinvasive or invasive carcinoma of the cervix is HPV infection
  - About two-thirds of all cervical cancers are caused by HPV 16 and 18
  - Infection with HPV is common
  - Pap tests look for changes in cervical cell caused by HPV infection

Risk Factors

- Endometrial carcinoma
  - Post menopausal estrogen therapy (unopposed)
  - Obesity
  - High-fat diet
  - Early menarche and late menopause

Symptoms

- Cervix
  - Often asymptomatic
  - Screening
  - HPV Vaccine
- Endometrium
  - Abnormal vaginal bleeding (most often in postmenopausal period)
Layers of the Uterus

- Endometrium
  - Functional
  - Basal
- Myometrium
- Parametrium
  - The loose connective tissue around the uterus.
- Perimetrium
  - Peritoneum covering of the fundus and ventral and dorsal aspects of the uterus

Female Pelvis
Cervix
- Ectocervix
- External os
- Endocervix
- Internal os

Cells of the cervix
Glandular cells
Squamous epithelial cells

Terminology
- "plasia: Growth or development
  - Neoplasia: New growth or development
  - Hyperplasia: Rapid growth or development
  - Dysplasia: Abnormal growth of tissues, organs, or cells
  - Metaplasia: Replacement of one differentiated cell type with another mature differentiated cell type
Cancer Histology of the Cervix

- Cervical Intraepithelial Neoplasia (CIN) I, II, III
- Carcinoma In Situ of the Cervix
  - Bowen’s disease
  - Stage 0
  - CIN grade III
  - Confined to epithelium
  - Intraepidermal
  - Intraepithelial
  - Noninfiltrating
  - Noninvasive
  - No stromal involvement

Carcinoma In Situ of the Cervix, CIN, and the Bethesda System

- Pre-invasive cervical neoplasia
  - Diagnostic terminology has changed over time
    - Four tiered system of dysplasia and carcinoma in situ
    - Three tiered system of CIN
    - Two tiered Bethesda System with high and low grade squamous intraepithelial lesions
  - In the past registries collected carcinoma in situ of the cervix, but differed on which terms were synonymous.

Carcinoma In Situ of the Cervix, CIN, and the Bethesda System

- In 1993 a NAACCR multidisciplinary group recommended that until
  - There is a strong local interest
  - Sufficient resources are available to collect all high grade squamous intraepithelial lesions
  - That population based registries discontinue collection
- NAACCR and NPCR adopted this recommendation at that time.
- SEER and CoC adopted it effective for 1/1/1996.
**Histology-Cervix**

- Columnar Epithelium
  - Adenocarcinoma
- Squamous Epithelium
  - Squamous cell carcinoma
- Squamo-columnar junction
  - Original
  - New

---

**Cervical Ectropion**

- The central (endocervical) columnar epithelium protrudes out through the external os of the cervix and onto the vaginal portion of the cervix
- Undergoes squamous metaplasia, and transforms to stratified squamous epithelium.

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**Histology**

Adenocarcinoma of the endometrium

- Type 1
  - Endometrioid adenocarcinoma 75-80%
- Type 2
  - Papillary serous carcinoma 10%
  - Clear cell carcinoma 4%
  - Mucinous carcinoma 1%
  - Mixed 10%
Collecting Cancer Data: Uterus

**MP/H Rules-Table 2 Other Sites**

<table>
<thead>
<tr>
<th>Required Histology</th>
<th>Combined Histology</th>
<th>Combination Term</th>
<th>Code</th>
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<td>Clear Cell</td>
<td>Mixed cell adenocarcinoma</td>
<td>8323/3</td>
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<td>Transitional</td>
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</table>

**Example**

- A single tumor of the endometrium:
  - Endometrioid with squamous and focal clear cell differentiation.
- Rule H16 refers us to Table 2
  - Mixed cell adenocarcinoma 8323/3

**Histology**

- Carcinosarcoma (CS Schema Carcinoma and Carcinosarcoma)
  - Mixed Mullerian
- Leiomyosarcoma
  - Rhabdomyosarcoma
- Endometrial stromal sarcoma
- Adenosarcoma
FIGO Grade

- Is not the same as FIGO Stage
  - Grade 1: <5% of the tumor is solid
  - Grade 2: 5-50% of the tumor is solid
  - Grade 3: >50% of the tumor is solid
- Do not convert FIGO Grade to Histologic Grade/Differentiation

Female Genital System

Cervix Uteri M1
Corpus Uteri N2
N1
Lymph nodes
Fallopian tube
Ovary
Uterus
Cervix
Vagina

Sacral/
Parasacral

Common iliac
Internal iliac
External iliac
Paraaortic

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

Distant Metastasis

Cervix
  - Para-aortic lymph nodes
  - Mediastinal lymph nodes
  - Lung
  - Peritoneal
  - Skeleton
Metastasis
Endometrium
Regional
• Intrabdominal metastasis
• Peritoneal surfaces
• Omentum
Distant
• Lung
• Distant lymph nodes

QUESTIONS?

QUIZ 1
COLLABORATIVE STAGE DATA COLLECTION SYSTEM (CSV02.04)

Uterus Schemas CS v02.04

- Cervix Uteri (C53.0 – C53.9)
- Carcinoma and Carcinosarcoma of Corpus Uteri (C54.0-C54.9); Uterus NOS (C55.9)
- Adenosarcoma of the Corpus Uteri (C540-C54.9); Uterus NOS (C55.9)
- Sarcoma (Leiomyosarcoma and Endometrial Stromal Sarcoma) of the Corpus Uteri (C54.0-C54.9); Uterus NOS (C55.9)
CS Extension: Cervix Uteri

• Record code with extension detail when both extension detail and FIGO stage are stated
• FIGO stage IIIb based on tumor extension AND regional node involvement; FIGO stage IV based on tumor extension AND metastasis
  – Code FIGO stage IIIb or IV in CS extension if based on tumor extension
• Macroscopically visible lesions T1b FIGO stage IB even with superficial invasion
• Code involvement of anterior or posterior septum as involvement of the vaginal wall

CS Extension: Cervix Uteri

• Codes 000-010: In situ; CIN III
• Codes 110-390: Confined to uterus
• Codes 400-550: Invasion beyond uterus but not to pelvic wall or to lower third of vagina
• Codes 605-690: Extension to pelvic wall and/or involves lower third of vagina, and/or causes hydronephrosis or nonfunctioning kidney
• Codes 700-860: Invades mucosa of bladder or rectum, and/or extends beyond true pelvis

Pop Quiz

• Villoglandular adenocarcinoma of endocervix involving entire endocervix invasive to a depth of 3 mm. 5 cm tumor grossly extends into corpus uteri involving posterior endometrium and also has myometrial invasion. Large right ovarian tumor with metastatic endocervical adenocarcinoma with surface involvement. FIGO stage IB2.
Pop Quiz

• What is the code for CS Extension?
  – 110: Minimal microscopic stromal invasion < or = to 3 mm in depth and < than or = to 7 mm in horizontal spread
  – 220: FIGO Stage IB2
  – 350: Corpus uteri NOS with no other information on extension
  – 360: 350 + 110
  – 380: 350 + (200 or 250)
  – 390: 350 + (300 or 310)

CS Lymph Nodes: Cervix Uteri

• Code involvement of regional nodes
• FIGO stage IIIB
  – Based on tumor extension AND regional node involvement
    • Code statement of FIGO stage IIIB based on lymph node involvement in CS Lymph Nodes
    • Code statement of FIGO stage IIIB with no other information on tumor extension or regional node involvement in CS Lymph Nodes

CS Mets at DX: Cervix Uteri

• Record code with metastasis detail when both metastasis detail and FIGO stage are stated
• FIGO stage IV
  – Based on tumor extension AND metastasis
    • Code statement of FIGO stage IV based on metastasis in CS Mets at DX
    • Code statement of FIGO stage IV with no other information on tumor extension or metastasis in CS Mets at DX
FIGO Stage
- Federation of Gynecology and Obstetrics (FIGO) stage
  - Collected for all gynecologic sites
  - Adapted in AJCC staging
  - Definitions vary from primary to primary
  - In situ stage no longer included for vulva, vagina, cervix, corpus (all histologies), ovary, fallopian tube, placenta, or peritoneum

SSF1: Cervix Uteri
- FIGO stage
  - Code as documented in medical record
  - Do not try to code from T, N, M values
  - Assign code 987 for carcinoma in situ or CIN III
    - CS Extension = 000 or 010
  - Assign code 999 if FIGO stage is unknown or not documented

Status & Assessment of Lymph Nodes
- Involvement of regional and distant nodes is prognostic factor for gynecologic sites
- Lymph node status
  - Positive
  - Negative
  - Not assessed
- Lymph node assessment
  - Clinical
  - Radiography, imaging
  - Incisional biopsy, fine needle aspiration
  - Lymphadenectomy
Status & Assessment of Lymph Nodes
Cervix Uteri

- SSF2: Pelvic Nodal Status
- SSF3: Assessment Method Pelvic Nodal Status
- SSF4: Para-aortic Nodal Status
- SSF5: Assessment Method Para-aortic Nodal Status
- SSF6: Mediastinal Nodal Status
- SSF7: Assessment Method Mediastinal Nodal Status
- SSF8: Scalene Nodal Status
- SSF9: Assessment Method Scalene Nodal Status

CARCINOMA & CARCINOSARCOMA OF CORPUS UTERI

CS Extension: Carcinoma & Carcinosarcoma of Corpus Uteri

- Record code with extension detail when both extension detail and FIGO stage are stated
- FIGO stage
  - IIA & IIB are extension
  - IIC is regional node involvement
  - IVA is extension
  - IVB is metastasis
- Positive cytology is not an element in CS
  Extension codes for corpus uteri carcinoma
  - Code cytology results in SSF2
CS Extension: Carcinoma & Carcinosarcoma of Corpus Uteri

- Code 000: In situ
- Codes 100-400: Confined to corpus uteri
- Codes 500-525: Invades stromal connective tissue of cervix but does not extend beyond uterus
- Codes 540-680: Extension or metastasis to serosa and/or adnexa or vagina; parametrial involvement
- Codes 715-820: Invades bladder mucosa and/or bowel mucosa

Pop Quiz

- Endometrial biopsy: Endometrioid adenocarcinoma.
- Total Abdominal Hysterectomy Bilateral Salpingo-oophorectomy (TAHBSO): No residual tumor.

Pop Quiz

- What is the code for CS Extension?
  - 100: Invasive cancer confined to corpus uteri
  - 110: Confined to endometrium (stroma)
  - 400: Localized NOS
  - 999: Unknown
- What is the code for CS TS/Ext Eval?
  - 1: Biopsy
  - 3: Surgical resection
CS Lymph Nodes: Carcinoma & Carcinosarcoma of Corpus Uteri
- Code involvement of regional nodes
- Record code with lymph node detail when both lymph node detail and FIGO stage are stated
- Assume nodes negative if surgery performed and lymph nodes not mentioned
- Assume nodes negative if adnexa palpated and lymph nodes not mentioned

CS Mets at DX: Carcinoma & Carcinosarcoma of Corpus Uteri
- Metastasis to adnexa, parametria, serosa, vagina, pelvic wall, bladder, and rectum coded in CS Extension
- Record code with metastasis detail when both metastasis detail and FIGO stage are stated
- FIGO stage IVB is based on metastasis

SSF1: Carcinoma & Carcinosarcoma of Corpus Uteri
- FIGO stage
  - Code as documented in medical record
    - Do not try to code from T, N, M values
  - Assign code 987 for carcinoma in situ
    - CS Extension = 000
  - Assign code 999 if FIGO stage is unknown or not documented
SSF2: Carcinoma & Carcinosarcoma of Corpus Uteri

- Peritoneal cytology
  - Searches for malignant cells in pelvic & peritoneal cavities
  - Code results of peritoneal or pelvic washings
  - Exam of ascites or of saline solution flooded in the pelvic & peritoneal cavities
  - Code negative, positive, or suspicious cytology
  - Assign code 998 if known that peritoneal/pelvic cytology not done
  - Assign code 999 if unknown if peritoneal/pelvic cytology performed

Pop Quiz

- Path report: Endometrial adenocarcinoma invading outer half of myometrium. Peritoneal washings were not evaluated but pelvic washings are positive for adenocarcinoma with features consistent with the endometrial lesion.

Pop Quiz

- What is the code for SSF2 (peritoneal cytology)?
  - 000: Negative
  - 010: Positive, malignant cells positive
  - 998: Test not done
  - 999: Unknown
Number of Nodes Positive & Examined

- Involvement of regional and distant nodes is prognostic factor for gynecologic sites
- Follow coding instructions for Regional Nodes Positive and Regional Nodes Examined

Number of Nodes Positive & Examined

- SSF3: Number of Positive Pelvic Nodes
- SSF4: Number of Examined Pelvic Nodes
- SSF5: Number of Positive Para-aortic Nodes
- SSF6: Number of Examined Para-aortic Nodes

SSF7: Carcinoma & Carcinosarcoma of Corpus Uteri

- Percentage of Non-Endometrioid Cell Type in Mixed Histology Tumors
  - Corresponds to FIGO grade of endometrial cancer
  - Code the percentage of non-squamous or non-morular solid growth pattern
  - Assign code 999 if grade is not based on growth pattern or if not specified
Pop Quiz

- Final path diagnosis: Endometrioid adenocarcinoma, FIGO grade I: 5% or less non-squamous solid growth
- What is the code for SSF?
  - 001: 5% or less of a non-squamous or non-morular solid growth pattern (Grade 1)
  - 987: Not applicable: Not an adenocarcinoma morphology
  - 999: Unknown

SSF8: Carcinoma & Carcinosarcoma of Corpus Uteri

- Omentectomy
  - Code whether or not omentectomy performed in 1st course surgery
    - Includes partial omentectomy but not biopsy
  - Code 998 if surgery not performed.

ADENOSARCOMA OF CORPUS UTERI
CS Extension: Adenosarcoma of Corpus Uteri

- Record code with extension detail when both extension detail and FIGO stage are stated
- FIGO stage IV based on tumor extension AND metastasis
  - Code FIGO IV in CS extension if based on tumor extension
- Positive cytology is not an element in CS Extension codes for corpus uteri

CS Extension: Adenosarcoma of the Corpus Uteri

- Code 000: In situ
- Codes 100-500: Limited to uterus
- Codes 550-683: Extends beyond uterus within pelvis
- Codes 688-699: Involves abdominal tissues
- Codes 705-730: Invades bladder or rectum

CS Lymph Nodes: Adenosarcoma of Corpus Uteri

- Code involvement of regional nodes
- Record code with lymph node detail when both lymph node detail and FIGO stage are stated
- Assume nodes negative if surgery performed and lymph nodes not mentioned
- Assume nodes negative if adnexa palpated and lymph nodes not mentioned
CS Mets at DX: Adenosarcoma of Corpus Uteri
- Record code with metastasis detail when both metastasis detail and FIGO stage are stated
- FIGO stage IV based on tumor extension AND metastasis
  - Code FIGO stage IV in CS Mets at DX if based on metastasis or if no statement that FIGO stage IV is based on extension

SSF1: Adenosarcoma of Corpus Uteri
- FIGO stage
  - Code as documented in medical record
  - Do not try to code from T, N, M values
  - Assign code 987 for carcinoma in situ
  - CS Extension = 000
  - Assign code 999 if FIGO stage is unknown or not documented

SSF2: Adenosarcoma of Corpus Uteri
- Peritoneal cytology
  - Searches for malignant cells in pelvic & peritoneal cavities
  - Code results of peritoneal or pelvic washings
  - Exam of ascites or of saline solution flooded in the pelvic & peritoneal cavities
  - Code negative, positive, or suspicious cytology
  - Assign code 998 if known that peritoneal/pelvic cytology not done
  - Assign code 999 if unknown if peritoneal/pelvic cytology performed
Number of Nodes Positive & Examined

- SSF3: Number of Positive Pelvic Nodes
- SSF4: Number of Examined Pelvic Nodes
- SSF5: Number of Positive Para-aortic Nodes
- SSF6: Number of Examined Para-aortic Nodes

SSF7: Adenosarcoma of Corpus Uteri

- Percentage of Non-Endometrioid Cell Type in Mixed Histology Tumors
  - Assign code 987 (Not applicable: Not an adenocarcinoma morphology)

SSF8: Adenosarcoma of Corpus Uteri

- Omentectomy
  - Code whether or not omentectomy performed in 1st course surgery
    - Includes partial omentectomy but not biopsy
  - Code 998 if surgery not performed.
SARCOMA (LEIOMYOSARCOMA & ENDOMETRIAL STROMAL SARCOMA) OF CORPUS UTERI

CS Extension: Sarcoma of Corpus Uteri
- Record code with extension detail when both extension detail and FIGO stage are stated
- FIGO stage IV based on tumor extension AND metastasis
  - Code FIGO IV in CS extension if based on tumor extension
- Positive cytology is not an element in CS Extension codes for corpus uteri

CS Extension: Sarcoma of the Corpus Uteri
- Code 000: In situ
- Codes 100-540: Limited to uterus
- Codes 550-683: Extends beyond uterus within pelvis
- Codes 688-699: Infiltrates abdominal tissues
- Codes 705-730: Invades bladder or rectum
CS Lymph Nodes: Sarcoma of Corpus Uteri
- Code involvement of regional nodes
- Record code with lymph node detail when both lymph node detail and FIGO stage are stated
- Assume nodes negative if surgery performed and lymph nodes not mentioned
- Assume nodes negative if adnexa palpated and lymph nodes not mentioned

CS Mets at DX: Sarcoma of Corpus Uteri
- Record code with metastasis detail when both metastasis detail and FIGO stage are stated
- FIGO stage IV based on tumor extension AND metastasis
  - Code FIGO stage IV in CS Mets at DX if based on metastasis

SSF1: Sarcoma of Corpus Uteri
- FIGO stage
  - Code as documented in medical record
    - Do not try to code from T, N, M values
  - Assign code 987 for carcinoma in situ
    - CS Extension = 000
  - Assign code 999 if FIGO stage is unknown or not documented
SSF2: Sarcoma of Corpus Uteri
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- SSF3: Number of Positive Pelvic Nodes
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- SSF5: Number of Positive Para-aortic Nodes
- SSF6: Number of Examined Para-aortic Nodes

SSF7: Sarcoma of Corpus Uteri
- Percentage of Non-Endometrioid Cell Type in Mixed Histology Tumors
  - Assign code 987 (Not applicable: Not an adenocarcinoma morphology)
SSF8: Sarcoma of Corpus Uteri

- Omentectomy
  - Code whether or not omentectomy performed in 1st course surgery
  - Includes partial omentectomy but not biopsy
  - Code 998 if surgery not performed.

QUESTIONS?

QUIZ 2
Diagnostic Procedures

- Cervix
  - PAP Smear
  - Colposcopy
  - Biopsy
  - Cone biopsy

- Imaging
  - MRI
  - CT
  - PET-CT

Diagnostic Procedures

- Endometrium
  - Endometrial biopsy
  - Fractional dilation and curettage (D&C)
  - Hysteroscopy
  - Imaging
    - CT
    - MRI
Treatment - Cervix

- Early-Stage
  - IA1-IIA2
- Advanced Disease
  - IIB-IVA

Treatment - Cervix

- Surgery
  - Primary treatment for lower stage disease and small lesions
  - Clinically visible tumors less than 4cm
  - Radical hysterectomy or radical trachelectomy
  - Pelvic lymph node dissection

Question

- Patient with cervix primary with parametrial extension underwent BSO only. (Uterus was left in place for planned brachytherapy).
  - Would it be correct to code the BSO as Surgery Other Reg Site and code Surgery Primary Site 00?
  - If not, how should this surgery be coded?
Answer

• Assuming cervix was not removed, your coding scenario is correct - Surgical Procedure of Primary Site would be 00, and BSO as Surgical Procedure Other REGIONAL Sites.

Treatment-Cervix

• Chemo-radiation
  – Usually platinum based (Cisplatin) chemotherapy
  – External Beam Radiation
    • IMRT or 3D Conformal
    – Brachytherapy

External Beam Radiation Therapy (EBRT)

• The volume of EBRT should cover the gross disease, parametria, uterosacral ligaments, sufficient vaginal margin, presacral nodes, other nodal volumes at risk
Brachytherapy
- Low dose rate (LDR)
- High dose rate (HDR)

Treatment-Endometrium
- Confined to the uterus
  - Total hysterectomy
- Cervical involvement
  - Radical hysterectomy
  - Neoadjuvant radiation
- Extrauterine disease
  - Hysterectomy and debulking
  - EBRT plus or minus vaginal brachytherapy
  - Chemotherapy

Treatment-Endometrium
- Total hysterectomy/bilateral salpingo-oopherectomy
  - Pelvic lymph node dissection
  - Para-aortic lymph node dissection
    - To the level of the renal vessels
    - Peritoneal lavage
Total Hysterectomy

- Commonly referred to as simple hysterectomy.
- This hysterectomy removes the uterine corpus and cervix, but does not require mobilization of the ureter or removal of the parametria.

Modified Radical Hysterectomy

- Removes corpus, cervix and 1-2 cm of the upper vagina, with preservation of the vascular supply to the ureter.
- Removes the central portion of the parametrial tissues and pelvic and para-aortic lymph nodes.

Extended Hysterectomy

- Removes corpus, cervix and 1-2 cm of the upper vagina, with preservation of the vascular supply to the ureter and bladder.
- Extensive removal of the parametrial tissue and pelvic and para-aortic lymph nodes.
Radical hysterectomy
- Removes corpus, cervix, and 2- to 3-cm portion of the upper vagina.
- Removes as much parametrial tissue as possible.
- Removes the pelvic and para-aortic lymph nodes.

Peritoneal Lavage
- Malignant cells have been identified in ~10% of presumed localized endometrial primaries
  - A procedure in which a salt-water solution is used to wash the peritoneal cavity and then is removed to check for cancer cells

Debulking
- All visible metastasis are removed from the abdominal and pelvic cavity
Question

• How would omentectomy be coded for the following scenario?
  – TAH-BSO and omentectomy is performed for stage IA endometrial carcinoma. No mention that the surgeon suspected omental involvement, and the pathology exam confirmed no tumor in the omentum.
• Would the omentectomy be considered a staging procedure, or would it be coded as surgery of other regional/distant site?

Answer

• The omentectomy is elective in this range of codes, so the code is based on the actual extent of the resection en-bloc, and whether the parametria, ureter, vessels, and ligaments were preserved or sacrificed.
  – Please review the description of few types of hysterectomy that are different by amount of additional tissue removed.
    • Answer Forum

Systemic Therapy

• Chemotherapy
  – Cisplatin/doxorubicin plus or minus paclitaxel
• Hormone therapy
  – Sometimes used for metastatic or recurrent endometrioid primaries and select uterine sarcomas
    • Progestational agents
    • Tamoxifen
    • Aromatase inhibitors
QUESTIONS?

QUIZ 3

Coming up!

- 12/6/12
  Collecting Cancer Data: Pharynx
- 1/10/13
  Bone and Soft Tissue
- Certificate phrase:
And the Winners are....

THANK YOU!