FCDS Webinar: Neoplasms of the Brain and CNS
NPCR DRQ Findings – Questions & Answers

Pop Quiz – (Slide 45)

1. Patient presents to the ER on 2/3/25. CT of the head shows a lesion in the brain.
   A. Reportable
   B. Not Reportable – lesion does not have a histology code

2. The patient returns on 3/3/25 for an MRI of the brain, which shows a tumor in the right frontal lobe. The patient is referred for a biopsy.
   A. Reportable – tumor is a histology code 8000/1 and is reportable
   B. non-reportable

3. Patient presents for a stereotactic biopsy on 4/3/25. Pathology shows astrocytoma, IDH-mutant, WHO Grade 2. What is the date of diagnosis?
   A. 2/3/25
   B. 3/3/25 – date of diagnosis is based on imaging
   C. 4/3/25

NPCR Audit Case Scenarios (Slide 63-65)

Case 1
04/01/2021- CT HEAD- LARGE HYPODENSE CYSTIC 4.1 X 3.8 X 3.0 CM LESION INVOLVING SUPEROMEDIAL RIGHT CEREBELLUM, VERMIS CYSTIC LESION LIKELY REPRESENTS NEOPLASTIC ETIOLOGY SUCH AS PRIMARY CYSTIC BRAIN MASS OR CYSTIC METASTASIS. 04/01/2021- HCH- MRI BRAIN- PRIMARILY CYSTIC MASS WITHIN THE CEREBELLUM MEASURES 4.2 X 3.2 X 3.7 CM. IT APPEARS TO SHOW A SMALL NODULE OF ENHANCEMENT POSTERIORLY: 2ND SOLID-APPEARING ENHANCING LESION WITHIN THE INFERIOR MIDLINE CEREBELLUM MEASURING 0.7 X 0.5 X 0.8 CM.

04/12/21 BRAIN TUMOR XS 2 SUBOCCIPITAL CRANIOTOMY FOR RESECTION OF CEREBELLAR BRAIN TUMORS HEMAGIOBLASTOMA IS FAVORED, VHL DELETION, 08/26/2021- CRANIOTOMY FOR SRS, BRAIN SRS, 001600CGY FOR 1FX

Question 1: What is the date of diagnosis?
A. 4/1/2021
B. 4/12/2021

The correct answer B. for the date of diagnosis 4/12/2021 – Rationale. Likely is an ambiguous term that does not constitute a diagnosis of cancer. The date of diagnosis was confirmed based on surgery.

Question 2: What is coded for tumor size summary?
A. 999
B. 042
C. 038

The correct answer is B. 042, and the rationale is based on the STORE manual, which states that you can use information on tumor size from imaging or radiographic techniques when there is no more

specific information from pathology or in the operative report. This tumor size summary was recorded from 999 unknown to 042 based on audit feedback.

Question 3: What is coded for radiation modality?
A. 02, photons
B. 01, external beam, NOS
C. 00, none

The correct answer is A, Code 02, for the radiation modality when stereotactic radiosurgery is administered. Refer to the STORE for Coding Radiation Therapy.

Case 2 (Slide 68-70)

67-YEAR-OLD SINGLE WHITE NON-HISPANIC MALE WHO WAS FOUND TO HAVE A BRAINSTEM CAVERNOMA, 5/28/2021 MRI- BRAINSTEM CAVERNOMA 12 MM; 6/13/2021 CT BRAIN - CAVERNOMA 15 MM

6/14/2021 BRAIN TUMOR EXCISION -SAW BULGING EXOPHYTIC CAVERNOMA WITH DARK BLOOD TINGE ON THE PART THAT WAS BULGING AND THEN THE FLOOR OF THE 4TH VENTRICLE HAD HEMOSIDERIN IN IT, 6/14/2021 PATHOLOGY BRAIN TUMOR EXCISION – CAVERNOMA

Question 1: What is the Primary Site Code?
A. C712
B. C717
C. C710

The correct answer is B. C717 per MRI tumor was in the brainstem, not the cerebrum.

Question 2: Should the Pathologic Grade be coded as 1?
True
False
The correct answer is No. This case was recorded from 1 to 9 because only an excisional biopsy was performed with no subtotal or gross resection. Code 9 when grade from the primary site is not documented, no resection, neo-adjuvant therapy is followed by resection, grade checked NA on CAP protocol, clinical case only

Question 3: What is Coded for Cancer-Directed Surgery?

A. 10, tumor destruction
B. 20, local excision of tumor (subtotal resection)
C. 30, radical, total, gross resection tumor, lesion, mass

The correct answer is 20.
For local excision of tumor, lesion, or mass, excisional biopsy. The patient only had a tumor excision; no statement of subtotal or gross resection was noted in the text fields. Refer to FCDS DAM for a list of surgery codes or the STORE manual.