COLLABORATIVE STAGE
DATA COLLECTION SYSTEM

Interactive Discussion of Part I CS Coding Instructions: Working the Cases

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Learning Objectives

- Actively engage in real-world coding cases
- Identify best practices for navigating CS Coding Instructions
- Understand how rules in Part I serve as foundation for CS
- Discover how to apply rules accurately

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Survey Questions and Answers

182 Responses

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Question #1

- Cancer Comm said: IHC HER2NEU testing routinely done, never do CISH, FISH depends on Stage/ER/PR
- Case - Stage II breast ca patient, ER+ and PR+
- IHC equivocal
- FISH recommended; however, no documentation it was ordered, much less done
- How do you code SSF 11 for HER2NEU FISH Interpretation?

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#1 Answer Choices

- A. 988: Not applicable
- B. 997: Test ordered, results not in chart
- C. 998: Test not done (test not ordered and not performed)
- D. 999: Unknown, not documented in record

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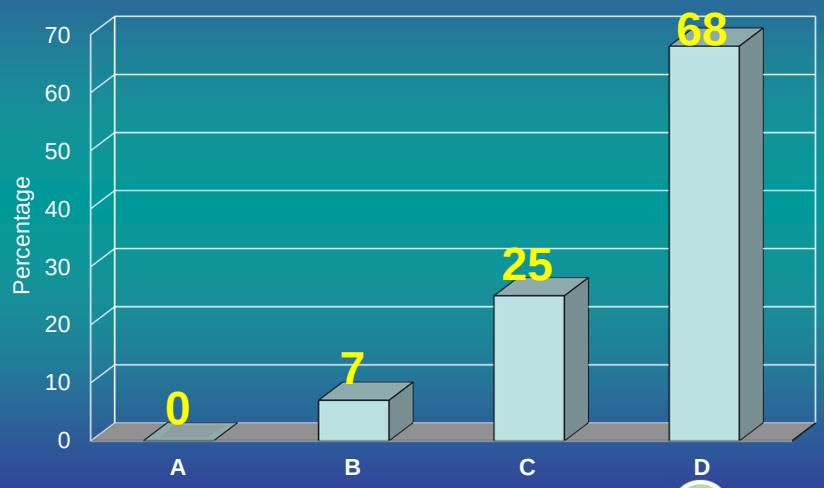
Survey Results



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Applicable Part I Coding Instructions

- Section 2, page 89
- 988 Not applicable: info not collected for this case
- 997 Test ordered, results not in chart
- 998 Test not done (not ordered and not performed)
  - **Note:** statement in medical record that test not done or other circumstances prevented test from being done, such as no histologic specimen. Registry has documented policy that lab test never performed by facility and specimen never sent to reference lab for performance of test.
- 999 Unknown; No info; Not documented

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Correct Answer and Rationale

- The correct answer is: D. 999
- 999 is unknown, not documented in record.
- FISH recommended but no results in chart. Unclear whether or not it was ordered and performed.
- Since there is no documentation, code 999.
- Registrar could verify and avoid code 999.

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Question #2

- Rectal ca, neoadjuvant therapy administered
- Excisional bx (prior to chemo): suspected LVI
- Post-neoadjuvant surgical specimen: evidence of LVI
- How do you code LVI?

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#2 Answer Choices

- ❑ A. 0: LVI not present/absent/not identified
- ❑ B. 1: Lymph vascular invasion present/identified
- ❑ C. 8: Not applicable
- ❑ D. 9: Unknown if lymph-vascular invasion identified/indeterminate

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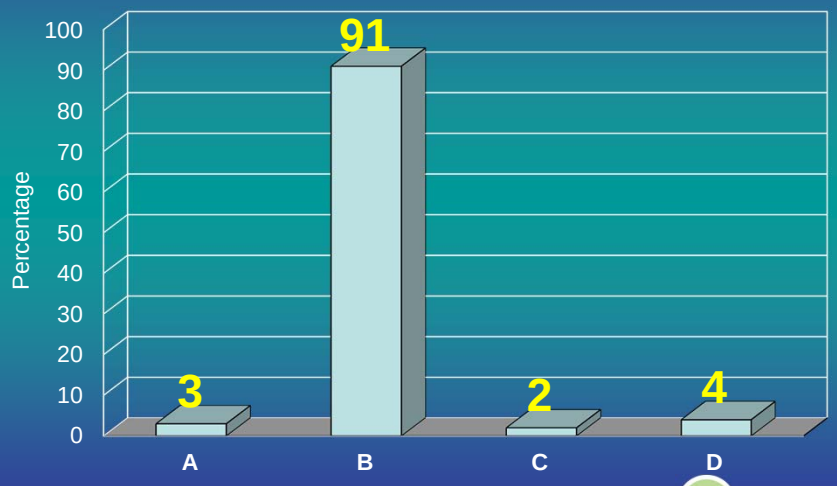
Survey Results



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Applicable Part I Coding Instructions

- Section 1, page 83
- 2b. Use code 1 when pathology report or a physician's statement indicates that lymph-vascular invasion is present in specimen.
- 2d. Use code 9 when
  - iv. not possible to determine whether lymph-vascular invasion is present
- After neoadjuvant Rx, only code if LVI is present, not absent - CAnswer Forum.

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Correct Answer and Rationale

- The correct answer is: B. 1
- 1 is LVI is present/identified.
- There are no ambiguous terms like “suspicious” for LVI. A suspicious LVI is coded as unknown.
- LVI is present in the surgical specimen.
- After neoadjuvant therapy
  - Code if LVI is present
  - Do NOT code if LVI is absent – may have been due to the effect of treatment

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Question #3

- CT chest: 5 cm esophageal tumor, definite extension in soft tissue, possible extension to diaphragm
- CT abd/pelvis: small liver lesions, possibly too small for mets, but concerning
- Neoadjuvant therapy recommended
- How do you code SSF 1: Clinical Assessment of Regional Lymph nodes?

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#3 Answer Choices

- A. 000: Nodes no clinically evident
- B. 400: Clinically positive nodes, NOS
- C. 988: Not applicable
- D. 999: Unknown, not documented in record

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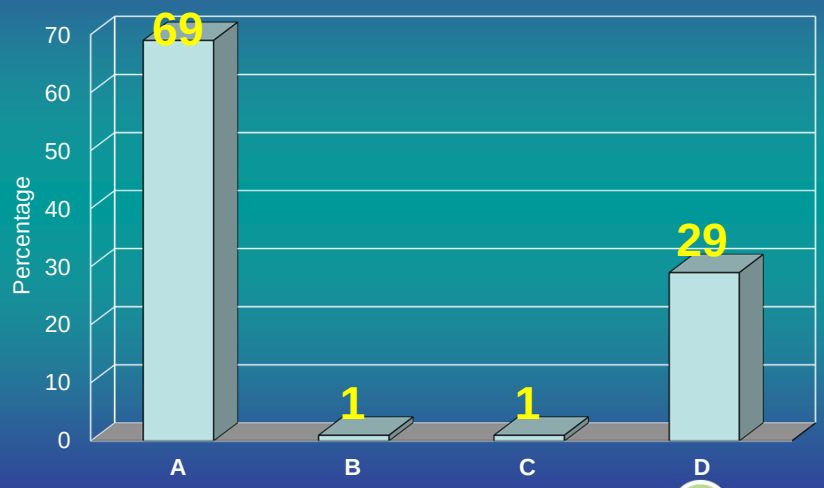
Survey Results



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Applicable Part I Coding Instructions

- Section 2, page 36
- Use code 000
  - there is imaging or ultrasound and lymph nodes are not mentioned or stated to be uninvolved
  - statement of “no adenopathy” of *regional* lymph nodes
- Use code 999
  - there is no diagnostic work-up
  - no imaging or ultrasound reported

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Correct Answer and Rationale

- The correct answer is: A. 000
- 000 is node not clinically evident
- CT Chest does not mention involvement of lymph nodes, nor does the CT Abdomen/Pelvis.
- Based on this, can assume the nodes were negative. Rules state if not mentioned, they are not involved.
- Do not apply inaccessible nodes rule.
- Do not use surgical exploration.

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Question #4

- Patient had colonoscopy with biopsy of transverse colon adenoca
- CT chest: negative
- During surgical resection, liver inspected and was negative
- How do you code the CS Mets Eval?

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#4 Answer Choices

- ❑ A. 0: c - Eval is based on physical examination, imaging, and/or other non-invasive
- ❑ B. 1: c – Eval based on endoscopic examination or other invasive technique including surgical observation without biopsy
- ❑ C. 3: p – Specimen from metastatic site
- ❑ D. 5: c – Specimen from metastatic site positive with pre-surgical systemic treatment or radiation, but mets based on clinical evidence

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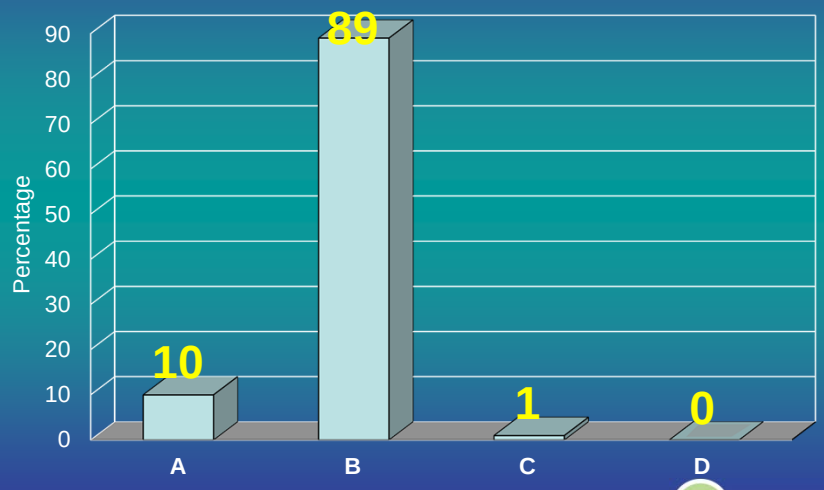
Survey Results



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Applicable Part I Coding Instructions

- Section 1, pages 72, 74
- **1. Document the highest code in CS Mets at Dx.** Mets Eval field assigns a “c” or “p” to the M. Assign Eval code indicating best evidence used.
- **4. Code 0**. Includes physical exam, imaging, and/or other non-invasive clinical evidence.
- **5. Code 1.** Includes endoscopy and observations at surgery, such as abd exploration, where
  - distant metastasis is not biopsied
  - biopsies of distant sites that are negative

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Correct Answer and Rationale

- The correct answer is: B. 1
- 1 is surgical observation without biopsy.
- 0 is CT chest to evaluate mets, but when multiple evaluations for Mets at Dx, code to highest.
- It does not matter where in the body the potential metastatic sites being evaluated are located.
- No AJCC rule of preference to one potential mets site over another, unless M1a, M1b, etc. Then preference to highest M1 subcategory.

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Question #5

- Patient diagnosed with breast ca.
- Lumpectomy: T1b lesion, sentinel nodes negative
- History and physical exam: review of systems - negative
- How do you code the CS Mets at Dx?

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#5 Answer Choices

- A. 00: No distant metastasis
- B. 10: Distant lymph node(s)
- C. 60: Distant metastasis, NOS
- D. 99: Unknown; distant metastasis not stated, cannot be assessed, not documented

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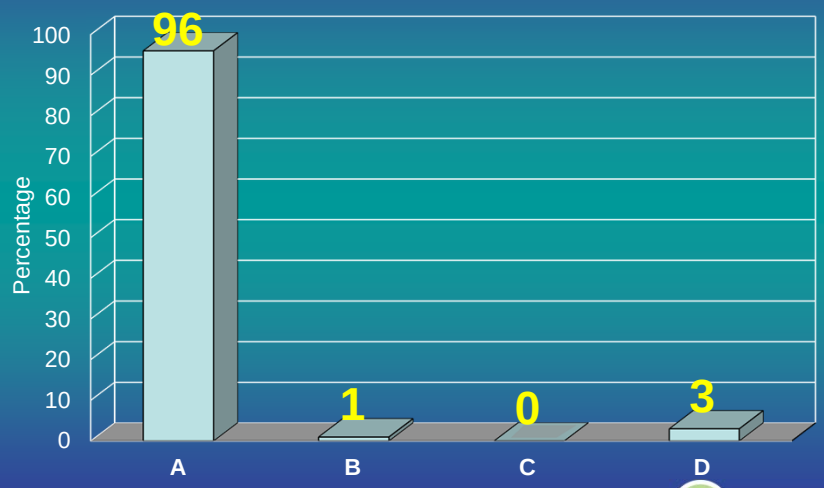
Survey Results



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Applicable Part I Coding Instructions

- Section 1, page 61
- 4. **Coding 00 versus 99**
- a. Code 00 (None) if no clinical or pathologic evidence of distant mets and patient is treated as if mets present/suspected.
- b. Code 99 reasonable doubt & no documentation
- c. *AJCC 7th edition:* determination of clinical M (code 00) only requires history and physical exam. Infer no distant mets unless identified.

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Correct Answer and Rationale

- The correct answer is: A. 00
- 00 is no distant metastasis
- No clinical evidence of distant mets and patient not treated as if mets present or suspected.
- AJCC 7th edition states determination of clinical M only requires history and physical exam. Imaging of distant organs not required to assign cM0.
- H&P stated review of systems negative, inferring no signs/symptoms of distant mets.
- Low stage, likelihood of mets is remote.

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Common Questions

- What is timing for prostate SSF 1 and 2?
  - Multiple PSA's within 3 months of dx and before Rx, code highest
  - PSA's >3 months prior to dx and Rx, code most recent
- What is timing for other SSFs?
  - Timing for other SSFs has not been established
  - General rule: test markers at time of dx or within 3 months
- Why only one eval for size and extension?
  - There is only 1 T category derived
  - What would you do with 2 evals

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Common Questions

- Inaccessible lymph node rule applies to which fields?
  - Do not apply to SSFs
  - Only for CS Lymph Nodes data field
- M1a vs M1b, which eval is chosen?
  - Assign the highest M1 subcategory
  - No priority to path over clinical
  - Eval matches how the highest subcategory was determined

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CAnswer Forum

- Submit questions to CS Forum
  - Located within the CAnswer Forum
  - Provides information for all
  - Allows tracking for educational purposes
  - Includes archives of Inquiry & Response System
- http://cancerbulletin.facs.org/forums/

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You Tube – AJCC Channel

- Short 5-15 minute videos
- AJCC and CS topics
- Cover important concepts
- http://www.youtube.com/AJCCancer

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Questions
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