



COLLABORATIVE STAGE  
DATA COLLECTION SYSTEM

# A Practicum Approach to CS: GYN and Breast Cancers

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# Survey Questions and Answers

243 Responses

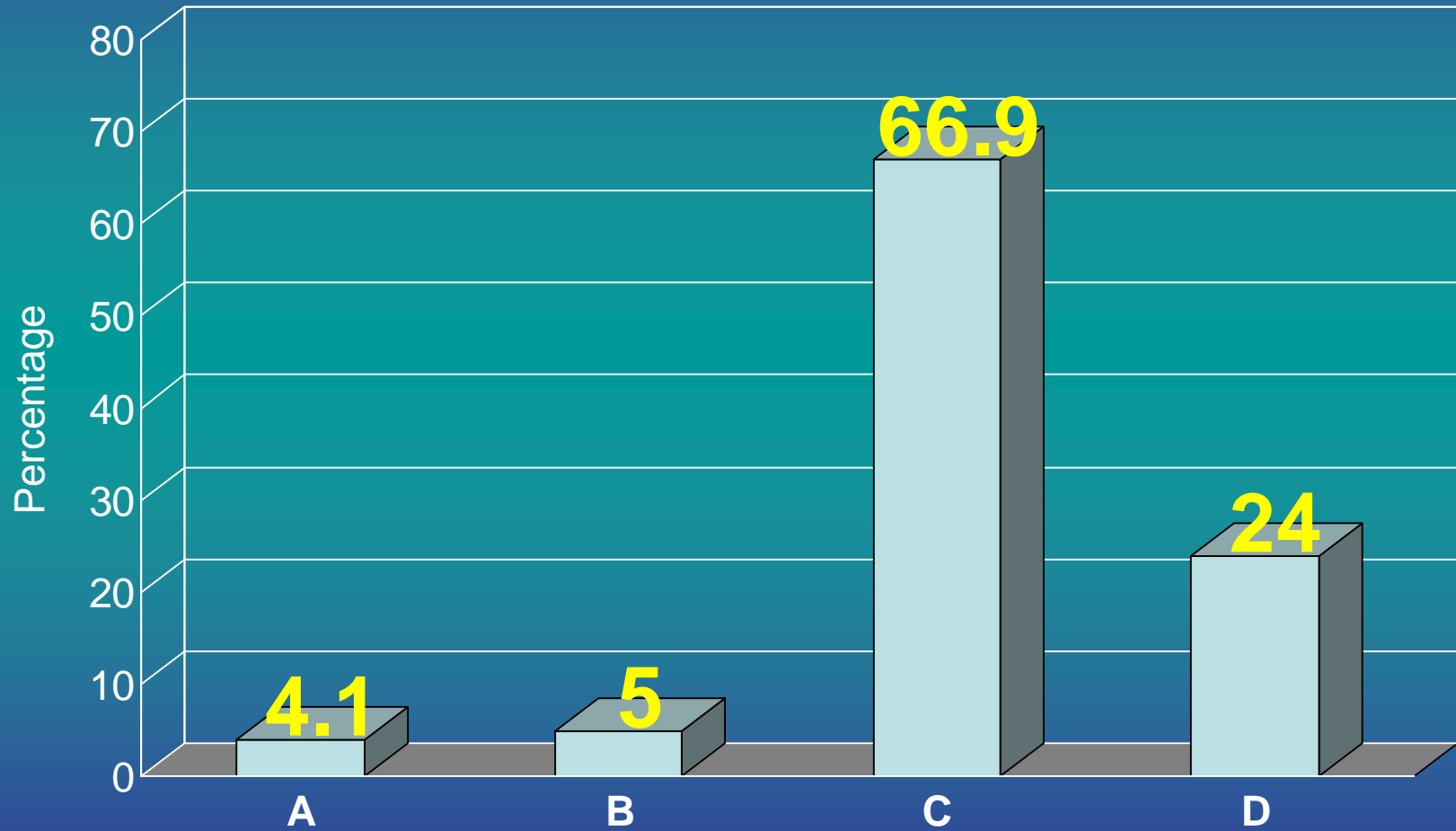
# Question #1

- Patient presents to facility for surgery after undergoing neoadjuvant chemotherapy at an outpatient center for ovarian primary.
- She undergoes optimal debulking surgical resection, and is noted in the OP note to have residual tumor in the fallopian tubes bilaterally, the left ovary and small intestine.
- How do you code SSF3? (Residual Tumor Status and Size after Primary Cytoreduction Surgery)

# #1 Answer Choices

- A. 020
- B. 992
- C. 993
- D. 991

# Survey Monkey Results



# Correct Answer and Rationale

- The correct answer is: C. 993
- Cannot infer optimal debulking means is 1cm or less, 992
- Cannot include neoadjuvant treatment, 991
- Macroscopic term is not used in description

## Question #2

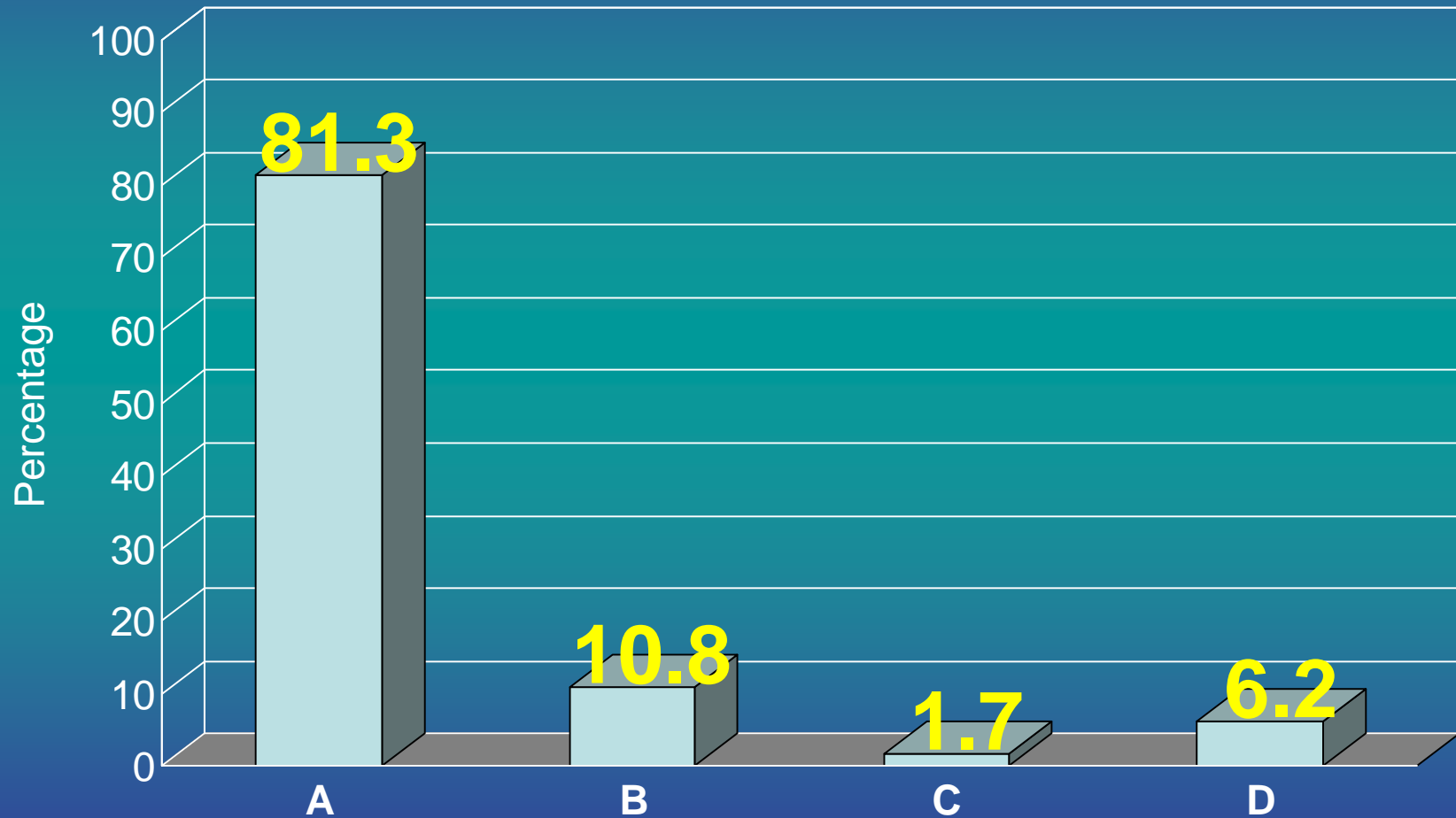
- Based on the previous information in Question #1, and the fact that there is residual tumor noted in the fallopian tubes, left ovary and small intestine
- How would you code SSF4? (Tumor Location after Primary Cytoreduction Surgery)

## #2 Answer Choices

- A. 160
- B. 145
- C. 140
- D. 150



# Survey Monkey Results



# Correct Answer and Rationale

- The correct answer is: A. 160
- Residual tumor in colon and/or small intestine plus any structures in lower codes and neoadjuvant chemo given.
- 145; Does not include lower codes needed
- 140; Does not include neoadjuvant chemotherapy or the lower codes needed
- 150; Does not include the neoadjuvant chemotherapy

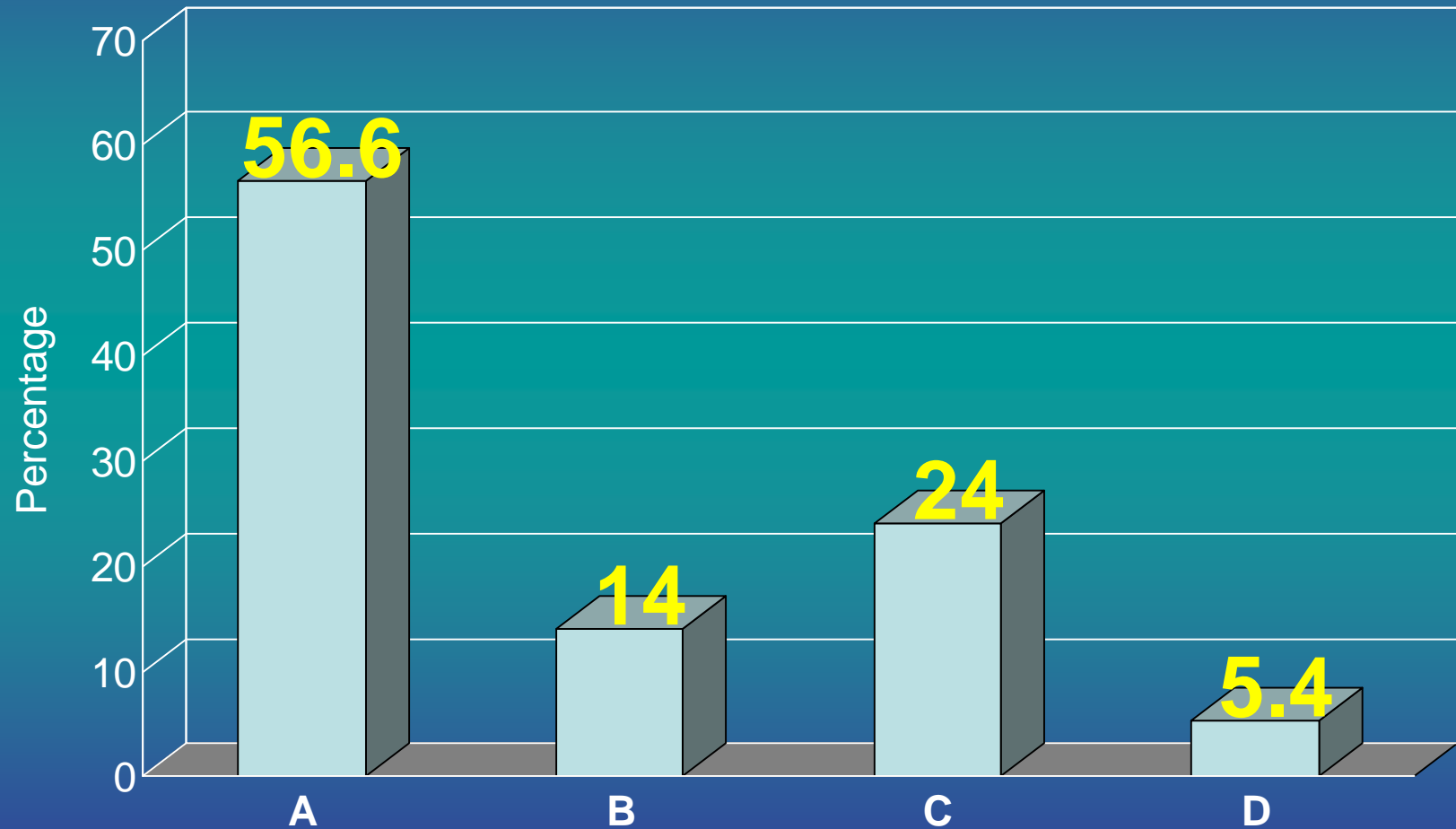
## Question #3

- Pathology report of a primary endometrial adenocarcinoma reads as histologic grade; FIGO grade 1 of 3.
- Where is this information coded, and what is the correct code?

## #3 Answer Choices

- A. Code in SSF 1 as code 100 (FIGO Stage)
- B. Code in SSF 7 as code 999  
(Percentage of Non-Endometrioid Cell Type in Mixed Histology Tumors)
- C. For information only; not recorded in abstract
- D. Code in SSF 7 as code 010  
(Percentage of Non-Endometrioid Cell Type in Mixed Histology Tumors)

# Survey Monkey Results



# Correct Answer and Rationale

- The correct answer is: B. Code in SSF 7 as code 999; Unknown, no information
- A is incorrect because the stage is coded here not the grade. Such as FIGO IB or IIC.
- C is incorrect because the information is captured within the abstract beginning with AJCC 7th edition and CSv2.
- D is incorrect because the grade does not correspond to the percentage of non-endometrioid cell type.

## Question #4

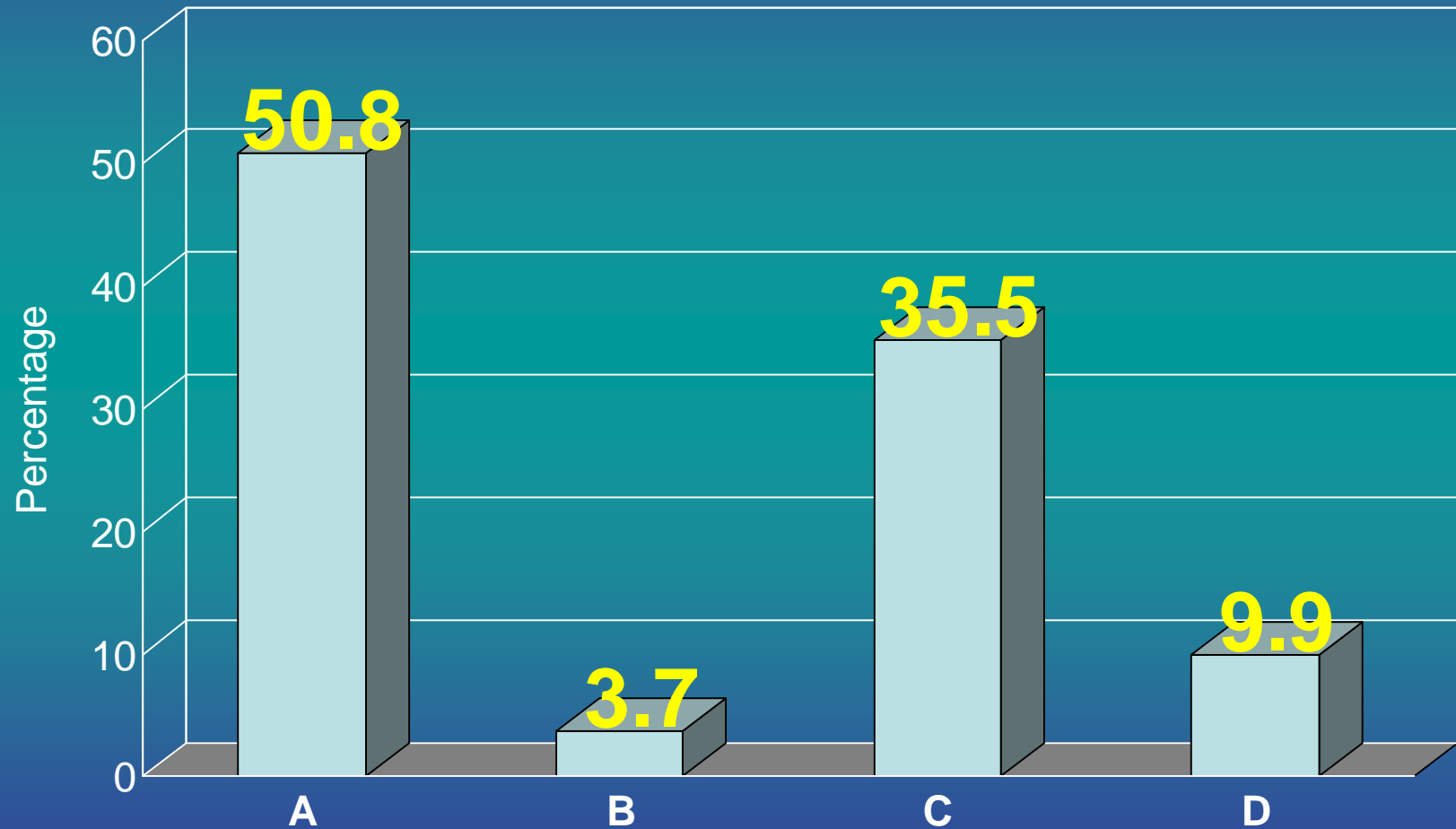
- Patient underwent excisional biopsy of a lesion of the vulva. The pathology showed squamous cell carcinoma in situ, lesion completely excised; margins clear.
- How are SSF 12 and SSF 13 coded?  
(Pelvic LN status and Assessment Method of Pelvic LN status)

## #4 Answer Choices

- A. 998 and 998
- B. 000 and 999
- C. 000 and 010
- D. 999 and 999



# Survey Monkey Results



# Correct Answer and Rationale

- The correct answer is: A. 998 and 998 Pelvic lymph nodes not accessed
- This corresponds to SSF 13.
- B is incorrect because lymph nodes were not assessed to determine if they are negative.
- C is incorrect because again there is no mention of lymph nodes being assessed, not even clinically.
- D is incorrect because this is an excision without lymph node removal. In situ lesion generally do not have lymph node dissection.

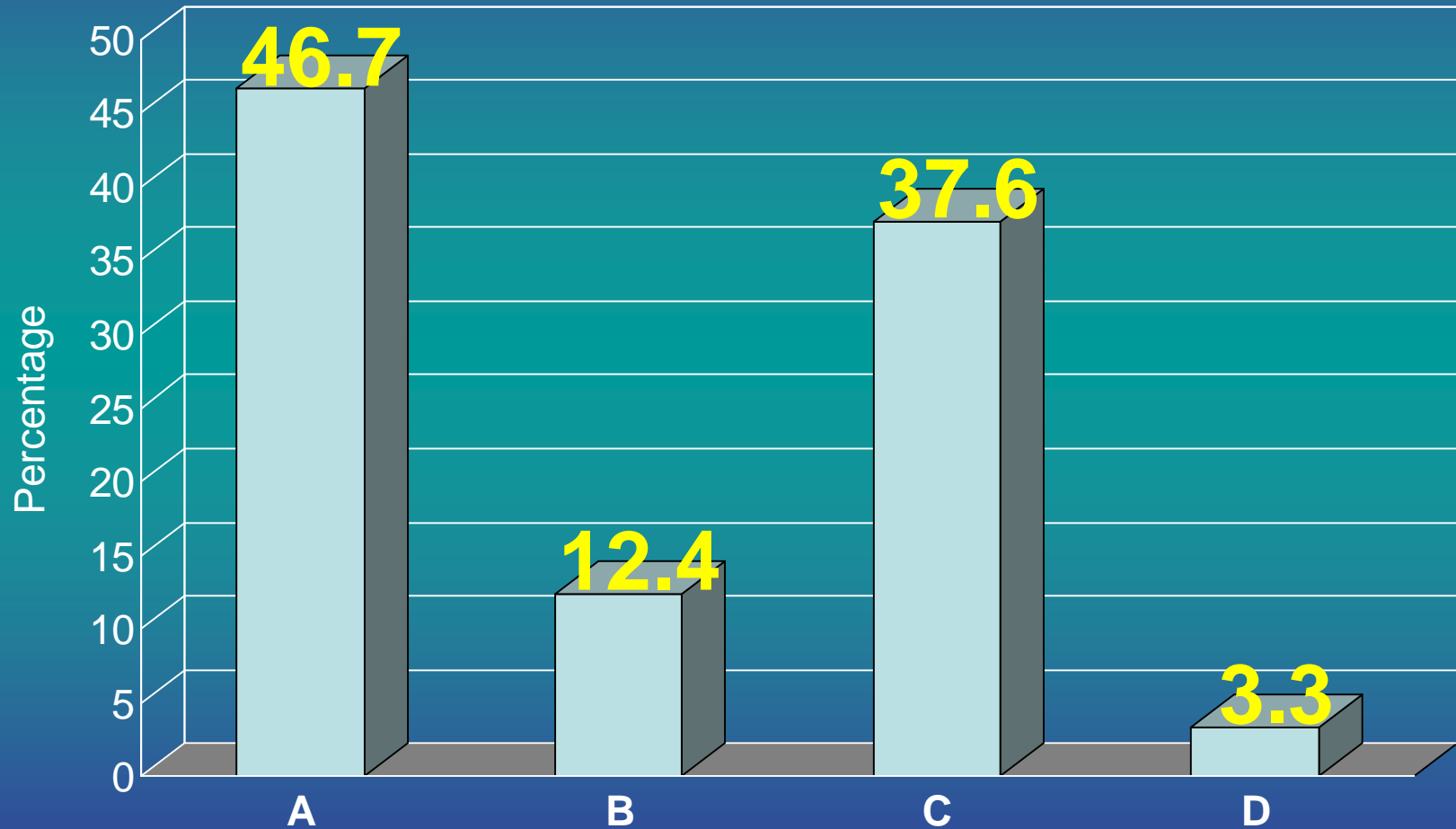
## Question #5

- Surgical resection reveals an endometrial adenocarcinoma. The pathology report reads:
  - 0/5 Rt Pelvic Lymph Nodes
  - 0/2 Rt Common Iliac and Peri-Aortic LNs
  - 0/3 Lt Pelvic Lymph Nodes
  - 0/4 Lt Common Iliac and Peri-Aortic LNs
- How would one code SSF 3 and SSF 4?  
How would one code SSF 5 and SSF 6?

## #5 Answer Choices

- A. 000 and 014; 000 and 014
- B. 000 and 999; 000 and 999
- C. 000 and 097; 000 and 097
- D. 999 and 999; 999 and 999

# Survey Monkey Results



# Correct Answer and Rationale

- The correct answer is: C. 000 and 097; 000 and 097
- Code 000 in SSF3 and 097 in SSF4 - We don't know how many were common iliac nodes
- Code 000 in SSF5 and 097 in SSF6 - We don't know how many were actually para-aortic nodes
- For regional Ins information we are to code 00 positive and 14 examined, as all are regional Ins.

## Question #6

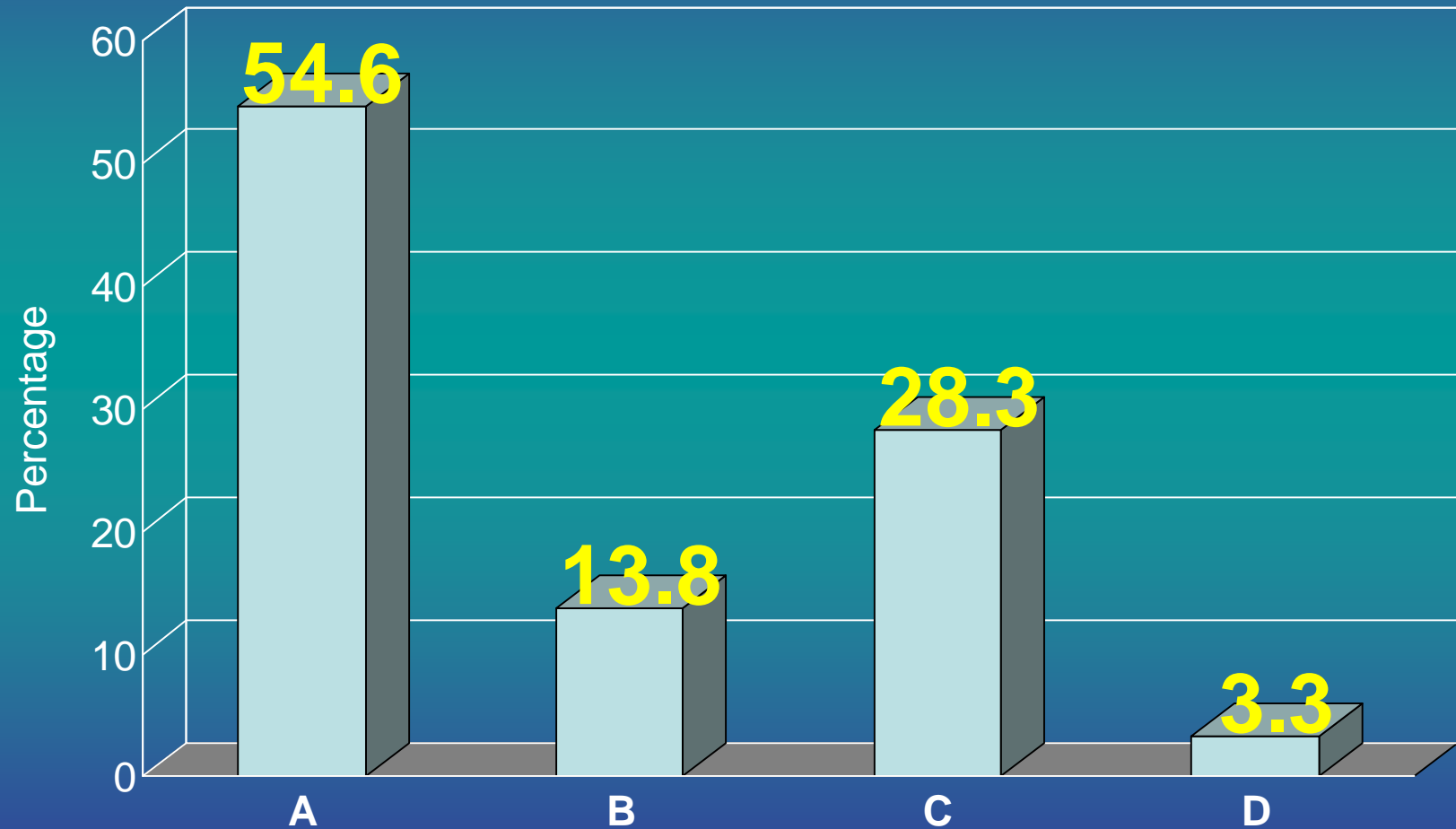
- How would SSF 19 (Assessment of Positive Ipsilateral Axillary Lymph Nodes) be coded if a positive excisional axillary lymph node biopsy was followed by an axillary lymph node dissection on a different procedure date?

## #6 Answer Choices

- A. 040
- B. 120
- C. 140
- D. 050



# Survey Monkey Results



# Correct Answer and Rationale

- The correct answer is: A. 040 Only an excisional biopsy was done, the information on axillary lymph node dissection is for positive lymph node dissection only.
- If the initial lymph node biopsy was a sentinel lymph node biopsy, then the answer would be 120; positive sentinel node biopsy and if positive lymph node dissection was to follow.

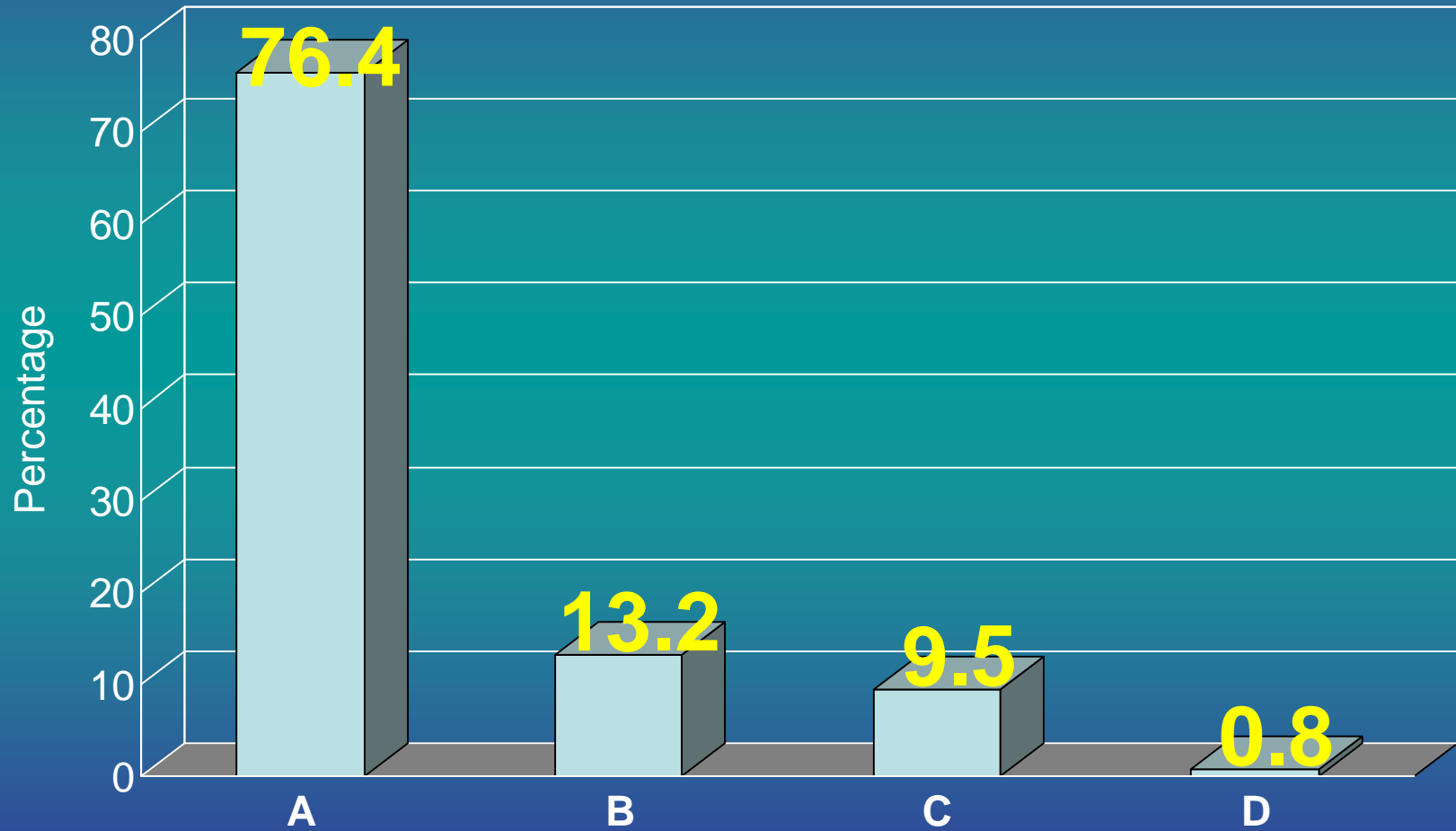
## Question #7

- If your facility does not perform CISH (SSF12 and 13), CTC (SSF17) or DTC (SSF18), what is the appropriate code?

## #7 Answer Choices

- A. 998
- B. 999
- C. 988
- D. None of the above

# Survey Monkey Results



# Correct Answer and Rationale

- The correct answer is: A. 998
- If you know your facility does not do the test, you may use code 998 for test not done. (SSF 12, 13)
- If SSF is required by a standard setter you can not utilize code 988, not applicable. Only used when SSF is not defined or is defined but not required by appropriate standard setter at your institution. (SSF 17, 18)
- If information is simply not available, code 999, for not documented or unknown.

## Question #8

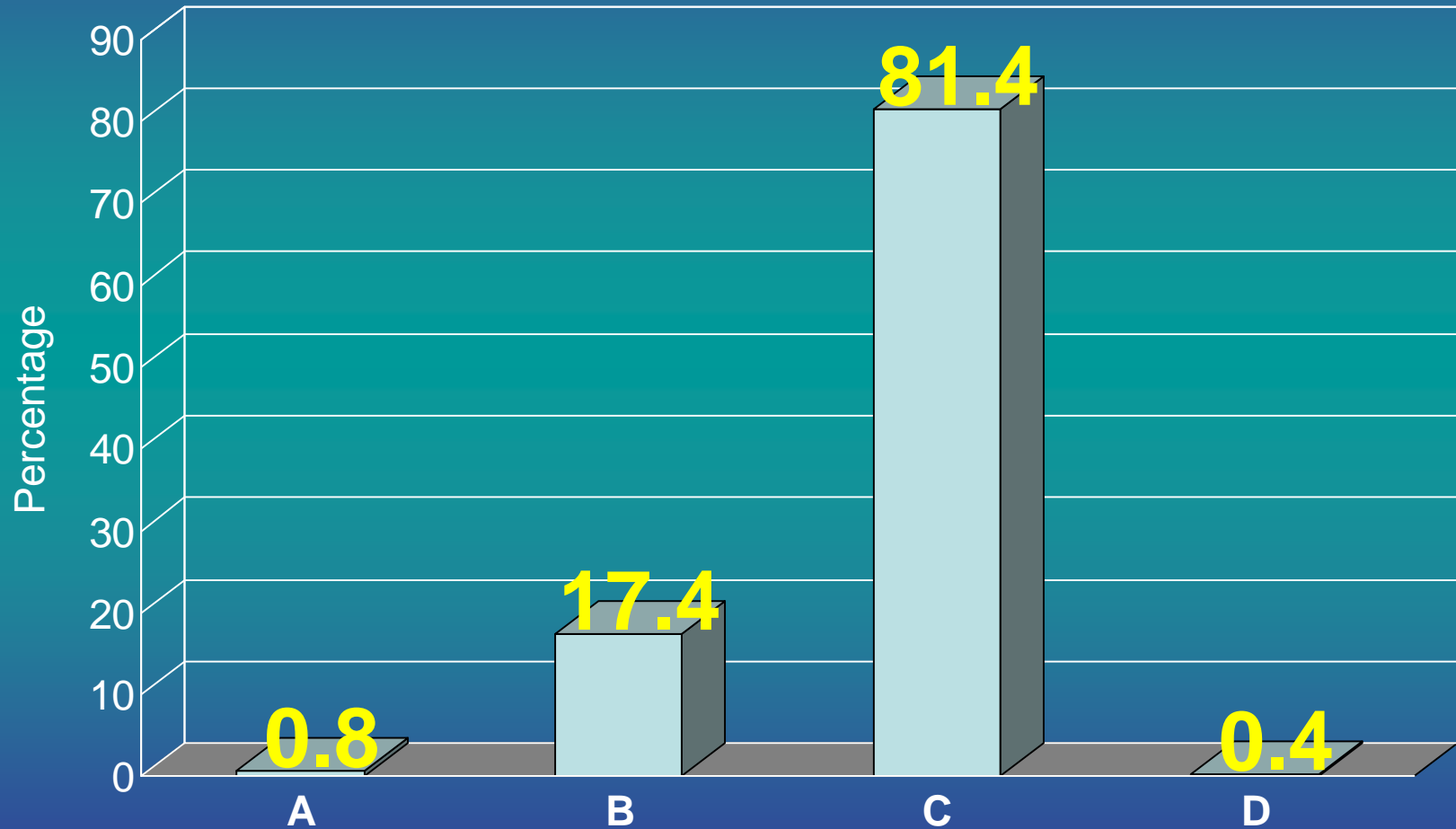
- A biopsy of the breast showed a Nottingham score of 6.
- The lumpectomy specimen showed a Nottingham score of 4.
- Do you take the higher score, or the score where the most tissue was resected?

## #8 Answer Choices

- A. The sum of the two scores; code 100
- B. The score from the largest specimen; code 040
- C. The highest score; code 060
- D. Code unknown since you don't know; code 999



# Survey Monkey Results



# Correct Answer and Rationale

- The correct answer is: C. use the highest score; code 060
- Clarification to SSF 7 in v02.03. Note 5 states code highest score if multiple scores are reported.
- For example, different scores reported on multiple path reports for same primary cancer; different scores reported for multiple tumors assigned to same primary cancer.
- Do not add scores to create a sum of the two. Code 100 is not possible. The scoring system is from 3 – 9. There is also a choice for BR grade 1-3 or low, medium, high grade.
- Code 999 is incorrect because you have actual score and coding rule 5 says to use highest score. Rationale is physician will treat based on higher score which represents a more aggressive tumor.

## Question #9

- You have a patient who underwent HER2 FISH testing three different times with three different values and pathologic interpretations.
- The treating physician considered her HER2 negative and treated her as such.
- Which is correct? How would you record SSF 10 (FISH lab value) and SSF 11 (FISH test interpretation)?

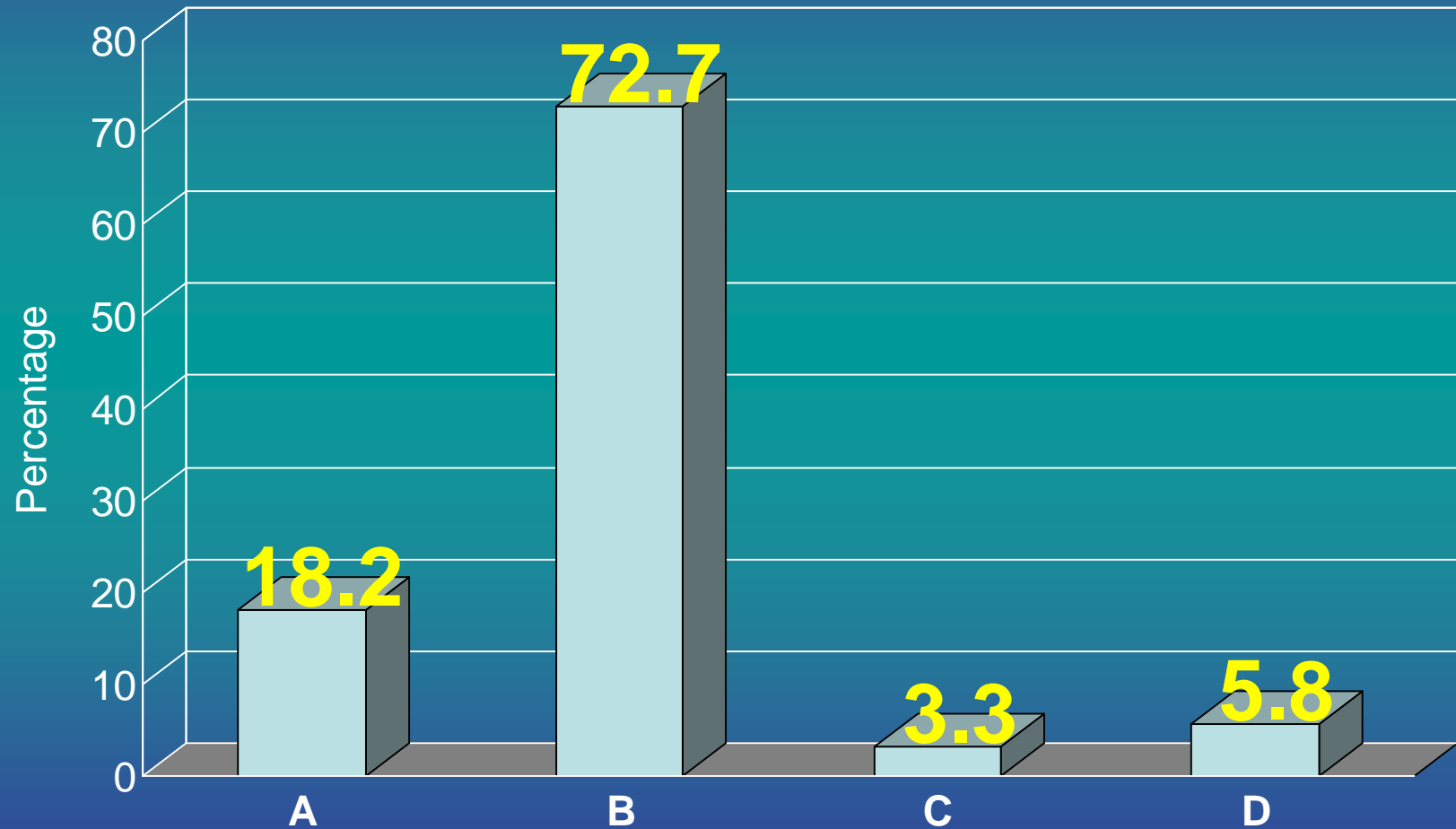
## Question #9

- Values given on reports are as follows:
- HER2 (FISH) = 2.4; positive
- HER2 (FISH) = 1.10; negative
- HER2 (FISH) = 1.93; equivocal

## #9 Answer Choices

- A. 240 and 010
- B. 110 and 020
- C. 193 and 130
- D. 999 and 999

# Survey Monkey Results



# Correct Answer and Rationale

- The correct answer is: B. 110 and 020 negative/normal
- Since the physician is treating the patient as HER2 negative, you need to record the HER2 negative information.
- The applicable SSF's for FISH are SSF10 and SSF11.
  - For SSF10, format is to record actual number. In this case record 110 (1.10).
  - In SSF 11 record 020 for negative.

## Question #10

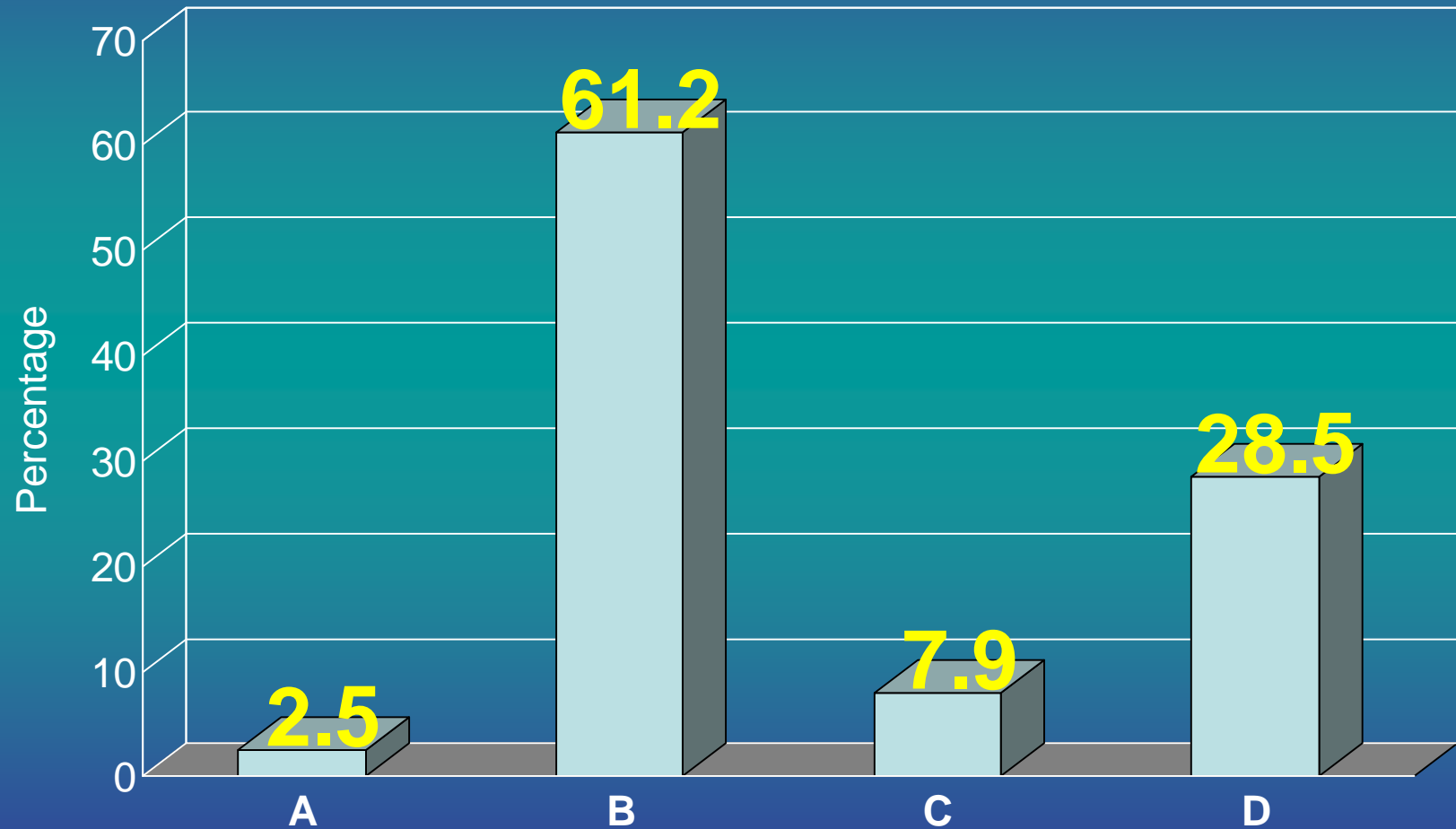
- If both Mammaprint and Oncotype DX are performed which should be coded in SSF 22? (Multigene Signature Method)



# #10 Answer Choices

- A. 999
- B. 010
- C. 020
- D. None of the above

# Survey Monkey Results



# Correct Answer and Rationale

- The correct answer is: B. 010 Oncotype DX
- Use the following hierarchy when both Oncotype DX and Mammaprint are performed.
  - If both are performed and the results are positive for only one, code to the positive test
  - If both are performed and the results are equivocal or negative, code results from the Oncotype DX.
- Oncotype DX has is in 2007 American Society of Clinical Oncology (ASCO) clinical guidelines on use of tumor markers in breast cancer. Oncotype DX is also in NCCN 2008 breast cancer treatment guidelines.

# 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/>

