



COLLABORATIVE STAGE
DATA COLLECTION SYSTEM

CSv2 Knowledge Exchange: Teach, Learn, Share

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Survey Questions and Answers

310 Responses

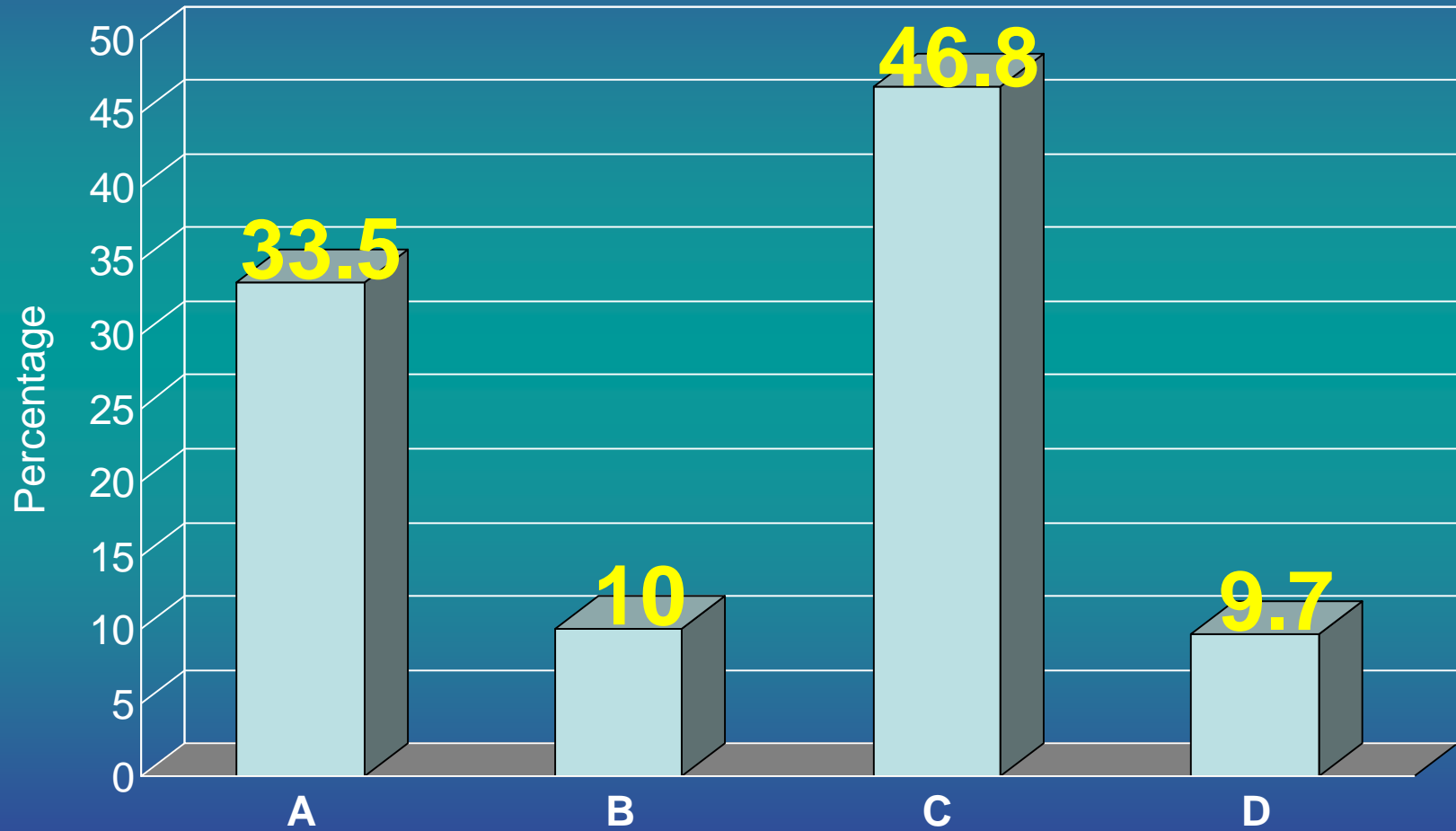
Question #1

- Patient presents with DCIS of the UOQ left breast for lumpectomy and sentinel lymph node biopsy.
- Pathology from lumpectomy shows DCIS of the UOQ left breast measuring 5mm with 1 of 2 sentinel lymph nodes positive for infiltrating ductal carcinoma.
- How is the CS extension coded?

#1 Answer Choices

- A. 000
- B. 999
- C. 100
- D. 950

Survey Monkey Results



Correct Answer and Rationale

- A. 000 Incorrect. If positive LN then CS extension cannot be in situ
- B. 999 Incorrect. Per Part I – Section I you code this as Localized, NOS
- C. 100 Correct – Obviously, the infiltrating component was not found as the LN is positive, therefore the primary tumor had to infiltrate the lymphatics. Code to Localized NOS.
- D. 950 Incorrect – We do have tumor present, just not infiltrating tumor.

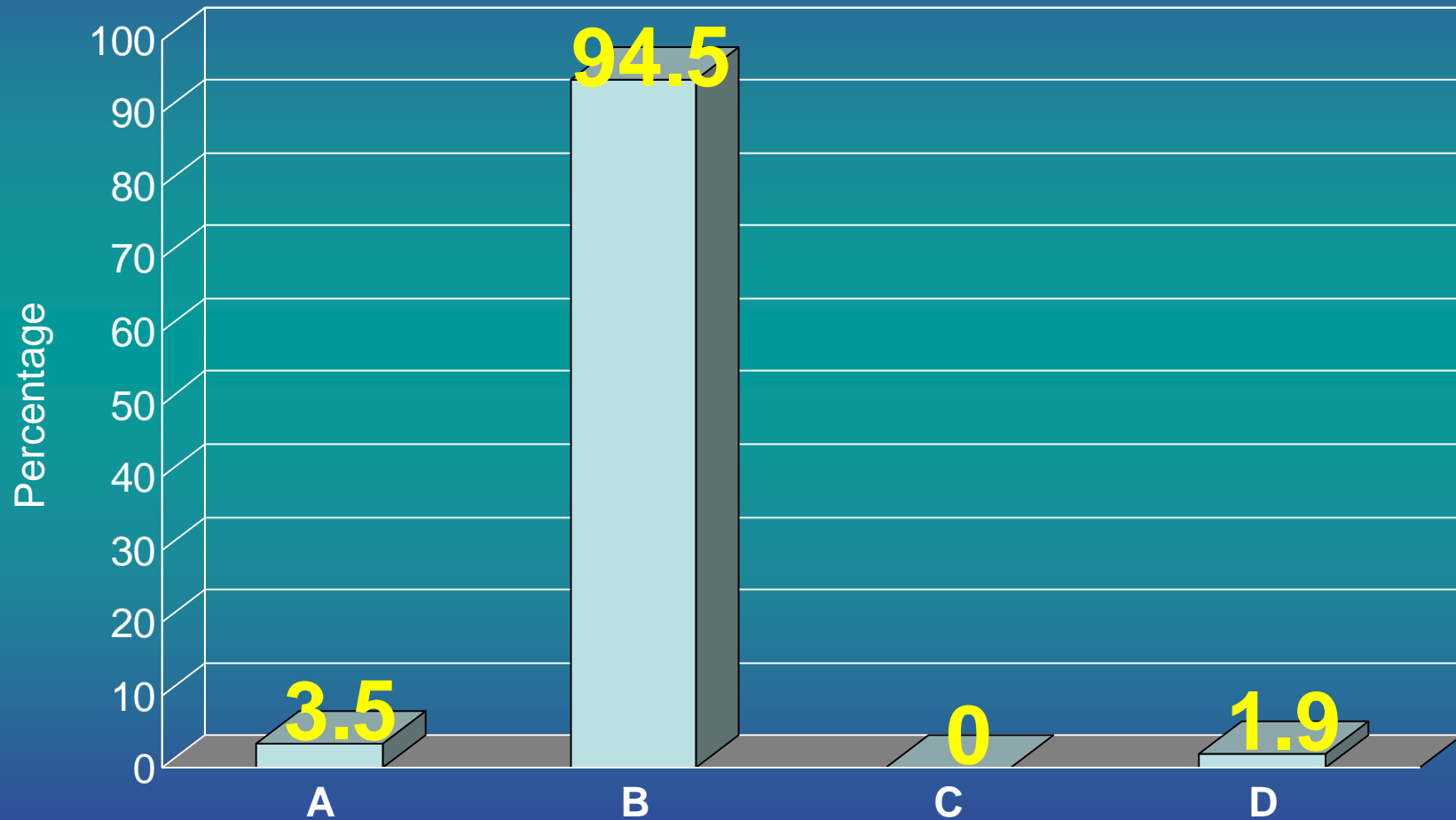
Question #2

- Patient presents with DCIS measuring 1cm after undergoing lumpectomy to LOQ right breast
- Clinic record shows she had no palpable axillary adenopathy and no complaints of bone pain on presentation
- How do you code CS LNs and CS Mets at Dx?

#2 Answer Choices

- A. 999 and 99
- B. 000 and 00
- C. 988 and 99
- D. 999 and 00

Survey Monkey Results



Correct Answer and Rationale

- A. 999 and 99 Incorrect. DCIS means no infiltration of the tumor, therefore you can assume no involvement of nodes or metastatic disease.
- B. 000 and 00 Correct. Since this is in situ there is no infiltration of the tumor and the lymph nodes and metastatic at diagnosis can be coded to none 000/00.
- C. 988 and 99 Incorrect – it is applicable site
- D. 999 and 00 Incorrect – You can answer none to both data elements since the tumor is not infiltrating.

Question #3

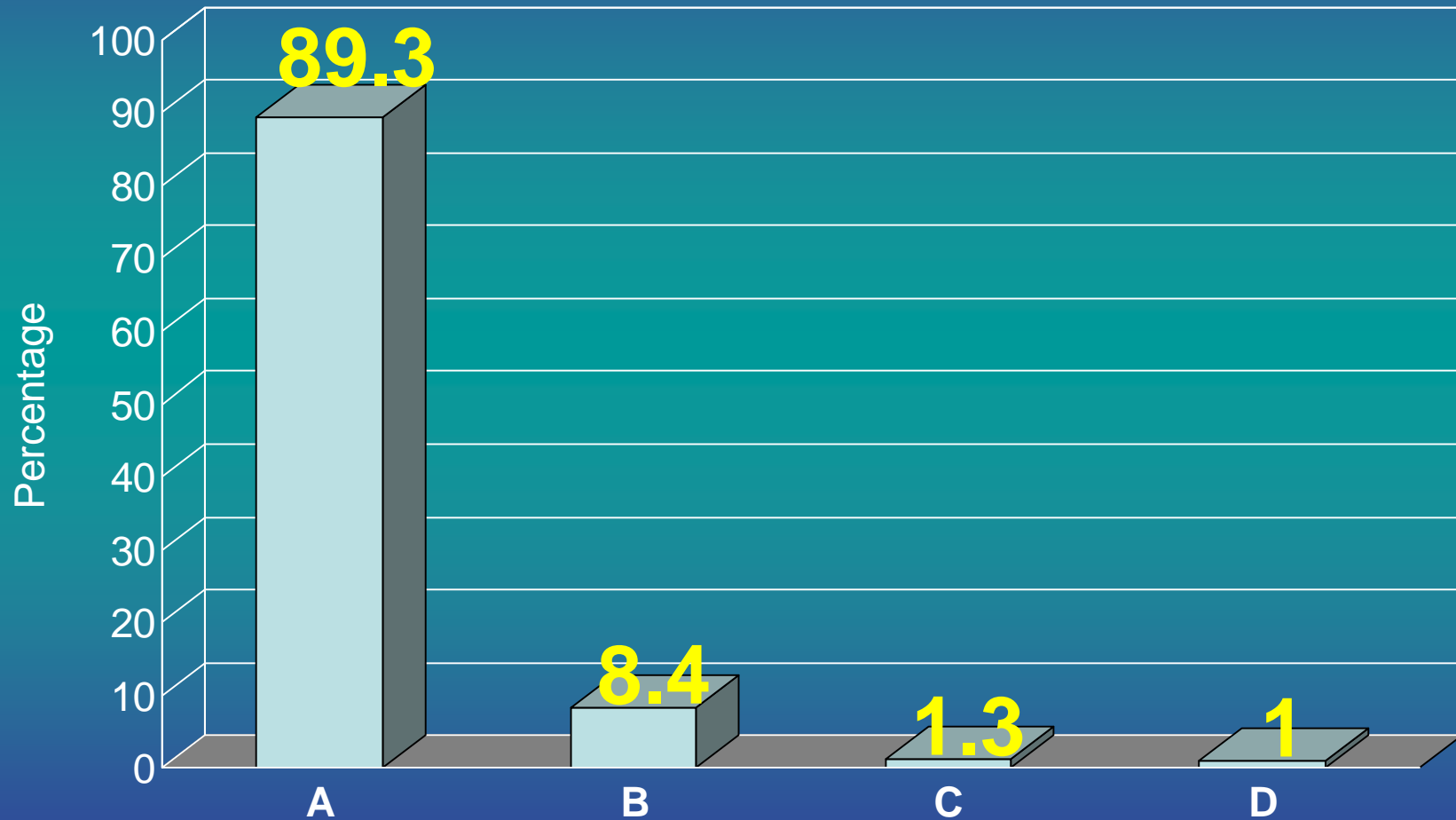
- Patient has a colonoscopy at staff physician's office which shows adenoca of the sigmoid colon
- He undergoes a right hemicolectomy at your facility for the sigmoid colon cancer
- CEA is not found on the chart at the time of abstracting
- How do you code SSF 1 and SSF 3?



#3 Answer Choices

- A. 999 and 999
- B. 998 and 998
- C. 997 and 997
- D. 988 and 988

Survey Monkey Results



Correct Answer and Rationale

- A. 999 and 999 – Correct - You must code unknown. You don't know if the test was ordered and possibly done in the staff physician's office.
- B. 998 and 998 – Incorrect – You don't know that the test was not done. It could have been done in the staff physician's office
- C. 997 and 997 - Incorrect – You don't know if the test was ordered
- D. 988 and 988 Incorrect - it is applicable to this site and standard setters do require

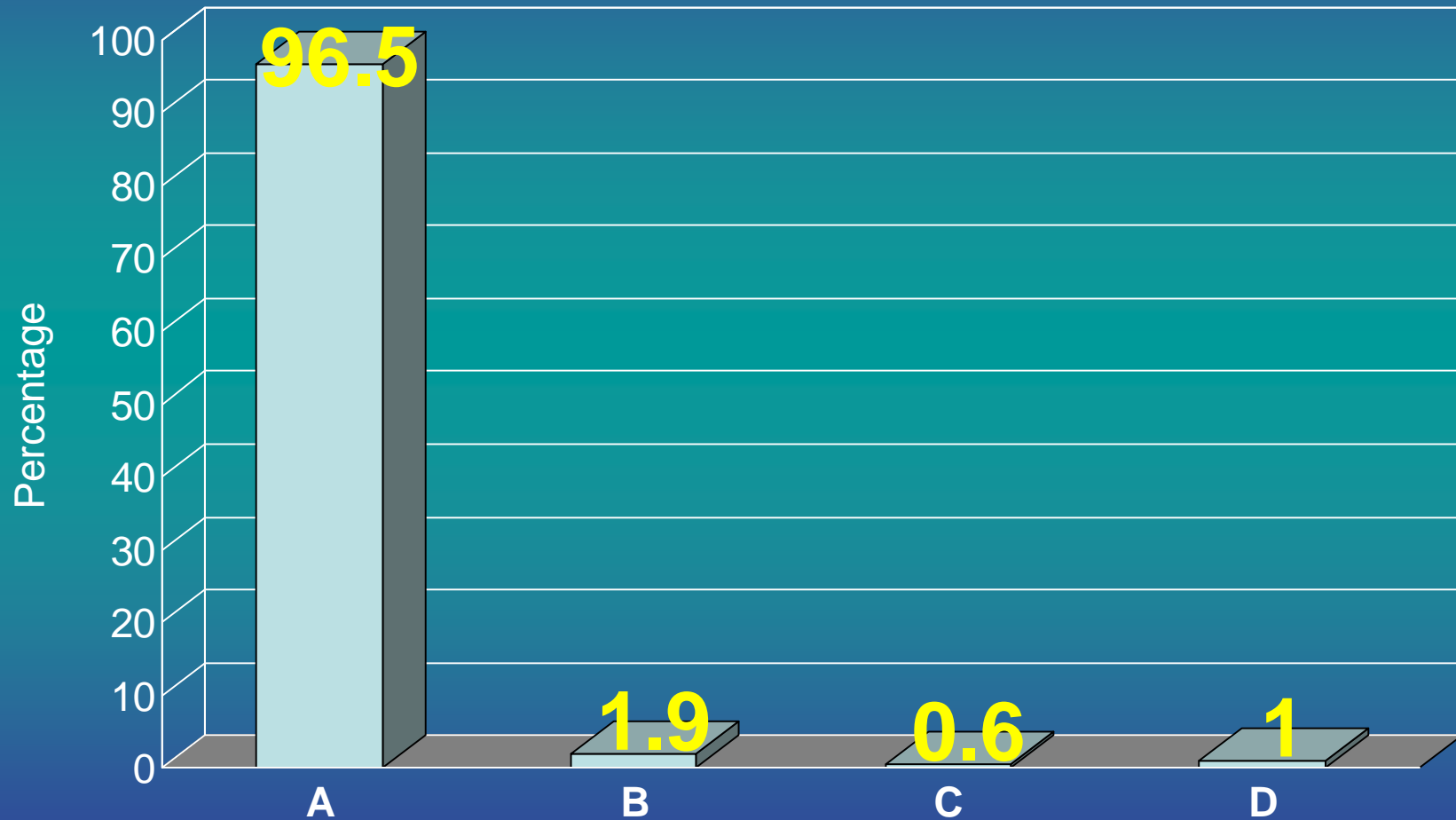
Question #4

- Patient presents with infiltrating ductal carcinoma of the left breast
- She undergoes lumpectomy with sentinel node biopsy at your facility
- HER2 (IHC) is reported as 3+
- HER2 (FISH) is reported as negative
- There is no other information on the chart concerning HER2
- How do you code FISH SSF 11 and CISH SSF 13 (test interpretation)?

#4 Answer Choices

- A. 020 and 999
- B. 998 and 998
- C. 999 and 997
- D. 997 and 997

Survey Monkey Results



Correct Answer and Rationale

- A. 020 and 999 Correct – Although you do not have the value; you do know that the result is negative. You must code CISH as unknown; you cannot assume it was not done. However, if know that your institution does not perform CISH you may code it to 998; test not done. You would code SSF10 as 997; test done, results not in chart
- B. 998 and 998 Incorrect – Test was done
- C. 999 and 997 - Incorrect – Test was done
- D. 997 and 997 – Incorrect – Test was done

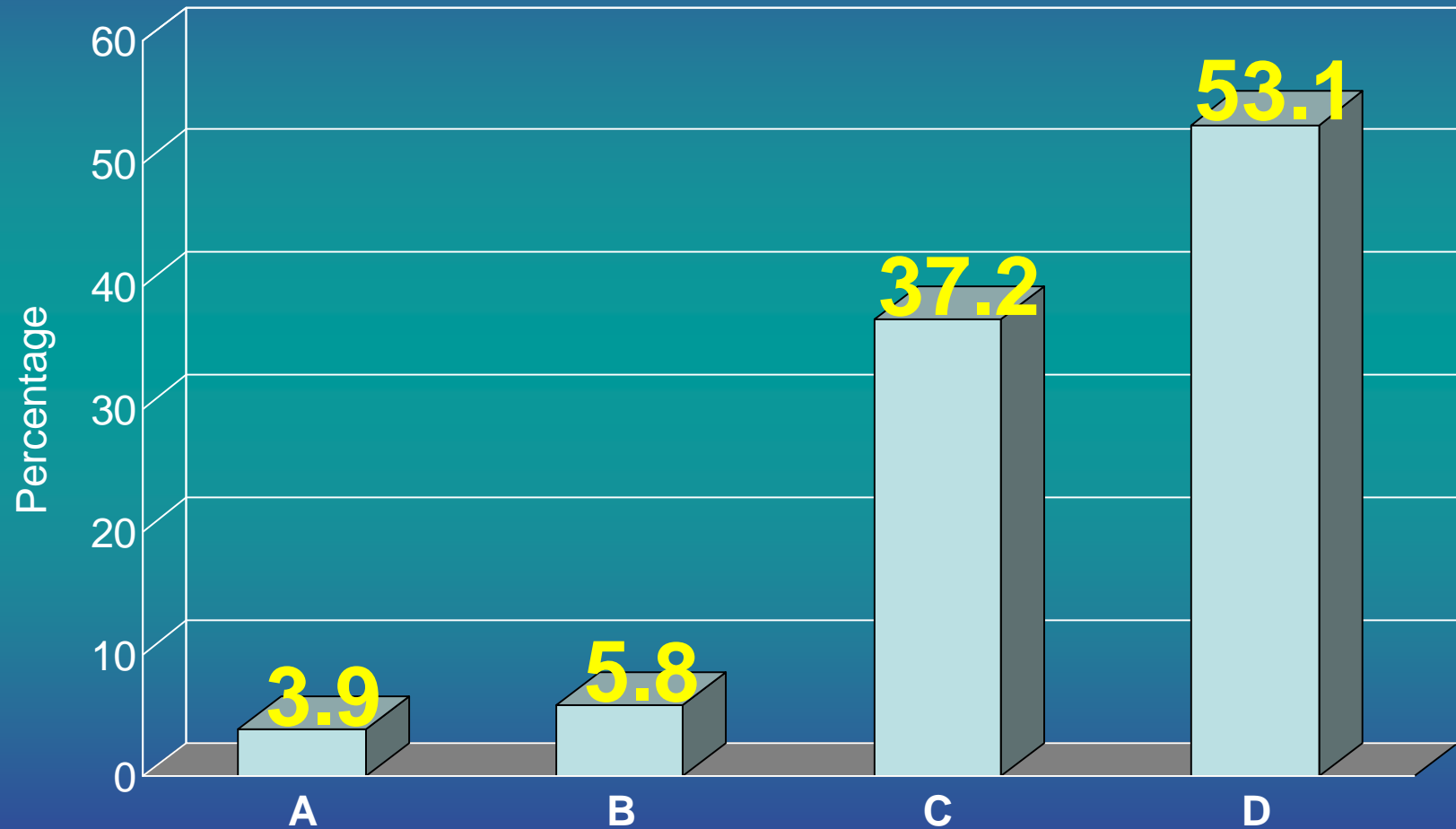
Question #5

- Patient presents with adenocarcinoma of the cecum for which he underwent right hemicolectomy.
- There is no indication on the chart that he had 18q LOH performed.
- Review of the required site specific factors shows that this SSF is not required by any of the standard setters; however, the cancer committee wants it collected.
- How do you code SSF 10?

#5 Answer Choices

- A. 030
- B. 988
- C. 998
- D. 999

Survey Monkey Results



Correct Answer and Rationale

- A. 030 – Incorrect - Unknown if test was done
- B. 988 – Incorrect – Not Applicable; not required by Standard Setter; but Cancer committee does require
- C. 998 – Incorrect – You do not know if the test was done or not
- D. 999 – Correct – If your institution requires the test and it is not on the chart then you must code 999; unknown.

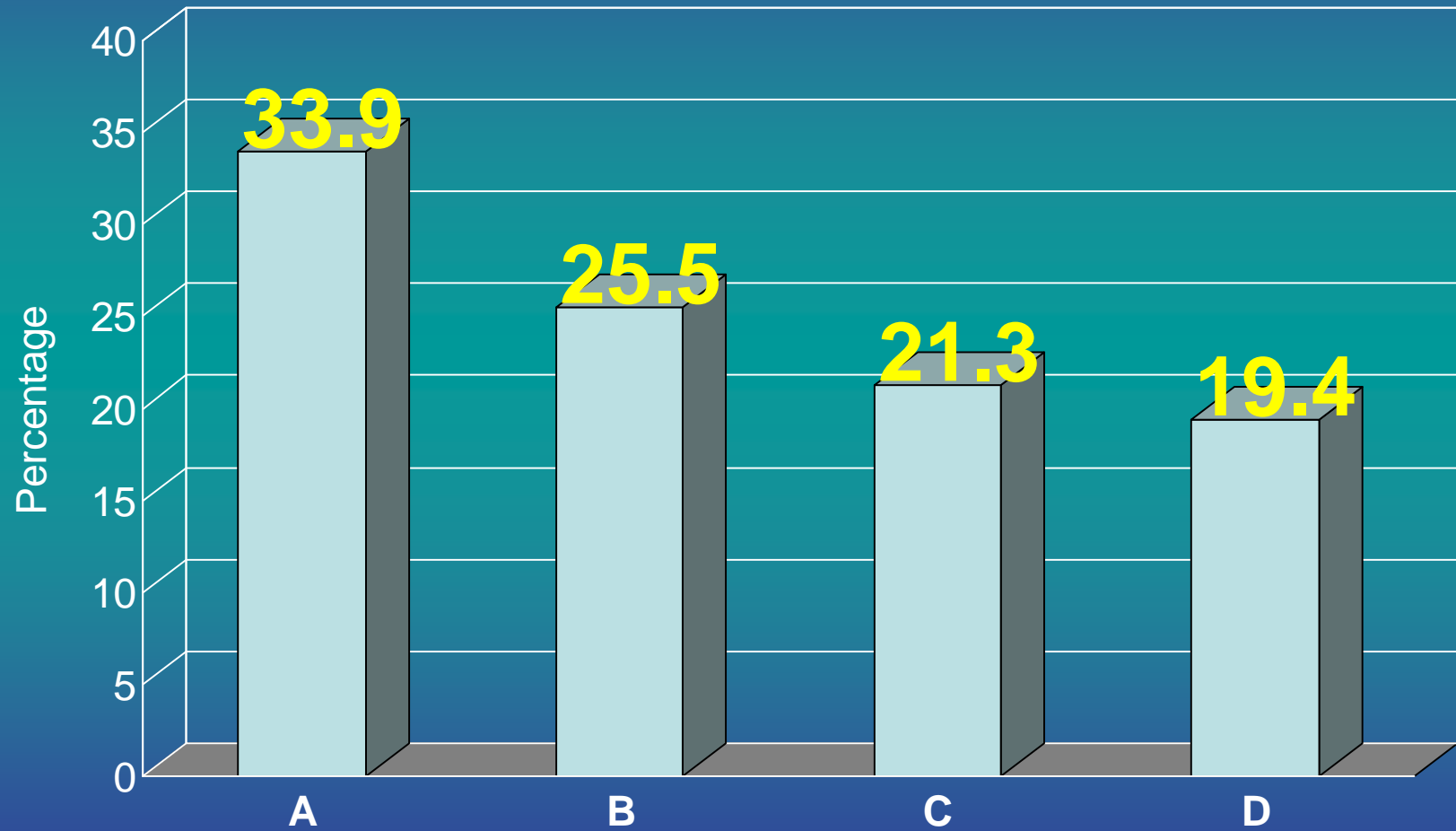
Question #6

- The patient has a primary tumor in the middle esophagus with direct extension to the lung.
- How is CS Extension coded?

#6 Answer Choices

- A. 730
- B. 750
- C. 810
- D. 815

Survey Monkey Results



Correct Answer and Rationale

- A. 730 – correct – this includes the main stem bronchus which is the nearest tissue listed
- B. 750 – incorrect – this is for upper esophagus
- C. 810 – incorrect – generic for further contiguous
- D. 815 – incorrect – generic for other extension

Question #7

- The patient has a colonoscopy and a large tumor in the colon is identified.
- The patient has too many comorbidities to undergo surgical resection.
- How is the CS Extension coded?

#7 Answer Choices

- A. 300
- B. 400
- C. 950
- D. 999

Survey Monkey Results



Correct Answer and Rationale

- A. 300 – incorrect – unknown information cannot be downstaged to localized
- B. 400 – incorrect – we have no proof it went this far
- C. 950 – incorrect – there is evidence of tumor
- D. 999 – correct – 999 because there is no information available to code the extension since the depth of invasion cannot be seen on a colonoscopy

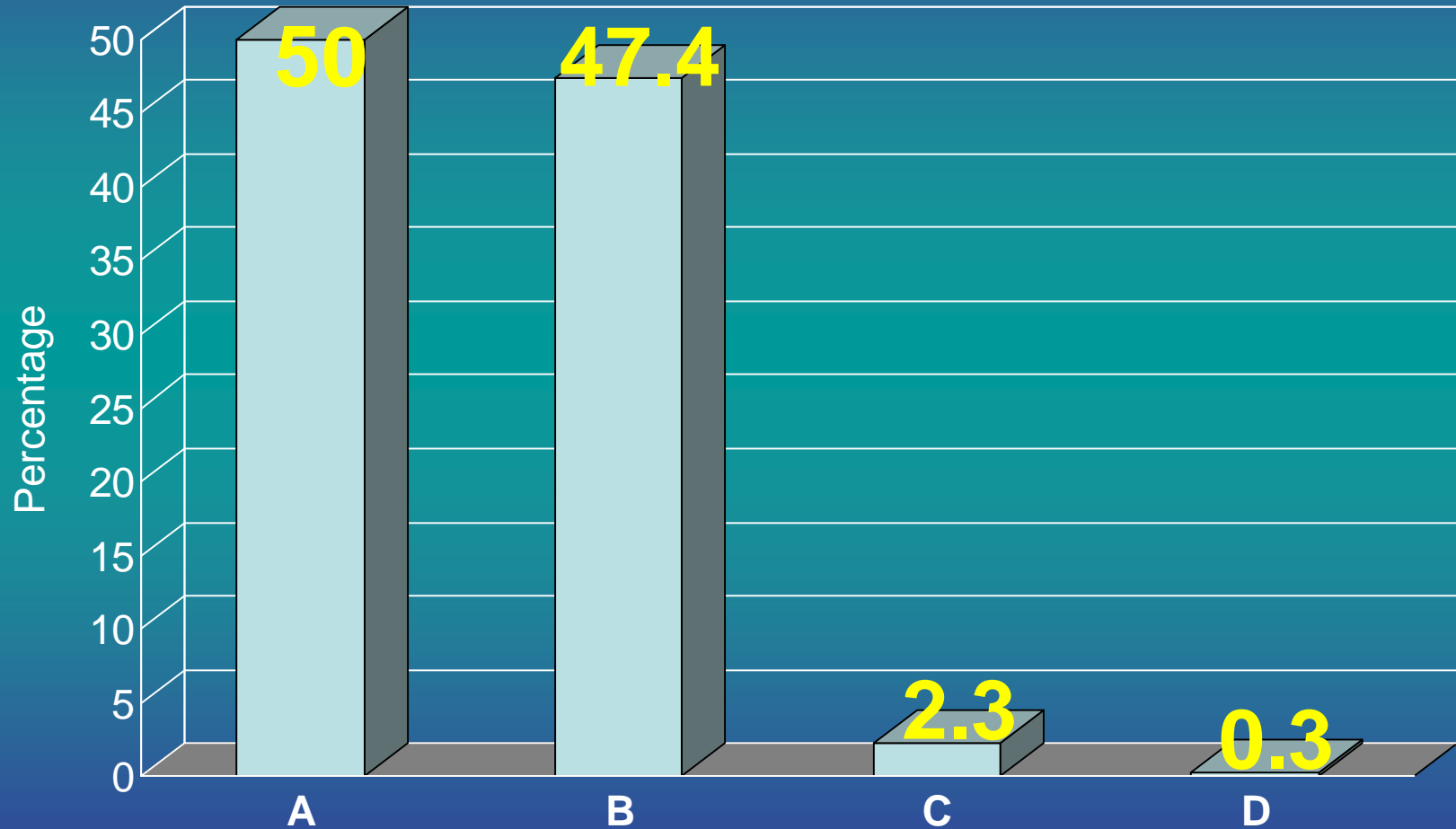
Question #8

- A patient with colon cancer undergoes a resection and there are nodules in the pericolic fat with an irregular contour.
- There were 12 nodes resected, all negative.
- How is the CS Lymph Nodes coded?

#8 Answer Choices

- A. 000
- B. 050
- C. 110
- D. 800

Survey Monkey Results



Correct Answer and Rationale

- A. 000 – incorrect – even though there are no positive nodes, you must code the tumor deposit
- B. 050 – correct – 050 is for if the patient had tumor deposits with no positive lymph nodes. Contour is no longer used to determine if this should be coded as extension or lymph nodes.
- C. 110 – incorrect – there were not positive regional nodes
- D. 800 – incorrect – there were not positive nodes

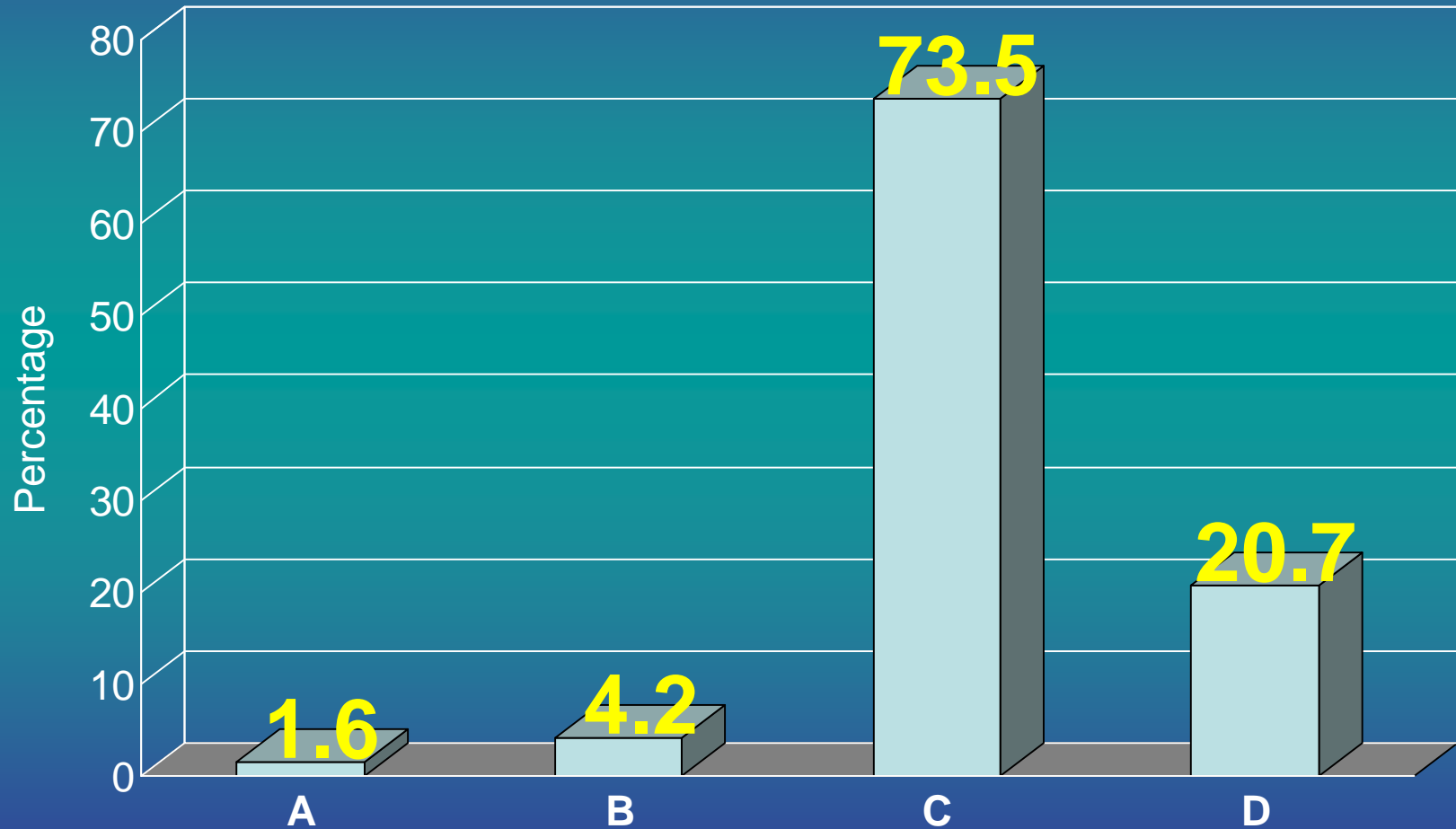
Question #9

- A stomach cancer patient has a diagnostic aspiration of a node that is positive.
- The patient then has a surgical resection with 8 nodes positive.
- How is Regional Nodes Positive coded?

#9 Answer Choices

- A. 95
- B. 97
- C. 08
- D. 09

Survey Monkey Results



Correct Answer and Rationale

- A. 95 – incorrect – this is an aspiration or biopsy only
- B. 97 – incorrect – using 97 derives an N1, which is not accurate. This should be avoided when number of nodes determines correct N category.
- C. 08 – correct – 08 because aspirated node was probably in this nodal chain, don't want to overcount. You need the count to derive correct N, N3a which is 7-15 nodes positive.
- D. 09 – incorrect – the aspirated node was probably included in the nodal resection and you don't want to overcount

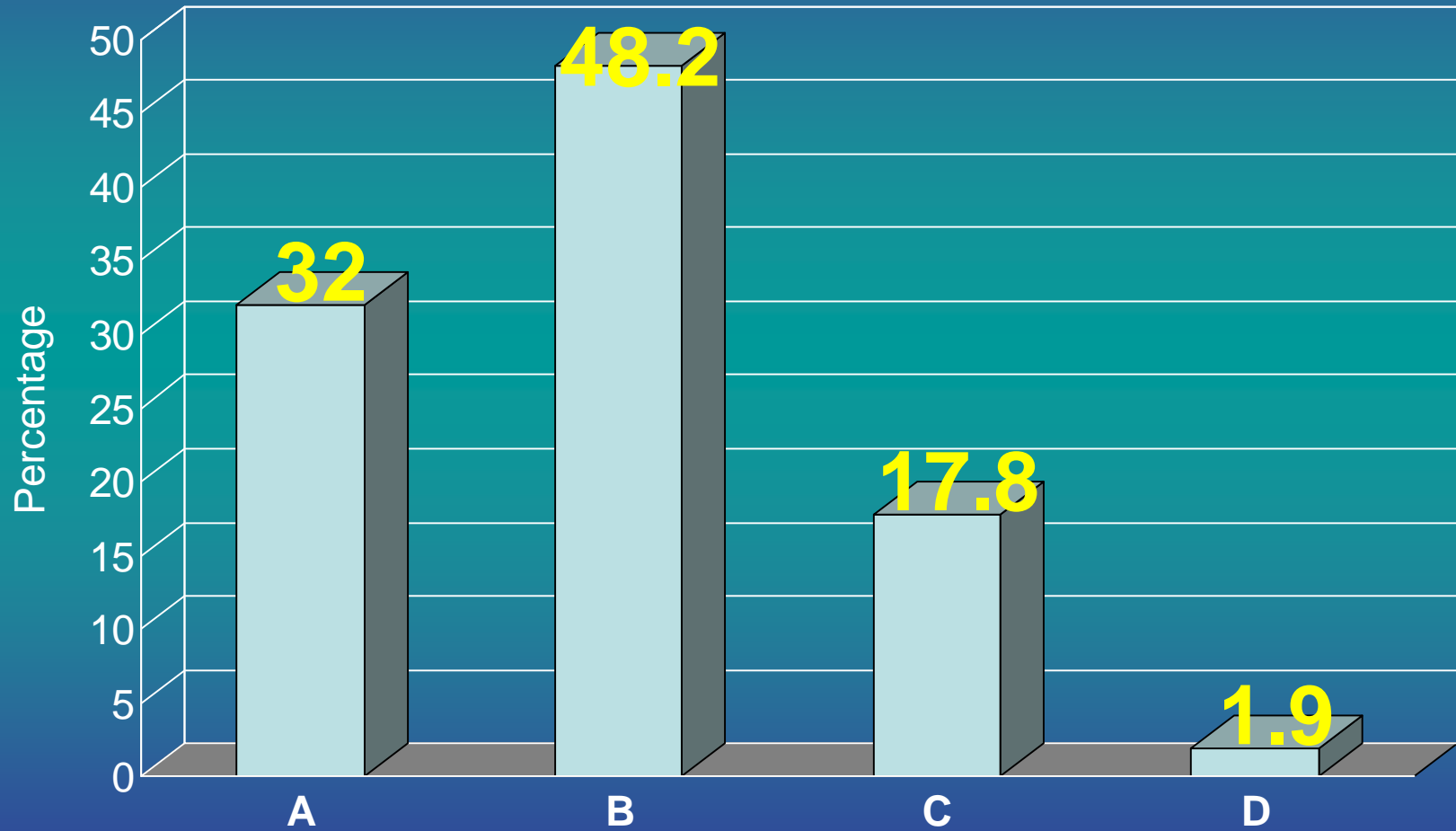
Question #10

- The patient has an abnormal mammogram and a mass in the axilla.
- A breast core biopsy is positive, and the axillary mass is biopsied showing 2.5mm mets in one axillary node.
- The patient has a lumpectomy but declines an axillary node dissection.
- How are the CS Lymph Nodes and CS Nodes Eval coded?

#10 Answer Choices

- A. Nodes 250 and Eval 1
- B. Nodes 250 and Eval 3
- C. Nodes 255 and Eval 1
- D. Nodes 260 and Eval 3

Survey Monkey Results



Correct Answer and Rationale

- A. Nodes 250 and Eval 1 – incorrect – if the patient did not go on to have primary site resection, then it would have been an eval code 1
- B. Nodes 250 and Eval 3 – correct – 250 and 3 is used, Note 4 if mass is not described as fixed or matted, it is classified as movable. The size of mets puts it in N1, code 250. Even though this biopsy was part of diagnostic workup, the patient also had resection of primary site adequate for pathologic T classification (treatment), so this would be coded as eval 3.
- C. Nodes 255 and Eval 1 – incorrect – 255 is a clinical eval of nodes only and it was biopsied
- D. Nodes 260 and Eval 3 – incorrect – this is N1 NOS and we have more specific information

CAnswer Forum

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 - Allows tracking for educational purposes
 - Includes archives of Inquiry & Response System
- <http://cancerbulletin.facs.org/forums/>

