

**Questions from CSv2 Presentations at NCRA Annual Conference
Palm Springs, CA
April 23, 2010**

Site: Prostate

Data Element: Lymphovascular invasion

Question: The statement “CA extends to some modest sized vascular and neural structures” does not seem to meet the criteria for coding this field to a “T”

ANSWER: This answer will be changed to 9 unknown as there is no clear statement to indicate lymph-vascular invasion.

Site: Prostate

Data Element: CS Factor 15

Question #1: DRE & Imaging= does transectal USBx count as imaging when there is no Impression” or documentation of results. It was only done for Bx.

Question #2: Lymphovascular = no documentation of it or not.

ANSWER#1: Note 2 under SSF 15 states that TRUS guided bx can be recorded as imaging.

ANSWER #2: If it is not documented; we are to code to unknown.

Site: Colon

Data Element: SSF 8

Question #1: April stated that if not mentioned 000 in pathology code the answer stated code 999 not documented.

Question #2: Instructed to code 988 as N/A means no effort to find data needed. Answersheet stated to code 998

ANSWER #1: Per instructions in SSF8 table: Assign code 000 if histologic examination of primary site was performed, the pathology report is available for review, and perineural invasion is not mentioned.

ANSWER #2: 988 means it is not collected in your facility and you are not looking for it, 998 means no histologic exam of primary site and you would code this if the information was available for SSF8

Site: Prostate

Data Element: SSF 11

Question: Pathologist does not state “tertiary” pattern if Gleason score is equal to or below 6.; how is it recorded-999? A prostectomy was done.

ANSWER: Do not confuse the tertiary pattern with the primary and secondary pattern used to obtain the score. This is a separate data item collected when it is mentioned. If tertiary pattern is not mentioned you code 999; Unknown.

Site: Prostate

Data Element: Lymph vascular invasion

Question: If there is only a biopsy (microscopic exam of tissue) how do you know if you have enough tissue to code this field? Use code 8 or 9?

ANSWER: That would depend on each individual case, as biopsies vary in size. If the pathologists states there is or isn't LVI, then you can code it. The pathologist will verify if there is enough tissue, not the registrar. Code what you are given by the pathologist. If it is not stated, you code as unknown.

Site: Prostate Case

Date Element: SSF 12-13

Question: Is code 991 because there is positive Dx confirmation of cancer, but number of cores not mentioned? I coded 998 because cores were not mentioned.

ANSWER: The patient had an ultrasound guided biopsy, these are cores.

Site: Breast

Data Element: Site Specific Factor 4

Question: Our pathologist uses IHC and H & E stains to test for positive cells (ITC). What code do we use for H & E? Note, they will document N0(i+) positive plus if the H & E and IHC are positive.

ANSWER: If the ITCs are identified on routine H &E stains, the use code 050 in the CS Lymph Node field and code CSF4 as 000.

Site: Prostate

Data Element: PSA lab value

Question: If the PSA before biopsy was done 6 months prior (with a score of 5) and there is one done 1 year prior (with a score of 6), which do we use?

ANSWER: Record the highest PSA value prior to biopsy or treatment. You would use 6, if a biopsy or treatment was not done.

Site: Breast

Data Element: Lymph Nodes

Question: If level is not identified, should we assume all nodes are I and II, not level III?

ANSWER: Yes, the level of the nodes commonly removed are Level I & II. Please see the diagram and explanation of the nodes on p352 of the AJCC 7th Edition Breast Chapter.