CS Moments

CS Release Notes v02.05
Part I Section 1 Highlights

Developed by
Donna M. Gress, RHIT, CTR

This presentation was supported by the Cooperative Agreement Number DP13-1310 from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of The Centers for Disease Control and Prevention.
Neoadjuvant Therapy

• Neoadjuvant therapy affects coding of
  – Tumor Size and Extension
    • Must be from the same time frame: clinical or pathologic
    • Remember, both data fields map to one T category
  – No response to therapy
    • Infrequent that patient doesn’t respond to therapy
    • Code CS Lymph Nodes from path report and eval 6
  – Lymph-vascular invasion (LVI) special instructions
    • LVI present after neoadjuvant can be coded
    • LVI not present after neoadjuvant cannot be coded
Eval 3 - Pathologic

• Eval 3 – pathologic
  – Resection path info + clinical eval info
  – Resection path info + operative findings

• Example
  – Path report for resection has no tumor size
  – Use physical exam or imaging tumor size
  – Use eval 3 - pathologic
Physician Assignment T, N, M

• When to use physician assigned T, N, M
  – Doubt documentation in medical record is complete
  – Physician T, N or M category differs from medical record
  – Use “Stated as” code for physician T, N or M value
  – Do not code to different value from med rec info
  – Registrar documents rationale in abstract

• Conflicting information for T, N, or M
  – Resolve discrepancy with physician when possible
  – Document in abstract
Bone, Brain, Liver, & Lung Mets

- **Unknown Primary**
  - Exception added to code 8
    - Code 8 - CS Mets at DX is coded as 98 (not applicable)
    - Code 0, 1 or 9 for unknown primary sites

- **Important to designate specific metastatic sites**
Lymph Node Eval

- New examples for lymph node eval

- Eval 3 - pathologic
  - Diagnostic bx of lymph node
  - Subsequent primary resection
  - Rationale: part of workup, primary surgery meets criteria for pT, now meets pN definition

- Eval 3 – pathologic
  - Neck node dissection for treatment, no primary surgery
  - Rationale: part of treatment, meets pN definition
References

• CS Release Notes v02.05
  – Available on https://cancerstaging.org/cstage/

• CS v02.05 Coding Instructions
CAnswer Forum

• Submit questions to CS Forum
  – Located within the CAnswer Forum
  – Provides information for all
  – Allows tracking for educational purposes

• http://cancerbulletin.facs.org/forums/
You Tube – AJCC Channel

- Short 5-15 minute videos
- AJCC and CS topics
- Cover important concepts
- Posted on CS Web page

- http://www.youtube.com/AJCCancer