A Practicum Approach to CS: Upper and Lower GI

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Survey Questions and Answers

266 Responses
Question #1

• The endoscopy report states the esophageal tumor is first seen at 32 cm. There is no information on this report regarding the distal tumor edge.

• The pathology report states that the tumor is 5.5 cm in length.

• SSF 4 Distance to Proximal Edge is coded as 032.

• How is SSF5 Distance to Distal Edge of Tumor from Incisors coded?
#1 Answer Choices

• A. 375
• B. 038
• C. 037
• D. 999
Correct Answer and Rationale

• The correct answer is: B. 038

• The distance to the distal edge can be calculated if the distance to the proximal edge and the length of the tumor is known.

• The distance should be recorded to the nearest cm – 0-4 round down, 5-9 round up.

• It should not be coded as unknown since it can be calculated from the information that is available.
Question #2

• The pathology report on an esophageal case states there are 15 nodes examined and 7 positive nodes.

• None of the nodes have extracapsular extension.

• How is SSF3 Number of Nodes with Extracapsular Tumor coded?
#2 Answer Choices

- A. 990
- B. 997
- C. 000
- D. 999
Survey Monkey Results

Percentage

A: 9.4
B: 0.8
C: 88.3
D: 1.5
Correct Answer and Rationale

- The correct answer is: C. 000

- Code 000 is to be used when there is no extracapsular extension, even if the nodes are positive for tumor.

- If extracapsular extension is not mentioned, you cannot assume, and must code 990 for positive nodes with no statement about extracapsular extension.
Question #3

• A patient with esophagogastric junction cancer has N3 disease on a CT scan, and one lymph node is biopsied showing adenocarcinoma.

• The patient undergoes neoadjuvant treatment with chemotherapy followed by esophagectomy.

• The resection pathology report shows 5 out of 24 nodes involved.

• How is SSF1 Clinical Assessment of Regional Lymph Nodes coded?
#3 Answer Choices

- A. 100
- B. 200
- C. 300
- D. 400
Survey Monkey Results

Percentage

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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<tbody>
<tr>
<td></td>
<td>8</td>
<td>4.2</td>
<td>84.5</td>
<td>3.4</td>
</tr>
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</table>
Correct Answer and Rationale

• The correct answer is: C. 300

• The biopsy information is part of the diagnostic workup (clinical staging) and can be used, but the imaging showed a larger number of nodes, N3 disease which is 7 or more nodes involved.

• The patient responded to the neoadjuvant therapy and N2 disease was remaining at the time of surgery.

• This data field will provide the correct clinical N3, instead of the N based on the number of nodes positive and examined.
Question #4

- A patient has a tumor in the fundus of the stomach, 2cm from the EG junction and the tumor extends to the EG junction.

- How is SSF 25 Schema Discriminator coded?
#4 Answer Choices

- A. 020
- B. 030
- C. 000
- D. 010
Survey Monkey Results

Percentage

A: 80.8%
B: 3.4%
C: 13.8%
D: 1.9%
Correct Answer and Rationale

• The correct answer is: A. 020

• The tumor arises in the stomach within 5cm of the EG junction and involves the EG junction, so it is staged with the EsophagusGEJunction schema, not the stomach schema.

• This is for primary site codes C16.1 fundus and C16.2 body.

• There are 981 and 982 codes for the other stomach site codes.
Question #5

- The patient has multiple GIST small intestine tumors.

- It is not clear in the record whether these are distant metastases or if independent tumors.

- The physician was unable to be consulted.

- How is SSF10 Tumor Multiplicity coded?
#5 Answer Choices

- A. 998
- B. 999
- C. 000
- D. 010
Survey Monkey Results

<table>
<thead>
<tr>
<th>Percentage</th>
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<tbody>
<tr>
<td>A</td>
</tr>
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<td>B</td>
</tr>
<tr>
<td>C</td>
</tr>
<tr>
<td>D</td>
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The diagram shows the survey results with categories A, B, C, and D, where D has the highest percentage of 75.1%.
Correct Answer and Rationale

- The correct answer is: D. 010

- When multiple tumors are present and it is not stated whether they are metastases or independent tumors, a physician should be consulted.

- If a decision cannot be made, the rule is to code this site-specific factor as multiple GIST tumors.
Question #6

• Clinical lab report documents pre-treatment CEA lab value for patient with adenocarcinoma of cecum as < 0.4.

• What is the code for SSF3, Carcinoembryonic Antigen (CEA) Lab Value?
#6 Answer Choices

- A. 003
- B. 004
- C. 997
- D. 999
Survey Monkey Results

Percentage

A 7.1
B 88.7
C 1.9
D 2.3
The correct answer is: B. 004

Note 5 preceding the SSF3 codes for appendix, colon, and rectum documents: “For an uncertain value, record the stated closest value.”
Question #7

• Final pathologic diagnosis:
  – Adenocarcinoma of descending colon
  – Extending into pericolic fat
  – 2 of 13 malignant pericolic nodes
  – 1 satellite nodule in pericolic fat positive for malignancy

• What is the code for SSF4, Tumor Deposits?
#7 Answer Choices

- A. 000
- B. 001
- C. 002
- D. 003
Survey Monkey Results

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>3.8</td>
<td>91.3</td>
<td>1.1</td>
<td>3.8</td>
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</table>
Correct Answer and Rationale

• The correct answer is: B. 001

• There is 1 satellite nodule (tumor deposit) without evidence of residual lymph node in the pericolic fat that is malignant.

• Do not count the positive lymph nodes.

• See Collaborative Stage Data Collection System Instructions Part I - Section 2 - Page 38 Version 02.03.02.
Question #8

• Patient diagnosed with adenocarcinoma of rectum is treated with neoadjuvant chemotherapy followed by low anterior resection.

• Surgical pathology diagnosis is no residual tumor.

• What is the code for SSF5, Tumor Regression Grade?
#8 Answer Choices

- A. 000
- B. 990
- C. 998
- D. 999
Survey Monkey Results

<table>
<thead>
<tr>
<th>Percentage</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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<tbody>
<tr>
<td></td>
<td>89.8</td>
<td>5.3</td>
<td>1.5</td>
<td>3.4</td>
</tr>
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</table>
Correct Answer and Rationale

- The correct answer is: A. 000

- Because there is no residual tumor from surgery performed after neoadjuvant chemotherapy.

- See Collaborative Stage Data Collection System Instructions Part I - Section 2 - Page 39 Version 02.03.02.
Question #9

• Final pathologic diagnosis:
  – Adenocarcinoma of right colon
  – Proximal margin is uninvolved by invasive carcinoma
  – Distal margin is uninvolved by invasive carcinoma
  – Circumferential radial or mesenteric margin is uninvolved by invasive carcinoma
  – Distance of invasive carcinoma from closest margin is 2 mm from peritoneal surface

• What is the code for SSF6, Circumferential Resection Margin?
#9 Answer Choices

- A. 002
- B. 020
- C. 200
- D. 991
Survey Monkey Results

Percentage

A: 11.7%
B: 34.7%
C: 0%
D: 53.6%
Correct Answer and Rationale

- The correct answer is: D. 991

- The radial margin or CRM is stated to be uninvolved by tumor, but the distance is not stated.

- See Collaborative Stage Data Collection System Instructions Part I - Section 2 - Page 39 Version 02.03.02.
Question #10

- Genetic testing performed by immunology for 40-year-old patient with colonic adenocarcinoma.
- Lab report documents that MSI is present.
- What is the code for SSF7, Microsatellite Instability (MSI)?
#10 Answer Choices

- A. 040
- B. 050
- C. 060
- D. 999
Correct Answer and Rationale

• The correct answer is: C. 060

• MSI present means that it is unstable, but it does not document if the MSI is unstable low or high.

• See Collaborative Stage Data Collection System Instructions Part I - Section 2 - Page 15 Version 02.03.02.
CAnswer Forum

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  - Provides information for all
  - Allows tracking for educational purposes
  - Includes archives of Inquiry & Response System

- http://cancerbulletin.facs.org/forums/