Coding Tips

STORE 2021 & 2022 Changes

Date of First Surgical Procedure, STORE 2022 page 216.

Record the date of the first surgical procedure of the types coded as Surgical Procedure of Primary Site, Scope of Regional Lymph Node Surgery (excluding code 1) or Surgical Procedure/Other Site performed at this or any facility.

Biopsy or aspiration of regional lymph nodes (code 1) are excluded from Date of First Surgical Procedure and/or Date of 1st course treatment. This way the lymph node needle biopsy and aspirations will no longer influence **treatment dates**.

https://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/store/other-general-questions/114455-date-of-first-surgical-procedure

Scope of Regional Lymph Node Surgery, STORE 2022 page 237.

Coding Instructions for Scope of Regional Lymph Node Surgery has **not** been updated in STORE 2022!

NCDB will update the coding instructions for
Scope of Regional Lymph Node Surgery in STORE 2023!

The current instruction in the STORE 2022 say to "Record surgical procedures which aspirate, biopsy, or remove regional lymph nodes in an effort to diagnose or stage disease and also to record the date of this surgical procedure in data item *Date of First Course of Treatment* and/or *Date of First Surgical Procedure*".

The instruction to (exclude code 1) in the coding instructions will be added in STORE 2023!

https://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/store/sentinel-and-regional-nodes/123528-scope-of-regional-lymph-node-surgery

Coding "Pack years" in Tobacco years

Record the number of years the patient has smoked or used tobacco products, using 2 digits. Record actual years of tobacco use.

Pack years can be used only if it is also documented the patient smoked 1 pack per day

The number of years can be estimated based on available information and using 16 years old as the starting age.

Example:
If the patient is 76 years old and has smoked 1 pack per day his entire life, then 60 years would be a conservative estimate.

MCR Manual 2022

Coding...Abstracting...Education...

Coding Tips

STORE 2021 & 2022 Changes

Mets at DX - Bone, Brain, Liver, Lung, Distant Lymph Nodes and Other
STORE 2022 pages 171 - 181. Lymphomas originating in lymph nodes (C77) could have distant metastases to any site *except lymph nodes*.

The following changes appear in STORE 2022

Mets at Diagnosis - Bone, Mets at Diagnosis - Brain, Mets at Diagnosis - Liver, Mets at Diagnosis - Lung, and Mets at Diagnosis - Other
For lymphomas originating in lymph nodes (C77) a value other than 8 must be assigned to the Mets at Diagnosis fields - Bone, Brain, Liver, Lung and Other. The **C770-C779** histology codes were removed from the table of site/histology combinations for which a code 8 (not applicable) is used.

Mets at Diagnosis - Distant Lymph Nodes
For lymphomas originating in lymph nodes (C77) use code 8 (not applicable)

Example:
Biopsy of an axillary lymph node shows Diffuse Large B-Cell lymphoma. Lymph nodes are involved above and below the diaphragm. Multiple nodules are seen in lungs and liver. Bone marrow biopsy is positive for DLBCL. Per Hematopoietic manual, primary site would be C77.8 for multiple lymph node regions involved.

  Mets at Dx – Bone - 0
  Mets at Dx – Brain - 0
  Mets at Dx – Liver - 1
  Mets at Dx – Lung – 1
  Mets at Dx – Distant Lymph Nodes - 8
  Mets at Dx – Other – 1

https://cancerbulletin.facs.org/forums/forum/fords-national-cancer-database/store/other-general-questions/117456-mets-at-dx-lymphoma

Class of Case Clarification

All cases required to be reported to MCR should be assigned Class of Case codes 00 - 23, or code 32.

MCR requires reporting of AIN III, VIN III, VAIN III, *and lobular carcinoma in-situ* although these cases are not required by the CoC. Cases of these diagnoses submitted from CoC facilities should use Class of Case codes 00 - 23 or code 32, **NOT codes 34 or 36**.

Class 34 and 36 pertain to CoC program standards and do not apply to MCR abstracting standards.

MCR Update April 2022

Coding Tips

Grade for Ductal Carcinoma in situ of the Breast

Ductal carcinoma in situ grading for breast is based on low (L), medium (M) or high (H)

Code Breast in situ Grade L, M, H or 9. Codes 1, 2 and 3 are for invasive carcinoma *only*

> Breast Grade is behavior dependent
> If behavior is /2 then grade must be L, M, H or 9

Example:
If the pathology report states G3 or Grade III for a DCIS breast cancer, code the grade as H

In situ only

Example:
If the pathology report states the grade for DCIS breast cancer only as "high grade" and there is no mention that this is Nuclear Grade, then you may use the breast grade table because the term "high" is listed as a grade description in this table under H

Code	Description
1	G1: Low combines histologic grade
2	G2: Intermediate combined histologic grade
3	G3: High combined histologic grade
L	Nuclear Grade I (Low) (in situ only)
M	Nuclear Grade II (Intermediate) (in situ only)
H	Nuclear Grade III (high) (in situ only)
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated; anaplastic
9	Grade cannot be assessed

NAACCR Talks "Grade Review and Updates" Aug. 2020

Laterality

The CoC requires the reporting of laterality based upon paired organs.

Missouri does not have a protocol for laterality, but we recommend laterality on paired organs only!

If the site is considered as a not a paired site, Missouri recommends laterality be coded when reporting to MCR as 0-Not a paired organ.

Sept 2022

Missouri Cancer Registry and Research Center
Show-Me-Tips

Ed 22:03
Coding Tips

Coding...Abstracting...Education...

Coding Tips

Neoadjuvant Treatment for Prostate Cancer

Patient must be on a clinical trial to code (yp) Post-Therapy Grade.

There is no neoadjuvant therapy for prostate cancer outside of a clinical trial. A shot of Lupron according to the prostate cancer experts is not treating the prostate cancer, it has no effect on the prostate cancer. If you look at the clinical trials or the NCCN guidelines page PROG-G page 1, the androgen deprivation therapy (ADT) is given for 4-6 months or even 2-3 years for neoadjuvant. Just giving a drug for any length of time at any dose does not make it neoadjuvant where it actually has an effect on the cancer. Lupron affects the symptoms of prostate cancer but does not affect the cancer itself. The national treatment guidelines like NCCN do not recommend Lupron prior to surgery, as it doesn't affect the cancer.

The definition of neoadjuvant is not just any drug given at any dose for any length of time. It must be the right drug, given at the right dose, for the right length of time that has a TREATMENT effect on the cancer.

https://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/principles-of-ca-staging-and-general-info-chapters-1-4/principles-of-cancer-staging-chapter-1/111496-neoadjuvant-staging#post116223

Palliative - Hospice Care

A patient is diagnosed and treated for cancer elsewhere but did not finish treatment. The patient is admitted to your facility and states during admission they do not want any further treatment and are discharged on hospice instead. Is this case reportable at your facility?

No, if the patient was not diagnosed or received part of their first course treatment at your facility, the case is not analytic to your facility and should not be reported to MCR.

https://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/store/other-general-questions/129894-palliative-hospice-care

TURBT

Transurethral resection of a bladder tumor shows a 2cm right lateral wall lesion. The bladder mass was resected and sent off for permanent pathology. The tumor base was then fulgurated to ensure tumor removed entirely.

Question: How would primary surgery be coded?
- 27 Excisional biopsy
- 22 Combination of 20 or 26-27 WITH Electrocautery

Answer: 22 Combination of 20 or 26-27 WITH Electrocautery
Fulguration is a procedure that uses heat from an electric current to destroy abnormal tissue. It may also be used to control bleeding during surgery.

READ ENTIRE OP NOTE! Don't code based on title of operation or by how the title is listed in the path report

NAACCR Webinar: Coding Pitfalls Sept 2020