March 2023

Missouri Cancer Registry and Research Center
Show-Me-Tips

Coding...Abstracting...Education…

Ed 23:01
V23 Updates

V23 Updates - What's New in 2023

2023 ICD-O-3.2 Update

Sources: NAACCR Webinar-V23 Update 1/2023, Solid Tumor Rules 2023, STORE 2023, SSDI Manual

- Effective for cases diagnosed 1/1/2023 forward
- Tables provide information on changes to reportability
- Available on NAACCR website https://www.naaccr.org/icdo3/

Pilocytic Astrocytoma: Changes for 2023

- 1976-2000 coded **9421/3** per WHO and ICD-O
- 2001 forward, behavior changed to /1 and WHO/ICD-O removed **9421/3** from ICD-O-3
- North America continued collecting as /3

IMPORTANT: Cases Diagnosed 1/1/2023 FORWARD:

All cases diagnosed with pilocytic astrocytoma/juvenile pilocytic astrocytoma and related terminology are to be reported with behavior /1

They will no longer be collected with malignant behavior (/3). ICD-O code **9421/3** will be valid for the diagnosis of high-grade astrocytoma with piloid features or HGAP *only*

Coding instructions are included in the remarks section for **9421/1** and **9421/3** in the 2023 ICD-O Update Tables 1 and 2

V23 Surgery Codes

New Surgery Codes (2023+ diagnoses)

- Code format is different
  - Code starts with alpha character and ends with zero
- Little or no change to code definitions for most sites
  - Skin codes are the exception
- For diagnosis years 2003 - 2022, leave this data item blank
- All 2023 site specific surgery codes begin with a letter A except for skin which start with a letter B to indicate a significate change in coding

Big Changes for Melanoma Skin Surgery Codes:

- Codes begin with a B to indicate a major change from previous versions
- Assume procedure is "Excisional" and code using surgery codes unless procedure is needle or core biopsy
- "Margins" are not a factor when assigning surgery codes

The priority order for sources used to assign melanoma skin surgery codes:

- Operative report, statement from a physician, description of the surgical procedure on a pathology report, results of the pathology report. Code based on the description of the procedure
- **Do not code based on margin status documented in the pathology report (STORE 2023, page 370)**

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V23 Surgery Codes (cont.)

Sources: NAACCR Webinar-V23 Update 1/2023, Solid Tumor Rules 2023, STORE 2023, SSDI Manual

Melanoma Skin Surgery Codes

See Appendix M: Case Studies for Coding Melanoma in STORE 2023

Clinical Margin Width collected as a Site-Specific Data Item

- Melanoma of Skin for cases diagnosed 2023 only
- Code XX.9 if no wide excision
- Code the peripheral surgical margins from the operative report from a wide excision
  - Do no use the pathology report to code this data item
  - Order of Priority:
    - Operative Report
    - Physician statement

Skin Surgery Codes 2023+

B000 None; no surgery of primary site; autopsy ONLY

B100 Local tumor destruction, NOS
- B110 Photodynamic therapy (PDT)
- B120 Electrocautery; fulguration (includes use of hot forceps for tumor destruc
- B130 Cryosurgery
- B140 Laser

B200 Local tumor excision, NOS; Excisional biopsy, NOS
- B220-Shave Biopsy, NOS
- B230-Punch Biopsy, NOS
- B240-Elliptical Biopsy (aka fusiform)

B300 Mohs Surgery NOS
- B310 Mohs surgery performed on the same day (all Mohs procedures performe
- B320 Mohs surgery performed on different days (slow Mohs)(each Mohs proce day)

B500 Biopsy (NOS) of primary tumor followed wide excision of the lesion; Wide Excision
- B510-Incisional Biopsy followed by wide excision
- B520-Shave Biopsy followed by wide excision
- B530-Punch Biopsy followed by wide excision
- B540-Elliptical Biopsy (aka fusiform) followed by wide excision

Example: Diagnosis Year 2023
Patient presents for excision of a suspicious mole on her left arm.
- Operative Report: Shave biopsy
- Pathology Report: Malignant melanoma, with extension to a single peripheral margin. Breslow's depth 2.1mm

Data Item	Value
RX Summ-DX/Stg Proc	00
RX Summ-Surg 2023	B220
Clinical Margin Width	XX.9

For a 2022 case this would be coded as dx/stg proc due to margin status

Example: Diagnosis Year 2023 Patient returns for wide excision
- Operative report: Wide excision. Surgical margins 2cm
- Pathology report:
  - Results from wide excision: Micro-scopic residual melanoma present at site of previous surgery
  - All other margins negative

Data Item	Value
RX Summ-DX/Stg Proc	00
RX Summ-Surg 2023	B520
Clinical Margin Width	2.0

For a 2022 case this would be coded as dx/stg proc due to margin status

Note: An incisional biopsy would be a needle core biopsy of the primary tumor. An incisional biopsy would be coded as a Diagnostic Staging Procedure (STORE 2023, page 370)

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Data Items Removed from STORE 2023

Data Item Name

- Date of Birth Flag
- Date of First Contact Flag
- Rx Date-Dx/Stg Proc Flag
- Rx Date-Surgery Flag
- Surgical Procedure of Primary Site
  - All instructions for Surgical Procedure of Primary Site have been changed
- Surgical Procedure of Primary Site at this Facility
  - All instructions for Surgical Procedure of Primary Site at this Facility have been changed
- Chemo Flag
- Hormone Flag
- BRM Flag

NOTE:
All date data items allow blanks **EXCEPT** for the following:

1. Date of Birth
2. Date of Diagnosis
3. Date of last Contact or Death

Coding Principles added to STORE 2023

Case Eligibility Added

- PI Rads, BI Rads, LI Rads alone are not reportable for CoC. PI Rads, BI Rads, LI Rads confirmed with biopsy or physician statement are reportable to CoC. Date of Diagnosis is the date PI Rads, BI Rads, LI Rads imaging. The biopsy makes it reportable to CoC however the date of diagnosis is the date of the imaging
- Lobular Carcinoma In Situ alone is not reportable to CoC
  - Please note: SEER and NPCR require reporting of LCIS. Follow MCR state requirements

Solid Tumor Minor Revisions

Sources: NAACCR Webinar-V23 Update 1/2023, Solid Tumor Rules 2023, STORE 2023, SSDI Manual

- Code current version of Solid Tumor Rules-unless stated in rule to use for cases diagnosed after a specific date

Breast Module

- Table 2: Histology Combination Codes
  - **8519** Pleomorphic lobular carcinoma in situ is a **new code** for in situ /2 tumors only
  - Duct + Lobular row Note 1 deleted: Both histologies, duct and lobular, must have the same behavior code
  - "Additional Combinations of duct and lobular" section added
- M5 Timing Rule: Abstract multiple primaries when the patient has a subsequent tumor after being clinically disease-free for greater than 5 years…
  - New Note 6 added: subsequent tumor in chest wall, muscle, or skin AND there is no residual breast tissue, this is a recurrence and not a new primary

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V23 Updates - What's New in 2023

Solid Tumor Minor Revisions (cont.)

Sources: Solid Tumor Rules 2023, STORE 2023, NAACCR Webinar-V23 Update 1/2023, SSDI Manual

Breast Module (cont.)

- Rule M10: Abstract a single primary when there are multiple tumors of carcinoma NST/duct and lobular carcinoma
  - Behavior requirement removed
  - Note 3: "Lobular carcinoma includes…" added the following bullet
    - Invasive pleomorphic lobular carcinoma **8520/3**
  - Applicable H rules have been revised to reflect ICD-O-3.2 histology terminology and corresponding ICD-O codes

Cutaneous Melanoma Module

- New Rule H8 has been added to assist in coding single melanoma primaries with 2 subtype/variants

Other Sites Module - *New for 2023!*

- New M and H rules have been added and are *site specific*
- Site specific histology tables included
  - 21 histology tables for majority of sites covered in Other
- In place of adding numerous site-based histology rules to the 2023 revision, the histology tables will include additional coding instructions and notes to assign the correct ICD-O code when appropriate
  - Not all sites are included in the tables
  - Not all histologies are listed
  - Each histology table may include coding tips specific to that site group

Coding notes for Cholangiocarcinoma:
Intrahepatic cholangiocarcinomas are almost exclusively adenocarcinomas and often diagnosed by cytology. Additional diagnostic molecular tests and clinical collaboration are needed to define a diagnosis of cholangiocarcinoma. Clinicians often indicate a clinical diagnosis of cholangiocarcinoma w/o pathologic confirmation.

Per histology coding rules, pathology and cytology have priority over clinical/physician diagnosis. If the diagnosis of cholangiocarcinoma is made on a resected specimen, then code this histology.

(Other Sites Module 2023, page 31)

Example: Physician states cholangiocarcinoma but pathology report states adenocarcinoma, code 8140 adenocarcinoma

Rule H15 - Code **dedifferentiated carcinoma (8020)** when mixed with endometrioid adenocarcinoma.

- Dedifferentiated carcinoma is a distinct entity which has worse prognosis than endometrioid adenocarcinoma

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Solid Tumor Minor Revisions (cont.)

Malignant & Non-malignant CNS Modules

- Introduction: Pilocytic astrocytoma/juvenile astrocytoma coding instructions updated
- New section titles "New for 2023" added to Terms & Definitions, malignant & non-malignant.
  - Information regarding pilocytic astrocytoma/juvenile astrocytoma reportability added
- Malignant CNS Table 3: Specific Histologies, NOS, and Subtypes/Variants.
  - New Synonyms and Subtype/Variants added
  - New Rows added
- Non-malignant CNS Table 6: Specific Histologies, NOS, and Subtypes/Variants
  - New Synonyms added
  - New Rows added

2023 SSDI Updates

Sources: NAACCR Webinar-V23 Update 1/2023, Solid Tumor Rules 2023, STORE 2023, SSDI Manual

- Most SSDI updates come from CAnswer Forum
- Once changes are documented in CAnswer Forum, they can be used

New SSDIs for 2023+

- Anus (V9)
  - P16
- Appendix (V9)
  - Histologic Subtype
- Melanoma Skin
  - Clinical Margin Width

Anus Schema - P16

Code	Description
0	p16 Negative; Nonreactive
1	p16 Positive; Diffuse, Strong reactivity
8	Not applicable
9	Not tested for p16; Unknown
Blank	NA-Diagnosis year is prior to 2023

- Code 0 for p16 expression of weak intensity
- This data item must be based on testing results for p16 overexpression

Appendix Schema - Histology Subtype

Code	Description
0	Histology is NOT 8480
1	Low-grade appendiceal mucinous neoplasm LAMN
2	High-grade appendiceal mucinous neoplasm HAMN
3	Mucinous Adenocarcinoma/carcinoma Mucus Adenocarcinoma/carcinoma Mucoid Adenocarcinoma/carcinoma Colloid Adenocarcinoma/carcinoma
4	Other terminology coded to 8480
Blank	NA-Diagnosis year is prior to 2023

- If histology not **8480**, code 0
- If histology **8480** (in-situ and malignant), code according to the best description
- As a reminder, LAMN (without mets) becomes reportable 1/1/2022 as **8480/2**

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2023 SSDI Updates (cont.)

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Starting with 2023 diagnoses, no longer required by any standard setter

- Estrogen Receptor Total Allred Score
- Progesterone Receptor Total Allred Score
- For diagnoses 1/1/2023, leave data item blank (note will be added)

Registrars can continue to collect data item if their hospital want to

Updated code descriptions/notes related to in situ tumor (/2)

- Several SSDI's have "default" values for in situ tumor/neoplasms
- This is for when behavior is /2
  - NO invasive component found anywhere (primary tumor, regional lymph nodes, metastatic disease)
- Not for cases where primary tumor in-situ and positive regional lymph nodes and/or metastatic disease
  - /3 (malignant) case

FIGO Stage (GYN Schemas)

Note 1: There must be a statement about FIGO stage from the managing physician in order to code this data item

- Do not code FIGO stage based on pathology report
- Do not code FIGO stage based only on T, N, M
- If "FIGO" is not included with a stated stage, then do not assume it is a FIGO stage
- This will result in more of your cases being coded as unknown FIGO, but this is the instruction that is coming from AJCC

Note: Do not worry if unknowns for this SSDI increase

LDH Level (Melanoma Skin)

Note 2: Record the lab value of the highest serum LDH test results documented in the medical record either before or after surgical resection of the primary tumor with or without regional lymph node dissection. The LDH must be taken prior to systemic (chemo, immunotherapy, hormone), radiation therapy or surgery to a metastatic site. The lab value may be recorded in a lab report, history and physical, or clinical statement in the pathology report.

- For LDH in Melanoma Skin, remember that LDH can be taken after initial biopsy/surgical resection (wide resection, re-excision) and sentinel lymph node biopsy/lymph node dissection
- LDH taken after starting systemic therapy cannot be used

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