### Coding Lymph node FNA/Biopsy

Removal, biopsy or aspiration (FNA) of a lymph node is considered a surgery. Record all surgical procedures that remove, biopsy, or aspirate regional lymph node(s) whether or not there were any surgical procedures of the primary site. The regional lymph node surgical procedure(s) may be done to diagnose cancer, stage the disease, or as a part of the initial treatment.

Example: Patient has a sentinel node biopsy of a single lymph node. Assign code 2 (Sentinel lymph node biopsy [only]) in Scope of Regional Lymph node Surgery. Use date of lymph node biopsy in surgery date as treatment.


Check out SEER SINQ for some coding help with Lymph node Dissection!

### Solid Tumor Rules

**Lung histology**

Code the histology that comprises the greatest percentage of tumor when two or more of the following histologies are present:

- Acinar adenocarcinoma/Adenocarcinoma, acinar predominant 8551
- Lepidic adenocarcinoma/Adenocarcinoma, lepidic predominant 8250
- Micropapillary adenocarcinoma/Adenocarcinoma, micropapillary predominant 8265
- Papillary adenocarcinoma/Adenocarcinoma, papillary predominant 8260
- Solid adenocarcinoma/Adenocarcinoma, solid predominant 8230

*https://seer.cancer.gov/tools/solidtumor/Lung_STM.pdf

**General Equivalent or Equal Terms**

These terms can be used interchangeably for all sites:
- Adenocarcinoma; glandular carcinoma; carcinoma.

**Recurrence**

Use the Multiple Primary Rules as written to determine whether a subsequent tumor is a new primary or a recurrence. The ONLY exception is when a pathologist compares slides from the subsequent tumor to the “original” tumor and documents the subsequent tumor is a recurrence of the previous primary. Never code multiple primaries based only on a physician’s statement of “recurrence” or “recurrent”.

*https://seer.cancer.gov/tools/solidtumor/

### SSDI Coding Tips

(from “Coding Pitfalls” NAACCR 2018-2019 Webinar Series)

#### Breast ER/PR Percent

- >95% Code 96 because when “greater than” is used, code one above
- <95% Code 94 because when the term “less than” is used, code one below.
- 1-5%. Code R10 if the range on the report uses steps smaller then 10 and the range is fully or at least 80% contained within a range provided in the table, code to the range that contains the low number of the range in the report.
- 75-85% Code R80 almost all the range is contained with code R80.
- 76-100% look at the lowest value and find the range that would fall in, code R80.
- Close to 100%, code 99 (”close to” means almost that value, code one less than stated value.)
- Approximately 1% Code 001 (Since they are staging a single value, code to that value).

#### Breast Ki-67

- <10% code 9.9 (when “less than” is used, code the next lowest number.)
- >90% Code 90.1 (When “greater than” is used, code the next highest number.)
- 30-40% Code 30.1. (Since Ki-67 doesn’t have range codes, code one above the lower range.)

#### Prostate Cores:
Number of Cores Positive/Number of Cores Examined

Always check to make sure the number of cores positive is less than or equal to the number of cores examined.

### NJSCR hosts Student Day

**When:** March 25th, 2020

**Who:** Cancer registry students who have completed 80 hours of clinical practicum or are nearing the end of their training and need to complete a central registry experience requirement.

**Spots are limited!** If interested in attending, email Taylor.Hessler@doh.nj.gov to register.