

December 2016 E-Tips

Treatment options

New Jersey State Cancer Registry
Cancer Epidemiology Services
www.state.nj.us/health
(609) 633-0500

Do not reply to this email address

Warfarin Sodium

Subcategory: Anticoagulant **Do not code.** *Exception:*

****June 6, 2016:** Based on information from the National Cancer Institute and the FDA, aspirin and or other blood thinners are **NOT valid treatment for Polycythemia Vera and MDS**. These drugs are often given to relieve symptoms of the disease such as bone pain or side-effects of standard treatments including blood clots. The treatment information found on page 22 (2016 coding manual) will be updated and ICD-O-3 codes 9950/3 and 9975/3 will be removed from the list.

Per the 2012 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual (page 10), blood thinners and/or anti-clotting agents are to be coded as treatment (Other Therapy) for the following histologies:

- ❖ 9740/4 Mast cell sarcoma 9741/3
- ❖ Systemic mastocytosis 9742/3
- ❖ Mast cell leukemia 9875/3
- ❖ Chronic myelogenous leukemia BCR/ABL 1 positive
- ❖ 9961/3 Primary myelofibrosis
- ❖ 9962/3 Essential thrombocythemia
- ❖ 9963/3 Chronic neutrophilic leukemia

Aspirin

Subcategory: Differentiating agent. **Do not code.** *Exception:*

Code as 'Other' therapy for essential thrombocythemia ONLY. Therapeutic dosage for ET is described in SEER Rx.

For additional information see SEER Rx and SEER Sinq Question: 20160058

Lupron

Subcategory: Hormone agonist

FDA approved use on prostate cancer.

Note: Review of clinical trials finds that the use of an aromatase inhibitor (letrozole and leuprolide for premenopausal women who have breast cancer) is not standard of care. Letrozole and leuprolide may not have received FDA approval for treatment of breast cancer. While it is used in the treatment for metastatic breast cancer, it has not been accepted as a standard of care. Letrozole and leuprolide are used "off label" for other conditions. **Lupron should be coded as "Other Therapy" until such time as it receives FDA approval.**

SEER Rx has been updated.
December 2016 Update: Lupron as ovarian suppressor in pre-menopausal breast cancer has been approved by the FDA per NCI. Code as hormone therapy.

Additional information and updates can be found at <https://seer.cancer.gov/tools/seerrx/>. Questions can be sent to your facility's State Representative or by calling 609-633-0500. PLEASE DO NOT REPLY to this email.

October 2016 E-Tips

Thyroid cancer treatment

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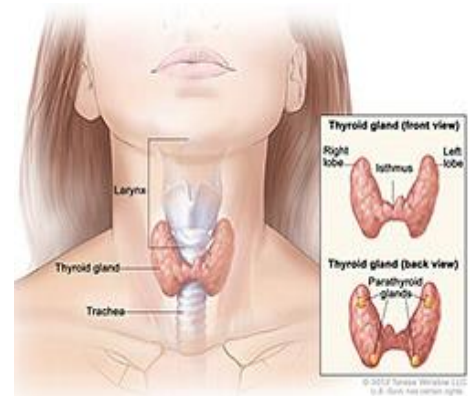
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Completion Thyroidectomy in first course treatment: Surgery Code 50
Total thyroidectomy

Hormone Therapy: Code Hormone Therapy as 01 for follicular and/or papillary thyroid cancer when thyroid hormone therapy is given.

Do not code replacement therapy as treatment unless the tumor is papillary and/or follicular.

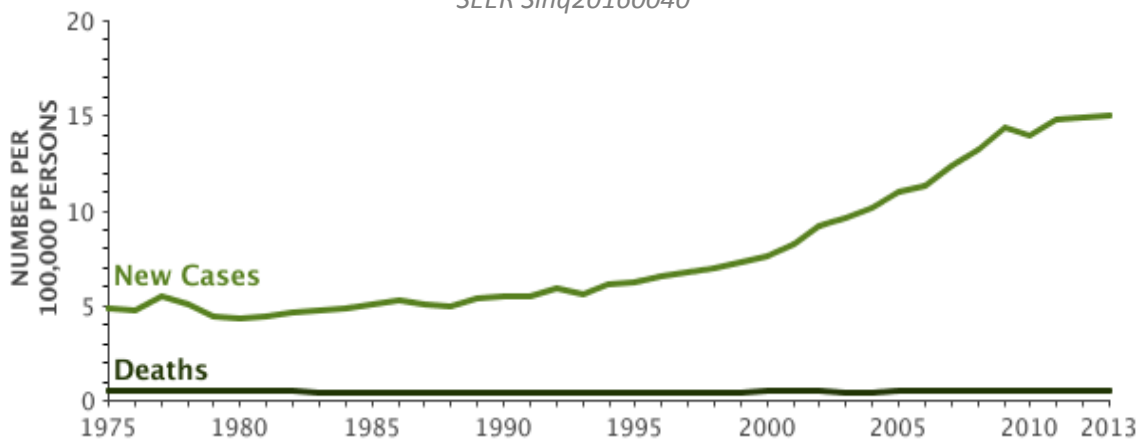
Do not code hormone replacement given to treat hypothyroidism as cancer treatment. (SEER Sinq 20031173)



Non-invasive follicular thyroid neoplasm with papillary-like nuclear features

For now, you can report noninvasive follicular thyroid neoplasm with papillary-like nuclear features as a synonym for encapsulated follicular variant of papillary thyroid carcinoma and assign 8340/3. Document this in a text field.

SEER Sinq20160040



SEER 9 Incidence & U.S. Mortality 1975-2013, All Races, Both Sexes. Rates are Age-Adjusted.



ORANJ Annual Meeting **October 27-28, 2016**

Golden Nugget Casino Hotel, Atlantic City, NJ

<http://www.oranonline.com/education/annual-meeting/>



Additional information on Thyroid cancer coding can be found at seer.cancer.gov. Questions can be sent to your facility's State Representative or by calling 609-633-0500. PLEASE DO NOT REPLY to this email.

AUGUST 2016 E-Tips

SEER PROGRAM CODING AND STAGING MANUAL 2016 now available

New Jersey State Cancer Registry
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(609) 633-0500

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The SEER Program Coding and Staging Manual 2016 has been released and is available on the SEER Website, <http://seer.cancer.gov/tools/codingmanuals/>

The 2016 manual is to be used for cases diagnosed January 1, 2016 and forward.

A number of changes are included in the 2016 Manual.

Examples include*:

Reportability (pg. 5)-

The following diagnoses are reportable:

Intraepithelial neoplasia, grade III

Examples: (not a complete list) **lobular neoplasia grade III (LIN III)/lobular intraepithelial neoplasia grade III (LIN III) breast (C500-C509), pancreatic intraepithelial neoplasia (PanIN III) (C250-C259), and penile intraepithelial neoplasia grade III (PeIN III) (C600-C609) have been added to the list**

First Course Therapy- Surgery Primary Site (pg. 120)-

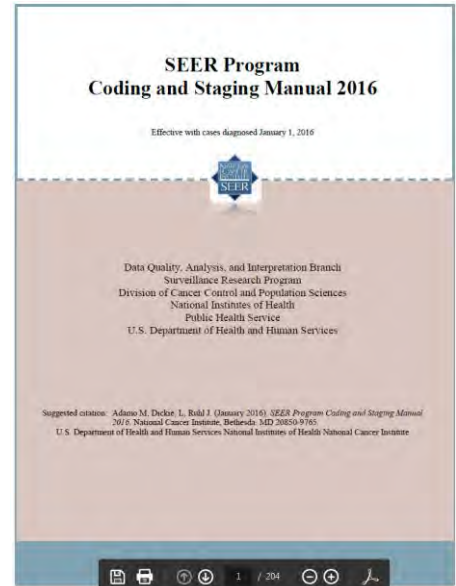
Assign the surgery code(s) that best represents the extent of the surgical procedure that was actually carried out when surgery is aborted. If the procedure was aborted before anything took place, assign code 00.

First Course Therapy, Chemotherapy (pg. 146)-

Code as treatment for both primaries when the patient receives chemotherapy for invasive carcinoma in one breast and also has in situ carcinoma in the other breast. **Chemotherapy would likely affect both primaries.**

A complete Summary of Changes is provided for this release on the SEER website http://seer.cancer.gov/manuals/2016/SPCSM_2016_Changelog.pdf

**Only a sample of changes. Please view the Summary of Changes in its entirety.*



Additional information the SEER Program Coding and Staging Manual 2016 can be found at seer.cancer.gov. Questions can be sent to your facility's State Representative or by calling 609-633-0500. PLEASE DO NOT REPLY to this email.

JULY 2016 E-Tips

Coding Requirements

New Jersey State Cancer Registry
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Stephanie Hill, MPH, CTR, Program Manager at NJSCR presented a concise table of 2016 requirements for NJSCR, SEER, CoC and NPCR at the ORANJ Continuing Education Seminar, July 13, 2016.

This document can also be viewed on the NJSCR website,
http://www.state.nj.us/health/ces/documents/2016_stage_transition_guidelines.pdf

New Jersey State Cancer Registry Stage Transition Guidance for Cancer Registrars

Beginning with 2016 diagnoses, the New Jersey State Cancer Registry will no longer require that facilities report all Collaborative Stage (CS) data items. CS site-specific factors (SSF), regional nodes positive, regional nodes examined and lymph-vascular invasion will continue to be required as well as additional new fields (Table 1).

TABLE 1. REQUIRED FIELDS FOR 2016

Data Item	CoC	NPCR	SEER	NJSCR
TNM Path T	✓	✓	✓	✓
TNM Path N	✓	✓	✓	✓
TNM Path M	✓	✓	✓	✓
TNM Path Stage Group	✓	✓	✓	✓
TNM Path Descriptor	✓	✓	✓	✓
TNM Clin T	✓	✓	✓	✓
TNM Clin N	✓	✓	✓	✓
TNM Clin M	✓	✓	✓	✓
TNM Clin Stage Group	✓	✓	✓	✓
TNM Clin Descriptor	✓	✓	✓	✓
Clinical & Pathologic Indicators for TNM	✓	✓	✓	✓
SS2000	✓	✓	✓	✓
Tumor Size Clinical			✓	✓
Tumor Size Pathologic			✓	✓
Tumor Size Summary	✓	✓		✓
Mets at Dx-Bone	✓	✓	✓	✓
Mets at Dx-Brain	✓	✓	✓	✓
Mets at Dx-Distant LN	✓	✓	✓	✓
Mets at Dx-Liver	✓	✓	✓	✓
Mets at Dx-Lung	✓	✓	✓	✓
Mets at Dx-Other	✓	✓	✓	✓
Regional Nodes Positive	✓	✓	✓	✓
Regional Nodes Examined	✓	✓	✓	✓
Lymph-vascular Invasion	✓	✓	✓	✓
CS Site-Specific Factors*	✓	✓	✓	✓

*There are no changes to the CS SSF reporting requirements for 2016.

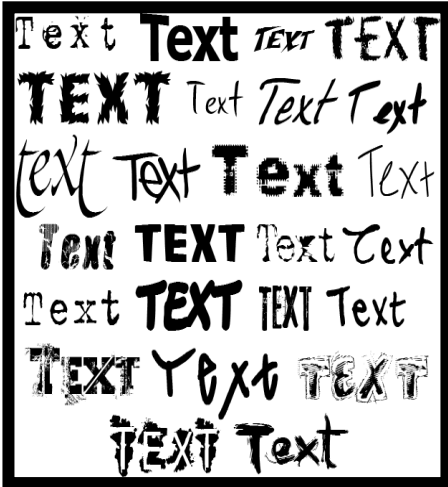
Additional information on Required fields for 2016 can be found at www.naacccr.org. Questions can be sent to your facility's State Representative or by calling 609-633-0500. PLEASE DO NOT REPLY to this email.

June 2016 E-Tips

NCRA FREE Informational Abstracts (IA)

New Jersey State Cancer Registry
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The National Cancer Registrar Association's (NCRA's) Education Committee created free Informational Abstracts (IA) to assist registrars in preparing abstracts.

These site-specific fact sheets **provide an outline to follow when determining what text to include in an abstract.**

Sites include- Bladder, Breast, Cervical, Colon, Endometrial, Lung, Melanoma, Ovarian and Prostate.

A quiz is available to gauge understanding for the third set of abstracts, which include Cervical, Endometrial, and Ovarian (Quiz III). Registrars can **earn one continuing education (CE) credit for each quiz.**

More information is available on the NCRA's Cancer Registry Education page under Registry Resources <http://www.cancerregistryeducation.org/rr>

Text is important!

In a breast cancer abstract, it is important to document whether a procedure was a SLN biopsy or LN dissection. If Scope RLN Surgery is coded "4" and LN fields indicate 1-3 LN were removed and there is no documentation, NJSCR will contact the hospital registrar to confirm the correct code for Scope RLN Surgery.



Have you seen the *new and improved* NJSCR website? Check out the new easier to navigate tabs and the "What's New at NJSCR" section for important updates.

<http://www.state.nj.us/health/ces/njscr.shtml>

Additional information on NCRA's educational opportunities can be found at <http://www.cancerregistryeducation.org>. Questions can be sent to your facility's State Representative or by calling 609-633-0500. PLEASE DO NOT REPLY to this email.

May 2016 E-Tips

Assistance for AJCC/TNM questions
sent to CAnswer Forum

New Jersey State Cancer Registry
Cancer Epidemiology Services
www.state.nj.us/health
(609) 633-0500

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Beginning May 16, 2016 additional help will be available for AJCC questions sent to CAnswer Forum.

If you have a **AJCC related question for CAnswer Forum**, please submit it to CAnswer Forum as instructed on the website, <http://cancerbulletin.facs.org/forums/>

If your question is not answered within **15 business days**, please send the question to OPS.NJSCR@doh.nj.gov. **Please include in your email:**

- Your question
- Your name
- Your email address
- The date it was initially sent to CAnswer Forum

Your question will be reviewed. If it is determined there is no answer posted on the forum, the question will be submitted to an additional CDC address that will be monitored for question submissions.

When an answer is received, it will be forwarded to you.

This new procedure was developed by members of the CDC Division of Cancer Prevention and Control, Cancer Surveillance Branch. It is **specifically designed for AJCC/TNM questions only**.

Please contact Heather Stabinsky at NJSCR with questions, heather.stabinsky@doh.nj.gov

April 2016 E-Tips

Notable Details

New Jersey State Cancer Registry
Cancer Epidemiology Services
www.state.nj.us/health
(609) 633-0500

CODING GRADE/DIFFERENTIATION

Per SEER Instructions for Coding Grade for 2014+:

Do not use these tables to code grade for any other groups including WHO (CNS tumors), WHO/ISUP (bladder, renal pelvis), or FIGO (female gynecologic sites) grades.

FIGO GRADE cannot be used to assign Grade/Differentiation.

WHO (CNS Tumors) cannot be used to assign Grade/Differentiation.

WHO/ISUP (bladder/renal pelvis) cannot be used to assign Grade/Differentiation.

PROSTATE SSF 1/SSF 2

Record the highest PSA value prior to, and closest to, diagnostic biopsy of prostate and initiation of treatment in the range 001 to 979.

SSF 1 is a 3-digit field with an **implied decimal point between the second and third digits**. A PSA lab value 98.0 ng/ml or greater should be coded 980.

- Example PSA 12.6= SSF 1 **126**
- Example PSA 8.4= SSF 1 **084**
- Example PSA 126.5= SSF1 **980**

Results for SSF1 and SSF2 should be from the same test. (CS v02.05, Section 2)

CODING PRIMARY SITE

Code the site of the invasive tumor when there is an invasive tumor and in situ tumor in different subsites of the same anatomic site (*SEER Program and Coding Manual, pg 75*)

BREAST SURGERY CODES

A **total (simple) mastectomy** removes all breast tissue, the nipple, and the areolar complex. **An axillary dissection is not done.** (*SEER Program Coding Manual, Breast: Appendix C*)

A sentinel node biopsy can be performed. Apply appropriate 40 surgery code.

SEER SUMMARY STAGE

SEER Summary Stage 2000 is required to be reported starting with NAACCR v15 (and subsequently v16). NAACCR #759

(*NAACCR 2015 Implementation Guidelines and Recommendations*)

TNM EDITION

TNM Edition # is required to be reported starting with NAACCR v15 (and subsequently v16). NAACCR #1060

(*NAACCR 2015 Implementation Guidelines and Recommendations*)

BRM/IMMUNOTHERAPY DRUGS

Beginning with diagnosis 1/1/2013, the following drugs moved from chemotherapy categorization to BRM/Immunotherapy. (*seer.cancer.gov, SEER Rx*)

- Rituxan
- Avastin
- Erbitux
- Perjeta
- Herceptin
- Compath

ADDITIONAL INFORMATION ON CODING RULES CAN BE FOUND AT <http://seer.cancer.gov>. Questions can be sent to your facility's State Representative or by calling 609-533-0500. DO NOT REPLY to this email.

January 2016 E-Tips

Coding Total (Simple Mastectomy)

New Jersey State Cancer Registry
Cancer Epidemiology Services
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(609) 633-0500

A total (simple) mastectomy removes all breast tissue, the nipple, and the areolar complex.

An axillary dissection is not done.

40 Total (simple) mastectomy, NOS

41 WITHOUT removal of uninvolved contralateral breast

43 Reconstruction, NOS

44 Tissue

45 Implant

46 Combined (tissue and implant)

42 WITH removal of uninvolved contralateral breast

47 Reconstruction, NOS

48 Tissue

49 Implant

75 Combined (tissue and implant)

[SEER Note: "Tissue" for reconstruction is defined as human tissue such as muscle (latissimus dorsi or rectus abdominis) or skin in contrast to artificial prostheses (implants). Placement of a tissue expander at the time of original surgery indicates that reconstruction is planned as part of the first course of treatment.]

Question: 20091076- Surgery of Primary Site/Scope Regional LN Surgery--Breast: How should these fields be coded when a sentinel lymph node dissection removes one-to-three axillary lymph nodes and a total/simple mastectomy is done?

Answer- Assign code 41 [Total (simple) mastectomy, NOS WITHOUT removal of uninvolved contralateral breast] for Surgery of Primary Site. Assign code 2 [Sentinel lymph node biopsy] for Scope of Regional Lymph Node surgery. **Code 41 applies to a total/simple mastectomy with any number of sentinel lymph nodes removed -- as long as all of the nodes removed are designated as sentinel nodes.**

Question: 20120019- Surgery of Primary Site/Scope Regional LN Surgery--Breast: How are these fields coded for breast cases diagnosed 2011 and later when the patient has a simple mastectomy with removal of seven sentinel lymph nodes? See Discussion.

Discussion- Per SINQ 20091076, the correct codes would be 41 [simple mastectomy] and 2 [sentinel lymph node biopsy only] when the patient has any number of sentinel nodes removed, as long as they are designated as sentinel nodes. Under the mastectomy codes in the 2011 SEER Manual, Appendix C, Breast Surgery Codes, the SEER Note states that code 41 [simple mastectomy] includes the removal of one to three axillary lymph nodes. A simple mastectomy with four or more axillary lymph nodes is coded to 51. Does the lymph node count for code 51 include both sentinel and axillary lymph nodes? Or does code 51 refer to strictly the count of axillary lymph nodes, separate from the count of sentinel lymph node(s) biopsied?

Answer- First, make sure that the seven lymph nodes removed were actually designated to be sentinel nodes and not a combination of sentinel nodes and other regional nodes. Code sentinel nodes only when the nodes are stated to be sentinel nodes or when the surgical procedure includes the injection of dye to identify sentinel nodes.

If all seven nodes removed are sentinel nodes, follow the instructions in SINQ 20091076 and assign codes 41 [simple mastectomy] and 2 [sentinel lymph node biopsy only].

The guideline [Appendix C: Breast] does not pertain to nodes designated as sentinel nodes. A total (simple) mastectomy removes all breast tissue, the nipple, and the areolar complex. An axillary dissection is not done.

ADDITIONAL INFORMATION ON CODING TOTAL (SIMPLE) MASTECTOMY CAN BE FOUND AT <http://seer.cancer.gov/manuals/2015/appendixc.html>.
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