New Abstractor's Training

Colon Cancer

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What we are covering today:

* Ambiguous Terminology at Diagnosis
* Class of Case
* Anatomy
* Topography / Morphology
* Histology

Ambiguous Terminology

* I've made a copy for each of you with the Guidelines Regarding Ambiguous Terminology which can be found on KCR's website in the Abstractors Manual .

Class of Case

* According to the 2018 Abstractor's manual

Class of case reflects the facility's role in managing this cancer, whether the cancer is required to be reported to ACoS by approved facilities, and whether the case was diagnosed after the program's reference date. Enter the two digit code that describes the patient's relationship to the facility.

Class of Case: 2 major classes

- **Analytic** (must abstract)
  - Classes 00-22
- **Non-analytic** (send to KCR)
  - Classes 30-99*
  - Not required to abstract non-analytic cases
  - Hospitals are required to submit info to KCR for review
  - * Non-analytic class 38 MUST be abstracted!

Analytic: Class of case 10-14

Diagnosed at reporting facility or in staff physician *office AND all or part of first course therapy performed at reporting facility*

* Class 10
  * Initial diagnosis at the reporting facility or in a staff physician's office AND
    * *part or all* of first course of treatment was done at the reporting facility, or
    * *decision not to treat* was done at the reporting facility
* Class 11
  * Initial diagnosis in staff physician's office AND *part* of first course of treatment was done at the reporting facility

Non-analytic: Class of case 30-37 *Pt appears in person at reporting facility*

* Class 30
  * Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (Ex: consult only, staging workup after initial diagnosis elsewhere)
* Class 31
  * Initial diagnosis and all first course treatment elsewhere AND reporting facility provided in-transit care

Non-analytic: Class of case 30-37 – Con't

* Class 34
  * Type of case not required by CoC to be accessioned (Ex: A benign colon tumor) AND initial diagnosis AND part or all of first course treatment by reporting facility
* Class 35
  * Case diagnosed before program's Reference Date AND initial diagnosis AND all or part of first course treatment by reporting facility

Non-analytic: Class of case 38 *Diagnosed on autopsy*

* Class 38
  * Initial diagnosis established by autopsy at the reporting facility, cancer not suspected prior to death
  * **Required to be abstracted by your facility.**
  * Ex: Pt admitted with congestive heart failure, expires as inpatient, and autopsy shows thyroid carcinoma

Non-analytic: Class of case 40-99 – Con't

* Class 49
  * Death certificate only
* Class 99
  * Non-analytic case of unknown relationship to facility (not for use by CoC-accredited cancer programs for analytic cases)

Class of Case: Examples

Let’s look at some examples

Class of Case: Examples

Example #1 Pt has a prostate Bx done at Dr Smith's office (which is not owned or affiliated with your facility). The urologist sends the sample to your pathologist who states specimen is positive for prostate adenocarcinoma. Dr Smith reviews the pathology and after discussion with the patient decides to treat with Hormone injections, which will be administered in Dr Smith's office. What class of case would you choose ?

Class of Case: Examples

Example #1 Answer coc = 43

Rationale: the Pt never came to your facility. Only their specimen. So we can skip to the 40-99 section of class of case, where we find that class of case code 43 best matches our example.

Class of Case: Examples

* Example #2
* Pt has a colonoscopy at your facility. Pathologist states sample is positive for adenocarcinoma. Pt decides to have surgery (hemicolectomy) at another hospital in town. What class of case would you choose ?

Class of Case: Examples

* Example #2 CoC=00
* Rationale-Initial dia at my facility so code range of 00-14. Code 00 best suites this scenario

Class of Case: Examples

* Example #3
* Pt is Dia with breast cancer at another hospital in town, then comes to your facility for a mastectomy. The Pt had no other surgery. What class of case would you choose ?

Class of Case: Examples

* Example #3 Answer CoC=22
* Rationale: We know that initial dia was done elsewhere so we know to look at codes 20-22. Code 22 best suits this scenario

Colon Anatomy

* **Cecum (proximal right colon)**
  6 x 9 cm pouch covered with peritoneum
* **Appendix**
  A vermiform (wormlike) diverticulum located in the lower cecum
* **Ascending colon**
  20-25 cm long, located behind the peritoneum
* **Hepatic flexure**
  Lies under right lobe of liver

Colon Module, U. S. National Institutes of Health, National Cancer Institute, 1/13/12. <http://training.seer.cancer.gov/>.

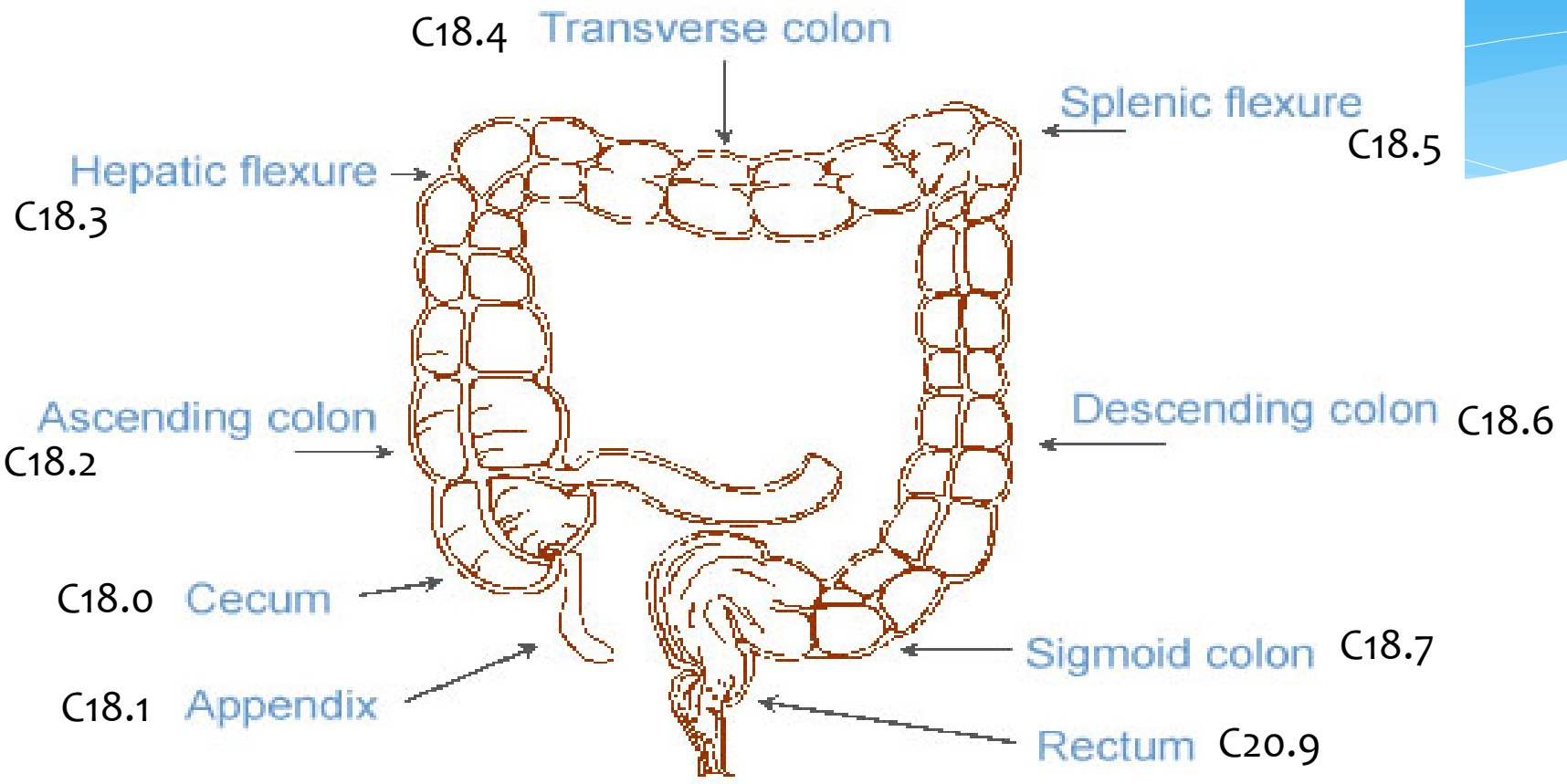
Colon Anatomy

* **Transverse colon**
  Lies anterior in abdomen, attached to gastrocolic ligament
* **Splenic flexure**
  Near tail of pancreas and spleen
* **Descending colon**
  10-15 cm long, located behind the peritoneum
* **Sigmoid colon**
  Loop extending distally from border of left posterior major psoas muscle

Rectosigmoid, Rectum & Anus

* **Rectosigmoid segment**
  Between 10 and 15 cm from anal verge
* **Rectum**
  12 cm long; upper third covered by peritoneum; no peritoneum on lower third which is also called the rectal ampulla. About 10 cm of the rectum lies below the lower edge of the peritoneum (below the peritoneal reflection), outside the peritoneal cavity
* **Anal canal**
  Most distal 4-5 cm to anal verge

Colorectal Segments



SEER Training Modules, Colon *Module* , U S National Institutes of Health, National Cancer Institute. 1/13/12 <*http://training.seer.cancer.gov/*>.

Layers of colon wall

Layers from inside out…

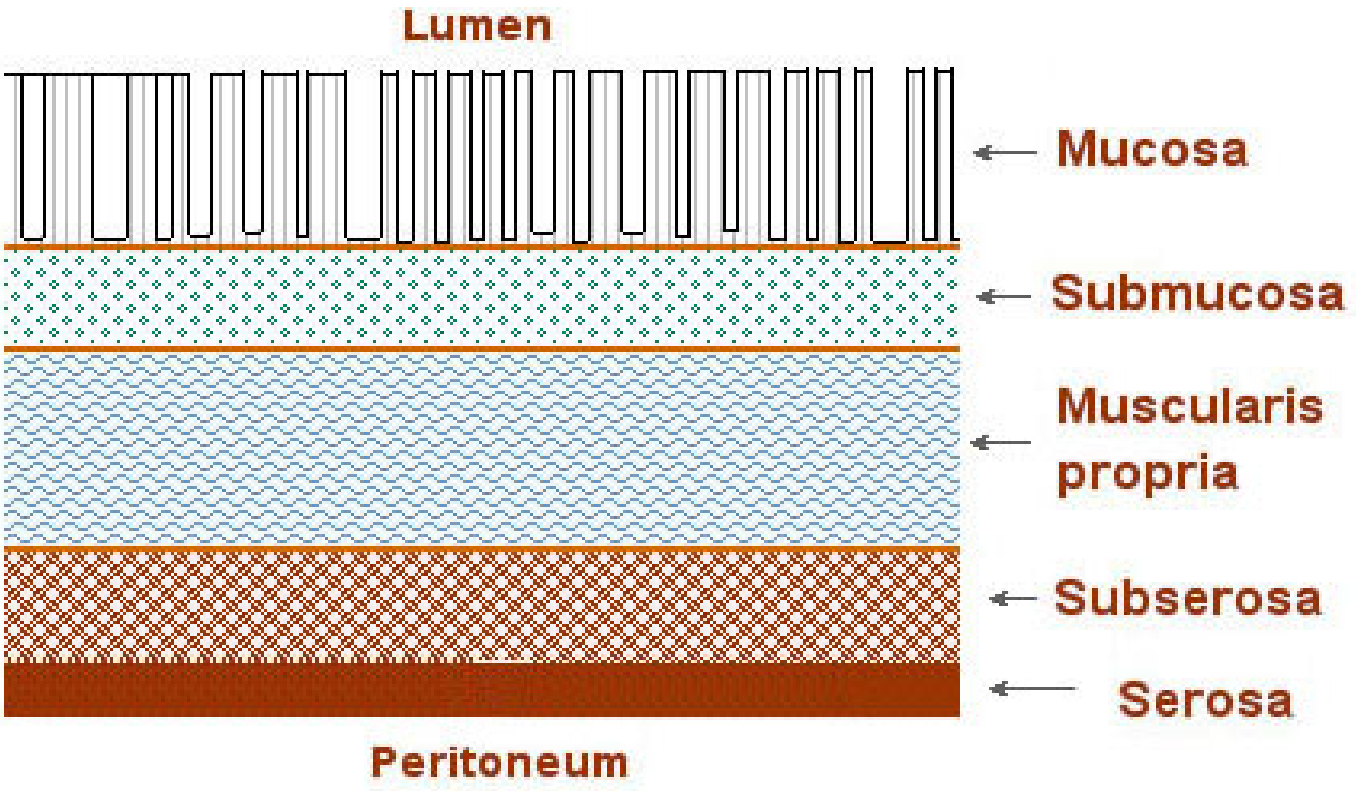
* Lumen (interior surface of colon "tube")
* Mucosa
* Surface epithelium
* Lamina propria or basement membrane—dividing line between in situ and invasive lesions
* Muscularis mucosae
* Submucosa—lymphatics; potential for metastases increases
* Muscularis propria

Layers of colon wall (cont'd)

* Circular layer
* Longitudinal layer—in three bands called taenia coli
* Subserosa—sometimes called pericolic fat or subserosal fat
* Serosa—present on ascending, transverse, sigmoid only (also called the visceral peritoneum)
* Retroperitoneal fat (also called pericolic fat)
* Mesenteric fat (also called pericolic fat)

SEER Training Modules, Colon Module, U. S. National Institutes of Health, National Cancer Institute, 1/13/12. <http://training.seer.cancer.gov/>.

Diagram of wall layers



SEER Training Modules, Colon *Module* , U S National Institutes of Health, National Cancer Institute. 1/13/12 <*http://training.seer.cancer.gov/*>.

Regional Lymph Nodes

Segment	Regional Lymph Nodes
Cecum	Pericolic, anterior cecal, posterior cecal, ileocolic, right colic
Ascending colon	Pericolic, ileocolic, right colic, middle colic
Hepatic flexure	Pericolic, middle colic, right colic
Transverse colon	Pericolic, middle colic
Splenic flexure	Pericolic, middle colic, left colic, inferior mesenteric

Regional Lymph Nodes

Segment	Regional Lymph Nodes
Descending colon	Pericolic, left colic, inferior mesenteric, sigmoid
Sigmoid colon	Pericolic, inferior mesenteric, superior rectal, superior hemorrhoidal, sigmoidal, sigmoid mesenteric
Rectosigmoid	Perirectal, left colic, sigmoid mesenteric, sigmoidal, inferior mesenteric, superior rectal, superior hemorrhoidal, middle hemorrhoidal
Rectum	Perirectal, sigmoid mesenteric, inferior mesenteric, lateral sacral, presacral, internal iliac, sacral promontory (Gerota's) superior hemorrhoidal, inferior hemorrhoidal
Anus	Perirectal, anorectal, superficial inguinal, internal iliac, hypogastric, femoral, lateral sacral

Diagnosing Colon Cancer

Presenting Symptoms

Physical Exam

Scans

Labs

Scopes

Biopsies

Locating the Diagnosis Date!

Which report contains the earliest documentation of cancer, using the "right" terminology?

Refer to diagnostic Ambiguous Terminology in Abstractor's Manual for list of "Yes" or "No" terms.

Date of 1st contact CANNOT precede Dx Dt!

Selecting a Site Code

Determining colon cancer primary site….

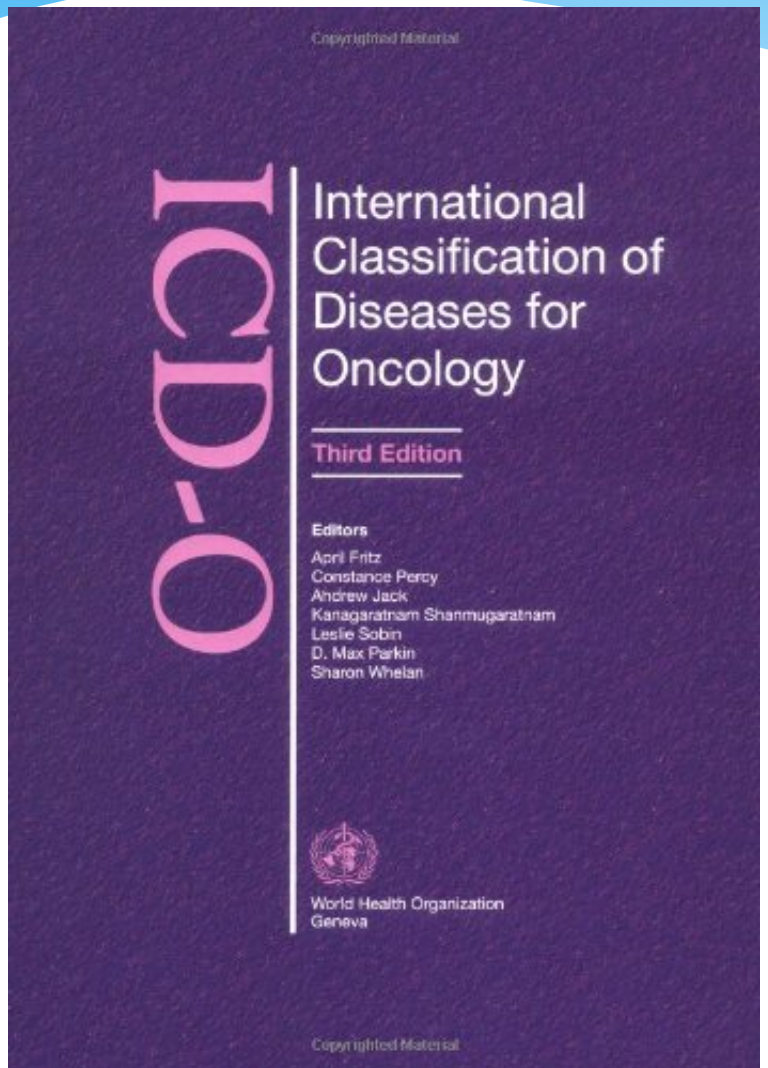
Different physicians may document different sites!

Operative Report takes top priority for colon….

Determining Histology for Colon

* Review Colon/Rectum Histology Rules in Solid Tumor Rules (Colon Chapter)

Determining Topography



Let's work this together!

Patient undergoes colonoscopy with biopsy of a large polyp in the sigmoid colon. Resection reveals tubulovillous adenocarcinoma of the sigmoid colon

What is the histology code?

What we covered today

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* Histology