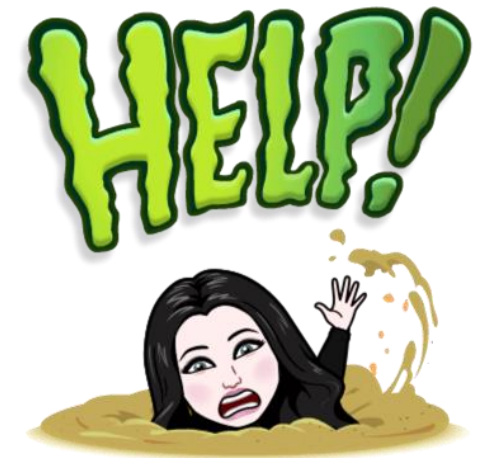




Coding Quicksand, Rabbit Holes and the Bermuda Triangle

Sending out an S.O.S.!



Breast

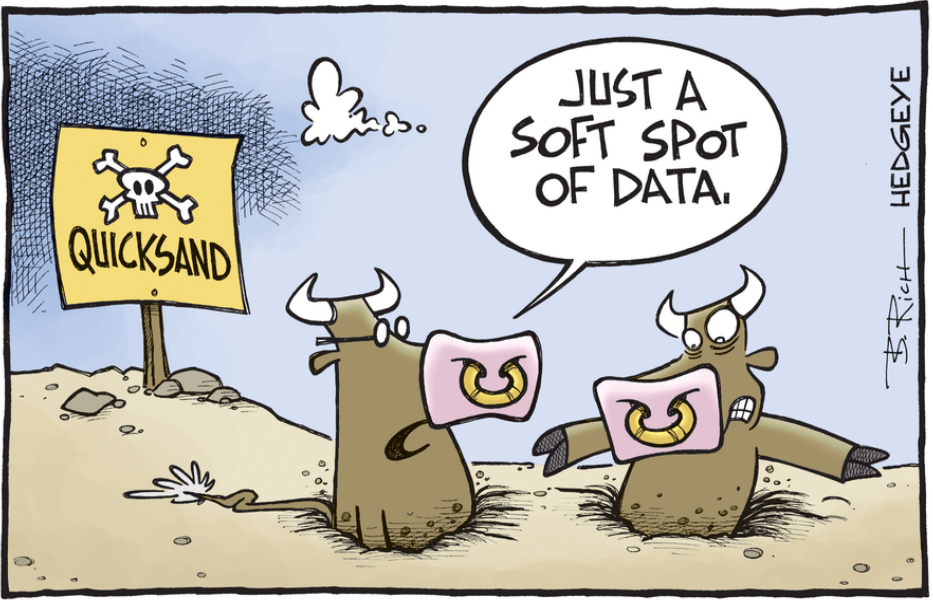


AJCC Stage

AJCC Manual
Page #632

Genomic Profile for Pathologic Prognostic Staging

- T1 and T2 Tumors
- When Oncotype Dx Score is less than 11



And TNM is...	And Grade is...	And HER2 Status is...	And ER Status is...	And PR Status is...	Then the pathological Prognostic Stage Group is...
T1 N0 M0 T2 N0 M0	Any	Negative	Positive	Any	IA



Oncotype Dx

- Done at time of surgery from resected primary tumor
- Done to determine if patient needs post surgery therapies (Chemo and/or Radiation)
- Typically done on lower stage tumors (T1 and T2)
- Test usually not done if; patient has a higher T, higher stage or positive nodes
- Code if available, regardless of TNM



Regional Nodes

SEER

- Axillary I
- Axillary II
- Axillary III
- Intra Mammary
- Internal Mammary
- Supraclavicular (**Summary Stage-Distant**)

AJCC

- Axillary I
- Axillary II
- Axillary III
- Intra Mammary
- Internal Mammary
- Supraclavicular



How does this impact EOD?

Regional Lymph Nodes Examined and Positive

SEER Manual

Page 178 (Note 1a)

*Include lymph nodes that are regional in the current AJCC Staging Manual or EOD
Regional Nodes 2018*

Page 179 (Note 4c): Gives an example counting supraclavicular as regional nodes



EOD Regional Nodes

Supraclavicular (ipsilateral) are included in Note 9 as Regional Lymph Nodes

Supraclavicular (ipsilateral) involvement: Coded 700

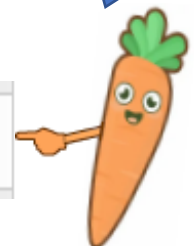
Pay attention to the **Coding Carrot**! It is telling you something!

Note 9: Regional lymph nodes include

- › Axillary, NOS (ipsilateral)
- › Level I (low-axilla) (low) (superficial), NOS [adjacent to tail of breast]
 - › Anterior (pectoral)
 - › Lateral (brachial)
 - › Posterior (subscapular)
- › Level II (mid-axilla) (central), NOS
 - › Interpectoral (Rotter's)
- › Level III (high) (deep), NOS
 - › Apical (subclavian)
 - › Axillary vein
- › Fixed/matted axillary (level I and II) (ipsilateral)
- › Infraclavicular (subclavicular) (ipsilateral)
- › Internal mammary (parasternal) (ipsilateral)
- › Intramammary (ipsilateral)
- › Supraclavicular (transverse cervical) (ipsilateral)

Code 700 is the equivalent of D (Distant), so Summary Stage will be coded to 7

700	Supraclavicular node(s), ipsilateral	D
-----	--------------------------------------	---



EOD Mets

Supraclavicular (contralateral or bilateral) involvement are categorized as distant lymph nodes

- Ipsilateral involvement will be coded 00 (No distant mets)

10	Distant lymph node(s) <ul style="list-style-type: none">› Axillary (contralateral or bilateral)› Cervical, NOS› Fixed/matted axillary (level I and II) (contralateral or bilateral)› Infraclavicular (subclavicular) (contralateral or bilateral)› Internal mammary (parasternal) (contralateral or bilateral)› Intramammary (contralateral or bilateral)› Supraclavicular (transverse cervical) (contralateral or bilateral)› Distant lymph node(s), NOS	D
----	--	---



Distant site(s)/lymph node(s) involved

- › Distant site(s) (including further contiguous extension)
 - › Adrenal (suprarenal) gland
 - › Bone other than adjacent rib
 - › Contralateral (opposite) breast-if stated as metastatic
 - › Lung
 - › Ovary
 - › Satellite nodule(s) in skin other than primary breast
 - › Skin over
 - › Axilla
 - › Contralateral (opposite) breast
 - › Sternum
 - › Upper abdomen
- › Distant lymph node(s), NOS
 - › Axillary (contralateral or bilateral)
 - › Cervical, NOS
 - › Fixed/matted axillary (level I and II) (contralateral or bilateral)
 - › Infraclavicular (subclavicular) (contralateral or bilateral)
 - › Internal mammary (parasternal) (contralateral or bilateral)
 - › Intramammary (parasternal) (contralateral or bilateral)
 - › Supraclavicular (transverse cervical) (ipsilateral, contralateral or bilateral)
- › Distant metastasis, NOS
 - › Carcinomatosis
 - › Distant metastasis WITH or WITHOUT distant lymph node(s)



EOD-Tumor Size



Tumor Size - Clinical

SEER Manual

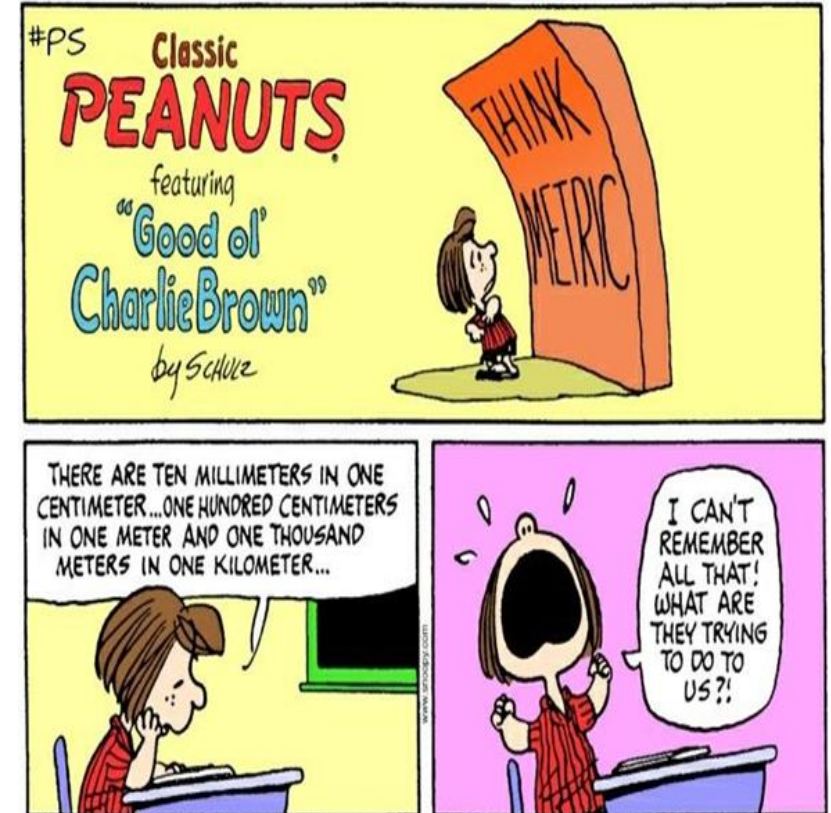
Page : 108

- Records the size of a solid primary tumor **before** any treatment
- If no treatment is administered, use the size from all information available within four months of the date of diagnosis using the priority order, and in the absence of disease progression
- Clinical classification is composed of diagnostic workup prior to first treatment, including physical examination, imaging, pathological findings (gross and microscopic measurements), and surgical exploration without resection

Follow the rounding and conversion instructions!

Note: All measurements should be in millimeters (mm)

Example: CT stated tumor size as 3.5cm, Code: 035 (35mm)



Tumor Size - Pathological

SEER Manual

Page: #114

- Records the size of a solid primary tumor that has been resected Pathologic classification includes operative and pathological findings of the resected specimens, before the initiation of adjuvant treatment
- Code the largest size of the primary tumor measured on the surgical resection specimen when surgery is administered as part of the first definitive treatment
- Do not use pathologic tumor size from surgery when neoadjuvant therapy has been administered

Assign code 999 when:

- Pathologic tumor size is unknown
- There is no excisional biopsy or tumor resection
- Neoadjuvant therapy has been administered. Do not use a post-neoadjuvant size to code this data item

Follow the rounding and conversion instructions!

Note: All measurements should be in millimeters (mm)

Example: CT stated tumor size as 3.5cm, Code: 035 (35mm)



Tumor Size Summary

STORE Manual

Page #173

Description

This data item records the most accurate measurement of a solid primary tumor, usually measured on the surgical resection specimen.

Rationale

Tumor size is one indication of the extent of disease

Coding Guidelines

- Code the largest size of the primary tumor prior to neoadjuvant treatment
- If the tumor is resected and tumor size is unknown or not stated, code size as 999
- If there is no surgical resection of the primary tumor, code the largest measurement from the clinical timeframe
- If neoadjuvant treatment is administered, followed by a resection, code the largest measurement from the clinical timeframe (regardless if the resected tumor is larger) **This a change in coding instructions!**

Follow the rounding and conversion instructions!

Note: *All measurements should be in millimeters (mm)*

Example: *Resected tumor stated as 3.5cm, Code: 035 (35mm)*



TEXT

Back That Abstract Up!



TEXT

COVER YOUR ABSTRACTING!

Your text should always support every code you put in your abstract!

Refer to Your State Manual for documentation requirements

<https://www.kcr.uky.edu/manuals/2021%20Abstractor%20Manual.pdf>

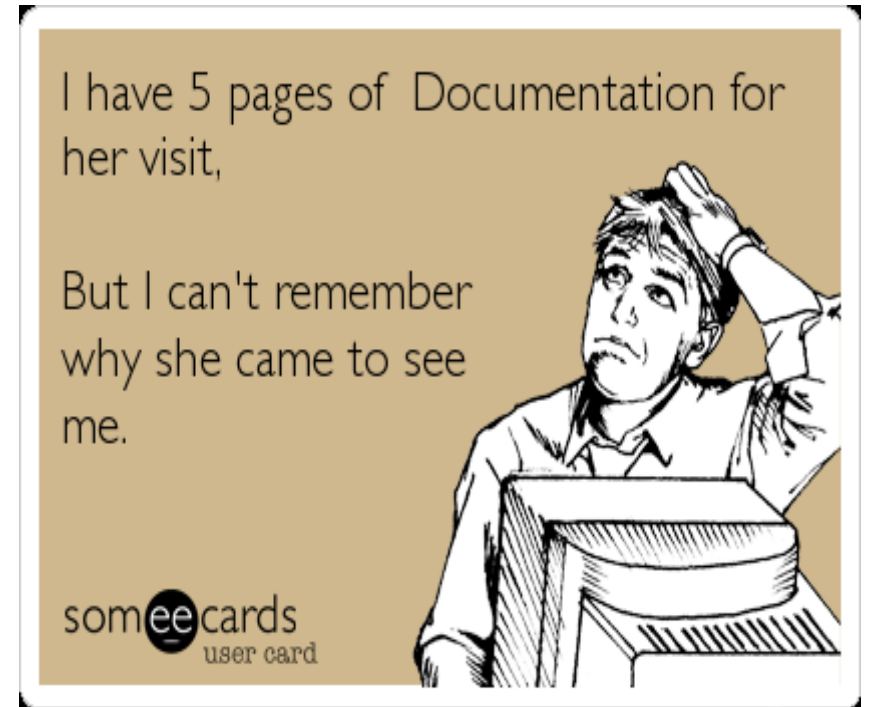
TIP!

Start your abstract by documenting your text and then abstract from your text

- This will help ensure that you have documented all the relevant information and can accurately code from your text

Make sure to include the dates of patient encounters

- This builds a timeline and helps separate the clinical, pathological and post-therapy timeframes



Abbreviations

The use of abbreviations in cancer abstraction is becoming more commonplace. Abbreviations often are used by cancer abstractors to shorten the written narratives entered in text fields.

However, abbreviations can generate confusion, because abbreviations can vary among different institutions and even between different specialties within the same institution.

To be useful, that the abbreviation is clearly understood by any individual who encounters it. Abbreviations can be a useful abstracting tool, but only if universally recognized and understood abbreviations are used.

See the NAACCR Dictionary, Appendix G for the list of approved abbreviations

<http://applications.naacr.org/contentreader/archive/15/Chap17.html>



Class of Case



Continued Surveillance

Scenario:

- 05/15/2015 patient diagnosed with Stage 1 prostate cancer at an outside facility, patient opts for active surveillance
- 08/21/2021 patient relocated to the area and continues active surveillance with your facility

Question:

What is the Class of Case?

- 21 Initial diagnosis elsewhere AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.
- 32 Diagnosis AND all first course treatment provided elsewhere AND patient presents at the reporting facility with disease recurrence or persistence (active disease)



Answer & Rationale

32 Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease recurrence or persistence (active disease)

CAnswer Forum Post: *Your facility did not diagnose and or recommend the first course of treatment. The patient was diagnosed and the first course treatment (surveillance) was done elsewhere. The patient is only continuing the treatment started elsewhere at your facility. The case is non-analytic for your facility.*

<http://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/store/caseeligibility-patient-identification-cancer-identification-stage-of-disease-at-diagnosis-tumorsize-and-mets/98666-class-of-case-prostate-active-surveillance>

Disclaimer: In previous posts, the CAnswer Forum recommended coding these types of cases as Class of 21 however this post was dated December 2019 to April 2020 so there appears to be a shift in thinking. Please refer to your facility policy & procedure on whether these types of cases should be reported or not.



Grade



Grade Clinical and Grade Pathological Cannot Be Left Blank

Grade Clinical

Grade Coding Manual
Specific Data Dictionary and Coding Guidelines
Page #25

Grade Clinical

Coding Guidelines

- **Note 1:** Grade Clinical must not be blank
- **Note 4:** Code 9 (unknown) when:
 - Grade from primary site is not documented
 - Clinical workup is not done (for example, cancer is an incidental finding during surgery for another condition)
 - Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available

Grade Pathological

Grade Coding Manual
Specific Data Dictionary and Coding Guidelines
Page #29

Grade Pathological

Coding Guidelines

- Note 1:** Grade Pathological must not be blank
- Note 6:** Code 9 (unknown) when
- Grade from primary site is not documented
 - No resection of the primary site (see exception in Note 5, Surgical resection, last bullet)
 - Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
 - Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
 - Clinical case only (see Grade Clinical)
 - There is only one grade available, and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path





Grade Coding Instructions and Tables

Effective with Cases Diagnosed 1/1/2018 and Forward

Published January 2021

Version 2.01

Editors: Jennifer Ruhl, MSHCA, RHIT, CCS, CTR, NCI SEER
Jim Hofferkamp, CTR, NAACCR
Elizabeth Ward, PhD, Consultant to NAACCR

Suggested Citation: Ruhl J, Ward E, Hofferkamp J, et al. (November 2020). Grade Manual. NAACCR, Springfield, IL 62704-4394

Funding for this project was made possible in part by a contract with Federal funds from the National Cancer Institute, National Institutes of Health and Department of Health & Human Services under contract number HSN242201400004 / HSN242200002. Additionally, funding for this project was made possible in part by a cooperative agreement with Federal funds from the Centers for Disease Control and Prevention Cooperative Agreement number 5N02CE0004817. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the NCI and CDC. The NAACCR Board of Directors adopted these standards in February 2018.

You Can't Have a Blank Space So, You Write Down A **Grade**



Lymph Nodes

They Are Draining!



Changes from SEER 2021 Manual

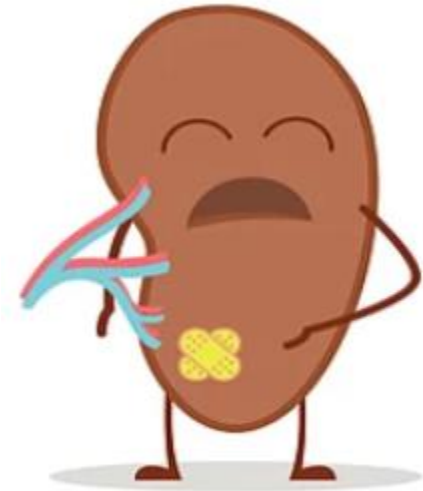
Store Manual 2021

Page #37

In STORE, the coding instructions section was updated

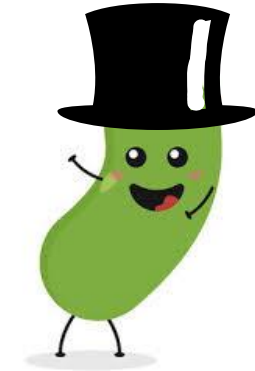
For the purpose of coding the following:

- **Date of First Surgical Procedure [1200]**
- **Radiation/Surgery Sequence [1380]**
- **Systemic/Surgery Sequence [1639]**
 - **Scope of Regional Lymph Node Surgery [1292] is defined as (codes 2-7), (code 1 has been excluded)**



Case 1

FNA of Regional Lymph Node (Positive)



Scenario:

- 2/1/2021 Patient had a biopsy of the LLL at an outside facility, positive for adenocarcinoma
- 2/7/2021 Aspiration of left hilar lymph node at this facility, positive for metastatic adenocarcinoma
- 3/7/2021 Patient begins chemo and radiation at this facility

Field	Code	Rationale
Date of Diagnosis	02/01/2021	
Date of First Contact	03/07/2021	STORE: For analytic cases, the Date of First Contact is the date the patient qualifies as an analytic case Class of Case 00-22. On 02/07/2021 the lymph node biopsy is done as part of the diagnostic workup, it is not actually treatment because it does not modify, control, remove or destroy proliferating cancer cells. So technically on that date the class of case would be a 30, but when the patient began treatment at my facility on 03/07/2021 that's the date the patient became analytic, so that's the date of first contact. So even though we code this lymph node biopsy as the date of first course treatment, and date of first surgical procedure, it's not actually considered treatment.
Class of Case	22	Initial diagnosis elsewhere AND all first course treatment or a decision not to treat was done at the reporting facility
Scope of Regional Lymph Node Surgery	1	STORE page #234: Scope of Regional Lymph Node Surgery Record surgical procedures which aspirate, biopsy, or remove regional lymph nodes to diagnose or stage disease in this data item.
Date of First Course Treatment	03/07/2021	STORE page #219; Records the date on which treatment (surgery, radiation, systemic, or other therapy) of the patient began at any facility.



Case 1

FNA of Regional Lymph Node (Positive)...cont.

Scenario:

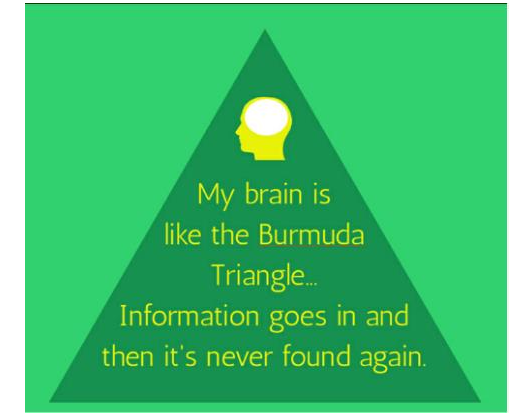
- 2/1/2021 Patient had a biopsy of the LLL at an outside facility, positive for adenocarcinoma
- 2/7/2021 Aspiration of left hilar lymph node at this facility, positive for metastatic adenocarcinoma
- 3/7/2021 Patient begins chemo and radiation at this facility

Field	Code	Rationale
Date of First Surgical Procedure	BLANK	STORE page #37: As of 01/01/2021, Scope of Regional Lymph Node Surgery (Code 1) is excluded in the coding of this data field
Date of Most Definitive Surgery	BLANK	(Most software auto populated this field)
Regional Lymph Nodes Examined	95	STORE page #170: Use code 95 when the only procedure for regional lymph nodes is a needle aspiration (cytology) or core biopsy (tissue). Use code 95 when a positive lymph node is aspirated and there are no surgically resected lymph nodes
Regional Lymph Nodes Positive	95	STORE page #166: Use of code 95. Use code 95 when the only procedure for regional lymph nodes is a needle aspiration (cytology) or core biopsy (tissue)
Date of Regional Lymph Node Surgery	BLANK	STORE page #165: Records the date non-sentinel regional node dissection was performed
AJCC Clinical N suffix	(f)	STORE page #194: If an FNA or a core biopsy is performed on lymph nodes as part of the diagnostic workup, the cN category should have the f suffix
Systemic Surgery Sequence	0	STORE page #38: As of 01/01/2021, Scope of Regional Lymph Node Surgery (Code 1) is excluded in the coding of this data field
Radiation Surgery Sequence	0	STORE page #38: As of 01/01/2021, Scope of Regional Lymph Node Surgery (Code 1) is excluded in the coding of this data field



Case 2

FNA of Regional Lymph Node (Negative)



Scenario:

- 2/1/2021 Patient had a biopsy of the LLL at an outside facility, positive for adenocarcinoma
- 2/7/2021 Aspiration of left hilar lymph node at this facility, negative for metastatic adenocarcinoma
- 3/7/2021 Patient begins chemo and radiation at outside facility

Field	Code	Rationale
Date of Diagnosis	02/01/2021	
Date of First Contact	02/07/2021	STORE page #131: <i>If the patient's diagnosis or treatment is as an outpatient of the facility, the Date of First Contact is the date the patient first appeared at the facility for that purpose.</i>
Class of Case	30	STORE page#127: <i>STORE Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only, treatment plan only, staging workup after initial diagnosis elsewhere)</i>
Scope of Regional Lymph Node Surgery	1	STORE page #234: <i>Scope of Regional Lymph Node Surgery Record surgical procedures which aspirate, biopsy, or remove regional lymph nodes to diagnose or stage disease in this data item.</i>
Date of First Course Treatment	03/07/2021	STORE page #219: <i>Records the date on which treatment (surgery, radiation, systemic, or other therapy) of the patient began at any facility.</i>



Case 2

FNA of Regional Lymph Node (Negative)...cont.

Scenario:

- 2/1/2021 Patient had a biopsy of the LLL at an outside facility, positive for adenocarcinoma
- 2/7/2021 Aspiration of left hilar lymph node at this facility, positive for metastatic adenocarcinoma
- 3/7/2021 Patient begins chemo and radiation at outside facility

Field	Code	Rationale
Date of First Surgical Procedure	BLANK	STORE page #37: As of 01/01/2021, Scope of Regional Lymph Node Surgery (Code 1) is excluded in the coding of this data field
Date of Most Definitive Surgery	BLANK	(Most software auto populated this field)
Regional Lymph Nodes Examined	95	STORE page #170: Use code 95 when the only procedure for regional lymph nodes is a needle aspiration (cytology) or core biopsy (tissue). Use code 95 when a positive lymph node is aspirated and there are no surgically resected lymph nodes
Regional Lymph Nodes Positive	00	STORE page #166: Code 00 when all nodes examined are negative
Date of Regional Lymph Node Surgery	BLANK	STORE page #165: Records the date non-sentinel regional node dissection was performed
AJCC Clinical N suffix	(f)	STORE page #194: If an FNA or a core biopsy is performed on lymph nodes as part of the diagnostic workup, the cN category should have the f suffix
Systemic Surgery Sequence	0	STORE page #38: As of 01/01/2021, Scope of Regional Lymph Node Surgery (Code 1) is excluded in the coding of this data field
Radiation Surgery Sequence	0	STORE page #38: As of 01/01/2021, Scope of Regional Lymph Node Surgery (Code 1) is excluded in the coding of this data field



Case 3

Aspiration of Distant Node



Scenario:

- 2/1/2021 Patient had a biopsy of the RUL, positive for adenocarcinoma, at outside facility
- 2/7/2021 FNA of Cervical lymph node, positive for adenocarcinoma lung primary, at this facility
- 3/7/2021 Patient started chemo and radiation at outside facility

Field	Code	Rationale
Date of Diagnosis	02/01/2021	
Date of First Contact	02/07/2021	STORE page #131: <i>If the patient's diagnosis or treatment is as an outpatient of the facility, the Date of First Contact is the date the patient first appeared at the facility for that purpose</i>
Class of Case	30	STORE page#127: <i>STORE Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only, treatment plan only, staging workup after initial diagnosis elsewhere)</i>
Scope of Regional Lymph Node Surgery	0	STORE page #234: <i>This was a distant node and would not be coded in this data field</i>
Date of First Course Treatment	03/07/2021	STORE page #219; <i>Records the date on which treatment (surgery, radiation, systemic, or other therapy) of the patient began at any facility.</i>



Case 3

Aspiration of Distant Node...cont.

Scenario:

- 2/1/2021 Patient had a biopsy of the RUL, positive for adenocarcinoma, at outside facility
- 2/7/2021 FNA of Cervical lymph node, positive for adenocarcinoma lung primary, at this facility
- 3/7/2021 Patient started chemo and radiation at outside facility

Field	Code	Rationale
Date of First Surgical Procedure	BLANK	(Most software auto populated this field)
Date of Most Definitive Surgery	BLANK	(Most software auto populated this field)
Regional Lymph Nodes Examined	00	STORE page #170 This data field applied to regional nodes only, no regional nodes were examined
Regional Lymph Nodes Positive	98	STORE page #166: This data field applied to regional nodes only. Ode 98 when Regional Lymph Nodes Examined is coded 00
Date of Regional Lymph Node Surgery	BLANK	STORE page #165: Records the date non-sentinel regional node dissection was performed
AJCC Clinical N suffix	BLANK	No biopsy of regional nodes
Systemic Surgery Sequence	0	No systemic/surgery sequence
Radiation Surgery Sequence	0	No radiation/surgery sequence
Date of Surgical Diagnostic & Staging Procedure	02/01/2021	2/1/2021 Code 02 (If your software allows you to code multiple entries, you may also code 02/07/2021 code of 01, but in the export only the 02/01/2021 biopsy 02 code will be exported))
Surgical Diagnostic & Staging Procedure	02	A biopsy (incisional, needle, or aspiration) was done to the primary site.



Case 4

Lymph Nodes and Neoadjuvant Therapy

Scenario:

- 2/1/2021 Patient had a biopsy of the left breast 11:00 position at outside facility, positive for ductal carcinoma
- 2/7/2021 Positive core biopsy of left axillary lymph node at this facility
- 2/22/2021 Neoadjuvant chemo started at outside facility
- 6/7/2021 Patient has mastectomy of the left breast, with axillary dissection, at outside facility. (0/11) lymph nodes negative

Field	Code	Rationale
Date of Diagnosis	02/01/2021	
Date of First Contact	02/07/2021	STORE page #131: <i>If the patient's diagnosis or treatment is as an outpatient of the facility, the Date of First Contact is the date the patient first appeared at the facility for that purpose</i>
Class of Case	30	STORE page#127: <i>STORE Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only, treatment plan only, staging workup after initial diagnosis elsewhere)</i>
Date of Surgical Diagnostic & Staging Procedure	02/01/2021	Code 02 our software allows you to code multiple entries, you may also code 02/07/2021 code of 01, but in the export only the 02/01/2021 biopsy 02 code will be exported)
Surgical Diagnostic & Staging Procedure	02	A biopsy (incisional, needle, or aspiration) was done to the primary site.
Scope of Regional Lymph Node Surgery	5	(4 or more regional lymph nodes removed) IF you can record more than one line of treatment in your software the 02/07/2021 would be coded as 1 in Scope of Regional Lymph Node Surgery and the 06/07/2021 would be coded as a 5 in Scope of Regional Lymph Node Surgery, but ultimately the only code exported would be 5
Date of First Course Treatment	02/22/2021	STORE page #219; Records the date on which treatment (surgery, radiation, systemic, or other therapy) of the patient began at any facility.
Date of First Surgical Procedure	06/07/2021	Mastectomy
Date of Most Definitive Surgery	06/07/2021	Mastectomy



Non-Breast/Melanoma Sentinel Lymph Node Biopsy

Scenario:

6/1/2021 A patient had a TAH/BSO with bilateral pelvic sentinel lymph node dissection. Sentinel nodes on both the right and left side identified and dissected.

Path Report states, 4 Right pelvic sentinel nodes negative and 4 Left pelvis sentinel lymph nodes negative

How would you code the following:

“Date of Regional Node Surgery”?

“Date of Sentinel Lymph Node Biopsy”?

“Number of Sentinel Lymph Nodes Positive”?

“Number of Sentinel Lymph Nodes Examined”?

Answer

BLANK



Answer and Rationale

SEER Manual

Date of Regional Lymph Node Surgery

- Record the Date of Regional Lymph Node Dissection in this data item for all cases other than breast and cutaneous melanoma
- Leave Date of Regional Lymph Node Surgery blank when only a sentinel lymph node biopsy is performed

NOTE

- Sentinel Lymph Node Data Items are CoC required fields that apply to Breast and cutaneous melanoma cases ONLY
- Sentinel Lymph Node Data Fields are to be left blank for all cases other than Breast and Melanoma

IMPORTANT!

If you try to code Sentinel Lymph Node data items for any sites other than Breast and Melanoma, you **WILL** get an **EDIT!**

Field	Code
Scope of Regional Lymph Node Surgery	2
Regional Lymph Nodes Examined	08
Regional Lymph Nodes Positive	00
Date of Regional Lymph Node Surgery	BLANK
Date of Sentinel Lymph Node Surgery	BLANK
Sentinel Nodes Examined	BLANK
Sentinel Lymph Nodes Positive	BLANK
AJCC TNM Path N Suffix	(sn)



Sentinel Lymph Node Biopsy & Axillary Dissection

Scenario

7/8/2021 Patient had mastectomy with a sentinel lymph node biopsy and axillary dissection. 3/3 sentinel lymph nodes positive, 1/6 axillary nodes positive.

How do you code the number of sentinel lymph nodes positive?

- 03
- 04
- 97



Answer and Rationale

- 03
- 04
- 97

STORE Manual

FOR BREAST ONLY: If a sentinel lymph node biopsy is performed during the same procedure as the regional node dissection, use code 97 in this data item, and record the total number of positive regional lymph nodes biopsied/dissected (both sentinel and regional) in Regional Lymph Nodes Positive [820].



Lymph Node Incidental Finding

No lymph node dissection was performed but a lymph node was identified in the resected specimen

- Date of Regional Lymph Node Dissection: BLANK

Rationale:

The surgeon did not attempt a lymph node dissection thus, the lymph node was an incidental finding at surgery

It is important to Note:

Since it is an incidental finding and it was not a planned procedure, you cannot code it as such.

However, you can code what was found (number positive and negative, extension, AJCC N, etc.)



Resources Required to Abstract

2022 Implementation

<https://www.naaccr.org/implementation-guidelines/>

Solid Tumor Rules

<https://seer.cancer.gov/tools/solidtumor/>

Hematopoietic and Lymphoid Neoplasm Database

<https://seer.cancer.gov/seertools/hemelymph/>

Hematopoietic and Lymphoid Neoplasm Coding Manual

https://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules.pdf

NAACCR Site Specific Data Items and Grade

<https://apps.naaccr.org/ssdi/list/>

SEER*RSA

https://staging.seer.cancer.gov/eod_public/home/2.0/

or

https://staging.seer.cancer.gov/eod_public/home/2.1/

EOD 2018

<https://seer.cancer.gov/tools/staging/>

Summary Stage 2018

<https://seer.cancer.gov/tools/staging/>

ICD 0 3 Histology Revisions

<https://www.naaccr.org/icdo3/>

NAACCR

<https://www.naaccr.org/data-standards-datadictionary/>

SEER*Rx Interactive Antineoplastic Drugs Database

<https://seer.cancer.gov/seertools/seerrx/>

STORE Manual <https://www.facs.org/qualityprograms/cancer/ncdb/call-for-data>

SEER Program Coding and Staging Manual

<https://seer.cancer.gov/tools/codingmanuals/>

CTR Guide to Coding Radiation and Rationale for Radiation Oncology Data Items in STORE

<https://www.facs.org/Quality-Programs/Cancer/NCDB>

(See Resources box in bottom left corner)

Cancer Program News

<https://www.facs.org/qualityprograms/cancer/news>

American Joint Committee on Cancer/AJCC

<https://www.facs.org/quality-programs/cancer/ajcc>

The Kentucky Cancer Registry Abstractor's Manual

[https://www.kcr.uky.edu/manuals/2021 Abstractor Manual.pdf](https://www.kcr.uky.edu/manuals/2021%20Abstractor%20Manual.pdf)



Questions?

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