Q&A

• Please submit all questions concerning webinar content through the Q&A panel.

• Reminder:

• If you have participants watching this webinar at your site, please collect their names and emails.

• We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.
FABULOUS PRIZES

SPEAKERS

• Carol Hahn Johnson, BS, CTR (Retired), Consultant

• Lois Dickie, CTR, NCI SEER
AGENDA

- Overview
- Breast
  - Multiple Primary Rules
  - Histology Rules
  - Quiz
- Lung
  - Multiple Primary rules
  - Histology rules
  - Quiz
- Q&A
**SINQ AND ASK A SEER REGISTRAR**

- Both tools may be accessed at seer.cancer.gov/registrars
- SEER Inquiry System aka: SInQ
  - Submission of questions to SInQ limited to SEER Registries only
  - Anyone can search SInQ
  - Remember answers are based on year of diagnosis and coding rules in place at that time
  - Remember, questions may be very specific to a case and may not apply to yours. Not all answers are general

**SINQ AND ASK A SEER REGISTRAR**

- Ask A SEER Registrar (AASR)
  - Anyone can submit questions
  - This database is NOT searchable
  - Common questions submitted to AASR will be added to SInQ
  - Many of the questions we receive are very specific and will not be added to SInQ
SUBMITTING QUESTIONS TO AASR

• ALWAYS INCLUDE:
  • Dates for all procedures and pathology/cytology reports
  • Primary site(s)
  • Final path diagnosis
  • Previous history of malignancy if known
  • Use standard abbreviations

• Do Not ask “what if” questions
  • Incomplete information will result in sending the questions back for clarification

2018 ICD-O UPDATE AND THE SOLID TUMOR RULES

• Changes listed in the 2018 ICD-O update have been incorporated into the solid tumor rules
• Includes terminology from CAP Protocols
• 2018 Solid Tumor Rules instruct users to reference the 2018 ICD-O update, current ICD-O-3 manual along with the solid tumor histology tables and rules
IMPORTANCE OF THE SOLID TUMOR RULES

• Before a case can be staged:
  • Need to determine primary site
  • Number of primaries
  • Histologic type
• Reminder: AJCC does NOT determine number of primaries and does not determine histology
• Code histology per the Solid Tumor Rules. Do Not change histology to stage the case

FUTURE EDUCATIONAL PRODUCTS

• 2018 Solid Tumor Rules
  • August 29, 2018 at 2pm ET
  • See the NAACCR Education and Training Calendar for registration information.
  • https://www.naaccr.org/education-training-calendar/
FUTURE EDUCATIONAL PRODUCTS

• NCRA on-line training modules
  • Free on NCRA website
  • Modules will be offered for General Instructions and all revised site rules
  • Length of modules will run between 15 to 30 minutes
  • May be accessed as needed
  • First module ETA late summer/early fall 2018

FUTURE EDUCATIONAL PRODUCTS

• SEER*Educate
  • Site specific modules with coding exercises will be offered
    • Date of availability TBD
    • CE’s will be available
POP QUIZ 1

**Microscopic:**

Histologic Type: Ductal Carcinoma In-Situ

Architectural pattern(s): Comedo, Cribiform, Micropapillary, solid

Tumor Grade: Histologic Grade: 2 Nuclear Grade: II
**POP QUIZ 1**

- What histology would be assigned?
- 8500/2
  - Breast Histology Coding Rules, Coding Histology in a Single Tumor Note 2
  - Note 2: Subtypes/variant, architecture, pattern and features ARE NOT CODED. The majority of in situ tumors will be coded to DCIS 8500/2
  - Stop at rule H12. Code the histology when only one histology is present

**POP QUIZ 2**

- A patient present for a needle core biopsy. Pathology shows:
  - Infiltrating moderately differentiated duct carcinoma, grade 2 of 3, with tubule formation and focal areas with features of invasive micro papillary carcinoma. (Nottingham score = 6) present in all three cores.
POP QUIZ 2

• What histology code would be assigned?
  • 8500/3 Ductal Carcinoma
    • Breast Histology Coding Rules, Coding Histologies in a Single Tumor
      Note 2
    • Do not code histology )NOS/NST, subtype/variant or specific) when
      documented with
      • Features (of): NOTE: Only code features when there is a specific code for the
        NOS with features in Table 3 or the ICD-O and all updates

QUESTIONS?

QUIZ 1
A patient present with a tumor in the upper lobe of his right lung and another tumor in the lower lobe of his right lung. A biopsy of the upper lobe lung is positive for non-small cell carcinoma. A biopsy of the lower lobe is positive for squamous cell carcinoma.
**POP QUIZ 3**

• How many primaries? – 1
  
  • Rule M7 Abstract a **single primary** when separate/non-contiguous tumors are on the **same row** in Table 3 in the Equivalent Terms and Definitions. Timing is irrelevant.

  • Table 3

| Non-small cell carcinoma 8046
Example: A biopsy of LUL lesion is diagnosed as non-small carcinoma 8046. Subsequent resection shows adenocarcinoma 8140/3. Adenocarcinoma is a subtype/variant of non-small cell carcinoma. When a histology is not listed as small cell carcinoma in column 3, it is a subtype/variant of non-small cell. | All histologies other than small cell. Small cell includes:
Atypical carcinoid 8249
Combined large cell neuroendocrine carcinoma 8013
Combined small cell carcinoma 8045
Large cell neuroendocrine carcinoma 8013
Small cell carcinoma/neuroendocrine tumors (NET Tumors) 8041
Typical carcinoid 8240 |

• What histology would be assigned to each primary?
  
  • Squamous Cell Carcinoma 8070/3 – Rule H5

**POP QUIZ 4**

• A patient present with a tumor in the upper lobe of his right lung and another tumor in the lower lobe of his right lung. A biopsy of the upper lobe lung is positive for adenocarcinoma. A biopsy of the lower lobe is positive for acinar adenocarcinoma.
• How many primaries? – 1
  • Rule M7 Abstract a **single primary** when separate/non-contiguous tumors are on **the same row** in Table 3 in the Equivalent Terms and Definitions. Timing is irrelevant.
  • NOTE 2: The same row means that tumors are
    • The same histology (same four-digit ICD-O code) OR
    • One is the preferred term (column 1) and the other is a synonym for the preferred term (column 2) or
    • A NOS (column 1/column 2) and the other is subtype/variant of that NOS (column 3)

• What histology would be assigned to each primary?
  • Acinar Adenocarcinoma 8551/3 Rule H5
COMING UP....

- Coding Pitfalls
  - 09/06/2018
- Collecting Cancer Data: Lung
  - 10/04/2018

FABULOUS PRIZES WINNERS
CE CERTIFICATE QUIZ/SURVEY

• Phrase

• Link

  https://www.naaccr.org/education-training-calendar/

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