



SHRI VIDEO TRAINING SERIES  
2018 DX forward  
Recorded 2/2020

## URINARY TRACT EOD STAGE & TREATMENT

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IOWA CANCER REGISTRY

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### EOD Data v1.7

SEER\*RSA

[EOD Home](#) > [Schema List](#) > [Bladder](#)

#### Bladder

Primary Site	Histology
C670-C679	8000-8700, 8720-8790, 9700-9701

## BLADDER C670-C679

**EOD PRIMARY TUMOR**  
**EOD REGIONAL LYMPH NODES**  
**EOD METASTASIS**

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## EOD

- General Coding instructions, 32 pg pdf
- <https://seer.cancer.gov/tools/staging/2018-EOD-General-Instructions.pdf>
- Timing rules
- What to include re clinical or path findings
- Rules re neoadjuvant therapy
- Discrepancies between op/path

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## BLADDER EOD PRI TUMOR

- Note 1: Two main types of bladder cancer
  - Flat (sessile)
    - Called **in situ** when tumor has not penetrated basement membrane
  - Papillary type
    - Called **noninvasive** when tumor has not penetrated basement membrane

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## EOD PRI TUMOR

- Note 2: Noninvasive **papillary** transitional carcinoma: Pathologists use many descriptive terms for noninvasive **papillary** TCC. Frequently the path report does not contain a definitive statement of non-invasion.
  - **Non-invasion can be inferred from microscopic description**
  - List of terms in SEER\*RSA schema

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### **Definite** statements non-invasion 'for **papillary** TCC'

- Noninfiltrating
- Noninvasive
- No evidence of invasion
- No extension into lamina propria
- No stromal invasion
- No extension into underlying supporting tissue
- Neg lamina propria and superficial muscle
- Neg muscle and (subepithelial) connective tissue
- No infiltrative behavior/component

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## Inferred descriptions of non-invasion 'for papillary TCC'

- No involvement of musc propria and no mention of subepthelium/submucosa
- No statement of invasion (microscopic description present)
- (Underlying) tissue insufficient to judge depth of invasion
- No involvement of muscularis propria
- Benign deeper tissue
- Microscopic description problematic (non-invas vs superficial invas)
- Frond surfaced by transitional cell
- No mural infiltration
- No evid of invasion (no sampled stroma)
- Confined to mucosa

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## EOD PRI TUMOR

**Note 3:** Noninvasive (in situ) **flat** transitional cell carcinoma:

- "**confined to mucosa**"
  - Historically, coded localized
  - Also used as non-invasion
  - Invasion of mucosa, grade 1 vs grade 2 for noninvasion vs invasive carcinoma
  - To code accurately "confined to mucosa"... abstractors should determine: 4 criteria in note 3.

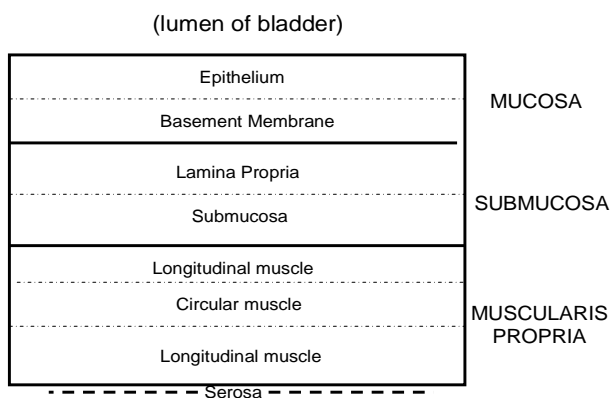
8

## EOD PRI Tumor

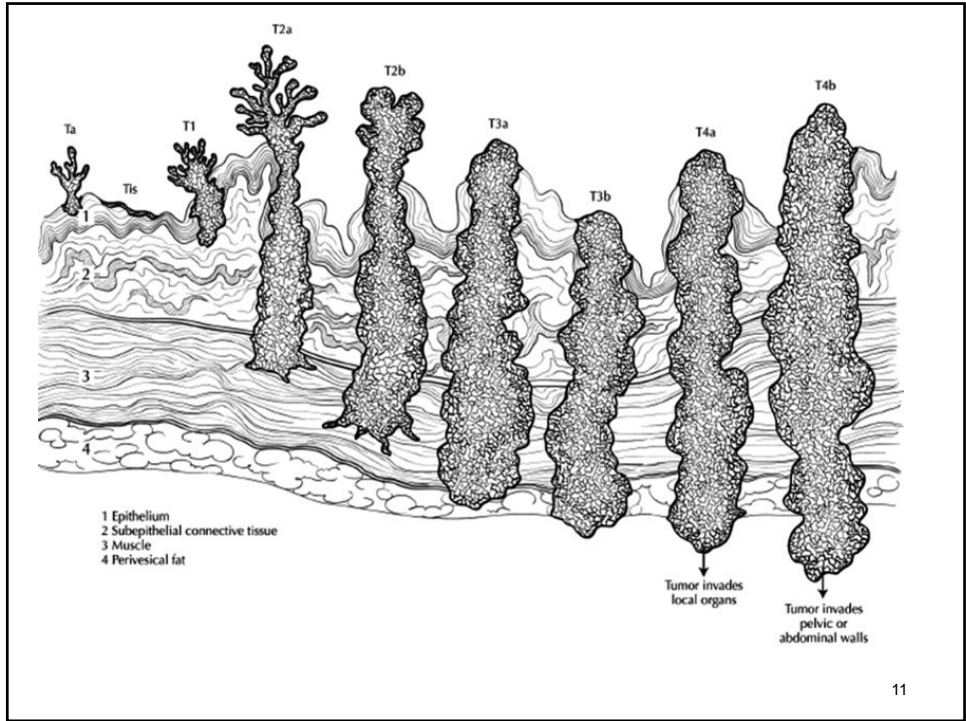
- **Note 6:** An associated in situ component of tumor extending into the prostatic ducts, prostatic glands, or ureter **without invasion** is **disregarded** in staging classification. Assign the code that best describes depth of bladder wall invasion.
- **Note 7:** Direct invasion distal ureter classified by depth of greatest invasion in bladder or ureter.

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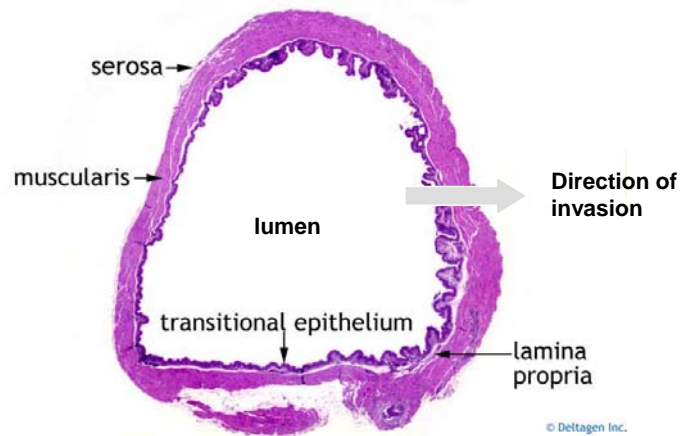
**FIGURE C: Tissue Layers of Bladder Wall**



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### “Most Invasive” – Bladder Wall Cross Section of Bladder



Source: Deltagen.com Histology Atlas

Code	Description
000	Papillary: Non-infiltrating; TCC stated to be non-invasive; TCC with inferred description of non-invasion <b>Note 4:</b> <i>In case of multifocal noninvasive, code 000</i>
050	Nonpapillary: CIS, NOS; Sessile (flat)(solid) CIS; TCC CIS
100	Confined to mucosa <b>Note 7:</b> <i>Direct invasion of the distal ureter is classified by the depth of greatest invasion in the bladder or ureter. Code 100 if the distal ureter is defined as below the iliac vessel, within the pelvic brim is involved.</i>
130	Lamina propria, stroma, subepithelial connective tissue, submucosa, subserosa, tunica propria <b>Note 8:</b> <i>Code 130 when there is extension from the bladder into the subepithelial tissue of prostatic urethra.</i>
150	Localized, NOS

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Code	Description
170	Extension to distal ureter >Subepithelial connective tissue of bladder and/or distal ureter
200	Muscle (muscularis propria) of bladder only >Superficial muscle - inner half
250	Extension to distal ureter >Superficial muscle of bladder and/or distal ureter
300	Muscle (muscularis propria) of bladder only >Deep muscle--outer half Extension through full thickness of bladder wall BUT still contained within bladder wall <b>Note 5:</b> <i>Code 300 if the only description of extension is through full thickness of bladder wall, and there is no clear statement as to whether or not the cancer has extended into fat.</i>
350	Extension to distal ureter >Deep muscle or extension through wall of bladder and/or distal ureter

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## EOD Regional LNs

**Note 1:** Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in EOD Mets.

**Note 2:** Regional lymph nodes include

- Iliac, NOS
  - Common
  - External
  - Internal (hypogastric)
- Obturator
- Pelvic, NOS
- Perivesical pelvic, NOS
- Sacral, NOS
  - Lateral (laterosacral)
  - Presacral
  - Sacral promontory (Gerota's)

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Code	Description
000	No regional lymph node involvement
300	SINGLE regional lymph node (excluding common iliac)
400	MULTIPLE regional lymph nodes (excluding common iliac)
700	Common iliac lymph node(s) WITH or WITHOUT other regional lymph node(s)
800	Regional lymph node(s), NOS Lymph node(s), NOS
999	Unknown; regional lymph node(s) not stated Regional lymph node(s) cannot be assessed Not documented in patient record  Death Certificate Only

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**FIGURE D: Regional Lymph Nodes (RED)**

**BLADDDER  
Regional LNs:**

**Iliac :**  
 Internal, (hypogastric)  
 External,  
 Obturator  
 Iliac NOS,  
 Perivesical NOS  
 Pelvic NOS  
 Sacral

**Secondary drainage:  
Common iliac (700)**

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## BLADDER EOD METS

- No notes for mets

Code	Description
00	No distant metastasis Unknown if distant metastasis
10	Distant lymph node(s), NOS
70	Carcinomatosis Distant metastasis WITH or WITHOUT distant lymph node(s) Distant metastasis, NOS
99	Death Certificate Only

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## Bladder Grade

1. Grade Clinical
2. Grade Pathologic
3. Grade Post Therapy

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## Bladder Grade Table [19]

Code	Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated <b>Includes undiff and anaplastic</b>
L	LG: Low-grade
H	HG: High-grade
9	Grade cannot be assessed (GX); Unknown

**Adenoca, Squamous**

**Urothelial cancers use L, H, 9**

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## Grade Clinical

Note 1: Clinical grade must not be blank

Note 2: Assign highest grade from primary tumor assessed during clinical time frame.

Note 3: Priority order for codes

Urothelial cancers: use codes L, H and 9  
If only G1-G3 are documented, code 9.

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## Grade Clinical cont'd

Note 4: G3 includes undifferentiated and anaplastic

**Note 5: For bladder, a TURB qualifies for a clinical grade only**

Note 6: Code 9 when:

Grade from pri site is not documented

Clinical workup is not done

Grade checked "not applicable" on CAP

Note 7: If only one grade, unknown if clinical or path, assume clinical grade. Code path grade 9.

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## Grade Pathological

Note 1: Must not be blank

Note 2: Assign highest grade from primary tumor

- If clinical grade highest, code that both clinical and path

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## Grade Pathological

Note 3: Priority order

Note 4: G3 includes undiff and anaplastic

Note 5: **TURB does not qualify** for surgical resection.

- Cystectomy or partial cystectomy must be performed to code grade path

Note 6: Code 9 when...

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## Grade Post Therapy

**Note 1:** Leave post therapy grade blank when:

- No neoadjuvant therapy
- Clinical or pathological case only
- There is only one grade available and it cannot be determined if it is clinical, pathological or post therapy

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**EOD Data** v1.7

SEER\*RSA

[EOD Home](#) > [Schema List](#) > [Kidney Renal Pelvis](#)

Kidney Renal Pelvis

Primary Site	Histology
C659, C669	8000-8700, 8720-8790, 9700-9701

**KIDNEY RENAL PELVIS C659 & URETER C669**

**EOD PRIMARY TUMOR**

**EOD REGIONAL LYMPH NODES**

**EOD METASTASIS**

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## Kidney Renal Pelvis, Ureter EOD Pri Tumor

Note 1: In case of multifocal non-invasive and in situ tumors, code 050

Note 2: Tumor involving both renal pelvis and ureter (unifocal or multifocal) is classified by depth of greatest invasion in either organ.

Note 3: Direct invasion of bladder by ureteral tumor is classified by depth of greatest invasion of the bladder or ureter.

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Code	Description
000	Noninvasive papillary carcinoma
050	In situ, intraepithelial, noninvasive (flat, sessile) Multifocal non-inv & in situ
100	Subepithelial connective tissue (lamina propria, submucosa) of renal pelvis only OR Subepithelial connective tissue (lamina propria, submucosa) of ureter only Confined to renal pelvis, NOS Confined to ureter, NOS Localized, NOS
200	Renal pelvis and ureter (unifocal or multifocal) Subepithelial connective tissue Renal pelvis from ureter Ureter from renal pelvis Distal ureter from proximal ureter Extension to bladder from ureter Subepithelial connective tissue of distal ureter and/or bladder
300	Muscularis of renal pelvis only OR Muscularis of ureter only

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## Kidney Renal Pelvis, Ureter EOD Regional Nodes

Note 1: Code only regional nodes and nodes, NOS in this field. Distant nodes are coded in EOD Mets.

Note 2: Regional nodes include bilateral and contralateral involvement of named nodes.

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## Kidney Renal Pelvis, Ureter EOD Regional Nodes

### All sites

- > Lateral aortic (lumbar)
- > Paracaval
- > Renal hilar
- > Retroperitoneal, NOS

### Renal Pelvis

- > Aortic (para-aortic, periaortic, NOS)

### Ureter

- > Iliac (common, external, NOS)
- > Internal (hypogastric) (obturator)
- > Pelvic, NOS
- > Periureteral

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## Kidney Renal Pelvis, Ureter EOD METS

- No notes for mets

Code	Description
00	No distant metastasis Unknown if distant metastasis
10	Distant lymph node(s), NOS
70	Carcinomatosis Distant metastasis WITH or WITHOUT distant lymph node(s) Distant metastasis, NOS
99	Death Certificate Only

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## Kidney Renal Pelvis, Ureter Grade Table [19]

Code	Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated <b>Includes undiff and anaplastic</b>
L	LG: Low-grade
H	HG: High-grade
9	Grade cannot be assessed (GX); Unknown

} Adenoca,  
Squamous

} Urothelial cancers  
use L, H, 9

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## WORKUP AND TREATMENT

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### Signs and Symptoms

#### Bladder

- Hematuria (blood in urine)
  - Gross (visible to naked eye)
  - Microscopic
  - Usually painless
- Frequent urination
- Pain upon urination (dysuria)

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## Work up

- Cystoscopy: Examination of the bladder using a fiberoptic instrument.
- IVP (Intravenous Pyelogram; filling defects in bladder seen
- Retrograde Pyelogram Cystogram: X-ray to visualize bladder
- Ultrasound or CT Scans
- Urine Cytology

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## Urine Cytology

### Reportable? SEER Manual pg 14

- vi. **Urine** cytology positive for malignancy is reportable for diagnoses in 2013 and forward
- **Exception:** When a subsequent biopsy of a urinary site is negative, do not report.
  - Code the primary site to C689 in the absence of any other information
  - Do not implement new/additional casefinding methods to capture these cases

Do not report cytology cases with ambiguous terminology (see page 10 for ambiguous terms)

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## Treatment- Bladder

- **Surgery**
  - Transurethral resection of bladder tumor\*
  - Cystectomy for invasive tumor
- **Radiation**
  - External beam for superficial tumors
- **Chemotherapy**
  - Intravesical for superficial tumor\*
  - Systemic for invasive tumor or metastases
- **Immunotherapy**
  - Intravesical BCG for superficial tumors

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## Surgery- Bladder

- TURB with or without fulguration
- Segmental or partial cystectomy
- Urinary diversion (video next slide)
- Radical cystectomy

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## SURGERY CODES

Kidney	+
Renal Pelvis, Ureter	+
Bladder	+
Urethra, Urinary Other	+

Appendix C Surgery Codes

<https://seer.cancer.gov/manuals/2018/appendixc.html>

Appendix B STORE Manual Surgery Codes

[https://www.facs.org/~media/files/quality%20programs/cancer/ncdb/store\\_manual\\_2018.ashx](https://www.facs.org/~media/files/quality%20programs/cancer/ncdb/store_manual_2018.ashx)

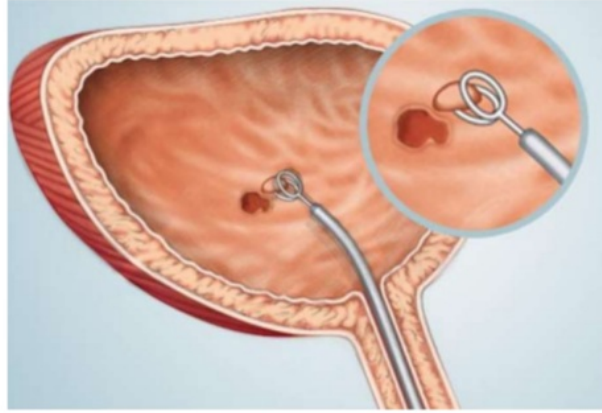
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## Bladder C670-C679 Surgery Codes

- Refer to Manual:
  - TURB code 27 {use in clinical grade only}
  - TURB with fulguration code 22
  - Partial cystectomy code 30
  - Simple/total/complete cystectomy code 50
  - Radical cystectomy (male) code 60- 64
    - Cystoprostatectomy: Removal of **bladder & prostate** with or without urethrectomy uses code 71
  - Radical cystectomy (female) code 70-73

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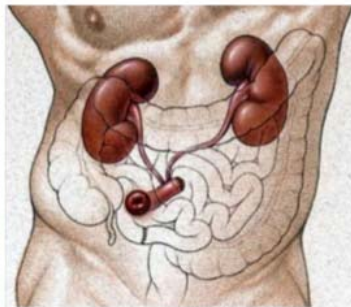
## Trans Urethral Resection



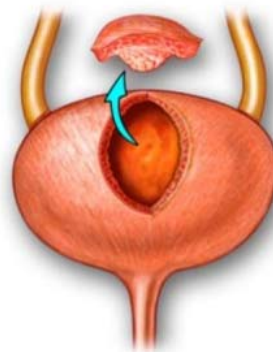
**TURB**

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## Surgery



**Total Cystectomy**



**Partial Cystectomy**

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- Robotic neobladder procedure

[https://youtu.be/\\_zYeoQFH5fY](https://youtu.be/_zYeoQFH5fY)

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## Kidney C649, Renal Pelvis C659, Ureter C669 Surgery Codes

- Refer to Manual
  - Polypectomy code 26
  - Excisional BX code 27
  - Partial or subtotal nephrectomy or partial ureterectomy (segmental or wedge resection) code 30
  - Nephroureterectomy (includes bladder cuff or renal pelvis or ureter, kidney parenchyma) code 40

Other codes apply more for  
Kidney parenchyma primary cancers

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## Documentation

- **H & P:**

Admission Date: Chief complaint, symptoms, Admission DX or IMPRESSION.

Physical exam: bimanual ABD and rectal exam to reveal firm or hard nodularity of bladder wall.

(NOTE IF Bladder is FIXED on physical exam)

- **LABS:**

Dates: Urine cytology not necessary to document unless positive.

(There are no specific tumor markers for bladder cancer which are documented).

- **XR/SCANS:**

Dates: IVP, US; note tumor location.

CXR, CT Scan, or Bone Scan which reveal any metastatic cancer. Note negative findings.

- **SCOPES/EXPLORATORY:**

Dates: Cystoscopy and BX (and/or random mapping bx's of bladder): note size of tumor, location and appearance of lesion or lesions in bladder. Look for any drugs instilled during TURB.

- **SURGERY:**

Dates: TURB and/or partial or total cystectomy with or without lymph node dissection, or radical cystectomy: document any pertinent findings of spread or metastatic disease noted during surgery.

- **PATHOLOGY:**

Dates: BX of bladder- Final diagnosis as stated, note invasion if stated. (usually won't get tumor size from bx's or TURB path specimens, use size from observation from scope or surgery).

Dates: TURB or Cystectomy with or without LNs: DX- histology, invasion and extent to spread, # reg LNs examined and # reg LN positive.

- **DISCHARGE SUMMARY:**

Date of Discharge: Final DX and comments on discharge summary report, any other treatment started such as radiation or chemo. Any future plans for treatment or follow up. Discharged or transferred to another hospital or nursing home.

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## Best TEXT

1. Do not duplicate same info in different fields
2. Date each field
3. Chronological
4. TNM by MD or radonc or medonc, etc
5. Text neg findings as well as pos.
6. Avoid excessive abbreviations
7. Brief summary
8. Proofread text as you code from text
9. Avoid symbols; use punctuation
  - a) (-) or neg same keystrokes
  - b) Lymph nodes – 20 ??does that mean 20 neg LNS?

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## SEER\*Educate

– **Dx 2018 EOD & SS**

- Renal Pelvis & Ureter 1-5
- Urethra 1-5
- Urinary Bladder 1-5

– **Dx 2018 Solid Tumor Rules**

- Urinary 1-5

– **Dx 2018 Grade**

- Bladder 1-5

homework

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