



1

SHRI VIDEO TRAINING SERIES
2018 DX AND FORWARD
RECORDED 1/2020

Colon & Rectum Treatment & Texting

Presented by Lori Somers, RN
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2020

Treatment Fields

2

- ▶ ***Primary Site Surgery***
- ▶ Scope of REG LN surgery
- ▶ Surgical Procedure of Other Sites
- ▶ Reason for no surgery
- ▶ (RAD, Chemo, Hormone, Immunotherapy, Hematologic, and "other tx")

Surgery

3

Most common form of treatment for colorectal cancer

For cancers that have not spread, treatment is likely curative

SEER Appendix C: Site Specific Surgery Codes

SEER: Appendix C

4

Small Intestine	+
Colon	+
Rectosigmoid, Rectum	+
Anus	+

<https://seer.cancer.gov/archive/manuals/2015/appendixc.html?url=/manuals/2015/appendixc.html>

Surgery Codes

5

Local tumor destruction

-polypectomy (via scope vs. surgical excision)

Partial colectomy

Hemicolectomy

Total colectomy

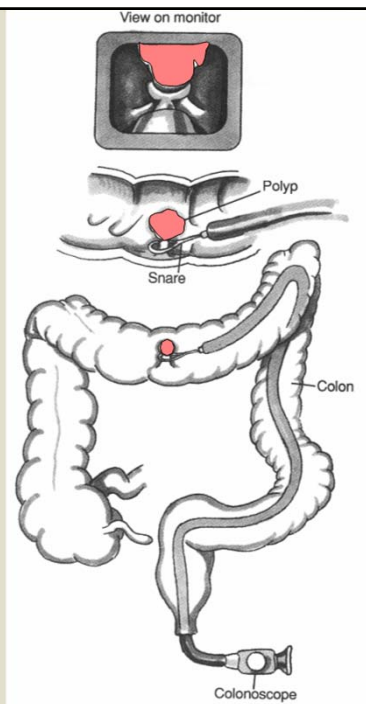
Colectomy plus+

Endoscopic Polypectomy

COLON Site

Code 28: Polypectomy – endoscopic

*Coded as surgery, but not considered “resection” for CRM



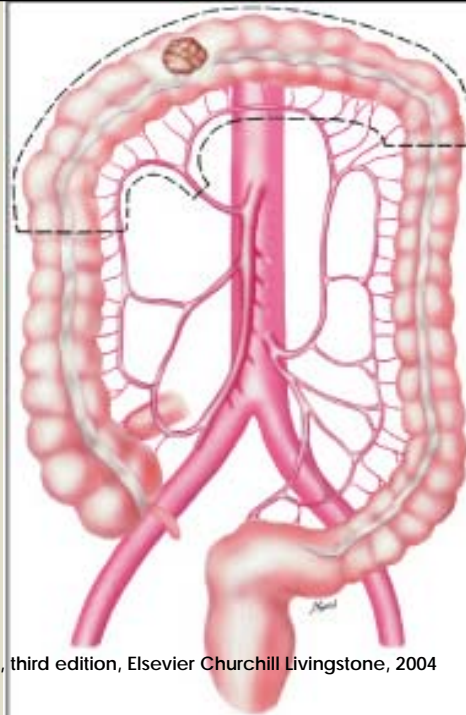
6

Transverse Colectomy

Colon Site

Code 30

Partial colectomy [but less than hemicolectomy] segmental resection



7

Source: Abeloff et al: Clinical Oncology, third edition, Elsevier Churchill Livingstone, 2004

Sigmoid Colectomy

Colon Site

Code 30

Sigmoid Resection



8

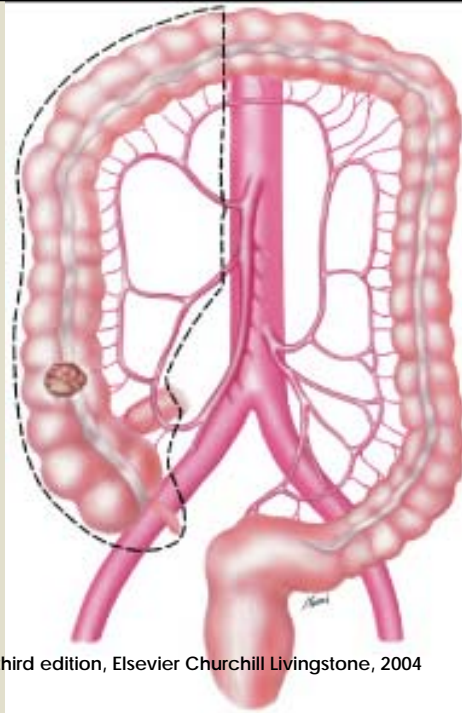
Right Hemicolectomy

Colon Site

Code 40

Subtotal colectomy/
hemicolectomy (total right or left
colon and portion of transverse
colon)

**Very common procedure. Part
of transverse colon should be
mentioned in operative report.



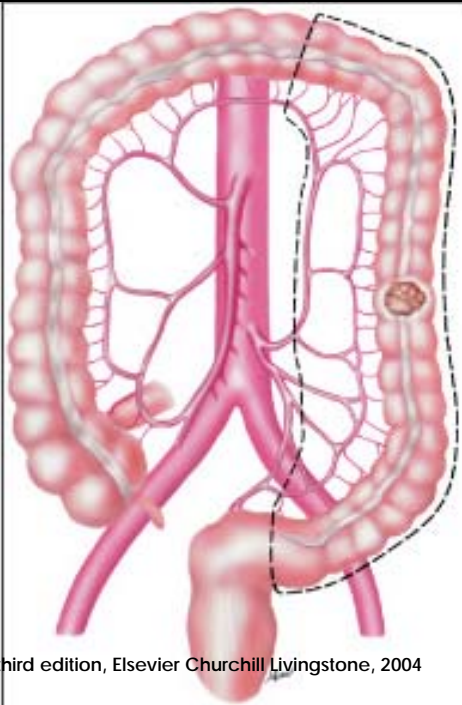
9

Source: Abeloff et al: Clinical Oncology, third edition, Elsevier Churchill Livingstone, 2004

Left Hemicolectomy

Colon site

Code 40



10

Source: Abeloff et al: Clinical Oncology, third edition, Elsevier Churchill Livingstone, 2004

Total Colectomy

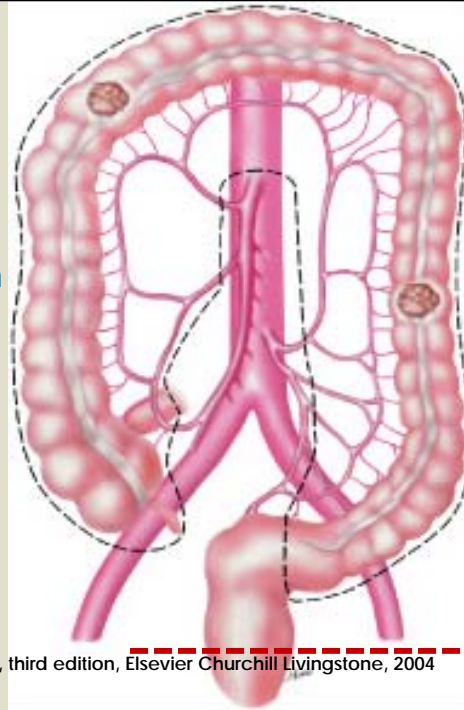
Colon Site

Code 50

Total colectomy (removal of colon from cecum to rectosig junction, may incl portion of rectum)

Code 60 Total Proctocolectomy

Source: Abeloff et al: Clinical Oncology, third edition, Elsevier Churchill Livingstone, 2004



Rectosigmoid Codes

Rectosigmoid

Code 30

Rectosigmoid Resection



Additional Surgery Fields

13

- ✓ Primary Site Surgery
- ▶ **Surgical Margins of Pri Site**
- ▶ ***Scope of REG LN surgery***
- ▶ Surgical Procedure of Other Sites
- ▶ Reason for no surgery
- ▶ (Radiation, Chemo, Hormone, Immuno, Hematologic, "other tx")

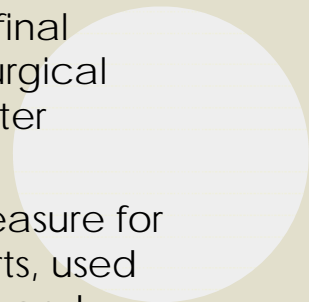


Surgical Margins

14

Code	Description
0	No residual tumor
1	Residual tumor, NOS
2	Microscopic residual tumor
3	Macroscopic residual tumor
7	Margins not evaluable
8	No primary site surgery
9	Unknown or not applicable

- ▶ Describes final status of surgical margins after resection
- ▶ Quality measure for path reports, used for staging and may be prognostic factor in recurrence



Additional Surgery Fields

15

- ✓ Primary Site Surgery
- ✓ Surgical Margins of Pri Site
- ▶ **Scope of REG LN surgery**
- ▶ Surgical Procedure of Other Sites
- ▶ Reason for no surgery
- ▶ (Radiation, Chemo, Hormone, Immuno, Hematologic, "other tx")

- 0 No regional lymph nodes removed or aspirated; diagnosed at autopsy.
- 1 Biopsy or aspiration of regional lymph node, NOS
- 2 Sentinel lymph node biopsy [only]
- 3 Number of regional lymph nodes removed unknown, not stated
- 4 1 to 3 regional lymph nodes removed
- 5 4 or more regional lymph nodes removed**
- 6 Sentinel node biopsy and code 3, 4, or 5 at same time or timing not noted
- 7 Sentinel node biopsy and code 3, 4, or 5 at different times
- 9 Unknown or not applicable

16

Additional Surgery Fields

17

- ✓ Primary Site Surgery
- ✓ Surgical Margins of Pri Site
- ✓ Scope of REG LN surgery
- ▶ ***Surgical Procedure of Other Sites***
- ▶ Reason for no surgery
- ▶ (Radiation, Chemo, Hormone, Immuno, Hematologic, "other tx")



Surgery Other

18

Code	Description
0	None; diagnosed at autopsy
1	Non-primary surgical procedure performed
2	Non-primary surgical procedure to other regional sites
3	Non-primary surgical procedure to distant lymph node(s)
4	Non-primary surgical procedure to distant site
5	Combination of codes 2, 3, or 4



Additional Surgery Fields

19

- ✓ Primary Site Surgery
- ✓ Surgical Margins of Pri Site
- ✓ Scope of REG LN surgery
- ✓ Surgical Procedure of Other Sites
- ▶ ***Reason for no surgery***
- ▶ (Radiation, Chemo, Hormone, Immuno, Hematologic, "other tx")

Reason No Surgery

20

Code	Description
0	Surgery of the primary site was performed
1	Surgery of the primary site was not performed because it was not part of the planned first-course treatment
2	Surgery of the primary site was not recommended/performed because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc.)
5	Surgery of the primary site was not performed because the patient died prior to planned or recommended surgery
6	Surgery of the primary site was not performed; it was recommended by the patient's physician, but was not performed as part of the first course of therapy. No reason was noted in the patient's record.
7	Surgery of the primary site was not performed; it was recommended by the patient's physician, but was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record.
8	Surgery of the primary site was recommended, but it is unknown if it was performed. Further follow up is recommended.
9	It is unknown if surgery of the primary site was recommended or performed; autopsy only cases

Treatment

21

- ▶ Radiation
- ▶ Chemotherapy
- ▶ Hormone
- ▶ Immunotherapy
- ▶ Hematologic, "other tx"



Radiation Therapy

22

Used mostly for Rectal cancer

(where there is less surrounding organs to be effected by XRT)

▶ **Pre OP (neoadjuvant)**

- ▶ (used to reduce tumor to make inoperable cancer become possible candidate for surgery)

▶ **Post op** (adjuvant)

- ▶ (used for cases where LNs are involved, or surgical margins+)



SEER Required fields

23

- ▶ *Radiation Treatment Modality -- Phase I, II, III [#1506, #1516, #1526]
- ▶ Radiation sequence with surgery [#1380]
- ▶ *Reason no radiation [#1430]

Radiation Phase I, II, III

24

Radiation Treatment Modality

- ▶ External beam
- ▶ Brachytherapy
- ▶ Radioisotope
- ▶ Combination of modalities

Bookmarks

- ▼ Radiation Treatment Modality--Phase I, II, III
 - Coding for Tumor Embolization
 - Definitions
 - Coding Instructions
- ▼ Radiation Sequence With Surgery
 - Coding Instructions
- ▼ Reason for No Radiation
 - Coding Instructions
- ▼ Date Systemic Therapy Started
 - Coding Instructions
- ▼ Date Systemic Therapy Started Flag
 - Coding Instructions
- ▼ Date Chemotherapy Started
 - Coding Instructions
- ▼ Date Chemotherapy Started Flag
 - Coding Instructions
- ▼ Chemotherapy
 - Important update effective for diagnosis date January 1, 2018

Radiation Treatment Modality--Phase I, II, III

Item Length: 2
NAACCR Item #: 1506, 1516, 1526
NAACCR Name: Phase I Radiation Treatment Modality
Phase II Radiation Treatment Modality
Phase III Radiation Treatment Modality

Radiation Treatment Modality--Phase I, II, and III are new for 2018. These data items identify the radiation modality administered during the first, second, and third phase, respectively, of radiation treatment delivered during the first course of treatment.

Radiation modality reflects whether a treatment was external beam, brachytherapy, a radioisotope as well as their major subtypes, or a combination of modalities.

Code	Description
00	No Radiation Treatment
01	External beam, NOS
02	External beam, photons
03	External beam, protons
04	External beam, electrons
05	External beam, neutrons
06	External beam, carbon ions

What is a Phase?

Radiation is delivered in phases.

Phase I = initial plan

Phase II or III = Additional phases like boost or cone down

A new phase begins when there is a change:

- ▶ in body site, target volume, treatment fraction size, modality or treatment technique.

New phase = new radiation plan generated in treatment planning system.

First course treatment only

Phase I

27

- ▶ Primary treatment volume during the first course of treatment
- ▶ Might include primary tumor or tumor bed
 - ▶ Or record other regional or distant site that was targeted
- ▶ Might include draining lymph nodes targeted during first phase
- ▶ Rad Onc Treatment Summary

Radiation Treatment Modality Codes

28

- 00 = No Radiation Treatment
- 01 = External beam, NOS
- 02 = External beam, photons
- 03 = External beam, protons
- 04 = External beam, electrons
- 05 = External beam, neutrons
- 06 = External beam, carbon ions
- 07 = Brachytherapy, NOS
- 08 = Brachytherapy, intracavitary, LDR
- 09 = Brachytherapy, intracavitary, HDR
- 10 = Brachytherapy, Interstitial, LDR
- 11 = Brachytherapy, Interstitial, HDR
- 12 = Brachytherapy, electronic
- 13 = Radioisotopes, NOS
- 14 = Radioisotopes, Radium-232
- 15 = Radioisotopes, Strontium-89
- 16 = Radioisotopes, Strontium-90
- 99 = Treatment radiation modality unknown; Unknown if radiation treatment administered

Chemotherapy

Adjuvant treatment

- ▶ Most common is **5-FU** (fluorouracil)
- ▶ Other drugs:
 - ▶ Taxol
 - ▶ Methotrexate
 - ▶ Levamisole (immunotherapy drug)
 - ▶ Leucovorin (ancillary drug, **not coded**)

Use SEER RX program to correctly code drugs

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

29

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SEER*Rx Interactive Antineoplastic Drugs Database

Search Database Downloads

Leucovorin Search

Drugs (3) Regimen (40) Show 25 Entries

▲ Relevance	Name	Category	Primary Site	Code?
—	Leucovorin	Ancillary Agent		No
—	L-Leucovorin	Ancillary Agent		No
—	Onivyde	Chemotherapy	Pancreas	See Remarks

1

30

See [SEER*Rx](#) for chemotherapy drug codes and for information on the drug's function.

Code	Description
00	None, chemotherapy was not part of the planned first course of therapy; diagnosed at autopsy
01	Chemotherapy administered as first course therapy, but the type and number of agents is not documented in the patient record
02	Single agent chemotherapy administered as first course therapy
03	Multi-agent chemotherapy administered as first course therapy
82	Chemotherapy was not recommended/administered because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc.)
85	Chemotherapy was not administered because the patient died prior to planned or recommended therapy
86	Chemotherapy was not administered. It was recommended by the patient's physician but was not administered as part of the first course of therapy. No reason was stated in patient record.
87	Chemotherapy was not administered. It was recommended by the patient's physician, but the treatment was refused by the patient, a patient's family member, or the patient's guardian. The refusal was noted in the patient record.
88	Chemotherapy was recommended, but it is unknown if it was administered
99	It is unknown whether a chemotherapeutic agent(s) was recommended or administered because it is not stated in the patient record

Text Documentation

- ▶ Support for the Codes
- ▶ Especially important for Staging codes
- ▶ Recommended method of abstracting
 - ▶ Text Documentation **FIRST**
 - ▶ Code **SECOND**

▶ DOCUMENTATION Requirements

33

- ▶ Physical Exam/History:
- ▶ Laboratory Tests (Cytology & Hematology):
- ▶ X-rays, Scans, and Other Imaging Techniques:
- ▶ Manipulative and Exploratory Procedures:
- ▶ Surgical Observations:
- ▶ Pathology:
- ▶ Discharge Summary/Diagnosis:

PE

34

Physical Exam/History:

- ▶ **1st Admission Date** for Cancer (OP or IP): AGE, RACE, SEX, Chief complaint; symptoms, reason for admit, (Impression or Admission Diagnosis).
- ▶ **Physical Exam:** any ABD masses palpable, enlarged nodes or enlarged liver, blood in stool, anemia, digital rectal exam.
- ▶ **History:** any relevant hx of other diseases or cancer in the past; family hx of colon cancer.
- ▶ Dates of subsequent re-admissions related to cancer.

LAB

35

Laboratory Tests (Cytology & Hematology):

- ▶ Date: **CEA (preTx)** Lab value and interpretation or range of normal **SSDI**
- ▶ Date: **KRAS- SSDI**
- ▶ Date: **MSI - SSDI**

SCAN / XR

36

X-rays, Scans, and Other Imaging Techniques

- ▶ Date: Tests for metastatic disease- CXR, Bone Scan, Liver/Spleen Scans, any workup PTA goes here

CT of ABD/Pelvis- PET Scan

- ▶ Date: Pertinent test results done prior to admission (PTA)

SCOPES

37

Manipulative & Exploratory Procedures & (scopes):

- ▶ Date: Colonoscopy with/without BX: note location of lesion.
- ▶ Date: BX of liver or other distant sites.

Surgery / OP

38

Surgical Observations:

- ▶ Dates: **Name of Procedure** (Laser surgery, polypectomy, partial colectomy, hemicolectomy, or total colectomy): note location, size, and extension of tumor; involvement of lymph nodes, liver or other organs involvement. Note if liver normal. Other surgical findings.

PATH

39

FINAL Pathology:

- ▶ Date: **Type of specimen** (i.e. Bx of colon, or BX of liver or other distant sites): DX- final diagnosis as stated (histology & differentiation), positive or negative involvement with cancer.
- ▶ CAP Protocol Summary gives details
- ▶ **Do not repeat information**

Remarks/DS

40

Discharge Summary/Diagnosis:

- ▶ Date of discharge: Final DX and comments on discharge summary report, any other treatment started such as radiation or chemo. Future plans for treatment or follow up, **name of oncologist**, discharge or transferred to another hospital or nursing home or hospice. Date of last contact.

SEER*Educate Colon Exercises

Dx EOD and Summ Stage 2018
Colon and Rectum 1-5
Colon and Rectum 6-10

Dx 2018 Grade
Colon and Rectum 1-5

Dx 2018 Solid Tumor Rules
Colon and Rectum 1-5

Dx 2018 SSDI
Colon and Rectum 1-5
Colon and Rectum 6-10

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