

Colon & Rectum Treatment & Texting Effective 2018 dx and forward

Presented by Lori Somers, RN
SHRI Video Training Series | Iowa Cancer Registry
Recorded 1/2023



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Treatment Fields

- 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”)



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Primary Site Surgery

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

Source Document:

Use the **entire operative report** as the primary source document to determine the best surgery of primary site code. The body of the operative report will designate the surgeon's planned procedure as well as a description of the procedure that was actually performed. The pathology report may be used to complement the information appearing in the operative report, **but the operative report takes precedence.** ~SEER Manual



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SEER: Appendix C

Small Intestine	+
Colon, Appendix, Rectosigmoid, Rectum	Click here → +
Anus	+

SURGERY CODES

- [Colon - \(C180-C189\)](#) (PDF, 44 KB)
- [Rectosigmoid - \(C199\)](#) (PDF, 44 KB)
- [Rectum - \(C209\)](#) (PDF, 43 KB)

<https://seer.cancer.gov/archive/manuals/2022/appendixc.html>



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Surgery Codes

Local tumor destruction

-polypectomy (via scope vs. surgical excision)

Partial colectomy

Hemicolectomy

Total colectomy

Colectomy plus+



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Endoscopic Polypectomy

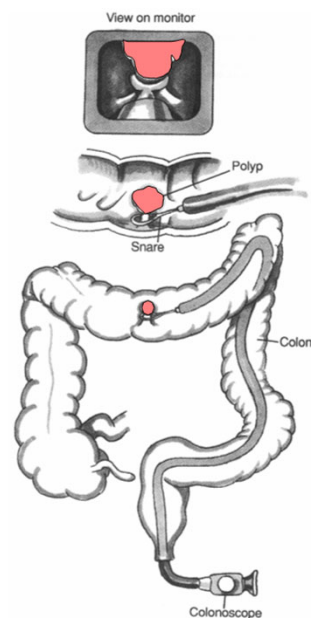
COLON Site C180-C189

Code 28: Polypectomy – endoscopic

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

- 20 Local tumor excision, NOS
- 26 Polypectomy, NOS
- 27 Excisional biopsy
- 28 Polypectomy-endoscopic
- 29 Polypectomy-surgical excision
- Any combination of 20 or 26–29 WITH
- 22 Electrocautery

[SEER Note: Code 22 above combines 20 Local tumor excision, 26 Polypectomy, NOS, 27 Excisional biopsy, 28 Polypectomy-endoscopic, or 29 Polypectomy-surgical excision WITH 22 Electrocautery.]



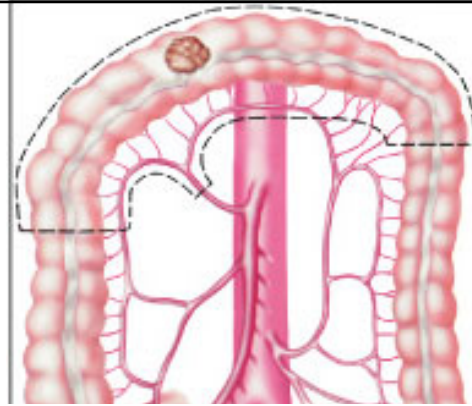
6

Transverse Colectomy

Colon Site C180-C189

Code 30

Partial colectomy [but less than hemicolectomy] segmental resection



30 Partial colectomy, segmental resection

32 Plus resection of contiguous organ; example: small bowel, bladder

[**SEER Note:** Code 30 includes but is not limited to the following procedures: Appendectomy (for an appendix primary only), enterocolectomy, ileocolectomy, partial colectomy, NOS, partial resection of transverse colon and flexures, and segmental resection (such as cecectomy or sigmoidectomy). Note that the removal of a short portion of the distal ileum is **not** “removal of a contiguous organ.”]

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



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Sigmoid Colectomy

Colon Site C180-C189

Code 30

Sigmoid Resection



30 Partial colectomy, segmental resection

32 Plus resection of contiguous organ; example: small bowel, bladder

[**SEER Note:** Code 30 includes but is not limited to the following procedures: Appendectomy (for an appendix primary only), enterocolectomy, ileocolectomy, partial colectomy, NOS, partial resection of transverse colon and flexures, and segmental resection (such as cecectomy or sigmoidectomy). Note that the removal of a short portion of the distal ileum is **not** “removal of a contiguous organ.”]



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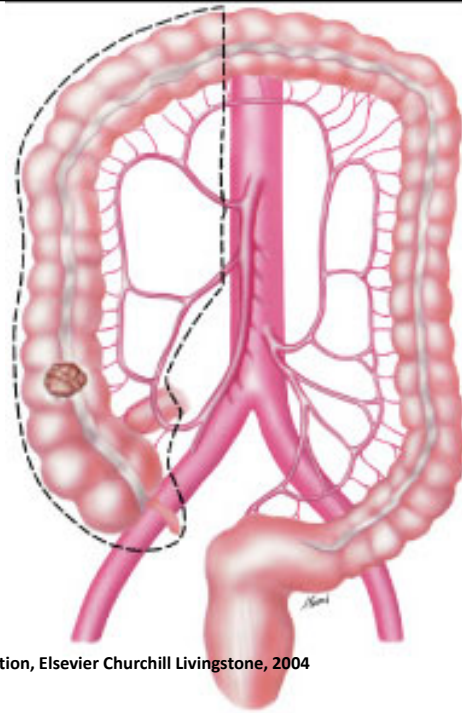
Right Hemicolectomy

Colon Site C180-C189

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 and in the text
field for surgery.



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



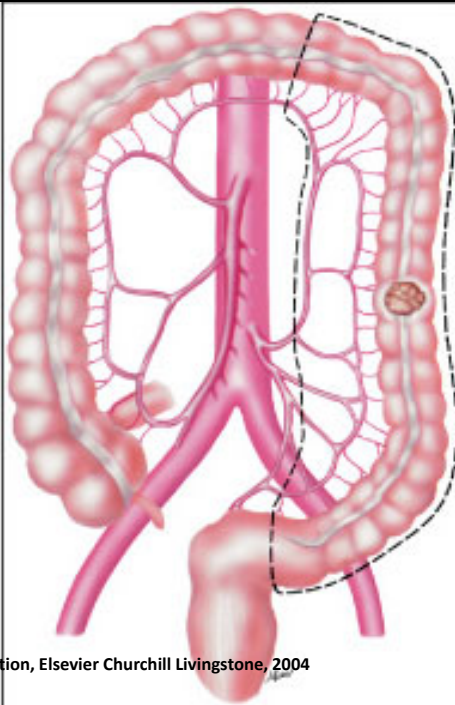
9

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Left Hemicolectomy

Colon site C180-C189

Code 40



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



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40 Subtotal colectomy/hemicolectomy (total right or left colon and a portion of transverse colon)
41 Plus resection of contiguous organ; example: small bowel, bladder
[SEER Note: Code 40 includes extended (but less than total) right or left colectomy. Note that the removal of a short portion of the distal ileum is **not** "removal of a contiguous organ."]

R or L Hemicolectomy

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Total Colectomy

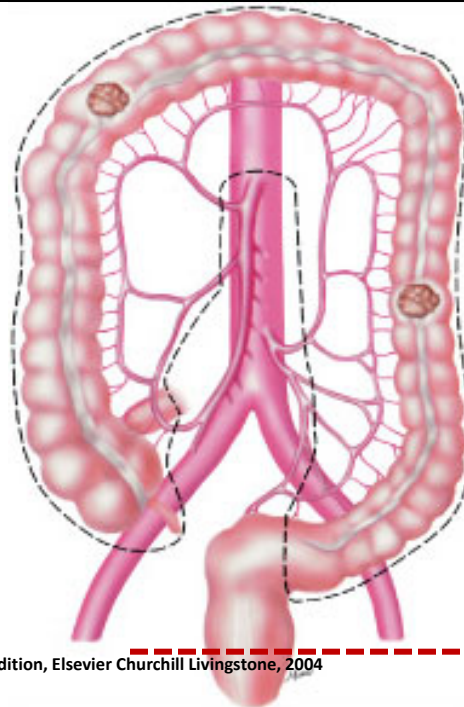
Colon Site C180-C189

Code 50

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

Code 60 Total Proctocolectomy

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



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60 Total proctocolectomy (removal of colon from cecum to the rectosigmoid junction, including the entire rectum)

[SEER Note: Commonly used for familial polyposis or polyposis coli.]

61 Plus resection of contiguous organ; example: small bowel, bladder

[SEER Note: Removal of a short portion of the distal ileum is **not** "removal of a contiguous organ."]

Total Colectomy

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SEER: Appendix C

Small Intestine



Colon, Appendix, Rectosigmoid, Rectum

Click here




Anus



SURGERY CODES

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<https://seer.cancer.gov/archive/manuals/2022/appendixc.html>

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Rectosigmoid Codes

Rectosigmoid Resection

Rectosigmoid C199

Code 30

- 30 Segmental resection; partial proctosigmoidectomy, NOS
31 Plus resection of contiguous organs; example: small bowel, bladder

Procedures coded 30 include, but are not limited to:

- Anterior resection
- Hartmann's operation
- Low anterior resection (LAR)
- Partial colectomy, NOS
- Rectosigmoidectomy, NOS
- Sigmoidectomy



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Rectosigmoid surgery C199

- 40 Pull through WITH sphincter preservation (colo-anal anastomosis)

[**SEER Note:** Procedures coded 40 include but are not limited to: Altemeier's operation, Duhamel's operation, Soave's submucosal resection, Swenson's operation, Turnbull's operation.]

- 50 Total proctectomy

[**SEER Note:** Procedures coded 50 include but are not limited to: Abdominoperineal resection (A & P resection), anterior/posterior resection (A/P resection)/Miles' operation, Rankin's operation.]

- 51 Total colectomy

[**SEER Note:** Removal of the colon from cecum to rectosigmoid or portion of rectum.]

- 55 Total colectomy WITH ileostomy, NOS

- 56 Ileorectal reconstruction

- 57 Total colectomy WITH other pouch; example: Koch pouch

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Rectum Codes C209 only

- SEER Note: code CRM #3823 when assigning surgery codes 27, 30-80. CRM is not applicable for other surgery codes for this site.

30 Segmental resection; partial proctectomy, NOS
Procedures coded 30 include, but are not limited to:
Anterior resection
Hartmann's operation
Low anterior resection (LAR)
Transsacral rectosigmoidectomy

40 Pull through WITH sphincter preservation (colo-anal anastomosis)
[SEER Note: Procedures coded 40 include but are not limited to: Altemeier's operation, Duhamel's operation, Soave's submucosal resection, Swenson's operation, Turnbull's operation.]

50 Total proctectomy

Procedure coded 50 includes, but is not limited to:

Abdominoperineal resection

[SEER Note: Also called A & P resection, anterior/posterior (A/P) resection/Miles' operation, Rankin's operation.]

60 Total proctocolectomy, NOS

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Additional Surgery Fields

- ✓ 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")

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Surgical Margins

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 of primary tumor
- Quality measure for path reports, used for staging and may be prognostic factor in recurrence

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Surgical Margins

This field applies to all cases that have a surgical procedure of the primary site. **This doesn't have to be a 'resection' and does include TURP, TURB, polypectomy.**

- a. A polypectomy is done for an invasive adenocarcinoma via colonoscopy.
 - Surgery Coded: 28
 - Margins coded: 9
- b. A TURBT for a noninvasive papillary TCC of the bladder.
 - Surgery Coded: 27
 - Margins coded: 9

Code 7 (used rarely) if path report actually states "Margins could not be determined" from a resection specimen.

Code 9 is for when you have a path report – no mention of margins at all in text OR no tissue sent to path. **So if you have path from primary tumor and no mention of margins, code 9.**

For surgical margins field, it doesn't matter what the procedure is.

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Additional Surgery Fields

- ✓ Primary Site Surgery
- ✓ Surgical Margins of Pri Site
- **Scope of REG LN surgery**
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Scope of Reg LN Surgery

- Describes all procedures of removal, biopsy, or aspiration of **regional** LNs performed during initial workup or first course therapy.
- Source Document: Operative Report takes precedence
 - Was there a sentinel LN biopsy?
 - Extensive dissection of regional LNs?
 - Both?
- Read 4 pages of instruction in SEER manual
 - Specific rules for Breast and melanoma
 - Specific rules for SLN Bx

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Scope of Reg LN Surgery

Code	Description
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; regional lymph nodes removed, NOS
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

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Surgery Other

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

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Reason No Surgery

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

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Treatment

- Radiation
- Chemotherapy
- Hormone, Immuno, Other

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Radiation Therapy

Used mostly for Rectal cancer
(where there is less surrounding
organs to be affected 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)

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SEER Required fields

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

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Radiation Phase I, II, III

Radiation Treatment Modality

- External beam
- Brachytherapy
- Radioisotope
- Combination of modalities



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SEER Program Coding and Staging Manual 2022

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

XML NAACCR ID: phase1RadiationTreatmentModality

phase2RadiationTreatmentModality

phase3RadiationTreatmentModality

Radiation Treatment Modality--Phase I, II, and III, effective 01/01/2018, 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



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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

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Phase I

- 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

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Radiation Treatment Modality Codes

- 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

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COC Required fields

- COC Programs collect numerous other radiation fields. Refer to CTR Guide to coding Radiation Therapy Tx in the STORE Manual

https://www.facs.org/media/it1bbucz/case_studies_coding_radiation_treatment.pdf

- NAACCR Webinar “Treatment 2021” by Wilson Apollo, CTR, Radiation Therapist and Jim Hofferkamp, CTR on 12/2/2021

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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 and/or regimens

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

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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

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Chemotherapy

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

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Text Documentation

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

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• **DOCUMENTATION Requirements**

Every field starts with a date

- **Physical Exam/History: Initial findings, dx**
- **Laboratory Tests (Cytology & Hematology): SSDI, Markers**
- **X-rays, Scans, and Other Imaging Techniques: Imaging**
- **Manipulative and Exploratory Procedures: Scopes, Bx**
- **Surgical Observations: Operative Report findings**
- **Pathology: Final Dx**
- **Discharge Summary/Diagnosis: Follow up, subsequent tests or treatment**

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PE

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. Port placed. Treatment plan

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LAB

Laboratory Tests (Cytology & Hematology):

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



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SCAN / XR

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 even if prior to admission (PTA)

Include both pos and neg results



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SCOPES

Manipulative & Exploratory Procedures & (scopes):

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



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Surgery / OP

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.



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PATH

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**



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Remarks/DS

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.



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Resources for Texting

Texting 101 Video series:

<https://shri.public-health.uiowa.edu/registrars/training-education/video-training-library/#texting>

NCRA: Information abstracts updated Summer 2022

<http://www.cancerregistryeducation.org/>

[http://www.cancerregistryeducation.org/Files/Org/f3f3d382a7a242549a9999654105a63b/site/Final Informational Abstracts Summer 2022.pdf](http://www.cancerregistryeducation.org/Files/Org/f3f3d382a7a242549a9999654105a63b/site/Final%20Informational%20Abstracts%20Summer%202022.pdf)

NAACCR Abbreviation list:

<http://datadictionary.naacr.org/default.aspx?c=17&Version=23>

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