

## Colon & Rectum

### Effective 2018 dx and forward

Treatment & Texting

Presented by Lori Somers, RN  
SHRI Video Training Series | Iowa Cancer Registry  
August 2024

1

1

## 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”)

2

2

## 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**


3

3

## 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/2023/appendixc.html>

4

4

## Surgery Codes

Local tumor destruction (No specimen to pathology)

Local Tumor Excision

Polypectomy (via scope vs. surgical excision)

Partial colectomy, segmental resection

Hemicolectomy

Total colectomy

Colectomy plus+

5

5

## Endoscopic Polypectomy

**COLON Site C180-C189**

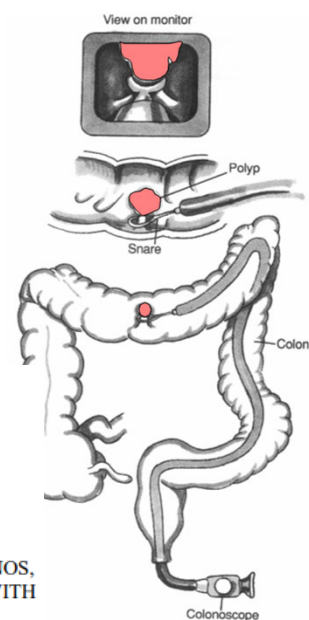
**Code A280: Polypectomy – endoscopic**

**\*Coded as surgery, but not considered  
“resection” for CRM (must have A300-  
A800 codes to code CRM)**

A200 Local tumor excision, NOS  
A260 Polypectomy, NOS  
A270 Excisional biopsy  
A280 Polypectomy-endoscopic  
A290 Polypectomy-surgical excision

**Any combination of A200, A260, A270, A280, or A290 WITH  
A220 Electrocautery**

**[SEER Note: Code A220 above combines A200 Local tumor excision, NOS, A260 Polypectomy, NOS, A270 Excisional biopsy, A280 Polypectomy-endoscopic, or A290 Polypectomy-surgical excision WITH A220 Electrocautery.]**



6

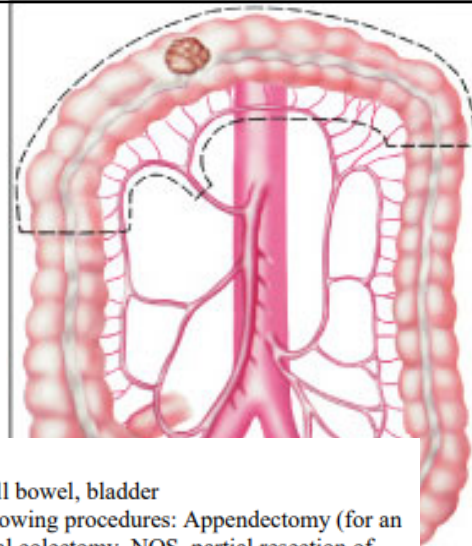
6

## Transverse Colectomy

Colon Site C180-C189

Code A300 (qualifies for CRM coding)

Partial colectomy [but less than hemicolectomy] segmental resection



A300 Partial colectomy, segmental resection

A320 Plus resection of contiguous organ; example: small bowel, bladder

[**SEER Note:** Code A300 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

7

7

## Sigmoid Colectomy

Colon Site C180-C189

Code A300 (qualifies for CRM coding)

Sigmoid Resection



A300 Partial colectomy, segmental resection

A320 Plus resection of contiguous organ; example: small bowel, bladder

[**SEER Note:** Code A300 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."]

8

8

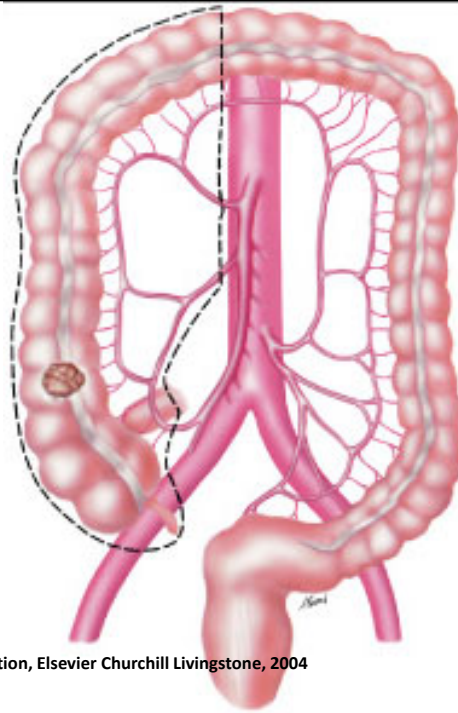
## Right Hemicolectomy

Colon Site C180-C189

Code A400

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

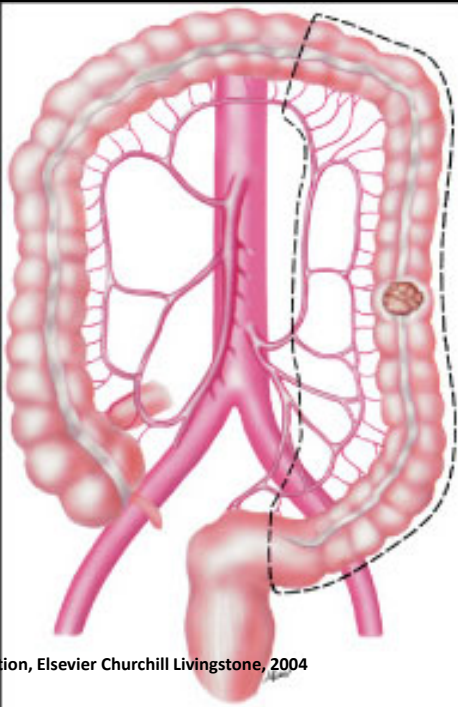
9

9

## Left Hemicolectomy

Colon site C180-C189

Code A400



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

10

10

A400 Subtotal colectomy/hemicolectomy (total right or left colon and a portion of transverse colon)

A410 Plus resection of contiguous organ; example: small bowel, bladder

[**SEER Note:** Code A400 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

11

11

### Total Colectomy

Colon Site C180-C189

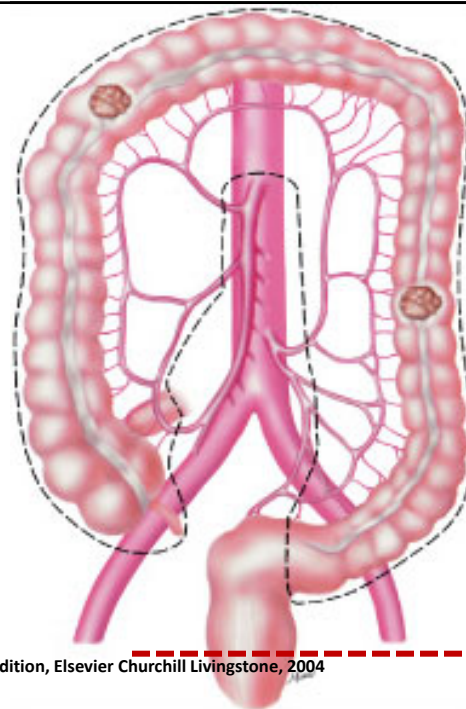
Code A500

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

Code A600

Total Proctocolectomy

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



12

12

A600 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.]

A610 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

13

13

## SEER: Appendix C

Colon, Appendix, Rectosigmoid, Rectum

Click here



—

[Coding Guidelines: Colon](#) (PDF, 94 KB)

[Coding Guidelines: Rectosigmoid, Rectum](#) (PDF, 128 KB)

[Solid Tumor Rules: Colon, Rectosigmoid, and Rectum](#) (PDF, 1.6 MB)

### Surgery Codes

• [Colon - \(C180-C189\)](#) (PDF, 177 KB)

• [Rectosigmoid - \(C199\)](#) (PDF, 212 KB)

• [Rectum - \(C209\)](#) (PDF, 210 KB)

<https://seer.cancer.gov/archive/manuals/2023/appendixc.html>

14

14

## Rectosigmoid Codes

### Rectosigmoid Resection

#### Rectosigmoid C199

#### Code A300

A300 Segmental resection; partial proctosigmoidectomy, NOS  
A310 Plus resection of contiguous organs; example: small bowel, bladder

Procedures coded A300 include, but are not limited to:

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



15

15

## Rectosigmoid surgery C199

A400 Pull through WITH sphincter preservation (colo-anal anastomosis)

[**SEER Note:** Procedures coded A400 include but are not limited to: Altemeier's operation, Duhamel's operation, Soave's submucosal resection, Swenson's operation, Turnbull's operation.]

A500 Total proctectomy

[**SEER Note:** Procedures coded A500 include but are not limited to: Abdominoperineal resection (A & P resection), anterior/posterior resection (A/P resection)/Miles' operation, Rankin's operation.]

A510 Total colectomy

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

16

16



## Rectum Codes C209 only

- **SEER Note: Code CRM #3823 when assigning surgery codes A270, A300-A800. CRM is not applicable for other surgery codes for this site.**

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy **Code CRM**

**Any combination of A200, A260, or A270 WITH**

A220 Electrocautery

A280 Curette and fulguration

A300 Segmental resection; partial proctectomy, NOS **Code CRM**

Procedures coded A300 include, but are not limited to:

Anterior resection

Hartmann's operation

Low anterior resection (LAR)

Transsacral rectosigmoidectomy

A400 Pull through WITH sphincter preservation (colo-anal anastomosis)

[**SEER Note:** Procedures coded A400 include but are not limited to: Altemeier's operation, Duhamel's operation, Soave's submucosal resection, Swenson's operation, Turnbull's operation.]

### Surgery Codes

- [Colon - \(C180-C189\)](#) (PDF, 177 KB)
- [Rectosigmoid - \(C199\)](#) (PDF, 212 KB)
- [Rectum - \(C209\)](#) (PDF, 210 KB)



17

17

## 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")

18

18

## Surgical Margins #1320

| 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

19

19

## Surgical Margins #1320

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: A280
- Margins coded: 9

b. A TURBT for a noninvasive papillary TCC of the bladder.

- Surgery Coded: A270
- 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.**

20

20

## 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”)

21

21

## Scope of Reg LN Surgery #1292

- 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? Not for colon
  - Extensive dissection of regional LNs?

22

22

## Scope of Reg LN Surgery #1292

| 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   |

23

23

## Surgery Other #1294

| 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                         |

24

24

## Reason No Surgery #1340

| 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  |

25

25

## Treatment

- Radiation
- Chemotherapy
- Hormone, Immuno, Other

26

26

## 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+)

27

27

## SEER Required fields

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

28

28

# Radiation Phase I, II, III

## Radiation Treatment Modality

- External beam
- Brachytherapy
- Radioisotope
- Combination of modalities

29

29

### SEER Program Coding and Staging Manual 2023

#### Radiation External Beam Planning Technique--Phase I, II, III

Item Length: 2

NAACCR Item #: 1502, 1512, 1522

NAACCR Name: Phase I Radiation External Beam Planning Tech

Phase II Radiation External Beam Planning Tech

Phase III Radiation External Beam Planning Tech

XML NAACCR ID: phase1RadiationExternalBeamTech

phase2RadiationExternalBeamTech

phase3RadiationExternalBeamTech

*Radiation External Beam Planning Technique--Phase I, II, and III*, effective 01/01/2018, identify the external beam radiation planning technique used to administer the first, second, and third phase, respectively, of radiation treatment during the first course of treatment.

SEER Central Registries: Collect when available from CoC reporting facilities.

| Code | Label                              | Description  |
|------|------------------------------------|--|
| 00   | No radiation treatment             | Radiation therapy was not administered to the patient. Diagnosed at autopsy.   |
| 01   | External beam, NOS                 | The treatment is known to be by external beam, but there is insufficient information to determine the specific planning technique  |
| 02   | Low energy x-ray/photon therapy    | External beam therapy administered using equipment with a maximum energy of less than one (1) million volts (MV). Energies are typically expressed in units of kilovolts (kV). These type of treatments are sometimes referred to as electronic brachytherapy or orthovoltage or superficial therapy. Clinical notes may refer to the brand names of low energy x-ray delivery devices, e.g., Axxent®, INTRABEAM®, or Esteya®. |
| 03   | 2-D therapy                        | An external beam planning technique using 2-D imaging, such as plain film x-rays or fluoroscopic images, to define the location and size of the treatment beams. Should be clearly described as 2-D therapy. This planning modality is typically used only for palliative treatments.  |
| 04   | Conformal or 3-D conformal therapy | An external beam planning technique using multiple, fixed beams shaped to conform to a defined target volume. Should be clearly described as conformal or 3-D therapy in patient record.   |

30

30

## 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

31

31

## COC Required fields

- COC Programs collect numerous other radiation fields. Refer to CTR Guide to coding Radiation Therapy Tx in the STORE Manual, Appendix R in the 2023 dx version
- NAACCR Webinars frequently cover radiation fields.

32

32



## 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/>

33

33

NIH NATIONAL CANCER INSTITUTE  
Surveillance, Epidemiology, and End Results Program

Search SEER

Home Cancer Statistics SEER Data & Software Registrars News About

Home > Registrars > Tools & Services > SEER\*Rx

### 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

34

34

## Chemotherapy #1390

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   |

35

35

## Text Documentation

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

36

36

- **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

37

37

## 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

38

38

## 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**

39

39

## 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

40

40

## SCOPES

### Manipulative & Exploratory Procedures & (scopes):

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

41

41

## 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.

42

42

## 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 tissue involvement with cancer.
- CAP Protocol Summary gives details
- **Do not repeat information**
- **May need to look in gross section for CRM size**

43

43

## 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 and cancer status.

44

44

