

## Cancer Registry CASEbook Volume I

### Revisions and Errata

<u>Page</u>	<u>Location</u>	<u>Action</u>
9	Second line from bottom	Replace “where is it?” with “where did it start?”
25	4 <sup>th</sup> bullet from top	Replace “respectability” with “resectability”
111	After CS Site-Specific Factor 1	Insert Item A (see page 2 of this errata) regarding new CS Site-Specific Factor 2
111	Last line above “Other Staging Systems”	Revise to read CS Site-Specific Factors 3 – 6:
116-127	SSF2 in answer column	Replace “888” with ___ ___ (3 blanks)
129-138	Answers to SSF2	Case 1            999    Not documented
		Case 2            999    Not documented
		Case 3            999    Not documented
		Case 4            999    Not documented
		Case 5            999    Not documented
		Case 6            000    No involvement of adjacent tissues per CT
		Case 7            999    Not documented
		Case 8            000    No evidence of adenopathy per CT
		Case 9            000    Lymph nodes not mentioned on endorectal ultrasound
		Case 10           999    Not documented
		Case 11           999    Not documented
		Case 12           999    Not documented
152	Line 4	Replace “8046” with “8045”
169	Before first bullet	Add first bullet in Item B (see page 2 of this errata)
169	Before last bullet	Add second bullet in Item B (see page 2 of this errata)
179	First line under “Surgical Procedures”	Replace “Ttumor” with “Tumor”
189	Case 2 Site Code	Replace “C34.0 ...” with “C34.2 Right Middle Lobe per chest x-ray”
237	Before first bullet	Insert Item C (see page 3 of this errata)
239	End of CS Site-Specific Factor 1	Insert Item D (see page 3 of this errata) as last bullet
239	End of CS Site-Specific Factor 2	Insert Item D (see page 3 of this errata) as last bullet
264	Answers to Case 5 CS Lymph Nodes	Replace “50 ...” (obsolete in version 1.04) with “51 Fixed or matted lymph nodes on preoperative assessment”
265	Answers to Case 6 CS Tumor Size	Replace “999 ...” with “996 Tumor seen on mammogram, no size given”
269	Answers to Case 10 CS Mets Eval	Code is correct. Replace “Based on CT imaging” with “Based on physical exam and chest x-ray”
296	Before last bullet	Insert Item E (see page 3 of this errata)

*The following items can be cut apart and taped or otherwise attached to the appropriate pages.*

#### **A. INSERT FOR PAGE 111**

##### **CS Site-Specific Factor 2: Clinical Assessment of Regional Lymph Nodes**      Date: 12/31/2008

- In version 1.04 of the CS manual, a second site-specific factor was added to both the colon and the rectosigmoid/rectum schemas called “Clinical Assessment of Regional Lymph Nodes.” The purpose of this SSF is to handle the TNM mapping of lymph nodes properly when multiple lymph nodes are diagnosed on endorectal ultrasound (EUS) or other imaging of the abdomen or pelvis such as CT or MRI scan and the number of lymph nodes identified clinically makes the case N2 even though no lymph nodes are removed for pathologic examination. A barium enema will not show involved lymph nodes. Endoscopy looks only at the inside of the colon and cannot visualize involved lymph nodes. Use the codes as follows:

000	Nodes not clinically evident – Use this code when there is imaging or ultrasound and lymph nodes are not mentioned or stated to be uninvolved.
100	Clinically N1 – Use this code when there is imaging or ultrasound that mentions one to three clinically positive nodes or the physician makes a statement that the nodes are clinically N1.
200	Clinically N2 – Use this code when there is imaging or ultrasound that mentions four or more clinically positive nodes or the physician makes a statement that the nodes are clinically N2.
400	Clinically positive regional nodes, NOS – Use this code when there is imaging or ultrasound that mentions clinically positive nodes but doesn’t say how many or whether clinically N1 or N2.
888	OBSOLETE - Not Applicable – Don’t use this code. Cases prior to 1/1/2008 used this code because SSF2 was not used prior to this year.
999	Unknown if nodes are clinically evident – Use this code if there is NO ultrasound or imaging for the case, or if it is unknown whether there was imaging or ultrasound.

#### **B. INSERTS FOR PAGE 169**

*Before first bullet*

- A new Code 57 was added in version 1.04, defined as “Stated as T3, NOS.”      Date: 12/31/2008

*Before last bullet*

- In version 1.04, a sentence was added at the end of Note 6 stating: “For lung cases only, a single negative cytology is not sufficient to disregard pleural effusion.”      Date: 12/31/2008

**C. INSERT FOR PAGE 237**

Date: 12/31/2008

- The code range for statements about involved axillary lymph nodes only (no mention of internal mammary nodes) is 13 – 50 and the NOS category 60. Recent guidance from the CS Steering Committee says that if you know the size of the metastasis in axillary lymph node(s), use code 25, axillary lymph nodes positive for more than micrometastasis. If the size of the metastasis in the axillary lymph node is not stated, use code 60, axillary lymph nodes, NOS.
- In version 1.04 of the CS manual, two notes for this field were revised and some changes were made to the coding structure. The changes resulted from a TNM mapping issue when lymph nodes are clinically apparent but are pathologically negative after neoadjuvant treatment. The following codes are different in version 1.04 compared to version 1.03:
  - Codes 29, 30, 51 and 52 are new. 29 and 30 replace code 28. 51 and 52 replace code 50. The new codes differentiate between clinically positive and pathologically positive nodes.
  - Codes 28 and 50 are now listed as obsolete.
  - Codes 71 and 73 have revised mapping, to N1b.
  - Note 3 was modified to include the new codes. Note 5 was modified because of the expanded code range.
  - A note after the table was expanded to describe the logic of the computer algorithm that maps clinical and pathologic N.

**D. INSERT FOR PAGE 239**

Date: 12/31/2008

- A note was added in version 1.04 above the table explaining that any positive ER (estrogen receptor) or PR (progesterone receptor) value should be recorded. This is not a change to coding directions, only a clarification if more than one ER/PR is done.

**E. INSERT FOR PAGE 296**

Date: 12/31/2008

- In version 1.04, Notes 2 and 9 in CS Extension – Clinical Extension have been greatly expanded to better explain the difference between clinically inapparent and clinically apparent tumor, and to explain the relationships among CS Extension – Clinical Extension, CS TS/Ext Eval, Site-Specific Factor 3 Pathologic Extension for mapping to the clinical or pathologic T category in TNM. Also, staging categories from the TNM T category have been added to CS Extension – Clinical Extension codes 13 – 15 and 21 – 24 for clarity.

**Any further errata will be posted at [www.afritz.org/errata](http://www.afritz.org/errata).**