V.4.1.1 Tumor Size Clinical

This data item records the size of a solid primary tumor before any treatment and is essential for treatment decision making and prognosis determination for many types of cancer.

Coding Instructions:

- Code the tumor size from the largest invasive component of the primary tumor measured on physical exam, imaging, or other diagnostic procedures performed before any form of treatment.
- Code the largest tumor size from all information available within four months of the date of diagnosis, in the absence of disease progression when no treatment is administered.
- Tumor size from imaging/radiographic techniques can be used to code clinical size when there is not more specific size information from a biopsy or operative report. It should be taken as a lower priority, but over a physical exam.
  - Code the largest size in the record, regardless of the imaging technique, when there is a difference in reported tumor size among imaging and radiographic reports.
- Code the size of the largest invasive tumor, or the largest in situ tumor if all tumors are in situ, when the tumor is multi-focal or when multiple tumors are reported as a single primary.
- Code the size of the primary tumor, not the size of the polyp, ulcer, cyst or distant metastasis.
  - However, if the tumor is described as a "cystic mass", and only the size of the entire mass is given, code the size of the entire mass, since the cysts are part of the tumor itself.
- Code the size of the primary tumor before neoadjuvant (preoperative) treatment.

    Example:

  - Patient has a 2.8 cm mass in the hypopharynx; fine needle aspiration of mass confirms squamous cell carcinoma. Patient receives a course of neoadjuvant combination chemotherapy. Pathologic size of tumor after total resection is 3.2 cm. Record clinical tumor size as 028 (28 mm).

- Record tumor size only in millimeters (mm). Convert to millimeters when the size of tumor is measured in centimeters.
- Tumor size is the largest dimension of the tumor, not necessarily the depth or thickness of the tumor.
- Tumor size noted in a resection operative report is a clinical tumor size, and not a pathologic tumor size.

- Check the Clinical History/Clinical Impression/Clinical Information section of the pathology report for information on the clinical size of the tumor.

Tumor Size Less than or Greater than:

- o Record the tumor size as 1 mm less when tumor size is reported as "less than x mm" or "less than x cm".

  Examples:

  - Code as 009 when stated <10 mm; or 009 when stated as <1 cm
  - Code 001 when stated as less than 1 mm.

- o Record the tumor size as 1 mm more when tumor size is reported as "more than x mm" or "more than x cm".

  Examples:

  - Code as 010 when stated >9 mm; or 011 when stated as >1 cm.

- o When size stated is between 2 sizes, for example, "between 3 and 4 cm", code to the midpoint: 3.5.

Rounding:

- o Round tenths of millimeters in the 1-4 range down to the nearest whole millimeter
- o Round tenths of millimeters in the 5-9 range up to the nearest whole millimeter when tumor size is greater than 1 millimeter

  Examples:

  - Lung cancer described as 4.5 millimeters in size. Round up to 5 mm and code as 005.
  - Cancer in a polyp described as 2.3 millimeters in size. Round down to 2 mm and code as 002.

- Tumor size code 999 is used when size is unknown or not applicable.
- Sites/Morphologies where tumor size is not applicable are listed here:
  - o Hematopoetic, Reticuloendothelial, and Myeloproliferative neoplasms (histology codes 9590-9992)
  - o Kaposi Sarcoma
  - o Melanoma Choroid
  - o Melanoma Ciliary Body
  - o Melanoma Iris
  - o Unknown primary site (C809)

- **The CCR requires text documentation to support the Tumor Size Clinical code.**

Codes:

Code	Description
000	No mass/tumor found
001	1 mm or described as less than 1 mm
002-998	Exact size in millimeters (2 mm to 988 mm)
989	989 millimeters or larger
990	Microscopic focus or foci only and no size of focus is given

998-Site Specific Codes	Alternate descriptions of tumor size for specific sites:
	
	Familial/multiple polyposis:
	
	    Rectosigmoid and rectum (C19.9, C20.9)
	
	    Colon (C18.0, C18.2-C18.9)
	
	If no size is documented:
	
	Circumferential:
	
	    Esophagus (C15.0 C15.5, C15.8 C15.9)
	
	Diffuse; widespread: 3/4s or more; linitis plastica:
	
	    Stomach and Esophagus GE Junction (C16.0 C16.6, C16.8 C16.9)
	
	Diffuse, entire lung or NOS:
	
	    Lung and main stem bronchus (C34.0 C34.3, C34.8 C34.9)
	
	Diffuse:
	
	    Breast (C50.0 C50.6, C50.8 C50.9)

999	Unknown; size not stated; Not documented in patient record; Size of tumor cannot be assessed; Not applicable

V.4.1.2 Tumor Size Pathologic

This data item records the size of a solid primary tumor that has been resected. It is an important prognostic indicator and is valuable for both clinical practice and for research on surgically treated patients.

Coding Instructions:

- Code the tumor size from the largest invasive component of the primary tumor measured at surgical resection when the surgery is administered as first course treatment.
- Record the largest dimension or diameter of tumor, whether it is from an excisional biopsy specimen or the complete resection of the primary tumor.
- The pathologic tumor size is recorded from the surgical resection specimen when surgery (including after neoadjuvant therapy) is administered as part of the first course of treatment.
- Use final diagnosis, microscopic or gross examination, in that order, when only a pathology report is available.
- Do not add the size of pieces or chips together to create a whole.
- Code the size from the synoptic report (CAP protocol) when there is a discrepancy among the various sections of the pathology report.

   Example:

   Chest x-ray shows 2.5 cm mass; the pathology report from the surgery states that the same mass is malignant and measures 1.8 cm. Record tumor size as 018 (18mm).

- Record the size of the invasive component, even if it is smaller, when both in situ and invasive components are measured.
- Code the size of the primary tumor, not the size of the polyp, ulcer, cyst, or distant metastasis.
- Record the size of the entire tumor from the operative report or pathology report when the size of the invasive component is not given.
- Record the size as stated for purely in situ lesions.
- Disregard microscopic residual or positive margins.
- Code the size of the largest invasive tumor, or the largest in situ tumor when the tumor is multi-focal or multicentric.
- Tumor size noted in a resection operative report is a clinical tumor size, not a pathologic tumor size.
- Tumor size is the largest dimension of the tumor, not necessarily the depth or thickness of the tumor.
- Record tumor size only in millimeters (mm). Convert to millimeters when the size of tumor is measured in centimeters.

Tumor Size Less than or Greater than:

- Record the tumor size as 1 mm less when tumor size is reported as "less than x mm" or "less than x cm".

Examples:

- Code as 009 when stated <10mm; or 009 when stated as <1cm
- Code 001 when stated as less than 1mm

o Record the tumor size as 1 mm more when tumor size is reported as "more than x mm" or "more than x cm".

Example:

- Code as 010 when stated > 9 mm; or 011 when stated as > 1 cm

o When size stated is between 2 sizes, for example, "between 3 and 4 cm", code to the midpoint: 3.5.

Rounding:

o Round tenths of millimeters in the 1-4 range down to the nearest whole millimeter.

o Round tenths of millimeters in the 5-9 range up to the nearest whole millimeter when tumor size is greater than 1 millimeter.

Examples:

- Lung cancer described as 6.5 millimeters in size. Round up to 7 mm and code as 007.
- Cancer in a polyp described as 1.3 milllimeters in size. Round down to 1 mm and code as 001.

- Code 999 is used when size is unknown or not applicable.
- Sites/morphologies where tumor size is not applicable are listed here:
    - o Hematopoetic, Reticuloendothelial, and Myeloproliferative neoplasms (Histology codes 9590-9992)
    - o Kaposi Sarcoma
    - o Melanoma Choroid
    - o Melanoma Ciliary Body
    - o Melanoma Iris
    - o Unknown primary site (C809)

- **The CCR requires text documentation to support the Tumor Size Pathologic code.**

Codes:

Code	Description
000	No mass/tumor found
001	1 mm or described as less than 1 mm

002-998	Exact size in millimeters (2 mm to 988 mm)
989	989 millimeters or larger
990	Microscopic focus or foci only and no size of focus is given

998-Site Specific Codes	Alternate descriptions of tumor size for specific sites:
	
	Familial/multiple polyposis:
	
	   Rectosigmoid and rectum (C19.9, C20.9)
	
	   Colon (C18.0, C18.2-C18.9)
	
	If no size is documented:
	
	Circumferential:
	
	   Esophagus (C15.0 C15.5, C15.8 C15.9)
	
	Diffuse; widespread: 3/4s or more; linitis plastica:
	
	   Stomach and Esophagus GE Junction (C16.0 C16.6, C16.8 C16.9)
	
	Diffuse, entire lung or NOS:
	
	   Lung and main stem bronchus (C34.0 C34.3, C34.8 C34.9)
	
	Diffuse:
	
	   Breast (C50.0 C50.6, C50.8 C50.9)

999	Unknown; size not stated; Not documented in patient record; Size of tumor cannot be assessed; Not applicable

V.4.2 Mets at Diagnosis – Bone, Brain, Distant LN, Liver, Lung, and Other

The following data items record the specific site(s) of metastatic disease present at diagnosis. This field identifies whether bone, brain, distant lymph nodes, liver, lung or other discontinuous or distant metastatic site(s) are involved.

Coding Instructions:

- Metastatic involvement may be single (one focus of metastatic disease) or multiple (multiple foci of metastatic disease in the same site or multiple sites).

- Information may be clinical or pathologic.

- Code this field for metastasis even if the patient had neoadjuvant (preoperative) systemic therapy, unless it is determined to be disease progression.

- This field should be coded for all solid tumors, Kaposi's sarcoma, Unknown primary site and Other and Ill-defined primary sites.

- In the data field for each site below, enter the code that demonstrates involvement of that site

  - **Mets at DX – Bone**

  - **Mets at DX – Brain**

  - **Mets at DX – Distant LN**
    - Confirm lymph node involvement is distant. Regional Lymph node involvement should not be coded in this field.
      Exception: Lymph nodes for placenta which are M1.
  - **Mets at DX – Liver**

  - **Mets at DX – Lung**

  - **Mets at DX – Other**
    - Code metastatic involvement of the following sites in this data field:
      - Bone Marrow
      - Spinal Cord
      - Other CNS
      - Adrenal Gland
      - Pleura
      - Malignant Pleural Effusion
      - Peritoneum
      - Skin
      - Carcinomatosis
  - List is not intended to be all inclusive

Codes:

Code	Description
0	None; no involvement
1	Yes, metastatic disease in this site
8	Not Applicable.
9	Unknown whether this metastatic site is involved. Not documented in patient record.