

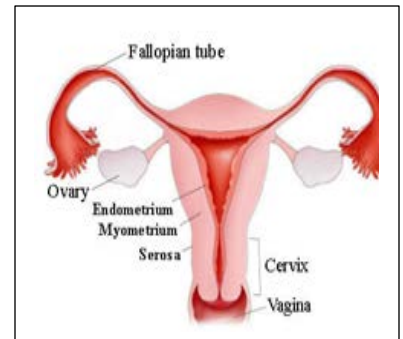
"Q"-Tips

Primary Site: C541 / Endometrium

A recent CCR audit of Endometrial cancers revealed a number of data items with common coding inconsistencies. See the "Q"-tips below.

HISTOLOGY:

- Endometrioid Adenocarcinoma is a specific cell type. Code as 8380.
- Endometrial adenocarcinoma is coded as "adenocarcinoma" 8140.
 - "Endometrial" is a general term referring to the endometrium. (i.e., the location of the adenocarcinoma is the endometrium/endometrial adenoca).



Combo/mixed histologies ICD-O-3 and MPH Rules (for single invasive tumors):

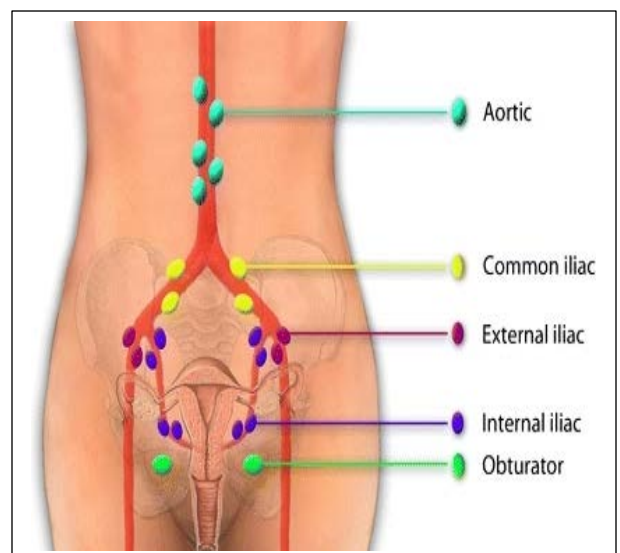
- Code the *specific* mixed ICD-O-3 code *if one is available before* coding to a combo/mixed histology code found in MPH GYN table 2 (MPH OTHER SITES).
 - MPH H11 Example: Papillary Serous Adenocarcinoma is coded to 8460 and is considered one specific histologic type. Do not code to 8323.
 - MPH H16 Example: Endometrioid and Clear cell adenocarcinoma are multiple specific histologies, Code as 8323 as indicated in GYN Table 2.
 - Per SEER these rules will be clarified in the MPH Revisions.
- **SINQ 20110014:** Adenocarcinoma with squamous differentiation is coded to 8570.

HISTOLOGY GRADE:

- Code the histologic nuclear grade
 - Grade 1/Well Differentiated
 - Grade 2/Mod Differentiated
 - Grade 3/Poorly Differentiated
 - Grade 4/Undifferentiated
 - **DO NOT USE FIGO GRADE – If the only grade available is FIGO Grade- Use code 9/Unknown.**

REGIONAL LYMPH NODES for Corpus Uteri/Endometrium:

- | | |
|------------|--|
| PELVIC LNS | • Obturator |
| | • Iliac, NOS, External iliac, Internal iliac (hypogastric), <ul style="list-style-type: none"> ○ Common iliac |
| | • Parametrial |
| | • Paracervical |
| | • Sacral, NOS, Pre-sacral, Utero-sacral, Lateral sacral <ul style="list-style-type: none"> ○ Middle sacral (promontorial or Gerota's nodes) |
| | • Pelvic NOS |
| | • Regional LN, NOS |
| | • Aortic, NOS, Para-aortic, Lateral (lumbar) aortic |
| | • Retroperitoneal LNs (per CANSWER Forum) |



Regional Lymph Nodes Notes:

- All the lymph nodes listed on page 1 are considered “regional” lymph nodes, including the para-aortic lymph nodes and retroperitoneal nodes for corpus uteri/endometrium.
 - If lymph nodes are removed, but there is no statement if they are pelvic or para-aortic, assume they are “pelvic” nodes.
- **Regional Nodes Examined:** Code/count the number of regional lymph nodes examined, including para-aortic.
 - **Regional Nodes Positive:** Code/count the number of regional lymph nodes which are positive, including para-aortic.
- **CS SSF 3-Number of Positive Pelvic Nodes & CS SSF 4-Number of Examined Pelvic Nodes**
 - When LNs positive or examined are not stated as pelvic or para-aortic by the pathologist, per CS rules and CANSwer Forum consider the LNs positive/examined to be “pelvic” nodes and code in SSF3 and SSF4 accordingly.
 - **CS SSF 5 Number of Positive Para-aortic Nodes & CS SSF 6 Number of Examined Para-aortic Nodes**
 - If lymph nodes are named as para-aortic determine the number positive/examined and code in SSF5 and SSF6.
 - If the lymph nodes examined are not stated to be either pelvic or para-aortic, then consider them “pelvic nodes” and code in SSF3 and SSF4....**Then for SSF 5 & 6, code the number of para-aortic lymph nodes positive & examined as 999/unknown.**

FIGO Stage: FIGO stage and FIGO grade are not synonymous.

- FIGO Stage is the extent of disease based on surgical resection.
- FIGO Grade refers to specific characteristics and features of the tumor cells.

RADIATION MODALITY:

- **Intracavitary HDR (Code 52)**
~Usually used for early stage disease
- **Interstitial HDR (Code 54)**
~Usually reserved for more advanced disease, with cervix and/or vaginal involvement.

Text Documentation Tip

Complete all text documentation first; do not leave a text field blank. Record None or NR if info not available. Code case from your text. Coding from your text will more clearly identify areas with insufficient text to support your codes.

