All Roads Lead to the NAACCR Summer FORUM!

NAACCR is working hard to finalize plans for the 2021 Summer FORUM taking place June 15-17, 2021. Our 2021 virtual event cannot offer the in-person experience, but it will offer the high-quality educational content you expect from NAACCR conferences. And you will find more flexibility in how you can participate.

Look for all the content you love – engaging plenary speakers, member presentations, Birds of a Feather, scientific posters – and seek out opportunities to engage with your colleagues in new ways. We fully expect that many more people will participate and possibly from many more parts of the world.

Registration will open in February 2021. CE credits will be requested from NCRA.

If you cannot attend the live event, fear not! Sessions will be recorded and available for a period of time after the live event.

*https://narrative.naaccr.org/article/all-roads-lead-to-the-naaccr-summer-forum/

**Ambiguous Terminology**

Do not accession a case based ONLY on suspicious cytology.

Note: “Suspicious cytology” means any cytology report diagnosis that uses an ambiguous term, including ambiguous terms that are listed as reportable on the preceding page. Cytology refers to the microscopic examination of cells in body fluids obtained from aspirations, washings, scrapings, and smears; usually a function of the pathology department.

Important: Accession cases with cytology diagnoses that are positive for malignant cells.


**Lung Histology Rules**

Priority Order

Code the histology diagnosed prior to neoadjuvant treatment.

**Note 1:** Histology changes may occur following immunotherapy, chemotherapy, targeted therapy, and radiation therapy.

**Note 2:** Neoadjuvant treatment is any tumor-related treatment given prior to surgical removal of the malignancy.

**Exception:** If the initial diagnosis is based on histology from FNA, smears, cytology, or from a regional or metastatic site, and neoadjuvant treatment is given and followed by resection of primary site which identifies a different or specific histology, code the histology from the primary site.

*https://seer.cancer.gov/tools/solidtumor/Lung_STM.pdf

**Question:**

How is Diagnostic Confirmation coded for malignancies diagnosed by a FoundationOne Liquid biopsy/assay involving circulating tumor DNA in blood only?

**Answer:**

Code Diagnostic Confirmation as 7, Radiology and other imaging techniques without microscopic confirmation for this case. Results of a FoundationOne Liquid biopsy/assay are not specific enough to diagnose this lung malignancy.


**Coding Lightning Rounds available on FLccSC NOW (01/20/2021)**

Coding Lightning Rounds are short educational videos (5-10 minutes) developed by NJSCR to provide CTRs with important information on coding specific fields. Keep visiting and look for additional videos to be uploaded!
**Table 1: New behavior codes (Reportable neoplasms)**

WHO has changed behavior codes for the following terms which result in previously non-reportable neoplasms becoming reportable for cases diagnosed 1/1/2021 forward. DO NOT report cases diagnosed prior to 1/1/2021.

**Table 2: New behavior codes (Non-reportable neoplasms)**

WHO has changed behavior codes for the following terms which result in reportable neoplasms becoming non-reportable beginning with cases diagnosed 1/1/2021. Continue reporting these cases when diagnosed prior to 1/1/2021.

**Table 3: Deleted ICD-O codes in ICD-O-3.2**

Per ICD-O-3.2, several ICD-O codes have been removed and the histologies moved to other codes. The comment column provides coding instructions for cases diagnosed prior to 1/1/2021 and 1/1/2021 forward. This table lists only reportable neoplasms.

**Table 4: Changes in reportable terminology**

(*) WHO has revised preferred terminology for these neoplasms and no longer requires “malignant” to be used in the term in order to code behavior of /3

**Table 5: New Terms and ICD-O codes**

Consults

If a report is sent out for consult and the results are different than the original reports, record the results from the consult.

**Consults always take priority**

3936 Ulceration (Melanoma Skin)

Melanoma ulceration is the absence of an intact epidermis overlying the primary melanoma based upon microscopic (histopathological) examination.

- **Code 1** if any biopsy (punch, shave, excisional, etc.) or wide excision is positive for ulceration in the presence of an underlying melanoma.
- **Code 0** if all specimens are negative OR one specimen is negative and the other is unknown.

Ulceration must be caused by an underlying melanoma.

Ulceration caused by trauma from a previous procedure should not be coded as positive for this SSDI!

*NAACCR 2021 Implementation Webinar Updates 2021: SSDI’s

**As of 01/01/2021 CoC and SEER are no longer requiring:**

- 3850: HER2 IHC Summary (Breast)
- 3851: HER2 ISH Dual Probe Copy Number (Breast)
- 3852: HER2 ISH Dual Probe Ratio (Breast)
- 3853: HER2 ISH Single Probe Copy Number (Breast)
- 3854: HER ISH Summary (Breast)
- 3859: HIV Status (Lymphoma)

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Questions can be sent to your facility’s State Representative or by calling 609-633-0500. DO NOT REPLY to this email.