

BREAST CASES ONLY: Sentinel and Regional Lymph Node Coding Issues Identified

ISSUE 1: SLN BX AND Axillary LN Dissection PERFORMED AT THE SAME TIME

- In this situation, BOTH STORE & the SEER Program Coding & Staging Manual 2018 instructs you to code according to these guidelines:
 - SLN BX record the following—
 - **SLNs + to 97** for breast cases when **ANY positive LNs** are identified **REGARDLESS of whether the pathologist provides you with the exact number of +SLNs or not.**
 - CoC/SEER’s supposed rationale for this is as follows:
 - Breast CAP Protocol is designed **to capture resection** info (there is no diagnostic protocol for breast). **Therefore, the number of positive SLNs are NOT captured when done at the same time as an Axillary LN Dissection.**
 - This data item can be used to **more accurately assess the number of positive SLNs bxd separately** from the number of +LNs identified during additional *subsequent/separate* regional LN dissection procedures, if performed.
 - None of us agree with doing this especially when our pathologists are providing this info. *However, for now just follow their instructions until further review by the standard setters is performed.*
 - **TOTAL number of SLNs bxd during the SLN procedure in the SLN Exm field**
 - AXILLARY LN DISSECTION record the following--
 - **TOTAL number of ALL positive REG LNs bxd/dissected (BOTH sentinel AND regional LNS) in the REG LN+ field**
 - **TOTAL number of ALL REG LNs bxd/dissected (BOTH sentinel AND regional LNS) in the REG LNs Exm field**
- **CODE DATE of the procedures in BOTH Date of SLN Bx AND Date of REG LN Dissection fields—the dates should be the same**
- **CODE Scope of Regional Lymph Surgery to 6** (*Sentinel node biopsy and Regional LNs removed at same time or timing not stated*).
- **EXAMPLE:** On 01/15/2018 patient had a Lumpectomy along w/ a SLN Bx AND an Axillary Lymph Node Dissection. The CAP Synoptic Report on the path report states that 1/3 sentinel lymph nodes positive and 0/12 axillary lymph nodes from the dissection are negative. *Case would be coded as follows:*
 - SLN+= 97
 - SLN Exm= 03
 - Date SLN Bx=01152018
 - REG LN+= 01 (1 SLN + 0 AXLNs)
 - REG LN Exm= 15 (3 SLNs + 12 AXLNs)
 - Date REG LN Disxn=01152018

ISSUE 2: SLN BX AND Axillary LN Dissection PERFORMED AT DIFFERENT TIMES

- In this situation, BOTH STORE & the SEER Program Coding & Staging Manual 2018 instructs you to code according to these guidelines:
 - SLN BX record the following--
 - TOTAL number of **positive** SLNs identified during the SLN procedure in the **SLN+ field**
 - Total number of SLNs bxd in the **SLN Exm** field
 - SLN Bx date in the **Date of SLN Bx field**
 - AXILLARY LN DISSECTION record the following—
 - (Cumulative)^ TOTAL number of **ALL positive** REG LNs bxd/dissected (which ALSO includes the number of +SLNs) in the **REG LN+ field**
 - (Cumulative)^ TOTAL number of ALL REG LNs bxd/dissected (which ALSO includes the number of SLNs Exm) in the **REG LN Exm field**
 - ^Exception: DO NOT COUNT** positive aspirations or core bxs in the SAME or UNKNOWN LN chain as those dissected; **only count** if from a DIFFERENT CHAIN than those removed
 - AXLND date in the **Date of REG LN Dissection field**
- **CODE** **Scope of Regional Lymph Surgery to 7** (Sentinel node biopsy and Regional LNs removed at different times).
- **EXAMPLE:** On 02/10/2019 patient had an **AX LN FNA** followed by a **SLN Bx and Lumpectomy** on 02/20/2019. Then on 03/15/2019 patient had a **MRM w/AXLND**. Path findings are as follows: 02/10/19 AX LN FNA +IDC. 02/20/2019 SLN Bx: 2/4 SLNs positive per CAP Synoptic Report. 03/15/2019 AXLND: 1/16 axillary lymph nodes positive.

Case would be coded as follows:

- SLN+= 02
- SLN Exm= 04
- Date SLN Bx=02202019
- REG LN+= 03^ (2 SLNs + 1 AXLN)
- REG LN Exm= 20^ (4 SLNs + 16 AXLNs)
- Date REG LN Disxn=03152019

^Since it is unknown if the FNA'd Ax LN is from the same chain as the removed LNs, we are instructed to "assume" that it is and NOT count it here.

ISSUE 3: SLN BX AND Axillary LN Dissection where SLN BX FAILS TO MAP

- If a SLN Bx procedure fails to map, it is often converted to an Axillary LN Dissection
- In this situation, BOTH STORE & the SEER Program Coding & Staging Manual 2018 instructs you to code according to these guidelines:
 - SLN BX record the following—
 - SLN+ = 00
 - SLN Exm =98
 - **SLN Bx date in the Date of SLN Bx field**
 - *RATIONALE—you are coding the date of the procedure here not the results. Meaning a SLN BX procedure was performed but LNs just failed to map.*
 - AXILLARY LN DISSECTION record the following—
 - **TOTAL number of ALL positive REG LNs bxd/dissected in the REG LN+ field**
 - **TOTAL number of ALL REG LNs bxd/dissected in the REG LN Exm field**
 - **AXLND date in the Date of REG LN Dissection field**
 - ***If AXLND NOT performed, field should be BLANK***
- **CODE Scope of Regional Lymph Surgery to EITHER:**
 - **2** (*Sentinel node biopsy fails to map and NO AXLND performed*) **OR**
 - **6** (*Sentinel node biopsy fails to map AND AXLND performed*)
- **EXAMPLE 1:** On 04/17/2019 patient had lumpectomy and SLN Bx. The SLN Bx failed to map and was converted to an AXLND. The path report states that 0/10 axillary lymph nodes positive. **Case should be coded as follows:**
 - SLN+= 00
 - SLN Exm= 98
 - Date SLN Bx=04172019
 - **Scope Reg LN= 6**
 - REG LN+= 00
 - REG LN Exm= 10
 - Date REG LN Disxn=04172019
- **EXAMPLE 2:** On 04/30/2019 patient had lumpectomy and SLNBx. The SLN Bx failed to map and no AXLND was performed. **Case should be coded as follows:**
 - SLN+= 00
 - SLN Exm= 98
 - Date SLN Bx=04302019
 - **Scope of Reg LN = 2**
 - REG LN+= 00
 - REG LN Exm= 98
 - Date REG LN Disxn=**BLANK**

ISSUE 4: NO Axillary LN Dissection--- ONLY SLN BX PERFORMED

- Generally will occur when the SLN Bx yields **negative** results
 - NOTE: For breast cancer, **positive Isolated Tumor Cells (ITCs) in SLNs are considered NEGATIVE**; while microscopic or micro mets in SLNs are considered positive.
- Unfortunately, neither STORE & the SEER Program Coding & Staging Manual 2018 provides **clear** instructions on correct coding in this situation. *After standard setter clarification was obtained by the LTR, you are to code according to these guidelines:*
 - SLN BX record the following--
 - **TOTAL number of positive SLNs identified during the SLN procedure in the SLN+ field**
 - **Total number of SLNs bxd in the SLN Exm field**
 - **SLN Bx date in the Date of SLN Bx field**
 - AXILLARY LN DISSECTION record the following—
 - **TOTAL number of ALL positive REG LNs bxd/dissected (which ALSO includes the number of +SLNs) in the REG LN+ field**
 - *As SLNs are REG LNs AND Reg LN+ is a cumulative field, the SLN+ AND Reg LN+ fields **should contain the SAME data** in this situation.*
 - **TOTAL number of ALL REG LNs bxd/dissected (which ALSO includes the number of SLNs Exm) in the REG LN Exm field**
 - *As SLNs are REG LNs AND Reg LN Exm is a cumulative field, the SLN Exm AND Reg LN Exm fields **should contain the SAME data** in this situation*
 - **Since NO additional AXLND was performed the Date of REG LN Dissection field MUST BE BLANK as a SLNBx procedure is not a regional LN dissection.**
- **CODE Scope of Regional Lymph Surgery to 2 (Sentinel node biopsy ONLY)**
- **EXAMPLE:** On 05/25/2019 patient had lumpectomy and SLNBx. The path report states that 0/2 sentinel lymph nodes positive.

Case should be coded as follows:

- SLN+= 00
- SLN Exm= 02
- Date SLN Bx=05252019
- REG LN+= 00 (0+ SLNs)
- REG LN Exm= 02 (2 SLNs)
- Date REG LN Disxn=**BLANK**