



RAISING THE BAR ABSTRACTING BENIGN BRAIN TUMOR CASES

BENIGN BRAIN TUMOR RECODING AUDIT BACKGROUND

- ⊙ All regions represented
- ⊙ 320 abstracts recoded
- ⊙ 40 data items per abstract

BENIGN BRAIN TUMOR RECODING AUDIT RESULTS

- ① 130 discrepancies identified
- ② **98.9% Accuracy Rate !**





BENIGN BRAIN TUMOR CHALLENGING DATA ITEMS

- ⊙ Date of Diagnosis
- ⊙ Primary Site/Subsite
- ⊙ Laterality
- ⊙ Collaborative Staging – Tumor Size
- ⊙ Surgery Of Primary

DATE OF DIAGNOSIS



DATE OF DIAGNOSIS CASE STUDY 1

- ④ 4/7/2008 MRI: 3.8x2x3.3 cm mass in sella turcica consistent with a pituitary adenoma
- ④ 5/1/2008 Surgery: Gross total resection. Pathology states pituitary adenoma

Is Date of Diagnosis 5/1/2008 or 4/7/2008?

DATE OF DIAGNOSIS CASE STUDY 1

Answer: 4/7/2008

Rationale:

- ⊙ “Consistent with” is a reportable term

DATE OF DIAGNOSIS CASE STUDY 2

- ② 2/20/2008: CT: 2.7x1.3 cm left frontal extra axial lesion suggestive of meningioma
- ② 2/24/2008: CT: Left frontal convexity mass; consider to be meningioma

Is Date of Diagnosis 2/20/2008 or 2/24/2008?



DATE OF DIAGNOSIS CASE STUDY 2

Answer: 2/24/2008

Rationale:

- ⊙ “suggest” is not a reportable term
- ⊙ “consider” is a reportable term

DATE OF DIAGNOSIS CASE STUDY 3

- ⊙ 8/2/2008 MRI: 4 cm mass right mid cranial fossa
- ⊙ 9/5/2008 MRI: Brain enhancing mass right cavernous sinus consistent with meningioma

Is Date of Diagnosis 8/2/2008 or 9/5/2008?

DATE OF DIAGNOSIS CASE STUDY 3

Answer: 9/5/2008

Rationale:

- ⊙ “Mass” is not reportable
- ⊙ “Consistent with” meningioma is reportable

PRIMARY SITE/SUBSITE



PRIMARY SITE/SUBSITE CASE STUDY 1

- ⊙ PE: Spinal tumor
- ⊙ Pathology: Tumor located in lumbar area of the spine. Myxopapillary ependymoma, Grade 1

Is the Primary Site code C71.9 Brain, NOS or C72.0 Spinal Cord ?

PRIMARY SITE/SUBSITE CASE STUDY 1

Answer: C72.0 Spinal Cord

Rationale:

- ⊙ Text documentation is clear that tumor is in spinal cord.

PRIMARY SITE/SUBSITE CASE STUDY 2

- ③ 5/05/2008 MRI: 2.8 cm right cerebellopontine angle mass. Pathology: meningioma

Is the Primary Site code C71.6 Cerebellopontine angle or C70.0 Cerebral Meninges?

PRIMARY SITE/SUBSITE CASE STUDY 2

Answer: C70.0 Cerebral Meninges

Rationale:

- ⊙ Code cerebral meningiomas to primary site cerebral meninges, C70.0

Source: **Brain Tumor Registry Reporting Training Materials Collection and Coding Clarifications for Central Nervous System (CNS) Tumors**

<http://www.cdc.gov/cancer/npcr>

PRIMARY SITE / SUBSITE CASE STUDY 3

- ⑩ 8/29/2008 MRI: 5 cm left cerebellar convexity extends from tentorium down to level of foramen magnum. Pathology: Spindle cell tumor consistent with neurilemoma .

Is the Primary Site code C71.6, Cerebellum or C72.5 Cranial Nerve, NOS ?

PRIMARY SITE/SUBSITE CASE STUDY 3

Answer: C72.5 Cranial Nerve, NOS

Rationale:

- ⊙ Reportable CNS neurileomas, schwannomas, acoustic neuromas are coded to cranial nerve.

**Source: Brain Tumor Registry Reporting
Training Materials Collection and Coding
Clarifications for Central Nervous System (CNS)
Tumors**

<http://www.cdc.gov/cancer/npcr>

COLLABORATIVE STAGING TUMOR SIZE



COLLABORATIVE STAGING TUMOR SIZE CASE STUDY 1

- ③ 06/6/2008 CT: 2 cm mass left mid cranial fossa, probable meningioma. No pathology or operative report

Is CS Tumor Size coded 999 or 020?

COLLABORATIVE STAGING TUMOR SIZE CASE STUDY 1

Answer: 020

Rationale:

- ⊙ Information on size from imaging and radiographic techniques can be used when there is no more specific size information from pathology or operative reports.

Source: Collaborative Staging Manual, General Instructions

COLLABORATIVE STAGING TUMOR SIZE CASE STUDY 2

- ① 1/31/2008 MRI: Probable 5.5. mm microadenoma right side of pituitary. No pathology or operative report

Is CS Tumor Size coded 055 or 005?

COLLABORATIVE STAGING TUMOR SIZE CASE STUDY 2

Answer: 005

Rationale:

- ⊙ Radiologist measured tumor size in millimeters. Directly code tumor size.

Note: Collaborative Staging Manual, General Instructions, do not round up unless the tumor size is between .1 and .9 mm

COLLABORATIVE STAGING TUMOR SIZE CASE STUDY 3

- ③ 04/17/2008 MRI: 2.7x 4x3.7 cm dural base mass superficial to left superior frontal gyrus.
- ③ Operative Report: typical meningioma which was resected .
- ③ Pathology: Resected meningioma

Is CS Tumor Size coded 040 or 004?

COLLABORATIVE STAGING TUMOR SIZE CASE STUDY 3

Answer: 040

Rationale:

- ① Information on size from imaging and radiographic techniques can be used when there is no more specific size information from pathology or operative reports.

Source: Collaborative Staging Manual, General Instructions

LATERALITY



LATERALITY CASE STUDY 1

- ③ 2/2/2008 Surgery: left posterior fossa brain tumor grossly removed. No radiology. Pathology : left posterior fossa brain tumor, meningioma

Is Laterality coded 0- Not Paired or 2 – Left?

LATERALITY CASE STUDY 1

Answer: 2 – Left

Rationale:

- ⊙ Surgery and pathology state “left” brain tumor

LATERALITY CASE STUDY 2

- ③ 04/17/2008 CT: Findings consistent with meningioma mass in the left frontal lobe

Is Laterality coded 0- Not Paired or 2 – Left?

LATERALITY

CASE STUDY 2

Answer: 2 - Left

Rationale:

- ⊙ Radiology clearly states “left” frontal lobe

LATERALITY CASE STUDY 3

- ⊙ Outpatient MRI show a 6 cm left cerebellar meningioma that extended from the tentorium to the foramen magnum with displacement of the 4th ventricle

Is Laterality coded 0- Not Paired or 2 – Left?

LATERALITY

CASE STUDY 3

Answer: 2- Left

Rationale:

- ⊙ Radiology clearly states a left cerebellar meningioma

SURGERY OF PRIMARY SITE



SURGERY OF PRIMARY SITE CASE STUDY 1

- ③ 5/1/2006 Surgery: Transphenoidal Pituitary Resection – gross total resection obtained.
- ③ Pathology: Pituitary gland; pituitary adenoma

Is Surgery to Primary Site code 90, Surgery NOS or code 55, Gross Total Resection?

SURGERY OF PRIMARY SITE CASE STUDY 1

Answer: Code 55, Gross Total Resection

Rationale:

- ⊙ Text states “gross total resection”

SURGERY OF PRIMARY SITE CASE STUDY 2

- ① 12/4/2008 Surgery: Resection of dural based meningioma.
- ① Pathology: T10-T12 spinal cord tumor; meningioma

Is Surgery to Primary Site code 40, Partial Resection or code 55, Gross Total Resection?

SURGERY OF PRIMARY SITE CASE STUDY 2

Answer: Code 55

Rationale:

- ⦿ Text states “resection”. No text to indicated any surgery less than a gross total resection.

SURGERY OF PRIMARY SITE CASE STUDY 3

- ③ 03/27/2008 Surgery: Left temporal mass resection
- ③ Pathology: left temporal lobe mass – meningioma

Is Surgery to Primary Site code 40, Partial Resection or code 20, Local Excision of Mass?

SURGERY OF PRIMARY SITE CASE STUDY 3

Answer: Local Excision of Mass, code 20

Rationale:

- ⊙ Surgery and pathology state left temporal mass resection.
- ⊙ DSQC Memo 2008-03

ABSTRACTING CHECK LIST



- ◎ “tumor” and “neoplasm” are diagnostic for CNS tumors whether made clinically or pathologically
- ◎ Radiology is often the source for date of diagnosis, laterality, and tumor size
- ◎ Schwannomas are coded to cranial nerves, C72.5

ABSTRACTING CHECK LIST

- ◎ Cerebral meningiomas are coded to C70.0
- ◎ Spinal meningiomas are code to C70.1
- ◎ Review name of surgery and surgical specimen to determine Surgery To Primary



CONTINUING EDUCATION HOURS

To receive CU hours submit the short [Brain Tutorial Quiz](#) located on the CCR website at www.ccrca.org under [Registrars Resouces](#) and email it to Katheryne Vance, BA, CTR, Education and Training Coordinator, kvance@ccr.ca.gov