

# **Field Epidemiology Training Program**

## **Cancer Curriculum: Principles of Cancer Registries**

**In-class Exercise:  
Coding and Data Abstraction**

**PARTICIPANT GUIDE**



## In-class exercise Module 3: Coding

The exercise is divided in 3 parts: (I) Basic coding, (II) Intermediate coding, and (III) Study cases.

### PART I: Basic Coding with ICD-O

Use the ICD-O-3 (book/pages) to identify the corresponding codes for site and morphology and complete the Tables I-III.

#### I. Basic Morphology Coding

No	ICD-O-3 Site Code	ICD-O-3 Morphology Code	Morphology
1			Adenocarcinoma, NOS
2			Squamous carcinoma in situ
3			Grade ii papillary urothelial carcinoma
4			Infiltrating duct carcinoma
5			Infiltrating anaplastic astrocytoma
6			Follicular lymphoma, grade 3
7			Prostatic intraepithelial neoplasia, grade III (PIN III)
8			Idiopathic hemorrhagic thrombocytopenia
9			Waldenstrom macroglobulinemia
10			Odontogenic tumor

#### II. Basic Topography Coding

No	ICD-O-3 Site Code	ICD-O-3 Morphology Code	Topographic Site
11			Cecum
12			Bone marrow
13			Esophagogastric junction
14			Cerebral meninges
15			Cervix uteri
16			Male breast, axillary tail
17			Lymph nodes of axilla and scylene region
18			Preauricular region
19			Pontine angle
20			Overlapping lesion of stomach and small intestine

### III. Basic Site and Morphology Coding

No	ICD-O-3 Site Code	ICD-O-3 Morphology Code	Site and Morphology
21			Infiltrating duct carcinoma of breast
22			Acute myelogenous leukaemia
23			Signet ring adenocarcinoma of stomach
24			Keratinizing squamous carcinoma, base of tongue
25			Bronchogenic carcinoma
26			Kaposi sarcoma, trunk
27			Frontal lobe: glioblastoma multiforme
28			Mixed acidophil-basophil carcinoma
29			Squamous vocal cord papilloma
30			Tonsillar B-cell lymphoma
31			Retroperitoneal mesothelioma
32			Renal cell carcinoma
33			Medulloblastoma of brain
34			Periosteal fibrosarcoma of lower leg
35			Noninvasive amelanotic melanoma, face and forearm

## PART II: Intermediate Coding with ICD-O

Use the ICD-O-3 (book/pages) to identify the corresponding codes for site and morphology and complete the following table.

No	ICD-O-3 Site Code	ICD-O-3 Morphology Code	Diagnosis
1			Poorly differentiated ductal carcinoma, head of pancreas
2			Femoral metastases from anaplastic thyroid carcinoma
3			Myxofibrosarcoma of corpus uteri
4			Mixed tumor of uncertain behavior, parotid gland
5			Infratentorial brain tumor (clinical diagnosis)
6			Dermatofibrosarcoma of upper arm
7			Malignant cells in pleural effusion
8			Cholangiocarcinoma
9			CIN III, cervix with microinvasion
10			MALT lymphoma of ileum
11			Infiltrating duct carcinoma, papillary type, 9:00 position, left breast
12			Generalized mycosis fungoides
13			Odontogenic primordial cyst, second molar
14			Adult T-cell lymphoma, right upper lobe of lung
15			PNET (primitive neuroectodermal tumor) of thigh
16			Malignant angioendothelioma, pulmonary artery
17			Sarcomatoid squamous carcinoma of middle and abdominal esophagus
18			Mixed terato- and choriocarcinoma, testis
19			Papillary serous cystadenoma of borderline malignancy, involving ovary and fallopian tube
20			Mixed Clara cell and large cell carcinoma, right upper lobe
21			Multiple myeloma present in ilium, humerus, and calvarium
22			Intraductal carcinoma, cribriform and comedo types, left breast
23			Large malignant melanoma of lower gingival and retromolar trigone
24			Urothelial carcinomas of dome, trigone and lateral wall of bladder
25			Malignant angiomatous meningioma of frontal lobe

### PART III: Study Cases

We provide a series of cases to abstract the relevant information and register in the cancer registry, if appropriated.

#### Case Study 1

Staff of Mansa District Population-based Cancer Registry (PBCR) is collecting the cancer cases information of Mansa area. He comes across the following record in XXX Hospital, Bhatinda.

Name of the patient	Mrs. PQR
Address	A-34, Near District Administration office, Bhatinda District, Punjab State
Age and sex	35 y/o female
Hospital record Number	AD-30
Referred by	Dr. ABC
History	Case of brain cancer diagnosed on 15 June 2015 Histopathology report – Astrocytoma Grade II Patient completed RT on 18 July 2015
Diagnostic test	Routine follow up test CT Scan - No evidence of disease – 1 Sept 2015
Follow-up	Request follow-up after three months

**Question 1: Does this case belong to Mansa PBCR?**

**Question 2: What is the most valid basis of diagnosis?**

**Question 3: What is the primary site of this case?**

## Case Study 2

Staff of a rural cancer registry—Barshi PBCR —is collecting the cancer cases information of Barshi area. He comes across the following record in XXX Hospital, Barshi.

Name of the patient	Mrs. SSS
Address	At Post – Khandvi – Tal Barshi
Age and sex	35 y/o female
Hospital record Number	AC-1954
Referred by	Dr. ABC
History	PAP Smear Report - 1 Feb 2014 Sq Cell Carcinoma , Early stage - Ia Patient returned to clinic after six month with Stage IIIb, underwent biopsy on 12 August 2014 Biopsy report - Sq Cell Carcinoma Grade II
Treatment	RT Completed 30 Fra on 15 Sept 2015
Diagnostic test	Routine follow up test
Follow-up	Request follow-up after three months

**Question 1: Does this case belong to Barshi PBCR?**

**Question 2: What is the date of diagnosis?**

**Question 3: What is the clinical stage of the disease?**

### Case Study 3

Staff of Chandigarh PBCR is collecting the cancer cases information of Chandigarh residence. He comes across the following record in XXX Hospital, Chandigarh.

Name of the patient	Mrs. SSS
Address	12, Arju Society – Sector 12 Chandigarh
Age and sex	35 y/o female
Hospital record Number	CM-12233
Referred by	Dr. ABC
History	H/O Lumpectomy Lumpectomy 28 Feb 2010 Infl ductal cancer
Treatment	Patient underwent MRM 7 Mar 2010 MRM report – Inf. Lobular carcinoma, 1 out of 9 nodes show mets
Follow up	Follow up on 15 April 2010, 15 Aug 2010, 12 Dec 2010 Request follow up after three months No follow up information after 12 Dec 2010

**Question 1: Does this case belong to Chandigarh PBCR?**

**Question 2: What is date of diagnosis?**

**Question 3: There is no follow up information after 12 Dec 2010. What will be the last date of contact for survival analysis?**

## Case Study 4

Staff of Gadchiroli PBCR is collecting the cancer cases information of Gadchiroli residence. He comes across the following record in XXX Hospital, Nagpur.

Name of the patient	Mr. MMM
Address	Village – ABC, Gadchiroli
Age and sex	50 y/o male
Hospital record Number	Y-12314
Referred by	Dr. ABC
History	No information
Radiology report	CHEST X-ray 1 June 2015 Chest X ray showed scatter small nodular densities on both lung fields, more on the bases Heart, diaphragm and sinuses unremarkable Pulmonary mets
Follow-up	No further information

**Question 1: Does this case belong to Gadchiroli PBCR?**

**Question 2: What is date of diagnosis? What is the primary site of this case?**



### **Case Study 5**

Staff of PBCR Sangrur interacted with medical officer XYZ and he came to know about death of a cancer case in village XXX. He went and met relatives of diseased. A relative burned all the medical records and they were not willing to share any information. One educated person from family told that he was having food pipe cancer and was diagnosed six month ago. He was diagnosed at Medical College XXX. We do not have hospital record number.

**Question 1: Should this case be included as a cancer death?**

**Question 2: What is the most valid basis of diagnosis of this case?**

## Case Study 6

Staff of Mansa District PBCR is collecting the cancer cases information of Mansa residence. He comes across following record in XXX Hospital, Bhatinda.

Name of the patient	Mr. YYY
Address	A- 4, Shivlik Society - Mansa
Age and sex	55 y/o male
Hospital record Number	AM-12324
Referred by	Dr. ABC
History	Patient attend opd with neck node on 1 Jan 2015 Patient underwent FNAC: FNAC report – Sq cell Carcinoma
Treatment	Patient completed RT on 9 Feb 2015 Patient took 6 cycles of CT Patient completed CT
Follow up	30 Aug 2015 – Patient underwent CT – No evidence of disease - advices follow up after three month

**Question 1: What is the primary site of disease?**

**Question 2: What is the most valid basis of diagnosis?**

## Case Study 7

Staff of Mansa District PBCR is collecting the cancer cases information of Mansa residence. He comes across the following record in XXX Hospital, Bhatinda.

Name of the patient	Mrs. BBB
Address	A- 6- Shivam Society –Buldhala - Mansa
Age and sex	55 y/o female
Hospital record Number	AM-12324
Referred by	Dr. ABC
History	Patient with neck node – FNAC Report Adenocarcinoma Grade II – Date 3 July 2015 Slides were sent to PGI, Chandigarh for second opinion PGI Report - Adenocarcinoma in situ – Dated 10 July 2015
Treatment	RT + CT Completed
Follow-up	Routine follow up test Patient was called on 15 Sept 2015 for further follow-up

**Question 1: What is the primary site of disease?**

**Questions 2: Would you will include this case in the cancer registry?**

### Case Study 8

Staff of XXX District PBCR is collecting the cancer cases information of XXX residence. He comes across the following record in XXX Hospital.

Name of the patient	Ms. YYY
Address	Flat No 26, Shivner Plaza, Paud Road Pune
Age and sex	20 y/o female
Hospital record Number	AX-12121
Referred by	Dr. ABC
History	K/C/O Of Hodgkin Lymphoma – Post Chemo evaluation – diagnosed in 2014 CT cycle completed PET CT Report - December 2014 No evidence of any significant metabolically active lymphadenopathy noted. No evidence of any metabolically active disease noted

**Question 1: What is the primary site of disease and date of diagnosis?**

**Question 2: How will you collect the other variables information required for the registry?**