

STORE ADDENDUM

February 13, 2020

Cancer
PROGRAMS

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Preface

For all cases diagnosed on or after January 1, 2018, the American College of Surgeons Commission on Cancer (CoC) requires its accredited programs to use the [Standards for Oncology Registry Entry \(STORE\) Manual](#) and other reference manuals specified in the STORE (page 2). This STORE Addendum reflects changes and clarifications to the STORE Manual v1.0 since its original release on August 15, 2018. This document will be updated and re-posted as needed, and any changes will be communicated in The Brief and posted on the Cancer Programs News web page. Questions should be submitted to the [Answer Forum](#).

Lymphovascular Invasion

NAACCR Data Item: 1182

STORE Page(s): 152, 153, 154, 155, 156

Date Published in NCDB News: 10/18/2018

Lymphovascular Invasion

Lymphovascular Invasion, NAACCR Data Item # 1182, indicates the presence or absence of tumor cells in lymphatic channels (not lymph nodes) or blood vessels within the primary tumor as noted microscopically by the pathologist.

Review the primary site, histology and Schema ID for this record, and then follow the coding instructions in STORE. Assign codes for Lymphovascular Invasion, NAACCR Data Item # 1182, based on the absence or presence of lymphovascular invasion as described in the medical record from the checklist or synoptic report, pathology report or a physician's statement, in that order.

This data item is required for all CoC-accredited programs. For CoC-accredited programs, code 8 when not applicable for benign/borderline brain and CNS tumors, and when the Schema IDs match those listed in section 2.e. on page 155 of STORE. For programs not accredited by the CoC, code 8 may be used when the Schema IDs match those listed in section 2.d. on page 154 of STORE.

Two minor template and formatting errors have been noted and will be updated in the next version of STORE. Please note that 1) the allowable values for Lymphovascular Invasion, NAACCR Data Item # 1182, include 0-4, 8-9, as specified in the Coding Instructions table found on page 156, and 2) Section 2.a. on page 153 should read "Use code 0 when the pathology report indicates that there is no lymphovascular invasion. This includes cases of purely in situ carcinoma, which biologically have no access to lymphatic or vascular channels below the basement membrane."

Lymphovascular Invasion

NAACCR Data Item: 1182

STORE Page: 152

Date Published in NCDB News: 2/28/2019

STORE Data Item Clarification: Lymphovascular Invasion

Lymphovascular Invasion, NAACCR Data Item #1182, identifies the presence or absence of tumor cells in lymphatic channels (not lymph nodes) or blood vessels within the primary tumor as noted microscopically by the pathologist.

On page 152 of STORE, section 1.f. states that: For cases treated with neoadjuvant therapy, refer to table below in order to code this field. However, if documentation in the medical record indicates information that conflicts with this table, code lymphovascular invasion with the documentation in the medical record. *Code the presence of LVI from the pathology report and/or medical information.*

- i. If LVI was present prior to neoadjuvant therapy (codes 1-4) but LVI was not present after neoadjuvant therapy (codes 0 or 9), code LVI to present (codes 1-4).*
- ii. If LVI was not present prior to neoadjuvant therapy (codes 0 or 9), but LVI was present after neoadjuvant therapy (codes 1-4), code LVI to present (codes 1-4).*

Phase I, II, and III Dose Per Fraction, Total Dose, Treatment Modality

NAACCR Data Item: 1501, 1511, 1521, 1506, 1516, 1526, 1507, 1517, 1527

STORE Page(s): 290, 309, 327, 285, 304, 323, 294, 313, 332

Date Published in NCDB News: 11/15/2018

CAnswer Forum: Clarification on the Coding Instructions for Brachytherapy and Radioembolization

Several questions related to the new radiation data items have been posted in the [CAnswer Forum](#). For CoC-accredited programs, please follow [STORE](#) rules. To clarify the current coding instructions for brachytherapy and radioembolization:

1] For Phase I, II and III Dose per Fraction, NAACCR Data Items 1501, 1511 and 1521, use code **99998** when brachytherapy was administered to the patient (codes 07-12 for Phase I, Phase II or Phase III Treatment Modality, NAACCR Data Items 1506, 1516 or 1526).

2] For Phase I, II and III Total Dose, NAACCR Data Items 1507, 1517 and 1527, use code **99998** when brachytherapy was administered to the patient (codes 07-12 for Phase I, Phase II or Phase III Treatment Modality, NAACCR Data Items 1506, 1516 or 1526).

3] For Total Dose, NAACCR Data Item # 1533, use code **99998** when brachytherapy was administered (codes 07-12 recorded in Phase I, Phase II or Phase III Radiation Treatment Modality, NAACCR Data Items 1506, 1516 or 1526). When brachytherapy and any other modality are administered code 99998.

4] For Phase I, Phase II and Phase III Treatment Modality, NAACCR Data Items 1506, 1516 and 1526, use code **13 – Radioisotopes, NOS**, for radioembolization procedures i.e. intravascular Yttrium-90, for cases diagnosed January 1, 2018 or later. For cases diagnosed prior to January 1, 2018, use code 07 – Brachytherapy, NOS.

Modification:

#3 updated 10.21.19

Phase I, II, and III Radiation Treatment Modality

NAACCR Data Item: 1506, 1516, 1526

STORE Page(s): 285, 304, 323

Date Published in NCDB News: 7/3/2019

NCDB Clarification to CTR Radiation Coding Guide - Coding SAVI equipment for Brachytherapy

Clarification for Coding SAVI equipment for Brachytherapy; In the CTR Radiation Coding Guide (page 22), the Modality code for SAVI, is coded (11), Brachytherapy, Interstitial, HDR, which is incorrect.

The correct modality code is (09), Brachytherapy, Intracavitary, HDR. The code will change from 11 to 09. This change will be reflected in the updated v2.0 release.

Phase I, II, and III Radiation Treatment Modality

NAACCR Data Item: 1506, 1516, 1526

STORE Page(s): 285, 304, 323

Date Published in NCDB News: 2/6/2020

[CTR Guide to Coding Radiation Therapy Version 2.0 now available](#)

The Commission on Cancer Radiation Oncology Working Group is pleased to announce the distribution of the [CTR Guide to Coding Radiation Therapy Treatment in the STORE](#) version 2.0 to aid registrars in the coding of the 31 Radiation Data items defined in STORE. This document may also be found in the Resources section of the [National Cancer Database](#) web page.

An important update to the coding of brachytherapy (page 6):

If any phase of treatment to a volume has the Treatment Modality coded to anything between 07 and 16, the dose for that phase should be coded in cGy, when available. If there is only one phase in the entire course of radiation, then the phase dose can be used to record the course Total Dose. However, if there are multiple phases in a radiation course and any of the phases use a brachytherapy, radioisotopes or infusion therapy, then the Total Dose should be coded to 999998 (five 9s).

Effective with any cases diagnosed January 1, 2020, that received brachytherapy, we prefer the dosage be entered but will allow code 99998. The expectation is not a recoding of cases with diagnosis date prior to January 1, 2020.

Date of First Course Treatment/Palliative Care

NAACCR Data Item: 1270

STORE Page: 232

Date Published in NCDB News: 2/28/2019

STORE Data Item Clarification: Palliative Care

When a patient receives *palliative care for pain management* **only** with no other cancer-directed treatment, Date of First Course of Treatment, NAACCR Data Item #1270, would be the date in which a patient decides on palliative care for pain management only, as recommended by the physician. “No therapy” is a treatment option that occurs if the patient refuses treatment, the family or guardian refuses treatment, the patient dies before treatment starts, or the physician recommends no treatment be given, or the physician recommends palliative care for pain management only.

Cancer Status, Date of Last Cancer (tumor) Status and Date of Last Cancer (tumor) Status Flag

NAACCR Data Item(s): 1770, 1772, 1773

STORE Page(s): 393, 391, 392

Date Published in NCDB News: 3/7/2019; re-posted on 8/15/19

STORE Data Item Clarification: Cancer Status

Coding examples and rationale for the new STORE Data items, Cancer Status [1770], Date of Last Cancer (tumor) Status [1772], and Date of Last Cancer (tumor) Status Flag [1773], have been created to assist the registrar in the coding of these new data items.

The rationale for the development of the new data items, Cancer Status [1770], Date of Last Cancer (tumor) Status [1772] and Date of Last Cancer (tumor) Status Flag [1773] is to track recurrence **after** the completion of first course of treatment. The use of the Date of Last Cancer (tumor) Status Flag [1773] should be infrequent, as there should always be a relevant date from the medical information which is used to assign the cancer status.

1) Never disease-free:

Cancer Status [1770] = 2 (cancer)

Date of First Recurrence [1860] = BLANK, as per existing STORE instructions because it records date of recurrence after disease-free period which in this scenario there never was a disease-free period)

Recurrence Date 1st Flag [1861] = code 11 "patient never disease free" (STORE code 11 presently combines disease free after treatment and never disease free)

Date of Last Cancer (tumor) Status [1772] = record date of the last note stating the patient status (not disease free). *In cases when the only information is a diagnosis, use the date of diagnosis.*

2) Patient receiving treatment:

Cancer Status [1770] = 2 (cancer)

Date of First Recurrence [1860] = BLANK, as per existing STORE instructions because it records date of recurrence after disease-free period which in this scenario is unknown.

Recurrence Date 1st Flag [1861] = 10 (unknown if patient was never disease free or had first recurrence-patient receiving treatment)

Date of Last Cancer (tumor) Status [1772] = record date of last note stating patient has disease and undergoing treatment.

3) Disease-free:

Cancer Status [1770] = 1 (no cancer)

Date of First Recurrence [1860] = BLANK (as per existing STORE instructions because it records date of recurrence after disease-free period)

Recurrence Date 1st Flag [1861] = code 11 to "patient disease free" (STORE code 11 presently combines disease free after treatment and never disease free)

Date of Last Cancer (tumor) Status [1772] = record date of last note stating patient is disease-free.

4) Not disease-free after a period of being disease-free:

Cancer Status [1770] = 2 (cancer) changed from 1 (patient initially disease free)

Date of First Recurrence [1860] = valid date entered for first recurrence date, or if no date see Recurrence Date 1st Flag [1861]

Recurrence Date 1st Flag [1861] = 12 (a proper value is applicable but not known)

Date of Last Cancer (tumor) Status [1772] = record date of last note stating patient has disease.

CTR Guide to Coding Radiation Therapy

Date Published in NCDB News: 3/28/2019

The Commission on Cancer Radiation Oncology Working Group is pleased to announce the distribution of the [CTR Guide to Coding Radiation Therapy Treatment in the STORE](#) version 1.0 to aid registrars in the coding of the 31 Radiation Data items defined in STORE. This document may also be found in the Resources section of the [National Cancer Database](#) web page.

Date Published in NCDB News: 5/2/2019

2018 Radiation Data Items Update

Additional abbreviation-Appendix C-Radiation Therapy Useful Abbreviations

When entering the phases information for the new radiation data items the abbreviation for Posterior Axillary Boost is PAB.

Phase I, II, and III Radiation Primary Treatment Volume

NAACCR Data Item(s): 1504, 1514, 1524

STORE Page(s) 277, 296, 315

Date Published in NCDB News: 4/4/2019

STORE Data Item Clarification: I-131 for Thyroid

As referenced in page 10 of the [CTR Guide to Coding Radiation Therapy Treatment in the STORE](#) (Version 1.0), technically, I-131 is effective wherever there are thyroid cancer cells in the body, so there is no specific anatomic treatment volume involved. Therefore, it is recommended coding radioisotope treatments as 98 (Other). While another reasonable option would be to code the volume as 93 (Whole Body), code 93 (Whole Body) has traditionally been reserved for whole body treatment with external beam radiation such as is done prior to bone marrow transplantation. For historical consistency purposes, please use 98 (Other). The next version of STORE will reflect this change.

The CTR Guide to Coding Radiation Therapy Treatment in the STORE may also be found in the Resources section of the [National Cancer Database](#) web page.

Phase I, II, and III Radiation Primary Treatment Volume

NAACCR Data Item(s): 1504, 1514, 1524

STORE Page(s): 277, 296, 315

Date Published in NCDB News: 4/18/2019

STORE Data Item Clarification for Coding I-131

As referenced in page 10 of the [CTR Guide to Coding Radiation Therapy Treatment in the STORE](#) (Version 1.0), technically, I-131 is effective wherever there are thyroid cancer cells in the body, so there is no specific anatomic treatment volume involved. Therefore, it is recommended coding radioisotope treatments as 98 (Other). While another reasonable option would be to code the volume as 93 (Whole Body), code 93 (Whole Body) has traditionally been reserved for whole body treatment with external beam radiation such as is done prior to bone marrow transplantation. For historical consistency purposes, please use 98 (Other).

[STORE](#) is effective for cases diagnosed January 1, 2018. Use this manual for current cases. In most instances, it also should be used for historic cases being abstracted currently; exceptions are noted in the text.

Moving forward, please abstract cases following the rule from the STORE Data Item Clarification: I-131 for Thyroid for applicable cases. This includes cases diagnosed prior to 2018.

NCDB is not stating that thyroid cases diagnosed prior to 2018 should be pulled for review and re-coded to 98 (Other) if they had I-131.

Phase I, II, and III Radiation Primary Treatment Volume

NAACCR Data Item(s): 1504, 1514, 1524

STORE Page(s): 277, 296, 315

Date Published in NCDB News: 5/9/2019

NCDB: The Corner STORE – Clarification for the use of code 86 for Radiation Primary Treatment Volume

NAACCR Data Item 1504, 1514, 1524 Radiation Primary Treatment Volume:

Code 86 Pelvis (NOS, non-visceral):

The treatment volume is directed at a primary tumor of the pelvis, but the primary sub-site is not a pelvic organ or is not known or indicated. For example, this code should be used for sarcomas arising from the pelvis. Determination of the exact treatment volume may require assistance from the radiation oncologist for consistent coding.

Scenario 1:

- The patient has a total Prostatectomy with seminal vesical removal
- Radiation treatment is stated to be directed to the prostate bed
- Code to volume 86 unless physician documentation states differently

Scenario 2:

- Patient undergoes TAH-BSO for cervical cancer
- Received post-op radiation to the pelvis.
- Code to volume 86 unless physician documentation states differently

Tumor Size Summary

NAACCR Data Item: 756

STORE Page(s): 174, 175, 176

Date Published in NCDB News: 7/9/2019

NCDB Clarification - Coding NAACCR Data Item 756 Tumor Size Summary When No Size is Given

Question: When a patient has surgery and no size is reported on the path report, how is the tumor size coded?

Answer: Record the most accurate measurement of a solid primary tumor, based on the rules in STORE.

Tumor size code 999 is coded when size is unknown or not applicable. The sites/morphologies where tumor size is not applicable are listed on page 176, STORE.

When a patient has neoadjuvant therapy followed by surgery, do not record the size from the pathologic specimen. Code the largest size of the tumor prior to neoadjuvant treatment. If it is unknown, code the size as 999.

If no surgical resection, then largest measurement of the tumor from the imaging, physical exam, or other diagnostic procedures in this order of priority prior to any form of treatment (See Coding Rules), page 174, STORE. The next version of the STORE will be updated with the following information for Tumor Size Summary [756], Coding Rules #4 - Information on size from imaging/radiographic techniques can be used to code the tumor size when there is no more specific size information from pathology or operative report. It should be taken as a lower priority, but over a physical exam.

Modification:

Last paragraph updated 02.13.2020

Sentinel Lymph Nodes

NAACCR Data Item(s): 834, 835

STORE Page(s): 161 – 164

Date Published in NCDB News: 2/13/2020

Only Sentinel Lymph Node Biopsy Performed

As referenced in the STORE, page 3, Because sentinel lymph node biopsies have been generally under-reported and the timing and results of sentinel lymph node biopsy procedures are used in multiple CoC Quality of Care Measures, the CoC developed six new data items for collection of more specific information on sentinel and regional nodes.

- Date of Regional Lymph Node Dissection [682]
- Date Regional Lymph Node Dissection Flag [683]
- Date of Sentinel Lymph Node Biopsy (for breast and melanoma only) [832]
- Date of Sentinel Lymph Node Biopsy Flag (for breast and melanoma only) [833]
- Sentinel Lymph Nodes Examined (for breast and melanoma only) [834]
- Sentinel Lymph Nodes Positive (for breast and melanoma only) [835]

In instances when *only* a sentinel lymph node biopsy is performed (no other regional lymph nodes examined and no regional lymph node dissection), the following data items are completed:

Sentinel Lymph Nodes Examined [834]
Sentinel Lymph Nodes Positive [835]
Date of Sentinel Lymph Node Biopsy [832]
Regional Lymph Nodes Examined [830] *
Regional Lymph Nodes Positive [820] *
Date Regional Lymph Node Dissection [682] (*blank*)
Date Regional Lymph Node Dissection Flag [683] (*11; no regional lymph node dissection performed*)
Scope of Regional Lymph Node Surgery [1292] (*code 2; cannot be codes 3 to 5*)

*When *only* a sentinel lymph node biopsy is performed, and there are no other regional lymph nodes examined, the number of Regional Lymph Nodes Examined [830] is equal to the number of Sentinel Lymph Nodes Examined [834] and the number of Regional Lymph Nodes Positive [820] is equal to the number of Sentinel Lymph Nodes Positive [835].

Case Scenario: A patient *only* has a sentinel lymph node biopsy on 1/1/2019 for breast cancer that reveals 0/2 sentinel lymph nodes positive.

The relevant data items are completed as follows:

Sentinel Lymph Nodes Examined [834]	02
Sentinel Lymph Nodes Positive [835]	00
Date of Sentinel Lymph Node Biopsy [832]	20190101
Date of Sentinel Lymph Node Biopsy Flag [833]	blank
Regional Lymph Nodes Examined [830]	02

Regional Lymph Nodes Positive [820]	00
Date Regional Lymph Node Dissection [682]	blank
Date Regional Lymph Node Dissection Flag [683]	11
Scope of Regional Lymph Node Surgery [1292]	2