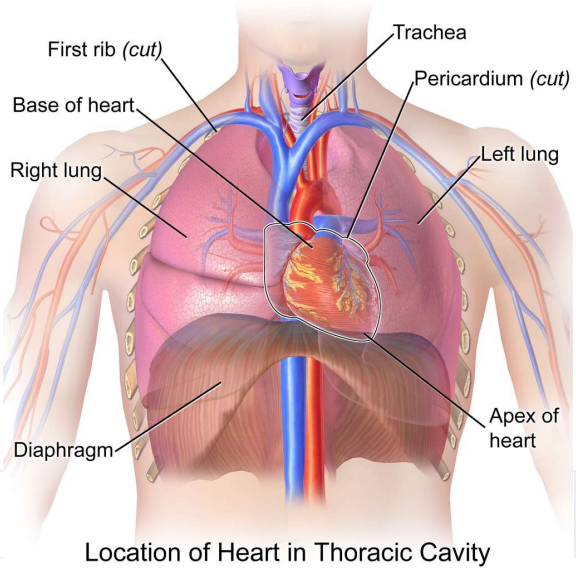
1

Agenda

- Lung
- Lymphoma

2

Lung



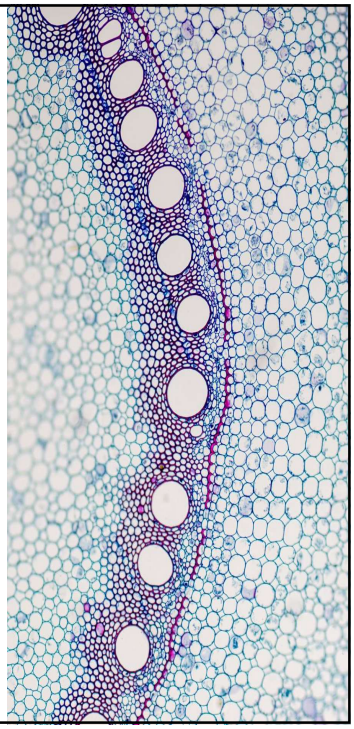
Location of Heart in Thoracic Cavity

3

Histology

- Non Small Cell Lung Cancer (NSLC) (8046/3)
  - Adenocarcinoma (8140/3)
    - 40% of lung cancers
    - Usually found in the peripheral parts of the lung
  - Large Cell Carcinoma (8012/3)
  - Squamous Cell Carcinoma (8070/3)
    - 25-30% of all lung cancers
    - Usually originate in cells lining the inside of the lung airways. Tend to be more centrally located.

4



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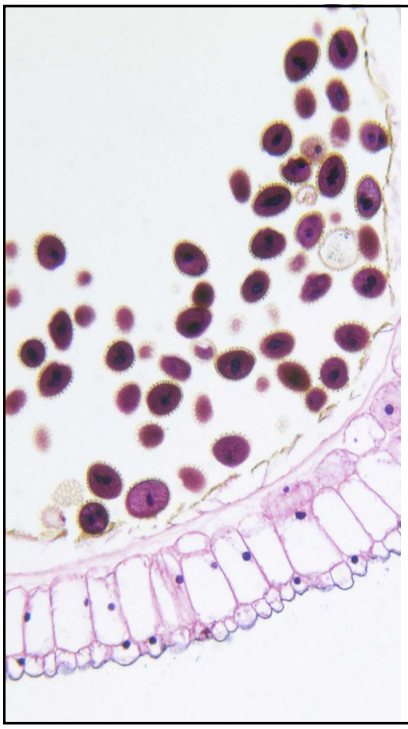


Histology

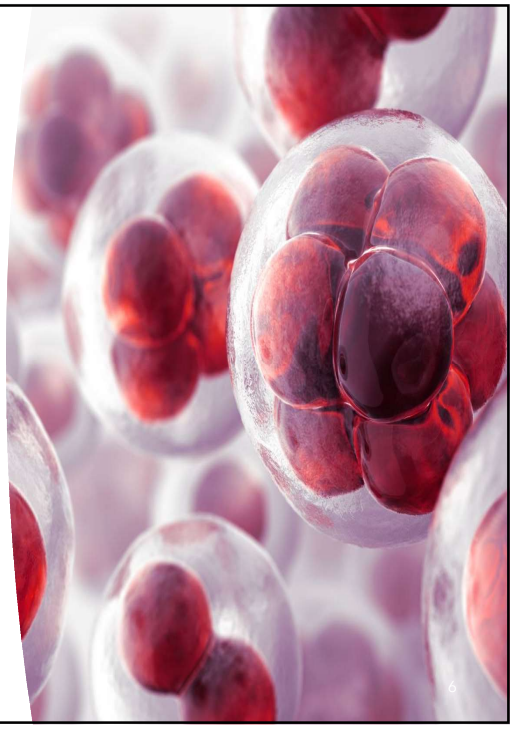
- Small Cell Lung Cancer (8041/3)
  - 10-15% of all lung cases
  - Starts in the bronchi near the center of the chest
  - Tends to spread widely to other parts of the body prior
  - Patients often present with regional or distant disease
- Lung carcinoid tumors (8240/3)
  - 5% of all lung cases
  - Tend to be slow growing

5

5

Thyroid Transcription Factor-1 (TTF-1)

- Adenocarcinoma TTF-1 positive
- Squamous cell carcinoma TTF-1 negative and p63 positive
- TTF-1 helps distinguish primary lung adenocarcinoma from metastatic adenocarcinoma



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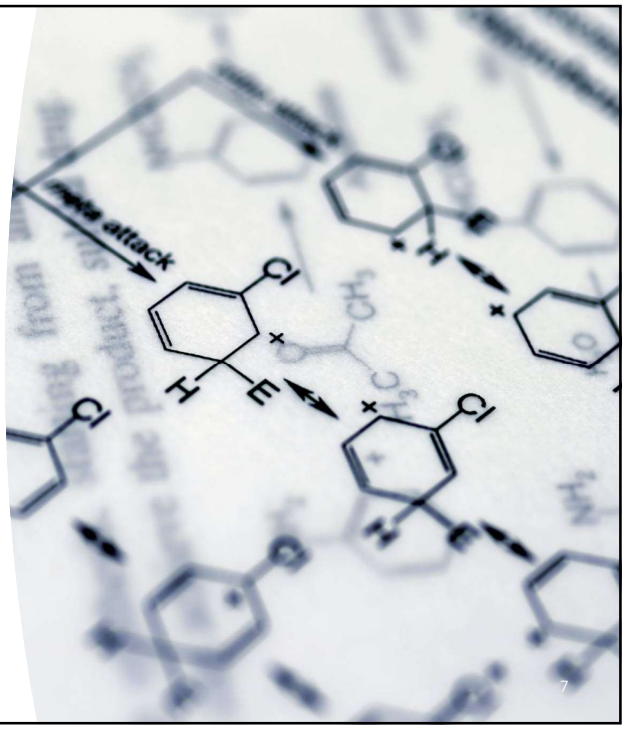
6

Biomarkers

- Predictive biomarkers (predicts response to treatment)
  - Epidermal growth factor receptor (EGFR)
  - Anaplastic lymphoma kinase (ALK)
- Prognostic biomarker (patient survival)
  - KRAS
    - KRAS mutational status is prognostic of survival
    - Currently not targeted therapy for KRAS positive patients



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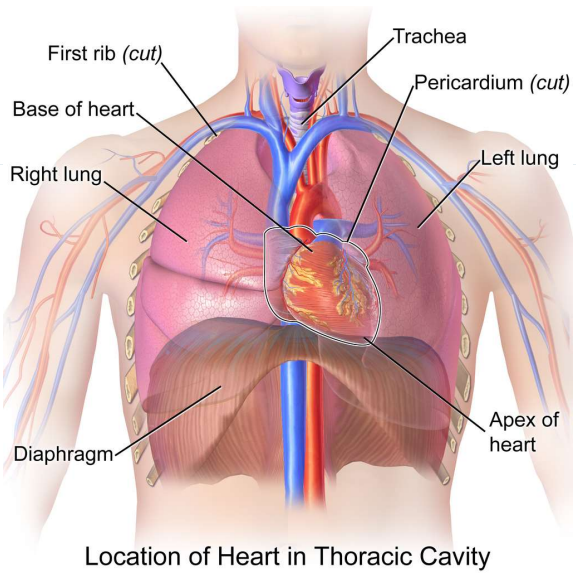
7

Anatomy

- Thoracic Cavity
  - Mediastinum
    - Superior vena cava
    - Trachea
    - Thymus
    - Heart
    - etc
  - Two Pleural Cavities (where the lungs are housed)
  - Diaphragm



Location of Heart in Thoracic Cavity

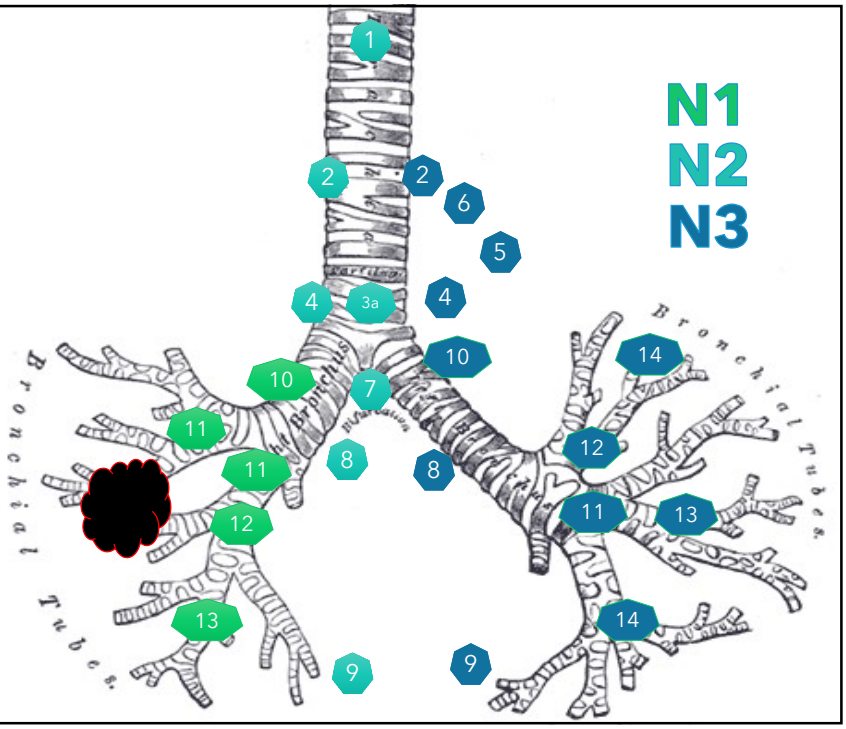
http://en.wikipedia.org/wiki/Thoracic_cavity#mediaviewer/File:Blausen_0458_Heart_ThoracicCavity.png

8

8

Lymph Nod

- 1 Supraclavicular
- 2-9 Mediastinal
- 10 hilar
- 11 interlobar
- 12 along the lobar bronchi
- 13 along segmental lobar
- 14 subsegmental



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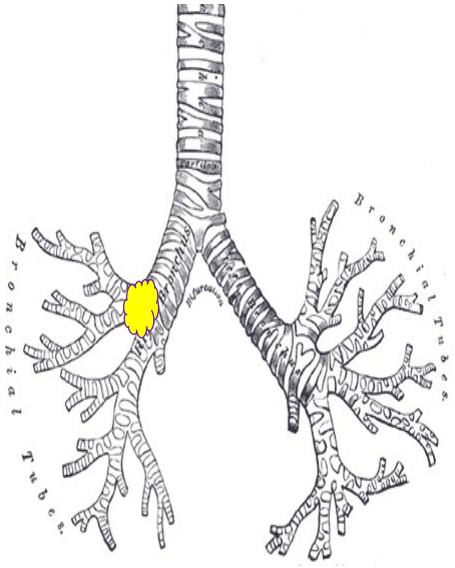
Atelectasis

- The collapse of part or (much less commonly) all of a lung
- Caused by a blockage of the air passages (bronchus or bronchioles) or by pressure on the outside of the lung.



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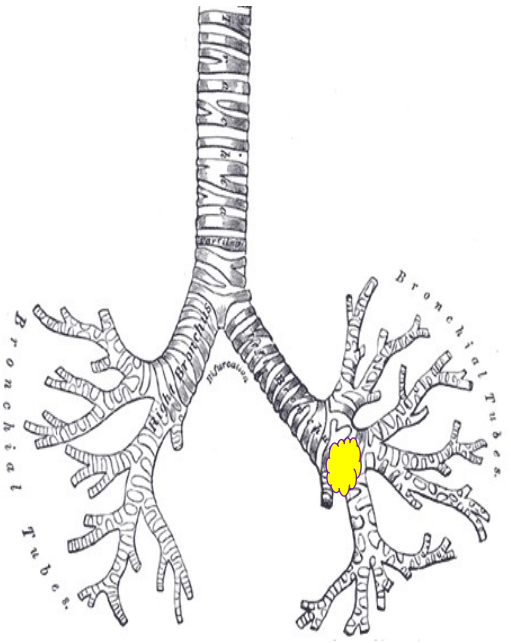
Obstructive Pneumonitis

- Combination of atelectasis, bronchiectasis with mucous plugging, and parenchymal inflammation that develops distal to an obstructing endobronchial lesion.



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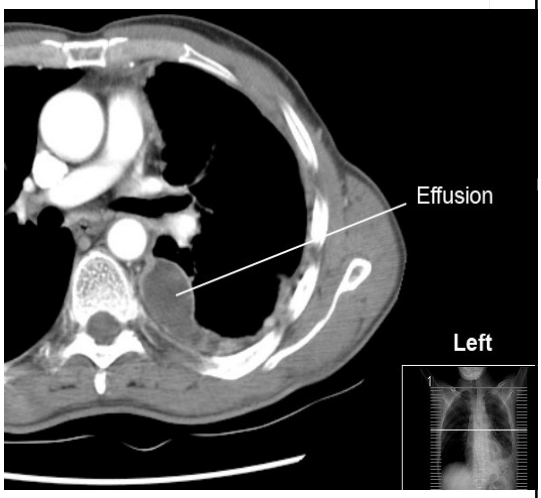
Pleural Effusion

- Caused by excess fluid accumulation between the two layers of the pleura
- Consider malignant unless multiple cytopathologic examinations of pleural and/or pericardial fluid are negative for tumor, and the fluid is non-bloody and is not an exudates



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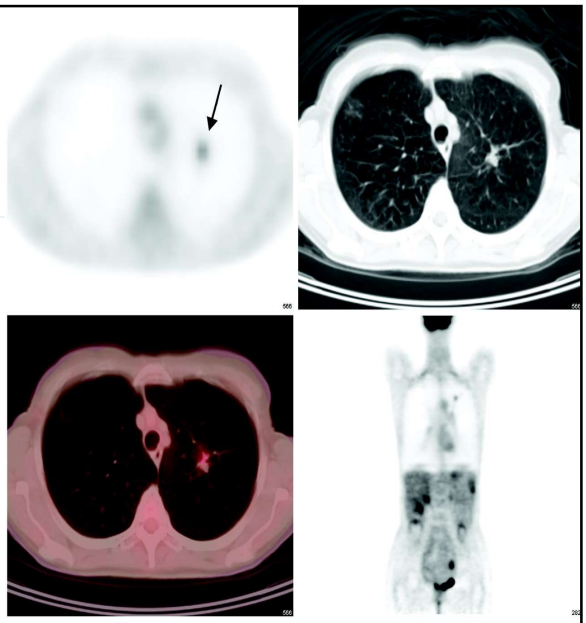
Imaging

- Low-Dose Computed Tomography (LDCT) scan
  - Screening tool
- CT Scans
- PET and PET/CT
- MRI



https://jnm.snmjournals.org/content/48/2/214

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Lung-RADS® v2022

- Lung-RADS® is a quality assurance tool designed to standardize lung **cancer screening CT** reporting and management recommendations, reduce confusion in lung cancer screening CT interpretations, and facilitate outcome monitoring.

Lung-RADS® Category Descriptor

- 0-Incomplete
- 1-Negative (no lung nodules)
- 2-Benign
- 3-Probably benign
- 4A-Suspicous
- 4B-Very Suspicious
- 4X
- S-Significant or Potentially Significant

American College of Radiology Committee on Lung-RADS®. Lung-RADS Assessment Categories 2022. Available at https://www.acr.org/-/media/ACR/Files/RADS/Lung-RADS/Lung-RADS-2022.pdf.

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Procedures

- Endoscopic ultrasound (EUS)
  - Gastrointestinal
- Endobronchial ultrasound (EBUS)
  - Bronchoscopy
  - Navigational bronchoscopy
  - Robotic bronchoscopy
- Mediastinoscopy
- Percutaneous biopsy
- Pleuracentesis

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Pop Quiz 1

Remember:
- Biopsy of lung tissue or distant lymph node or site of distant mets is coded as a Dx Staging Procedure.
- Biopsy of a regional lymph node is coded in scope of regional lymph nodes

Indicate what data item should be used to code the following? Each biopsy is positive for squamous cell carcinoma from lung primary.

A 1. Navigational bronchoscopy with biopsy of mass in the right peripheral lobe of the left lung.

C 2. EBUS of hilar lymph node

C 3. Mediastinoscopy with biopsy of station 2R lymph node

D 4. Excisional biopsy of supraclavicular lymph node

A. Surgical Diagnostic and Staging Procedure

B. Surg Primary Site 2023

C. Scope of Regional Lymph Node Surgery

D. Surgical Procedure/Other Site

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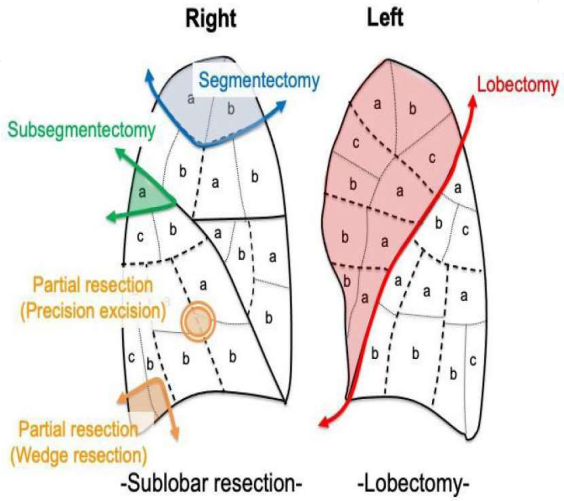
Sublobar Resection (less than a full lobe)

- A200 Excision or resection of less than one lobe, NOS
  - A230 Excision, NOS
  - A240 Laser excision
  - A250 Bronchial sleeve resection ONLY
  - A210 Wedge resection
  - A220 Segmental resection, including lingulectomy



Kato H, Oizumi H, Suzuki J, Suzuki K, Takamori S. Indications and technical details of sublobar resections for small-sized lung cancers based on tumor characteristics. *Mini-invasive Surg* 2021;5:5. http://dx.doi.org/10.20517/2574-1225.2020.98

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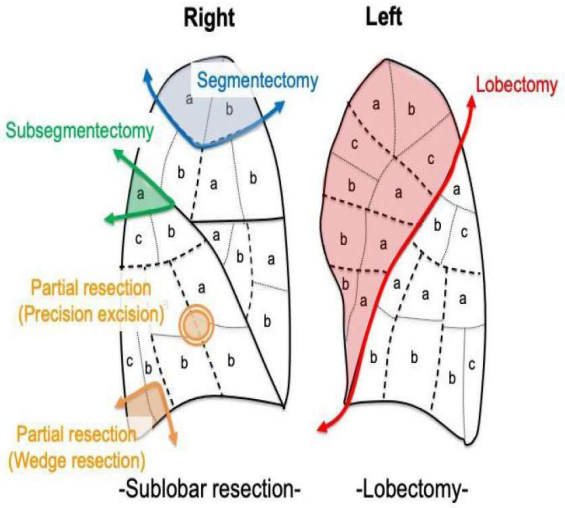
Sublobar Resection:
Wedge Resection and Segmentectomy

Right
- Upper lobe
  - apical segment
  - posterior segment
  - anterior segment
- Middle lobe
  - lateral segment
  - medial segment
- Lower lobe
  - superior segment
  - medial-basal segment
  - anterior-basal segment
  - lateral-basal segment
  - posterior-basal segment

Left
- Upper lobe
  - segment
  - Inferior lapicoposterior segment
  - anterior ingula
  - Superior lingula
- Lower lobe
  - Lateral
  - Anteromedial
  - Superior
  - posterior



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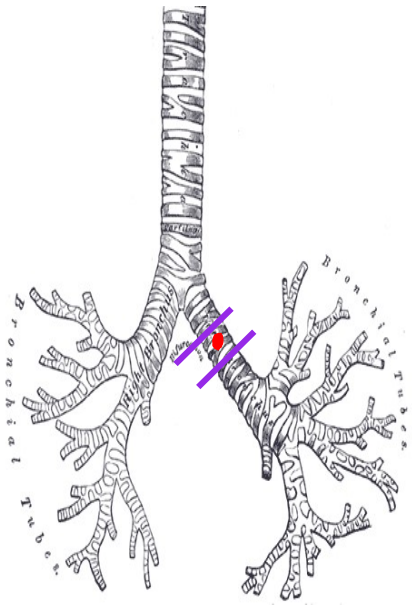

Sleeve Resection

- Circumferential excision of a part of the bronchus and/or pulmonary vessels during lung parenchyma resection while preserving the uninvolved portions of the lung

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Lobectomy

VATS-Video Assisted Thoracic Surgery
Robotic Thoracic Surgery
Do not change surgery code!

- A300-Resection of [at least one] lobe or bi-lobectomy, but less than the whole lung (partial pneumonectomy, NOS)
- A330-Lobectomy WITH mediastinal lymph node dissection
  - The lymph node dissection should also be coded under Scope of Regional Lymph Node Surgery (NAACCR #1292).
  - [SEER Note: Assign code A300 when lymph node dissection is not performed, but lymph nodes are obtained as part of the lobectomy specimen.]

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Pop Quiz 2

B 1. Lingula-Sparing LUL Lobectomy & Mediastinal Lymph Node Dissection

C 2. RT VATS middle lobectomy and lymph node dissection

B 3. Removal of the apical and posterior segments of the right upper lobe lung.

A. A210 Wedge resection
B. A220 Segmental resection, including lingulectomy
C. A300 Resection of [at least one] lobe or bi-lobectomy, but less than the whole lung (partial pneumonectomy, NOS)
D. A330 Lobectomy WITH mediastinal lymph node dissection

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Scope of Regional Lymph Nodes

- 0-No regional lymph nodes removed or aspirated; diagnosed at autopsy.
- 1-Biopsy or aspiration of regional lymph node, NOS
- 2-Sentinel lymph node biopsy [only]
- 3-Number of regional lymph nodes removed unknown, not stated; regional lymph nodes removed, NOS
- 4- *1 to 3* regional lymph nodes removed
- 5- *4* or more regional lymph nodes removed

SEER Program Coding and Staging Manual 2023

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Surgical Procedure of Other Site

- 0 None; diagnosed at autopsy
- 1 Non-primary surgical procedure performed
- 2 Non-primary surgical procedure to other regional sites
- 3 Non-primary surgical procedure to distant lymph node(s)
- 4 Non-primary surgical procedure to distant site
- 5 Combination of codes 2, 3, or 4
- 9 Unknown

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Pop Quiz 3

F 1. Lung cancer patient had a core biopsy of an enlarged level 3 cervical lymph node that was negative for malignancy

A 2. Lung cancer patient had a core biopsy of an enlarged level 3 cervical lymph node that was positive for malignancy

D 3. Lung cancer patient had an excisional biopsy of an enlarged level 3 cervical lymph node that was negative for malignancy

E 4. Patient had single metastatic liver lesion excised. Most likely from lung primary.

A. 01- Bx of metastatic site
   - *Diagnostic Staging Procedure*

B. 02- Bx of primary site
   - *Diagnostic Staging Procedure*

C. 3 Biopsy or aspiration of regional lymph node, NOS
   - *Scope of Regional Lymph Node Surgery*

D. 03 Non-primary surgical procedure to distant lymph node(s)
   - *Surgical Procedure Other*

E. 04 Non-primary surgical procedure to distant site
   - Surgical Procedure Other

F. Do not code

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Systemic Therapy

- Cisplatin plus pemetrexed
  - Non-squamous, non-small cell carcinoma
- Cisplatin plus either gemcitabine or docetaxel
  - Squamous cell, non-small cell carcinoma
- Atezolizumab, pembrolizumab, or osimertinib for eligible patients with the appropriate biomarkers,

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AJCC Cancer Stage: Lung

- Classification
  - Clinical staging
    - Evidence acquired prior to treatment
      - Physical exam, imaging studies, lab tests, and staging procedures
  - Pathologic staging
    - Evidence acquired prior to treatment + evidence acquired during and after surgery, particularly from pathologic exam
      - Resection of primary tumor sufficient to evaluate highest pT
      - Removal of sufficient number of lymph nodes to evaluate highest pN

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Lung Quiz 1

- 2/4/23 CT/PET: 4.5 cm mass in right middle and upper lung lobe, most likely malignant, with tumor associated obstructive pneumonitis in the upper lobe. No lymphadenopathy or metastasis observed.
- 2/21/23 Right middle and upper lung lobectomies:
  - Moderately differentiated squamous cell carcinoma, 4.5 cm, of upper and middle lobes obliterates the fissure.
  - No evidence of any mass lesions within the bronchial tree. Tumor is confined within the lung parenchyma with no invasion of the visceral pleura.
  - Margins clear.
  - Number of LNs examined= 21
  - Number of LNs involved= 1 (10R).
  - Lymph nodes examined: 4R, 8R, 10R, 11R, 12R, 13R, subcarinal.
- 2/29/23 MRI of the brain shows metastasis in parietal lobe

Data Item	Value
Clinical T	cT2b (4-5cm)
Clinical N	cN0
Clinical M	cN0
Clinical Stage	2A
Pathologic T	pT2b
Pathologic N	pN1
Pathologic M	cM1b
Pathologic Stage	4B

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Lung Quiz 2

- A patient presents for a bronchoscopy. No tumor is identified during the procedure, but bronchial washing was performed of suspicious area in the left main stem bronchus.
- Pathology returned squamous cell carcinoma.
- A spiral CT was performed. No tumors were identified in the lung. No indication of metastasis.
- Patient treated with chemotherapy only

Data Item	Value	Data Item	Value
cT	cTX	pT	
cT Suffix		pT Suffix	
cN	cN0	pN	
cM	cM0	pM	
cStage	99	pStage	99

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Scenario 3

T1c

- A patient with SOB and suspected pleurisy presented for a CT of the chest. The CT scan of the chest and abdomen showed a right lung upper lobe mass, measuring less than 3cm, highly suspicious for malignancy.
- Also noted, was a massive right sided pleural effusion, obstructive pneumonitis, and atelectasis of the entire right lung.
- No lymphadenopathy or organomegaly. Additional staging work-up was negative.
- A thoracentesis of the pleural effusion confirmed metastatic adenocarcinoma. The patient was treated with chemotherapy and radiation.

cM1a

T2a

cN0

pM1a

Data Item	Value	Data Item	Value
cT	cT2a	pT	cT2a
cT Suffix		pT Suffix	
cN	cN0	pN	cN0
cM		pM	
cStage	pM1a	pStage	pM1a

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Let's Play Lung Jeopardy!

30

1. Answer: Pathologic Grade 2

1. Patient with biopsy showing a moderately differentiated adenocarcinoma, resection showed poorly differentiated adenocarcinoma.
2. Patient with biopsy showing a moderately differentiated adenocarcinoma, resection showed no residual tumor.
3. Patient with biopsy showing a poorly differentiated adenocarcinoma, resection showed moderately differentiated adenocarcinoma
4. Patient with biopsy showing a moderately differentiated adenocarcinoma, patient proceeded with XRT

Jeopardy-1

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Grade Notes

Note 6: Use the grade from the clinical work up from the primary tumor in different scenarios based on behavior or surgical resection

- Behavior:
  - Tumor behavior for the clinical and the pathological diagnoses are the same AND the clinical grade is the highest grade
  - Tumor behavior for clinical diagnosis is invasive, and the tumor behavior for the pathological diagnosis is in situ
- Surgical Resection
  - Surgical resection is done of the primary tumor and there is no grade documented from the surgical resection
  - Surgical resection is done of the primary tumor and there is no residual cancer
  - Surgical resection of the primary tumor has not been done, but there is positive microscopic confirmation of distant metastases during the clinical time frame

Jeopardy-1

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2. The answer is: *Pathologic Grade 3*

1. Patient with lung biopsy revealing a poorly differentiated squamous cell carcinoma, patient with liver and bone metastasis seen on scans.
2. Patient with lung biopsy revealing a poorly differentiated squamous cell carcinoma, patient with suspected hilar node metastasis seen on scans, proceeded to treatment with Keytruda.
3. Patient with lung biopsy revealing a poorly differentiated squamous cell carcinoma, patient had resection of the primary tumor with anaplastic squamous cell carcinoma identified.
4. Patient with lung biopsy revealing a poorly differentiated squamous cell carcinoma, patient with liver and bone metastasis seen on scans, liver biopsy showed moderately differentiated squamous cell carcinoma.

Jeopardy-2

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Grade Notes

Note 6: Use the grade from the clinical work up from the primary tumor in different scenarios based on behavior or surgical resection

- Behavior:
  - Tumor behavior for the clinical and the pathological diagnoses are the same AND the clinical grade is the highest grade
  - Tumor behavior for clinical diagnosis is invasive, and the tumor behavior for the pathological diagnosis is in situ
- Surgical Resection
  - Surgical resection is done of the primary tumor and there is no grade documented from the surgical resection
  - Surgical resection is done of the primary tumor and there is no residual cancer
  - Surgical resection of the primary tumor has not been done, but there is positive microscopic confirmation of distant metastases during the clinical time frame

Jeopardy-2

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3. The answer is.... *Lung Separate tumor nodules - 1*

Code	Description
0	No separate tumor nodules; single tumor only Separate tumor nodules of same histologic type not identified/not present Intrapulmonary metastasis not identified/not present Multiple nodules described as multiple foci of adenocarcinoma in situ or minimally invasive adenocarcinoma
1	Separate tumor nodules of same histologic type in ipsilateral lung, same lobe
2	Separate tumor nodules of same histologic type in ipsilateral lung, different lobe
3	Separate tumor nodules of same histologic type in ipsilateral lung, same AND different lobes
4	Separate tumor nodules of same histologic type in ipsilateral lung, unknown if same or different lobe(s)
7	Multiple nodules or foci of tumor present, not classifiable based on Notes 3 and 4
8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 8 will result in an edit error.)
9	Not documented in medical record Primary tumor is in situ Separate Tumor Nodules not assessed or unknown if assessed

Jeopardy-3

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3. *Lung Separate tumor nodules 1*

1. Patient presents for screening lung CT – 2 nodules are identified in the RUL, resection revealed synchronous primary tumors (lepidic adenocarcinoma and acinar adenocarcinoma)
2. Patient presents for screening lung CT – 1 nodule identified in the RUL and one in the RLL, biopsies revealed synchronous primary tumors (lepidic adenocarcinoma and acinar adenocarcinoma)
3. Patient presents for screening lung CT – 2 nodules are identified in the RUL, biopsy of the larger tumor revealed adenocarcinoma
4. Patient presents for screening lung CT – 1 nodule identified in the RUL and one in the RLL, biopsy of the RUL tumor revealed adenocarcinoma

Jeopardy-3

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Separate Tumor Nodules - Notes

Note 3: For this item, only code separate tumor nodules of the same histologic type as the primary tumor, also referred to as intrapulmonary metastases.

- x In the case of multiple tumor nodules determined to be the same primary, if not all nodules are biopsied, assume they are the same histology

Note 4: Other situations that display multiple lesions are NOT coded in this item.

- Assign code 0 if the multiple lesions belong to one of these other situations. Refer to the AJCC Staging Manual 8th Edition for standardized and precise definitions of the situations which aren't separate tumor nodules. They are
- x second primary tumors, also called synchronous primary tumors (not the same histology as the primary tumor)
- x multifocal lung adenocarcinoma with ground glass/lepidic features
- x diffuse pneumonic adenocarcinoma

Jeopardy-3

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4. *Tumor Size Summary 008*

- 000 No mass/tumor found
- 001 1 mm or described as less than 1 mm
- 002-988 (exact size in mm (2 mm to 988 mm)
- 989 989 mm or larger
- 990 Microscopic Focus or foci only and no size of focus is given
- 998 Site Specific Codes Diffuse, entire lung or NOS: Lung and main stem bronchus (C34.0-C34.3, C34.8-C34.9)
- 999 Unknown/Not stated

Jeopardy-4

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4. *Tumor Size Summary 008*

1. Patient with new lung nodules seen on CT chest in the RUL, 3 nodules measured as 8 cm, 4 cm and 2 cm, patient placed on Keytruda
2. Patient with new lung nodules seen on CT chest in the RUL, 2 nodules 8 mm and 6 mm, wedge resection performed with both nodules removed, pathology states 7 mm and 5 mm.
3. Patient with new lung nodules seen on CT chest in the RUL, one nodule was between 7 and 9 mm; the other was between 6 and 8 mm, patient given radiation.
4. Patient with new lung nodules seen on CT chest in the RUL, patient taken to surgery and had a right upper lobectomy, tumor size 8 cm and 1.4 cm.

Jeopardy-4

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Tumor Size Summary notes

- First priority is size of resected surgical specimen (if no neoadjuvant)
- If no surgical resection, then largest measurement from imaging/PE or other diagnostic procedures
  - 2 c. If tumor size is reported to be between two sizes, record tumor size as the midpoint between the two: i.e., add the two sizes together and then divide by two ("between 2 and 3 cm" is coded as 025).
  - 12. Multifocal/multicentric tumors: If the tumor is multi-focal or if multiple tumors are reported as a single primary, code the size of the largest invasive tumor or if all of the tumors are in situ, code the size of the largest in situ tumor.

Jeopardy-5

40

5. *Clinical Staging cTX cN0 cM0 Stage group Occult Carcinoma*

1. Patient presents with ongoing cough and congestion. Chest CT showed infiltrates but no discrete tumor, bronchoscopy did not identify any sites of concern, bronchial washings revealed malignant cells.
2. Patient presents with ongoing cough and congestion. Chest CT showed infiltrates and a 1 cm RUL nodule, bronchoscopy did not identify any sites of concern, bronchial washings revealed malignant cells.
3. Patient presents with ongoing cough and congestion. Chest CT showed infiltrates but no discrete tumor, bronchoscopy with FNA of a level 10R node. Node was positive for adenocarcinoma.
4. Patient presents with ongoing cough and congestion. Chest CT showed infiltrates and a RUL nodules 1 cm, bronchoscopy with biopsy of the nodule was positive for adenocarcinoma.

Jeopardy-5

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6. *Pathological Staging pT1b(m) pN0(f) cM0 Stage group IA2*

1. Patient with 2 RLL tumors, FNA of a level 10R node was negative, wedge resection performed along with dissection of 6 regional nodes and identified synchronous primary tumors.
2. Patient with 2 RLL tumors, FNA of a level 10R node was negative, wedge resection performed and identified one primary tumor and one intrapulmonary mets.
3. Patient with 2 RLL tumors, FNA of a level 10R node was neg. Wedge resection and removal of 6 regional nodes; 1 RLL primary tumor, 1 intrapulmonary met, and 6 neg nodes.
4. Patient with 2 RLL tumors, FNA of a level 10R node was negative, wedge resection performed and identified synchronous primary tumors.

Jeopardy-6

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7. *Primary Site C34.1*

1. Patient with a chest CT scan that identified a Pancoast Tumor
2. Patient with a chest CT scan that identified a mass at the carina.
3. Patient with a chest CT scan that identified a mass extending up to the hilum
4. Patient with a chest CT scan that identified a suprahilar mass

Jeopardy-7

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Lung Solid Tumor Rules

Lung Equivalent Terms and Definitions
C340-C343, C348, C349
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

Terminology	Laterality	Site Term and Code
Bronchus intermedius **Carina** **Hilus of lung** **Perihilar**	Bilateral	Mainstem bronchus **C340** *Note:* **Bronchus intermedius** is the portion of the **right mainstem bronchus** between the upper lobar bronchus and the origin of the middle and lower lobar bronchi
Lingula of lung	Left	Upper lobe **C341**
Apex **Apex of lung** **Lung apex** **Pancoast tumor** **Superior lobar bronchus** **Upper lobe bronchi**	Bilateral	Upper lobe **C341**
Middle lobe **Middle lobe bronchi**	Right	Middle lobe **C342**
Base of lung **Lower lobar bronchus** **Lower lobe** **Lower lobe bronchi** **Lower lobe segmental bronchi**	Bilateral	Lower lobe **C343**
Overlapping lesion of lung	Bilateral	Overlapping lesion of lung **C348** *Note:* **One lesion/tumor which overlaps two or more lobes**

Table continues on next page

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8. *Histology: 8257/3 (minimally invasive mucinous adenocarcinoma)*

1. Patient with a single tumor in the RUL: Biopsy report identifies a probable minimally invasive mucinous carcinoma; resection confirms mucinous carcinoma.
2. Patient with a single tumor in the RUL: Pathology report identifies a mucinous carcinoma and minimally invasive mucinous carcinoma.
3. Patient with a single tumor in the RUL: Pathology report identifies a mucinous adenocarcinoma with a minimally invasive pattern
4. Patient with a single tumor in the RUL: Pathology report identifies a minimally invasive adenocarcinoma and a mucinous adenocarcinoma.

Jeopardy-8

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Lung Equivalent Terms and Definitions
C340-C343, C348, C349
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

Specific or NOS Histology Term and Code	Synonym of Specific or NOS	Subtype/variant of NOS and Code
Adenocarcinoma 8140 **Note 1:** Mucinous adenocarcinoma for lung only is coded as follows: • 8253/3* when o Behavior unknown/not documented (use staging form to determine behavior when available) o Invasive • 8257/3* when o Microinvasive o Minimally invasive • 8253/2* when o Preinvasive o In situ **Note 2:** Non-mucinous adenocarcinoma for lung only is coded as follows: • 8256/3* when o Microinvasive o Minimally invasive	Adenocarcinoma NOS Adenocarcinoma in situ 8140/2 Adenocarcinoma invasive 8140/3 Adenocarcinoma, non-mucinous, NOS Minimally invasive adenocarcinoma 8140/3	Acinar adenocarcinoma/adenocarcinoma, acinar predominant **(for lung only) 8551*** Adenoid cystic/adenocystic carcinoma **8200** Colloid adenocarcinoma **8480** Enteric adenocarcinoma/pulmonary intestinal-type adenocarcinoma **8144** Fetal adenocarcinoma **8333** Lepidic adenocarcinoma/adenocarcinoma, lepidic predominant **8250/3*** Mucinous carcinoma/adenocarcinoma **(for lung only)** in situ **8253/2*** invasive **8253/3*** minimally invasive **8257/3*** microinvasive **8257/3*** preinvasive **8253/2*** Micropapillary adenocarcinoma/adenocarcinoma, micropapillary predominant **8265** Mixed invasive mucinous and non-mucinous adenocarcinoma **8254***

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9. Summary Stage 2018- 3 Regional to Lymph Nodes

1. Patient presents with cough, Chest CT revealed a RUL mass and atelectasis extending to the hilar region.
2. Patient presents with cough, Chest CT revealed a RUL mass with invasion of the parietal pleura
3. Patient presents with cough, Chest CT revealed a RUL mass and superior vena cava syndrome.
4. Patient presents with cough, Chest CT revealed no evidence of tumor in the lungs, but malignant cells in the bronchial washings.

Jeopardy-9

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Summary Stage Notes

- **Note 6:** Separate ipsilateral tumor nodules of the same histopathological type (intrapulmonary metastases) are coded either regional (code 2) for same lobe or distant (code 7) for different ipsilateral lobe or contralateral lung.
- **Note 7:** "Vocal cord paralysis," "superior vena cava syndrome," and "compression of the trachea or the esophagus" are classified as mediastinal lymph node involvement (code 3) unless there is a statement of involvement by direct extension from the primary tumor.
- **Note 8:** Most pleural and pericardial effusions with lung cancer are due to tumor. In a few patients, however, multiple cytopathological examinations of pleural and/or pericardial fluid are negative for tumor, and the fluid is nonbloody and is not an exudate. Where these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging element.
- **Note 9:** Occult carcinoma occurs when tumor is proven by the presence of malignant cells or bronchial washings, but there is no other evidence of the tumor. These cases are coded as unknown (code 9).

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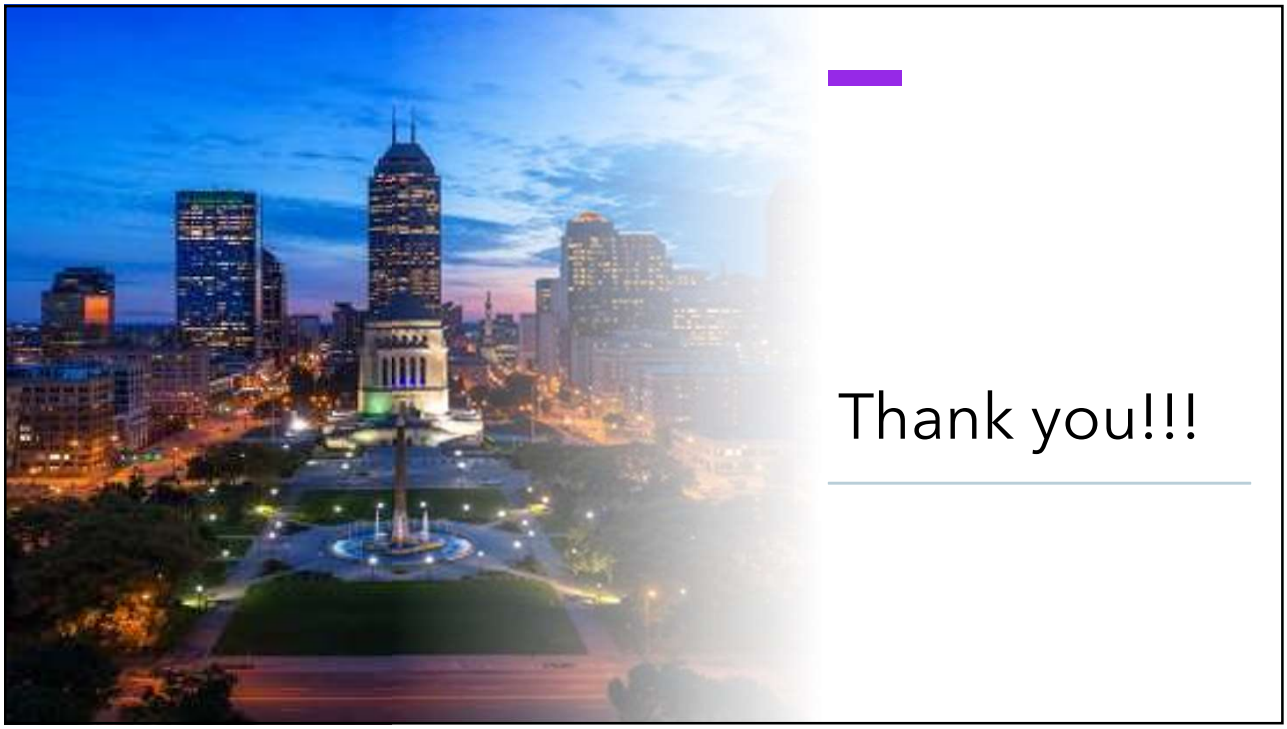

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