Site-Specific Codes for Neoadjuvant Therapy Treatment Effect

Schemas: All Other Schemas (Schemas not covered by site-specific codes)

*Neoadjuvant Therapy--Treatment Effect* data item [NAACCR # 1634] is related to the *Neoadjuvant Therapy* data item [NAACCR # 1632]. This data item records the findings from the post neoadjuvant therapy surgical pathology report ONLY when surgery is performed after neoadjuvant therapy. This set of codes applies to the all other schemas not covered by site-specific neoadjuvant therapy treatment effect codes.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Neoadjuvant therapy not given/no known presurgical therapy</td>
</tr>
</tbody>
</table>
| 1    | Complete pathological response  
Present: No viable cancer cells/no residual invasive carcinoma identified  
Residual in situ carcinoma only |
| 2    | Near complete pathological response  
Present: Single cells or rare small groups of invasive cancer cells |
| 3    | Partial or minimal pathological response  
Present: Residual invasive cancer with evident tumor regression, but more than single cells or rare small groups of cancer cells |
| 4    | Poor or no pathological response  
Absent: Extensive residual cancer with no evident tumor regression |
| 6    | Neoadjuvant therapy completed and surgical resection performed, response not documented or unknown  
Cannot be determined |
| 7    | Neoadjuvant therapy completed and planned surgical resection not performed |
| 9    | Unknown if neoadjuvant therapy performed  
Unknown if planned surgical procedure performed after completion of neoadjuvant therapy  
Death Certificate only (DCO) |

For purposes of this data item, *neoadjuvant therapy* is defined as systemic treatment (chemotherapy, endocrine/hormone therapy, targeted therapy, immunotherapy, or biological therapy) and/or radiation therapy given to shrink a tumor before surgical resection.

**Surgical resection**: For purposes of this data item, surgical resection is defined as the most definitive surgical procedure that removes some or all of the primary tumor or site, with or without lymph nodes and/or distant metastasis. For many sites, this would be Surgical Codes 30-80; however, there are some sites where surgical codes less than 30 could be used (for example, code 22 for Breast (excisional biopsy or lumpectomy)).

**Note**: This data item is not the same as AJCC’s Post Therapy Path (yp) Pathological Response, which is based on the managing/treating physician’s evaluation from the surgical pathology report and clinical evaluation after neoadjuvant therapy. This data item addresses response based on the surgical pathology report including the Treatment Effect section of the CAP Cancer Protocol if applicable.
Coding Instructions

Use the *Neoadjuvant Therapy--Treatment Effect* data item [NAACCR # 1634] to record the findings from the post neoadjuvant therapy surgical pathology report ONLY including the Treatment Effect section of the CAP Cancer Protocol if applicable.

1. Assign code 0
   a. When the patient did not receive neoadjuvant therapy prior to surgical resection
   b. When the treatment administered is not neoadjuvant therapy (pre-surgical treatment) because surgical resection not planned
      *Example*: Patient with unresectable cancer (no surgical resection planned), chemotherapy and radiation administered.
   c. When it is clear that the patient did not have neoadjuvant therapy based on the sequence of diagnosis and treatment
      *Example*: Patient diagnosed with cancer via needle core biopsy, had surgical resection followed by chemotherapy and radiation.
   d. For autopsy only cases
   e. For the following cases for which neoadjuvant therapy is not a part of standard treatment
      i. Primary site: C420, C421, C423, C424, or C809
      ii. One of the following schemas
         - HemeRetic 00830
         - Ill-Defined Other 99999
         - Lymphoma 00790
         - Lymphoma (CLL/SLL) 00795
         - Mycosis Fungoides 00811
         - Plasma Cell Disorders 00822
         - Plasma Cell Myeloma 00821
         - Primary Cutaneous Lymphomas (excluding MF and SS) 00812
      *Note*: *Neoadjuvant Therapy* data item [NAACCR # 1632] coded to 0 or 3.

2. Assign code 1 when
   a. A complete (total) pathological response (CR) is documented in the surgical pathology report
      *Note*: CR is defined as the absence of all known tumor/lesions and lymph nodes.
   b. There is residual in situ cancer only
      *Note*: *Neoadjuvant Therapy* data item [NAACCR # 1632] coded to 1 or 2.

3. Assign code 2 when
   a. A near complete response is documented in the surgical pathology report
Note 1: Near complete response is defined as a decrease in the size/extent of the tumor and/or presence of lymph nodes or metastatic disease and there is only evidence of single cells or small groups of cells of invasive cancer found in the surgical pathology report.

Note 2: Neoadjuvant Therapy data item [NAACCR # 1632] coded to 1 or 2.

4. Assign code 3 when
   a. A partial response (PR) is documented in the surgical pathology report

   Note 1: PR response is defined as a decrease in the size/extent of the tumor and/or presence of lymph nodes or metastatic disease and there is evidence of tumor regression, but more than single cells or small groups of cells are evident in the surgical pathology report.

   Note 2: Neoadjuvant Therapy data item [NAACCR # 1632] coded to 1 or 2.

5. Assign code 4 when
   a. A poor or no response is documented in the surgical pathology report

   Note 1: No or poor response is defined as evidence of no or minimal change in the size/extent of the tumor and/or presence of lymph nodes or metastatic disease, or evidence of extensive residual invasive cancer identified.

   Note 2: Neoadjuvant Therapy data item [NAACCR # 1632] coded to 1 or 2.

6. Assign code 6 when
   a. Neoadjuvant therapy was completed and there is no documented treatment response in the surgical pathology report

   Note: Neoadjuvant Therapy data item [NAACCR # 1632] coded to 1 or 2.

7. Assign code 7 when
   a. The planned post neoadjuvant surgical resection was not completed for reasons including
      i. Complete clinical response and planned surgical resection cancelled
      ii. Treatment failure (stable or progressive disease) and planned surgical resection cancelled
      iii. Complications and planned surgical resection cancelled
      iv. Patient refusal of planned surgical resection
      v. Planned surgical resection started but not completed (surgical resection aborted)

   Note 1: Neoadjuvant Therapy data item [NAACCR # 1632] coded to 1 or 2.

   Note 2: Code the reason for the surgery not done in Reason for No Surgery [NAACCR # 1340].

8. Assign code 9 when
   a. It is unknown whether neoadjuvant therapy was administered
      i. Planned, but unknown if given
      ii. Death certificate only (DCO)
   b. The only information available is the managing/treating physician’s evaluation
Note 1: Neoadjuvant Therapy data item [NAACCR # 1632] coded to 9.

Note 2: Neoadjuvant Therapy--Clinical Response data item [NAACCR # 1633] coded to 9.

Note 3: Code 9 (unknown) should be used rarely.

Note 4: Use code 0 when it is clear that the patient did not have neoadjuvant therapy based on the sequence of diagnosis and treatment.