Site-Specific Codes for Neoadjuvant Therapy Treatment Effect

Schemas: Thymus, Heart and Mediastinum, Retroperitoneum, Soft Tissue Abdomen and Thoracic, Soft Tissue Head and Neck, Soft Tissue Other, Soft Tissue Trunk and Extremities, GIST

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 schemas: Thymus, Heart and Mediastinum, Retroperitoneum, Soft Tissue Abdomen and Thoracic, Soft Tissue Head and Neck, Soft Tissue Other, Soft Tissue Trunk and Extremities, and Gastrointestinal Stromal Tumor (GIST).

Code	Description
0	Neoadjuvant therapy not given/no known presurgical therapy
1	No residual invasive carcinoma identified Residual in situ carcinoma only Complete response (CR)
2	Less than or equal to 10% residual viable tumor
3	Greater than 10% of residual viable tumor
4	Residual viable tumor, percentage not stated Stated as partial response
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 A300-A800 or B300-B800; however, there are some sites where surgical codes less than A300 or B300 could be used, for example, Code B290 for Breast (central 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 was 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 biopsy, had surgical resection followed by chemotherapy and radiation.
    d. For autopsy only cases

    Note: *Neoadjuvant Therapy* data item [NAACCR #1632] is 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] is coded to 1 or 2.
3. Assign code **2** when
    a. The presence of less than or equal to 10% residual viable tumor is documented in the surgical pathology report

    Note: *Neoadjuvant Therapy* data item [NAACCR #1632] is coded to 1 or 2.
4. Assign code **3** when
    a. The presence of greater than 10% residual viable tumor is documented in the surgical pathology report

    Note: *Neoadjuvant Therapy* data item [NAACCR #1632] is coded to 1 or 2.
5. Assign code **4** when
    a. There is residual viable tumor present; however, the percentage is not documented

    Note: *Neoadjuvant Therapy* data item [NAACCR #1632] is 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] is 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 attained 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] is 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] is coded to 9.

    Note 2: *Neoadjuvant Therapy--Clinical Response* data item [NAACCR #1633] is 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.