

SEER Inquiry System - Report

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Question 20021053

References:

SEER EOD-88, 3rd Ed, 66-68

Question:

EOD-Extension--Pancreas: How would you code extension for the following non-surgically treated pancreas primaries? None of these cases has TNM staging to assist with classifying the extent of disease. See discussion.

Discussion:

- 1) CT scan: Cystic lesion in body of pancreas. Discharge dx: pancreas ca.
- 2) Discharge dx: CBD obstruction due to probable early ca in head of pancreas.
- 3) CT scan: mass involves the head and body of the pancreas. No evidence of abdominal mets. Discharge dx: Locally advanced pancreatic ca.
- 4) H&P: Pt with splenomegaly probably secondary to splenic vein thrombosis and a large ca of the tail of pancreas. Imp: Advanced pancreatic ca of the tail of pancreas. Would you code extension to splenic vein [56]?
- 5) H&P: Pancreatic ca with extension or mets into porta hepatis. (Would you assume direct extension or mets?)
- 6) CT scan: Pancreas ca. Significant peritoneal implants. (Would you assume the implants to be related to the pancreas primary and code as involvement?)

Answer:

For cases diagnosed 1998-2003:

The information provided for these pancreatic primary examples is very limited. Additional information should be sought. If not available, code the EOD-Extension field to:

- 1) 10
- 2) 10
- 3) 10
- 4) 99
- 5) Assuming primary in head, body or tail of pancreas, 76
- 6) 85

Cancer Site Category:

Pancreas

Data Item Category:

N/A

Other Category:

N/A

Year:

2002