

Colorectal cancer

Coding issues

Otto Visser November 2019



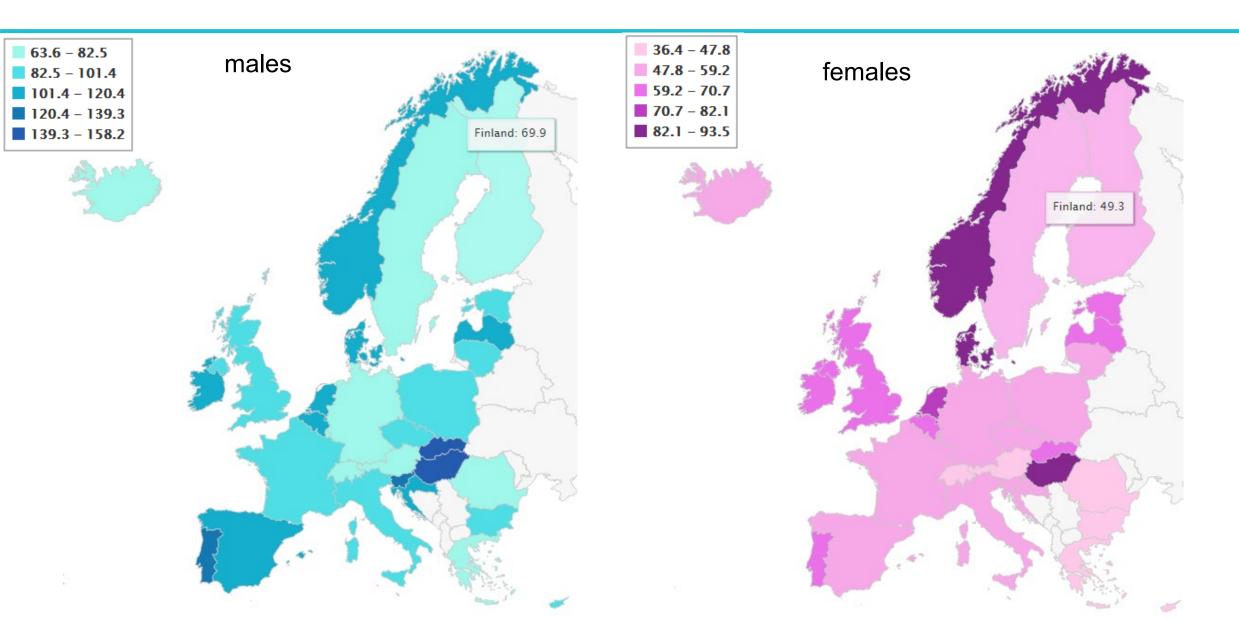
Introduction

- Epidemiological information
 - Incidence & mortality trend in Europe, survival
 - Distribution according to age and sex
- Topography & morphology
- Stage
- Treatment

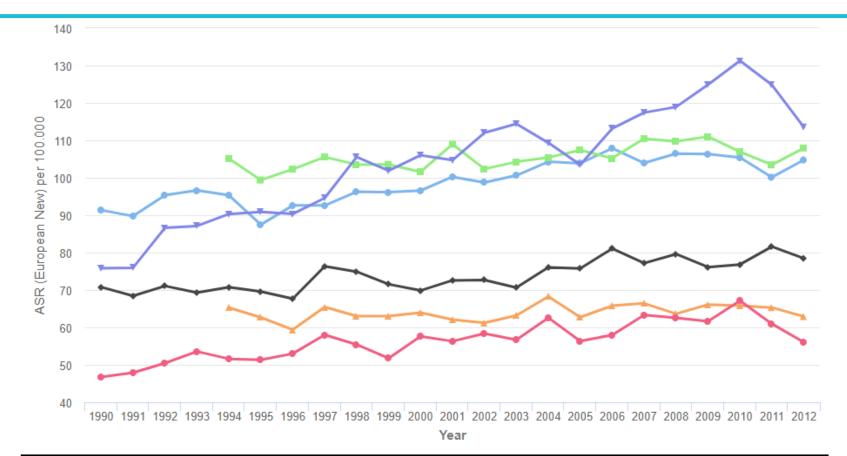




Incidence of colorectal cancer in Europe in 2018

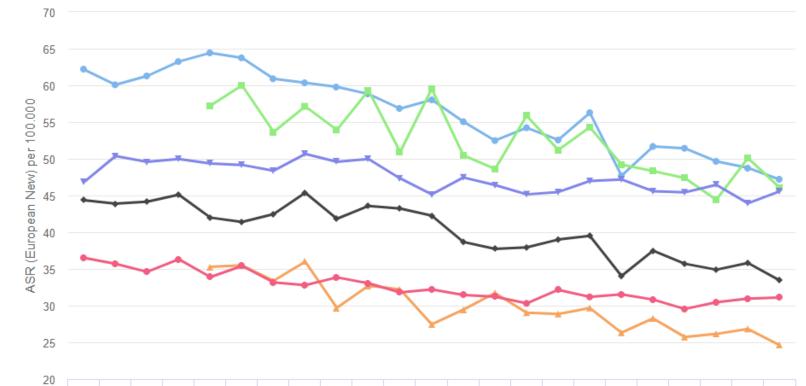


Trends in colorectal cancer incidence



Indicator	Registry	Sex	Cancer	Age Group	A
Incidence	DK Denmark	Male	Colon, rectum, and anus	0-85+	
Incidence	DK Denmark	Female	Colon, rectum, and anus	0-85+	_
Incidence	IE Ireland	Male	Colon, rectum, and anus	0-85+	
Incidence	IE Ireland	Female	Colon, rectum, and anus	0-85+	
Incidence	SI Slovenia	Male	Colon, rectum, and anus	0-85+	
Incidence	SI Slovenia	Female	Colon, rectum, and anus	0-85+	

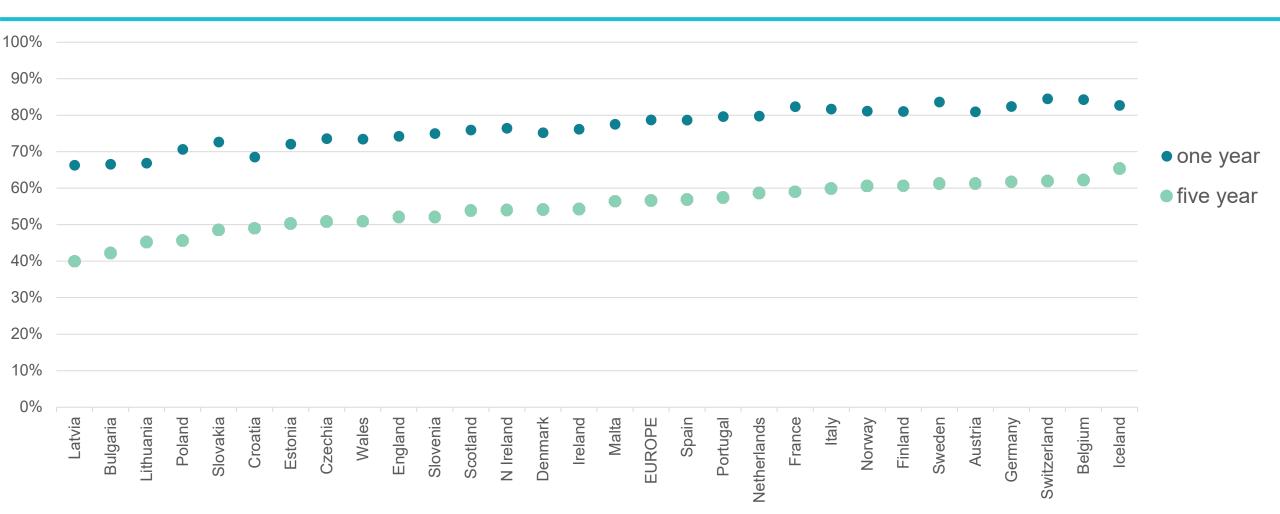
Trends in colorectal cancer mortality



1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 Year

Indicator	Registry	Sex	Cancer	Age Group	
Mortality	DK Denmark	Male	Colon, rectum, and anus	0-85+	_
Mortality	DK Denmark	Female	Colon, rectum, and anus	0-85+	—
Mortality	IE Ireland	Male	Colon, rectum, and anus	0-85+	
Mortality	IE Ireland	Female	Colon, rectum, and anus	0-85+	
Mortality	NL Netherlands	Male	Colon, rectum, and anus	0-85+	
Mortality	NL Netherlands	Female	Colon, rectum, and anus	0-85+	

Relative survival of colorectal cancer (2000-2007)





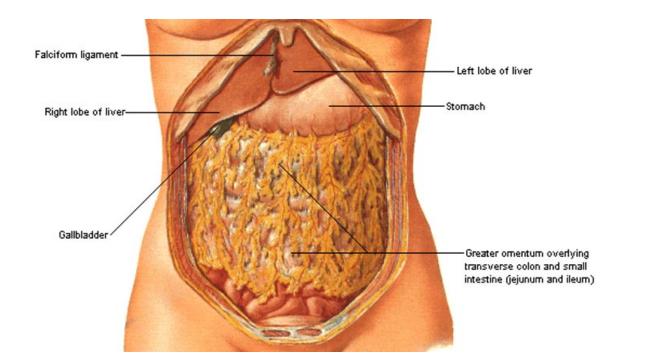


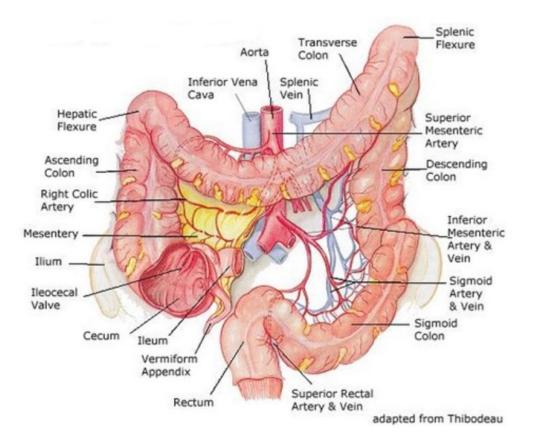


Topography



Anatomy





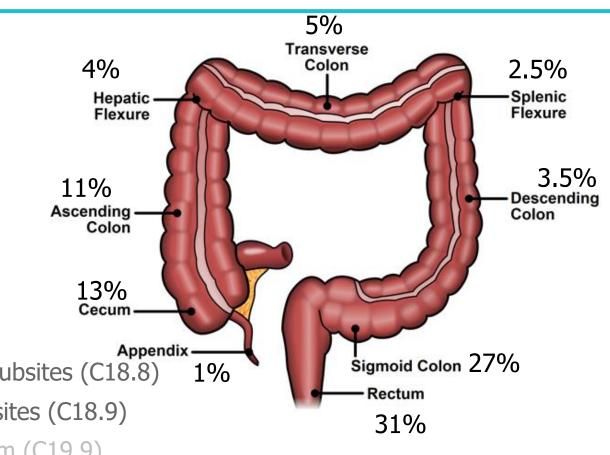




Topography codes of the colon & rectum

- Cecum (C18.0)
- Appendix (C18.1)
- Ascending colon (C18.2)
- Hepatic flexure of colon (C18.3)
- Transverse colon (C18.4)
- Splenic flexure of colon (C18.5)
- Descending colon (C18.6)
- Sigmoid colon (C18.7)
- Overlapping or multiple in anatomically contiguous subsites (C18.8) 1
- NOS or multiple in anatomically non-contiguous subsites (C18.9)
- Rectosigmoid junction or multiple in colon and rectum (C19.9)
- Rectum (C20.9)





Overlapping/NOS 2%



- IACR: 1 tumour for C18; 1 tumour for C19/C20
- Registries are free to register multiple tumours of the colon, but only 1 should be included in the incidence







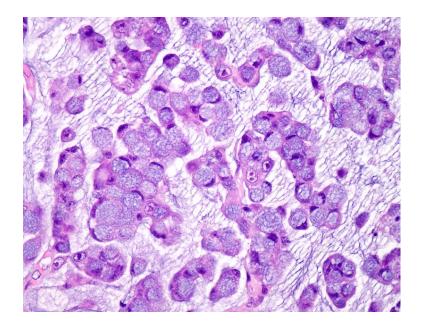
Morphology



Morphology

- Adenocarcinoma (intestinal): 8140/3 (8144/3)
 - ₀ Mucinous: 8480/3 (mucin-producing: 8481/3) → extracellular mucin
 - In a tubulovillous adenoma: 8263/3
 - o In an adenomatous polyp: 8210/3
 - $_{\circ}$ Signet cell: 8490/3 \rightarrow intracellular mucin
 - Tubular: 8211/3
 - o Medullary: 8510/3
 - Serrated: 8213/3
- Undifferentiated carcinoma (8020/34)
- Neuroendocrine tumour/neuroendocrine carcinoma







Non-epithelial cancers of the colorectum

- Gastrointestinal stomal tumour (GIST; mostly in the rectum) \rightarrow 8936/3
- Leiomyosarcoma \rightarrow 8890/3
- (Mucosal) melanoma (mostly in the rectum) \rightarrow 8720/3 (8746/3)
- Diffuse large B-cell lymphoma \rightarrow 9680/3
- MALT lymphoma \rightarrow 9699/3
- Mantle cell lymphoma \rightarrow 9673/3





- Neuro-endocrine tumours (NET grade 1 = carcinoid = 8240/3)
- Mucinous adenocarcinoma (8480/3), signet cell adenocarcinoma (8490/3), adenocarcinoma, NOS (8140/3)
- Mixed adenoneuroendocrine carcinoma: MANEC (8244/3)
- Goblet cell adenocarcinoma/carcinoid (8243/3)
- Not to be included in a cancer registry:
- Low grade appendiceal mucinous neoplasm (LAMN = 8480/1)







Treatment



Surgery

- Rectum: pre-operative (chemo)radiotherapy
- Colon: post-operative chemotherapy
 - stage III (=positive lymph nodes)
 - high risk stage II (T4, vascular invasion, poorly differentiated or undifferentiated cancers)

Pre-operative=neo-adjuvant

Post-operative=adjuvant





Metastatic disease

- Systemic treatment (chemotherapy or targeted therapy)
- Liver surgery





Cancer of the anal canal

- Anal canal (= terminal part of the large intestine, beginning at the upper surface of the anorectal sfincter and ending at the anus)
 - Upper part: colorectal type mucosa
 - Middle part: anal transition zone ('cloacogenic zone')
 - Lower part: squamous epithelium
- Incidence <1 per 100,000
- Related to HPV-infection
- Mostly squamous cell carcinoma (~90%)
- Rarely adenocarcinoma (~10%)
- Treatment: surgery and/or radiotherapy
- Tumours at the anorectal junction:
 - C21 in case of squamous cell carcinoma (mostly C20 in case of adenocarcinoma)



