

# Colorectal cancer 

Coding issues

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## 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 |
| :---: | :---: | :---: | :---: | :---: |
| 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



| 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 lreland | 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)

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100%
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```
50%
```

50%
40%
40%
30%
30%
20%
20%
10%
10%
0%
0%
:lllllllllllllllllllllllllllllllllllllllll

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## Topography

## Anatomy




European Network
of Cancer Registries


## 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
- 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\%

## Multiple tumours

- 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)
. Mucinous: 8480/3 (mucin-producing: 8481/3) $\rightarrow$ extracellular mucin
- In a tubulovillous adenoma: 8263/3
- In an adenomatous polyp: 8210/3
- Signet cell: 8490/3 $\rightarrow$ intracellular mucin
- Tubular: 8211/3
- 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


## Tumours of the appendix

- 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

## Loco-regional disease

## 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 ( $\sim 90 \%$ )
- Rarely adenocarcinoma ( $\sim 10 \%$ )
- Treatment: surgery and/or radiotherapy

- Tumours at the anorectal junction:
- C21 in case of squamous cell carcinoma (mostly C20 in case of adenocarcinoma)


## EXERCISES



