

CS LYMPH NODES (NAACCR Item #2830) (CS MANUAL Version 01.04.00, pg I-33)**Description**

Identifies the regional lymph nodes involved with cancer at the time of diagnosis.

CS Lymph Nodes General Guidelines

1. Code and document the specific regional lymph node chain farthest from the primary site that is involved by tumor either clinically or pathologically.
 - a. Document involved regional lymph nodes from the pathology report when the patient receives no radiation therapy or systemic treatment prior to surgery. Regional nodes are listed in each site/histology schema. Nodes farther away from the primary or in farther lymph node chains have higher codes with the exception of codes for Regional Nodes, NOS; Lymph Nodes, NOS; stated as N1 no other information; and so forth. Record the highest applicable code.

Example:

Peribronchial lymph nodes are positive on fine needle aspiration biopsy. Contralateral mediastinal mass noted on CT but not biopsied. Patient chooses radiation therapy as primary treatment. Code the contralateral mediastinal lymph node involvement as it is higher than the code for peribronchial lymph nodes.

- b. Pathologic information takes precedence over clinical when there is a discrepancy on the same lymph node chain(s) if preoperative therapy was not administered.

Example:

Per physical exam axillary lymph nodes were “suspicious for involvement”. After axillary lymph node dissection, all 12 lymph nodes were negative. Document the number of lymph nodes examined and the negative findings (0/12 or, number of lymph nodes positive/number of lymph nodes examined).

- c. For patient(s) with **primary of inaccessible sites** and early or localized disease receiving usual treatment, lymph nodes should be considered negative rather than unknown when there is no mention of regional lymph node involvement in the physical exam, pre-treatment diagnostic testing or surgical exploration.
 - d. Document the farthest involved regional lymph nodes based on information prior to surgery if the patient receives preoperative systemic therapy or radiation therapy.

Example:

Needle biopsy of the breast confirms ductal carcinoma. Patient has a hard matted mass in the axilla clinically suspicious for metastases. Patient receives 3 months of chemotherapy, then a modified radical mastectomy. The pathology report shows only scar tissue in the axillary lymph nodes. Code the CS Lymph nodes as 51 because the chemotherapy apparently “sterilized” the lymph nodes.

- e. In the infrequent event that clinically involved regional lymph nodes do not respond to