



SECTION 14 – ONCOLOGY

- [Colorectal Cancer](#)
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COLORECTAL CANCER

Includes Invasive and Primary Cancer Only; Does Not Include Carcinoma In Situ, Metastatic Cancer or Endoscopic Polypectomy

Background

This case definition was developed by the Armed Forces Health Surveillance Center (AFHSC) for the purpose of epidemiological surveillance of a condition important to military-associated populations.

Clinical Description

Colorectal cancer is cancer that occurs in the colon or rectum. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus. Colorectal cancer affects men and women of all racial and ethnic groups, and is most often found in people aged 50 years or older. In the United States, it is the third most common cancer for men and women.¹ The U.S. Preventive Services Task Force (USPTF) recommends “colorectal cancer screening using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.” Evidence suggests that these methods are effective in detecting early-stage colon cancer and adenomatous polyps.²

Case Definition and Incidence Rules

For surveillance purposes, a case of colorectal cancer is defined as:

- *One inpatient medical encounter* with any of the defining diagnoses of colorectal cancer (see ICD9 code list below) in the *primary* diagnostic position; or
- *One inpatient medical encounter* with any of the defining diagnoses of colorectal cancer (see ICD9 code list below) in the *secondary* diagnostic position, following any medical encounter with a V-code indicating radiotherapy or chemotherapy treatment (see ICD9 code list below) in the *primary* diagnostic position; or
- *Three or more outpatient medical encounters*, occurring *within a 90-day period*, with any of the defining diagnoses of colorectal cancer (see ICD9 code list below) in the *primary or secondary* diagnostic position.

Incidence rules:

For individuals who meet the case definition:

- The incidence date is considered the date of the first inpatient or outpatient medical encounter that includes a defining diagnosis of colorectal cancer.
- An individual is considered an incident case only *once per lifetime*.

(continued on next page)

¹ Colorectal (Colon) Cancer. Centers for Disease Control and Prevention. Available at: http://www.cdc.gov/cancer/colorectal/basic_info/index.htm. Accessed 17 May 2012.

² Screening for Colorectal Cancer. U.S. Preventive Services Task Force. Available at: <http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.htm>. Accessed 20 June 2012.



Case Definition and Incidence Rules (cont.)

Exclusions:

- None

Codes

The following ICD9 codes are included in the case definition:

Condition	ICD-9-CM Codes	CPT Codes
Colorectal cancer	<p>153 Malignant neoplasm of colon</p> <ul style="list-style-type: none"> - 153.0 (hepatic flexure) - 153.1 (transverse colon) - 153.2 (descending colon) - 153.3 (sigmoid colon) - 153.4 (cecum) - 153.5 (appendix) - 153.6 (ascending colon) - 153.7 (splenic flexure) - 153.8 (other specified sites of large intestine) - 153.9 (colon, unspecified) <p>154 Malignant neoplasm of rectum and rectosigmoid junction</p> <ul style="list-style-type: none"> - 154.0 (rectosigmoid junction) - 154.1 (rectum) <p>159.0 (intestinal tract, part unspecified)</p>	NA
Related diagnostic procedures	<p>V58.0 (radiotherapy)</p> <p>V58.1 (encounter for chemotherapy and immunotherapy for neoplastic conditions)</p> <ul style="list-style-type: none"> - V58.11 (encounter for antineoplastic chemotherapy) - V58.12 (encounter for antineoplastic immunotherapy) 	



Development and Revisions

The case definition was developed based on reviews of the ICD9 codes, the scientific literature, and previous AFHSC analyses. The case definition was developed by the AFHSC Medical Surveillance Monthly Report (MSMR) staff for a June 2010 article on incident diagnoses of cancers.³

Case Definition and Incidence Rule Rationale

- This case definition is designed to capture cases of invasive colorectal cancer only. Carcinoma in situ is not included in this definition.
- This case definition requires three or more outpatient encounters with a defining diagnosis to define a case. Exploratory analysis of the Defense Medical Surveillance System (DMSS) data revealed that this criterion yielded optimal specificity.⁴
- The period of 90 days was established to allow for the likelihood that “true” cases of colorectal cancer would have a second and third encounter within that interval.

Code Set Determination and Rationale

- This case definition was designed to capture cases of invasive colorectal cancer, therefore, the following codes for carcinoma in situ and endoscopic polypectomy are not included in the code set: ICD9 codes 230.3 (carcinoma in situ of the colon) and 230.4 (carcinoma in situ of the rectum); procedure codes 45.42 (endoscopic polypectomy of large intestine), 45.43 (endoscopic destruction of other lesion or tissue of large intestine) and 48.36 (endoscopic polypectomy of rectum).
- ICD9 code 159.0 (intestinal tract, part unspecified) is included in the code set based on the inclusion of the code in the Agency for Health Research and Quality’s clinical classification software ICD9 code set for “cancer of the colon.”⁵

Reports

AFHSC reports on colon cancer in the following reports:

- Periodic MSMR articles on cancers and cancer-related deaths.

Review

June 2012	Case definition reviewed and adopted by the AFHSC Surveillance Methods and Standards (SMS) working group.
June 2010	Case definition reviewed and adopted by the AFHSC MSMR staff.

Comments

None

³ Armed Forces Health Surveillance Center. Incident Diagnoses of Cancers and Cancer-related Deaths, Active Component, U.S. Armed Forces, January 2000-December 2009. *Medical Surveillance Monthly Report (MSMR)*. 2010 Jun; 17(6): 2-6.

⁴ Detailed information on this analysis is available through AFHSC MSMR staff; reference DMSS Request #090341 (DoD Cancer Incidence – Part III), 2009.

⁵ Appendix A – Clinical Classification Software-DIAGNOSES (January 1980 through September 2008). Agency for Healthcare Research and Quality. Available at: http://meps.ahrq.gov/mepsweb/data_stats/download_data/pufs/h120/h120_icd9codes.shtml. Accessed 21 June 2012.



LUNG CANCER

Includes Invasive and Primary Cancers Only; Does Not Include Carcinoma In Situ or Metastatic Cancer

Background

This case definition was developed by the Armed Forces Health Surveillance Center (AFHSC) for the purpose of epidemiological surveillance of a condition important to military-associated populations.

Clinical Description

Lung cancer is a malignancy that forms in the tissues of the lung, usually in the cells lining air passages. It is estimated to be the leading cause of cancer death and the second leading cause of new cancer cases in both men and women in the United States for 2012.¹ Cigarette smoking is the most common cause of lung cancer; additional causes include other types of tobacco use, breathing and inhalation of second hand smoke, exposure to asbestos or radon, and heredity.²

Case Definition and Incidence Rules

For surveillance purposes, a case of lung cancer is defined as:

- *One inpatient medical encounter* with any of the defining diagnoses of lung cancer (see ICD9 code list below) in the *primary* diagnostic position; or
- *One inpatient medical encounter* with any of the defining diagnoses of lung cancer (see ICD9 code list below) in the *secondary* diagnostic position, following any medical encounter with a V-code indicating radiotherapy or chemotherapy (see ICD9 code list below) in the *primary* diagnostic position; or
- *Three or more outpatient medical encounters*, occurring *within a 90-day period*, with any of the defining diagnoses of lung cancer (see ICD9 code list below) in the *primary or secondary* diagnostic position.

Incidence rules:

For individuals who meet the case definition:

- The incidence date is considered the date of the first inpatient or outpatient medical encounter that includes a defining diagnosis of lung cancer.
- An individual is considered an incident case only *once per lifetime*.

Exclusions:

- None

¹ American Cancer Society. Cancer Facts & Figures 2012. Atlanta: American Cancer Society; 2012.

² Alberg AJ, Ford FG, Samet JM. Epidemiology of lung cancer: ACCP evidence-based clinical practice guidelines (2nd edition). *Chest* 2007; 132 (3 Suppl): 29S-55S.



Codes

The following ICD9 codes are included in the case definition:

Condition	ICD-9-CM Codes	CPT Codes
Cancer of the lung/bronchus	Malignant neoplasm of the lung and bronchus <ul style="list-style-type: none"> - 162.2 (main bronchus) - 162.3 (upper lobe, bronchus or lung) - 162.4 (middle lobe, bronchus or lung) - 162.5 (lower lobe, bronchus or lung) - 162.8 (other parts of bronchus or lung) - 162.9 (bronchus and lung, unspecified) 	NA
Related diagnostic procedures	Radiotherapy or chemotherapy treatment <ul style="list-style-type: none"> - V58.0 (radiotherapy) - V58.11 (encounter for antineoplastic chemotherapy) - V58.12 (encounter for antineoplastic immunotherapy) 	

Development and Revisions

The case definition was developed based on reviews of the ICD9 codes, the scientific literature, and previous AFHSC analyses. The case definition was developed by the AFHSC Medical Surveillance Monthly Report (MSMR) staff for a June 2012 article on incident diagnoses of cancers.³

Case Definition and Incidence Rule Rationale

- This case definition is designed to capture cases of *invasive* lung cancer only. Carcinoma in situ is not included in this definition.
- This case definition is designed to capture cases of *primary* lung cancer only. Metastatic cancers are not included in this case definition.
- This case definition requires three or more outpatient encounters with a defining diagnosis to define a case. Exploratory analysis of the Defense Medical Surveillance System (DMSS) data revealed that this criterion yielded optimal specificity.⁴
- The period of 90 days was established to allow for the likelihood that “true” cases of lung cancer would have a second and third encounter within that interval.

³ Armed Forces Health Surveillance Center. Incident Diagnoses of Cancers and Cancer-related Deaths, Active Component, U.S. Armed Forces, 2000-2011. *Medical Surveillance Monthly Report (MSMR)*. 2012 Jun; 19(6): 18-22.

⁴ Detailed information on this analysis is available through AFHSC MSMR staff; reference DMSS Request #090341 (DoD Cancer Incidence – Part III), 2009.



Reports

AFHSC reports on lung cancer in the following reports:

- Periodic MSMR articles on cancers and cancer-related deaths.

Review

Sept 2012 Case definition reviewed and adopted by the AFHSC Surveillance Methods and Standards (SMS) working group.

June 2012 Case definition reviewed and adopted by the AFHSC MSMR staff.

Comments

None

