

Chapter 4

FIRST COURSE OF THERAPY

Treatment or therapy for cancer should modify, control, remove, or destroy cancer tissue (cancer-directed treatment). Therapy can be used to treat cancer tissue in a primary or metastatic site(s), regardless of the patient's response to that treatment. The first course of therapy should include all cancer-directed treatments indicated in the initial treatment plan and delivered to the patient after the initial diagnosis of cancer. Multiple modalities of treatment may be included, and therapy may include regimens of a year or more. **WCRS requires facilities to report the first course therapy/ treatment provided at that facility or any other facility if the information is available in the medical chart.**

The treatment plan specifies the types of cancer-directed therapies proposed to eliminate or control the patient's disease. Treatment intentions may be found in discharge summaries, consultations, and outpatient records. All cancer-directed therapies (surgery, radiation, chemotherapy, hormone therapy, immunotherapy, transplant/endocrine or other therapy) documented in the physician treatment plan and administered are considered first-course therapy.

Make sure you enter first-course treatment only in the standard software treatment fields. Do not report subsequent treatment (for a class 32, as an example) in those fields. Subsequent treatment can be 1) recorded in the treatment text fields or 2) entered in specific second course treatment fields that your software vendor may make available to you. (WCRS Abstract Plus software does not have any subsequent or second-course treatment fields.)

Reportable hematopoietic diseases: Some treatments for reportable hematopoietic diseases, such as transfusions, phlebotomy, and aspirin administration, do not meet the usual standard criteria for and definition of definitive treatment. Please refer to the SEER Hematopoietic and Lymphoid Neoplasm Database to look up the appropriate reportable treatments for these diseases. The website lists the standard treatments on each disease page.

<http://seer.cancer.gov/seertools/hemelymph/>

No treatment: No treatment is considered a treatment option and may represent the first course of therapy. Reason for no treatment should be entered in the appropriate treatment field.

If there is no treatment plan and no other treatment guidelines are established, evaluate the therapy and the time it began in relation to the diagnosis date. If the therapy is a part of an established protocol or within accepted guidelines for the disease, consider it part of the first course of therapy.

If there is no treatment plan, no established protocol or management guidelines, and no physician counsel is available, use the following principle: *initial treatment must begin within four months of the date of initial diagnosis.*

Leukemia: For patients with a diagnosis of leukemia, the first course of therapy includes all cancer-directed treatments and planned therapies during or after the initial diagnosis of leukemia. All remission-inducing or maintenance cancer-directed therapy is recorded as the first course, including radiation to the central nervous system. The multiple modalities of therapy for the treatment of leukemia may involve a year or more.

Examples:

Example 1: If the patient has an adverse reaction, the regimen may be changed and a new drug introduced. If the new chemotherapy drug(s) is in the same group as the initial therapy (anti-metabolite, alkylating agent, etc.) it is considered continuation of the first course of treatment. If the drug(s) is not in the same group, it is no longer the first course of therapy. Additionally, if the patient fails to respond to treatment and the regimen is changed, it is no longer first course of treatment.

Note: Lists of drugs and their classification(s) are available at:
<http://seer.cancer.gov/seertools/seerrx/>

Example 2: Physician plans a combination regimen of chemotherapy. Velban is one of the drugs but, due to adverse reactions, it is replaced with Oncovin after several cycles. The treatment continues as first course of therapy because Oncovin and Velban are both alkaloids. Conversely, if Velban had been replaced with Fludara, it is no longer first-course therapy because Fludara is an anti-metabolite.

Example 3: Physician plans a regimen of Adriamycin/Cytosan. The patient does not respond and disease progresses so the treatment plan is changed to Methotrexate/5FU. The treatment becomes subsequent (and no longer reportable to WCRS) because the planned first course of treatment failed.

Note: Surgical diagnostic and staging procedures such as biopsies, thoracentesis, and bypasses do not modify or destroy cancer cells. Surgical procedures that aspirate, biopsy or remove regional lymph nodes to diagnose and/or stage disease are to be entered in Scope of Regional Lymph Node Surgery, not in the Primary Site Surgery field.

Note: Procedures performed to palliate or alleviate symptoms may include surgery, radiation, systemic therapy and/or other pain management therapy; types of therapy that can also be considered first-course, cancer-directed treatment in other situations. If the therapy is used for palliative purposes only, the palliative treatment itself is NOT reportable to WCRS (but the case still is reportable - refer to Chapter 1 for rules on reportable case determination, if necessary).

Treatment Category Changes that began with 2013 Diagnoses

As a result of a comprehensive review of chemotherapeutic drugs listed in the SEER-RX guide to determine compliance with recent FDA definitions, the following six drugs that were coded as chemotherapy drugs prior to 2013 diagnoses should be coded as BRM-Immunotherapy for 2013 and later diagnoses:

1. Alemtuzumab/Campath
2. Bevacizumab/Avastin
3. Cetuximab/Erbitux
4. Pertuzumab/Perjeta
5. Rituximab
6. Trastuzumab/Herceptin