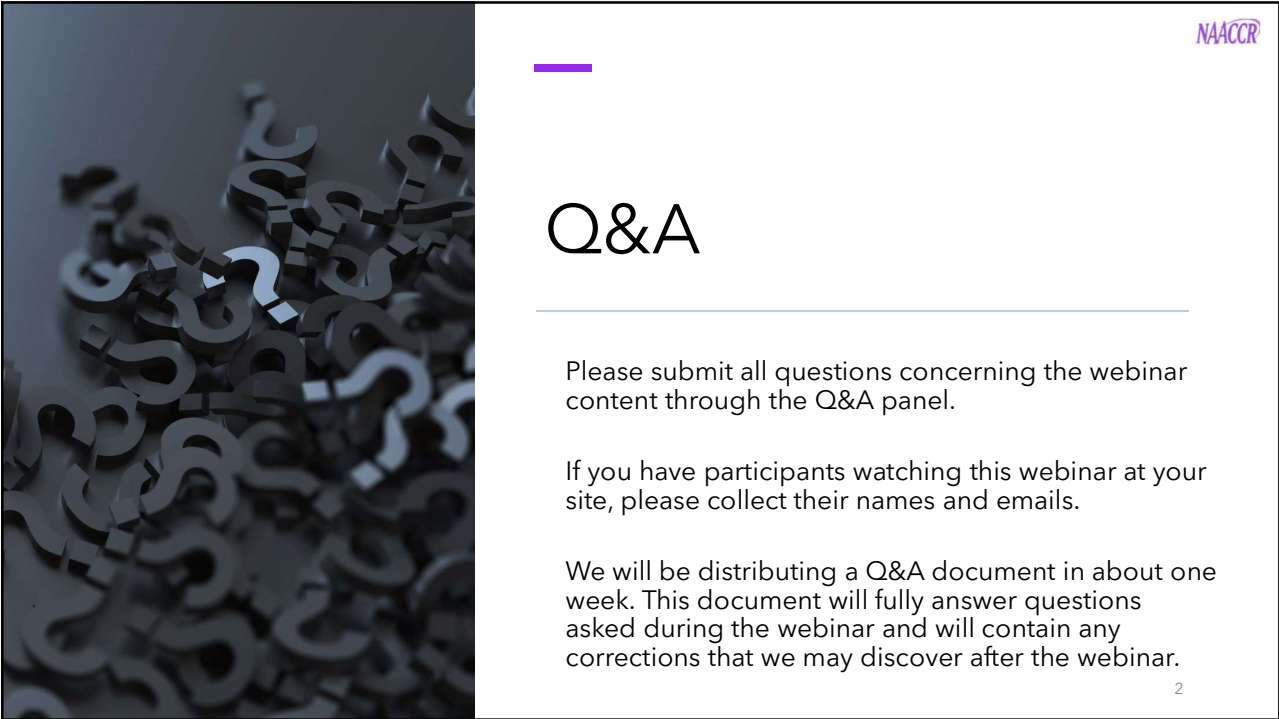




1



2



Fabulous Prizes

3

Guest Presenters

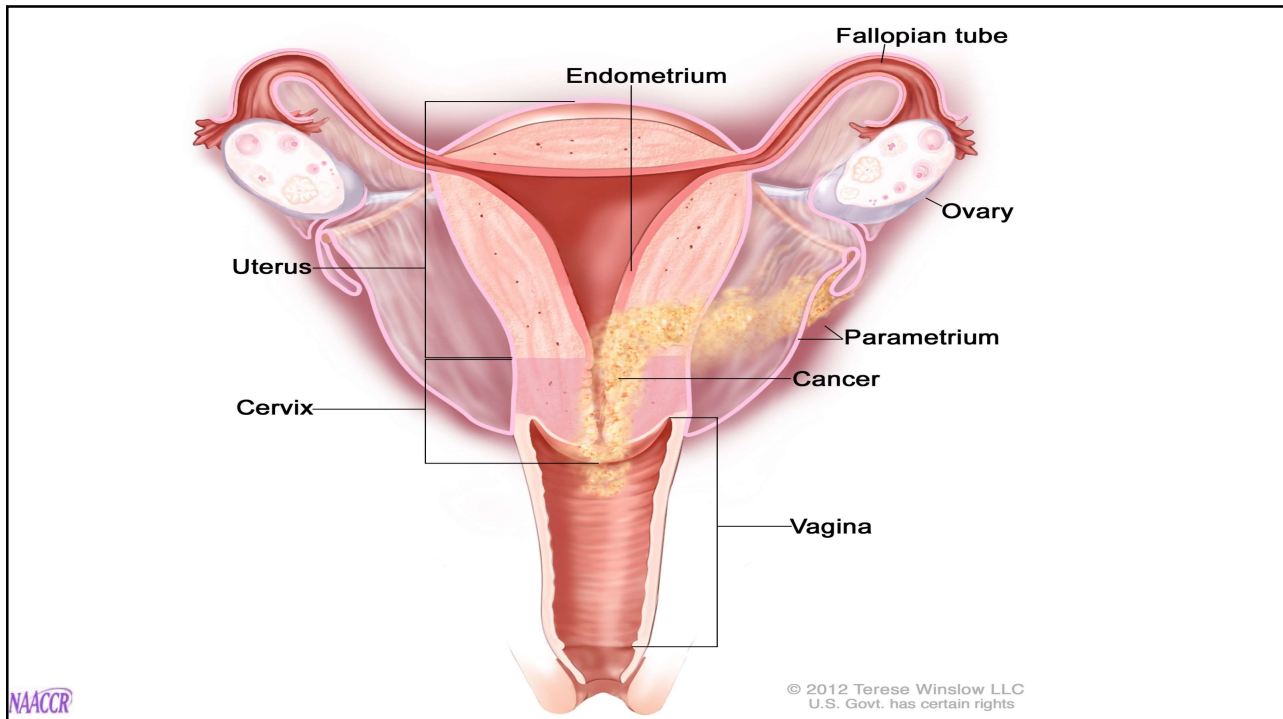
- Connie Boone, BA, AAS, CTR

4

Primary Site/Histology

- Anatomy
- Solid Tumor Rules
- Histologies
- Grade

5



6

Regional Lymph Nodes

- External iliac
- Internal iliac
- Obturator
- Common iliac
- Para-aortic
- Pelvic
- Retroperitoneal

Female Genital System

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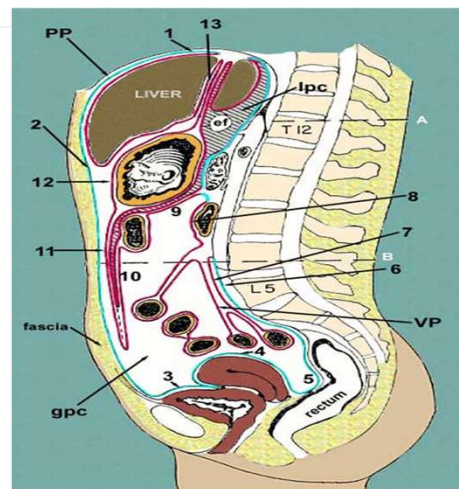
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Intraperitoneal vs Retroperitoneal

- Intraperitoneal
 - Organ total covered and supported by peritoneum
 - Ovary
 - Liver
 - Transverse colon
 - ...
- Retroperitoneal
 - Anterior surface is covered by peritoneum
 - Aorta, IVC
 - Kidney
 - Adrenal glands
 - ...

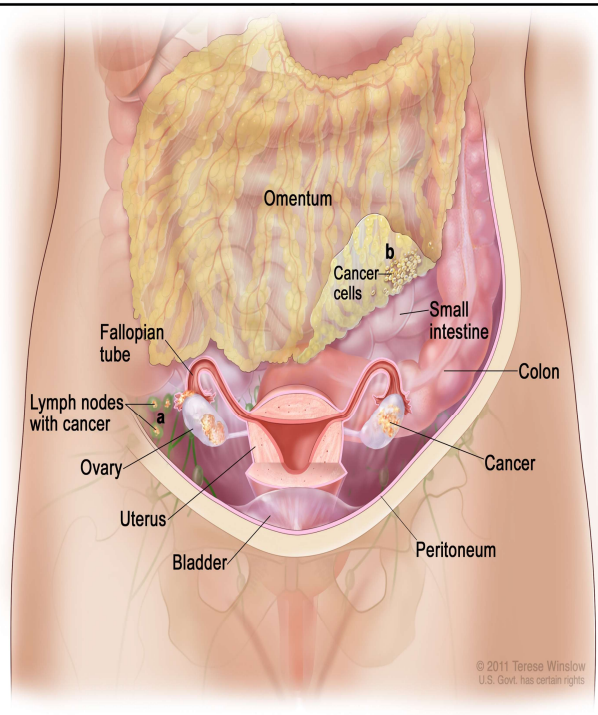


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Primary Peritoneal

- Ovaries are not involved or only surface implants
 - Ovarian implants are typically less than 5mm
- Prognosis and treatment is similar to patients with papillary serous carcinoma of the ovary.
- These cases typically present with stage III or IV disease.



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Assigning Primary Site

Slide added after live presentation

1. Go with physician/surgeon/pathologist statement of primary site
 2. Go with SEER rule for assigning primary site
 - See page 105 of the SEER Program and Staging Manual (Note 15) for additional instructions
- Involvement of peritoneal mets (i.e. peritoneal surface of fallopian tubes) is not a factor when assigning primary sites.

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SEER Coding Instruction (pg 105)

Slide updated after live presentation

- When the choice is between ovary, fallopian tube, or primary peritoneal **without designation of the site of origin**, any indication of fallopian tube involvement indicates the primary tumor is a tubal primary.
- Fallopian tube primary carcinomas can be confirmed by reviewing the fallopian tube sections as described on the pathology report to document the presence of either serous tubal intraepithelial carcinoma (STIC) and/or tubal mucosal invasive serous carcinoma.
- In the absence of fallopian tube involvement, refer to the histology and look at the treatment plans for the patient.
- If all else fails, assign C579 as a last resort. For additional information, see the CAP GYN protocol, Table 1: Criteria for assignment of primary site in tubo-ovarian serous carcinomas.

Remember...we are looking for a primary tumor, not for mets!

C57.9 will put us in a different Schema. Avoid using if possible!

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Remember...we are looking for a primary tumor, not for mets!

Fallopian tube primary carcinomas can be confirmed by reviewing the fallopian tube sections as described on the pathology report to document the presence of either serous tubal intraepithelial carcinoma (STIC) and/or tubal mucosal invasive serous carcinoma.

Slide added after live presentation

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Review of CAP Protocol

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Primary Site Codes

- Ovary Schema
 - C56.9
- Fallopian Tube
 - C57.0
- Primary Peritoneal Carcinoma
 - C481, C482, C488
- Adnexa Uterine Other
 - C571-C574
- Genital Female Other
 - C55.7 Other specified parts of female genital organs
 - C57.8 Overlapping lesion of genital organs
 - **Tubo-Ovarian**
 - **Utero-Ovarian**
 - C57.9
 - Female genital tract NOS

Slide added after live presentation

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Solid Tumor Rules-2024 Update

- Other Chapter
 - Table 13: Ovary Histologies
 - Table 15: Fallopian Tube Histologies



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Multiple Primary Rules

- M9 Bilateral epithelial tumors (8000-8799) of the ovary within 60 days are a single primary.
 - Note 1: Tumors must be same histology or be an NOS and subtype/variant (are on the same row in Table 13).
 - Note 2: Same row means the tumors are:
 - The same histology (same four-digit ICD-O code) OR
 - One is the preferred term (column 1) and the other is a synonym for the preferred term (column 2) OR
 - A NOS (column 1/column 2) and the other is a subtype/variant of that NOS (column 3)
- M10 Tumors on both sides (right and left) of a site listed in Table 1 are multiple primaries.



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Multiple Primary Rules

- Example:
 - Germ cell tumor, NOS 9064
 - Immature teratoma 9080
 - Dysgerminoma 9060
 - Yolk sac tumor, NOS 9071/3
 - Embryonal carcinoma 9070
 - Mixed germ cell tumor / mixed teratoma yolk sac tumor 9085



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Histology Rules

- Rule H7
 - Code a combination code when there are multiple specific in situ histologies or when there is an NOS with multiple specific in situ histologies AND
 - The combination is listed in Table 2 in Equivalent Terms and Definitions, ICD-O and all updates OR
 - You receive a combination code from Ask A SEER Registrar



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Rule H7 Example

- Gyn malignancies with two or more of the following:
 - Clear cell
 - Endometrioid
 - Mucinous
 - Papillary
 - Serous
 - Squamous
- Mixed cell adenocarcinoma 8323



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Additional Histology Note

- For ovarian primaries, code 9084/3 Teratoma with malignant transformation when a malignant (/3) histology arises in a benign teratoma.



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Histologies

Epithelial

- Clear cell carcinoma
- Endometrioid carcinoma
- Mucinous carcinoma
- Serous carcinoma
- Undifferentiated carcinoma
-

Non-epithelial

- Germ cell
- Sex cord stromal
- Yolk sac tumor
- ...



Serous Carcinoma

Starting with cases diagnosed 2024, C56.9 and 8441/3 will trigger an edit stating this is an "Unlikely" combination. Edit can be overridden.

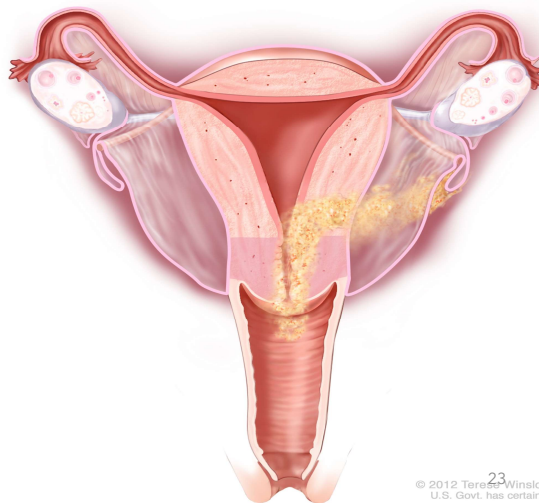
- Serous carcinoma 8441/3
 - Low grade serous carcinoma 8460/3 (new for 2018)
 - High grade serous carcinoma 8461/3 (new for 2018)
- Serous tubal intraepithelial carcinoma (C57.0) 8441/2

Gyn malignancies with two or more of the following:	Mixed cell adenocarcinoma 8323
Clear cell Endometrioid Mucinous Papillary Serous Squamous	<i>Note:</i> First refer to ICD-O-3.2 and ICD-O updates to confirm if the mixed histology has a specific code. <i>Example:</i> Serous papillary adenocarcinoma is coded 8441 per ICD-O-3.2.



Serous Tubal Intraepithelial Carcinoma (STIC) 8441/2

- Arises in fallopian tube
- Assigned an AJCC T1 (Tis is not a valid value)



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Pop Quiz 1

Two primaries per rule M10.
9064/3 and 9070/3 are not
epithelial histologies so rule
M9 does not apply!

Re-
recorded

- A patient has synchronous ovarian tumors
 - Right ovary has a histology of Germ Cell Tumor (9064)
 - Left ovary has a histology of Embryonal Carcinoma (9070)
- Is this a single primary or multiple primaries?
 - Single
 - Multiple

What if:

- Right ovary was high grade serous carcinoma (8461)
- Left Ovary was endometrioid carcinoma (8380)

One per rule M9

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Difficult Cases

Case Review

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Determining number of primaries and even primary site for ovarian/tubal neoplasms have become more complex based on a new understanding of these tumors, where they originate and how they spread. We are studying if the rules for these primaries should be changed and if so, what impact it may have on incidence rates and cancer surveillance.

-Lois Dickie, Senior Editor, Solid Tumor Rules

On April 23, 2024, Ask A SEER Registrar reached 40,000 submitted questions!!

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Difficult Case 1

Re-recorded

- Review of case scenario 1
- How many primaries?

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Difficult Case 2

Hysterectomy with bilat tubes and ovaries with bx's of other sites:

- Superficial invasion of posterior **endomyometrium** with high grade serous carcinoma
- **Rt ovary:** surface and parenchymal involvement of high-grade serous carcinoma largest focus 2.2 cm
- **Lt ovary:** surface and multinodular parenchymal involvement of high-grade serous carcinoma up to 1.8 cm
- **Rt tube:** serosal involvement of high-grade serous carcinoma
- **Lt tube:** Microscopic tumor in fimbriae
- **Cervix:** negative
- **Peritoneal fluid:** positive for high-grade carcinoma c/w gynecologic origin.
- **Omentum excision:** high grade carcinoma of gyn origin c/w hi grade serous carcinoma 4.0 cm
- **Small bowel mesentery bx:** negative
- *The synoptic states the site as posterior lower uterine segment.*

WT-1 that is low may indicate an endometrial primary

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Difficult Case 3

Bilateral salpingo-oophorectomy for menometrorrhagia:

- High grade serous carcinoma of the ovary. Carcinoma involves fallopian tubes and other ovary.
- Tumor site: ovary, laterality cannot be determined. Ovarian surface involvement present.
- Path comment:
 - Due to a larger amount of tumor on one of the ovaries an ovarian primary is favored. There is definitive invasion. Tumor is present in one fallopian tube and psammoma body is also identified in remaining tube. Ovaries are submitted in fragmented state and therefore laterality cannot be determined.



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Difficult Case 4

Hysterectomy with bilat tubes and ovaries, omentectomy and peritoneal biopsies:

- **Rt ovary and tube:** high grade serous carcinoma with involvement of uterine serosa, tumor size 5.0 cm rt ovary
- **Lt ovary and tube:** high grade serous carcinoma. Negative Lt tube. Tumor size 11 cm Lt ovary.
- **Pelvic and abdominal peritoneum biopsy:** high grade serous carcinoma.
- **Left colic gutter biopsy:** high grade serous carcinoma.
- **Omentectomy:** high grade serous carcinoma.

Synoptic on path states bilat ovary capsules intact. Site bilateral ovaries. Ovarian surface involvement bilateral. Fallopian tube surface involvement present on rt. Largest extrapelvic focus is macroscopic. Peritoneal fluid involvement present.



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Difficult Case 5

Hysterectomy w/bilat tubes and ovaries

- **Rt ovary:** negative
- **Lt ovary:** high grade serous ca 10 cm with no ovary surface involvement.
- **Rt fallopian tube:** serous tubal intraepithelial carcinoma
- **Lt fallopian tube:** no definite involvement by carcinoma
- **Uterine corpus:** negative

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Grade - Table 15

All other
Histology's

Teratomas & Serous
Carcinomas

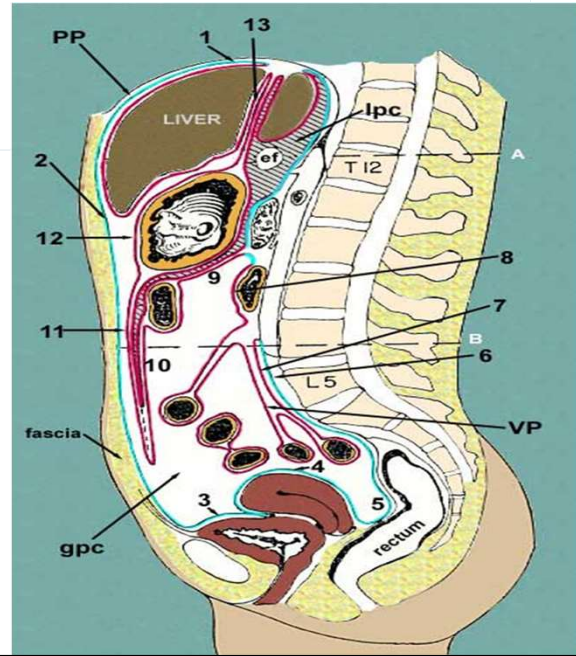
Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated, undifferentiated
B	GB: Borderline Tumor ←
L	Low grade
H	High grade
9	Grade cannot be assessed (GX); Unknown

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Diagnosis

- Imaging
- Laparoscopy

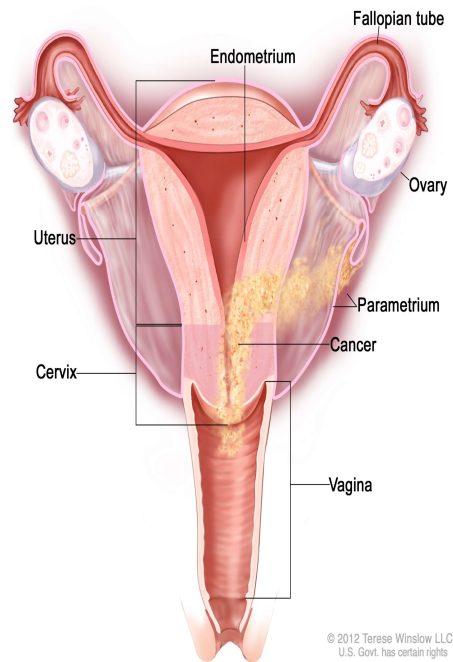


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Surgery

- A350 Unilateral (salpingo-) oophorectomy, unknown if hysterectomy done
 - A360 without Hysterectomy
 - A370 with hysterectomy
- A500 Bilateral (salpingo-) oophorectomy; unknown if hysterectomy done
 - A510 without hysterectomy
 - A520 with hysterectomy



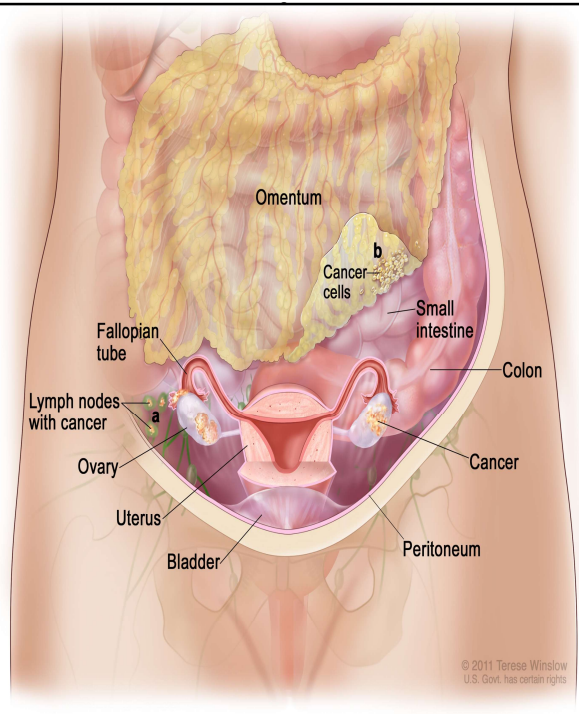
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Surgery

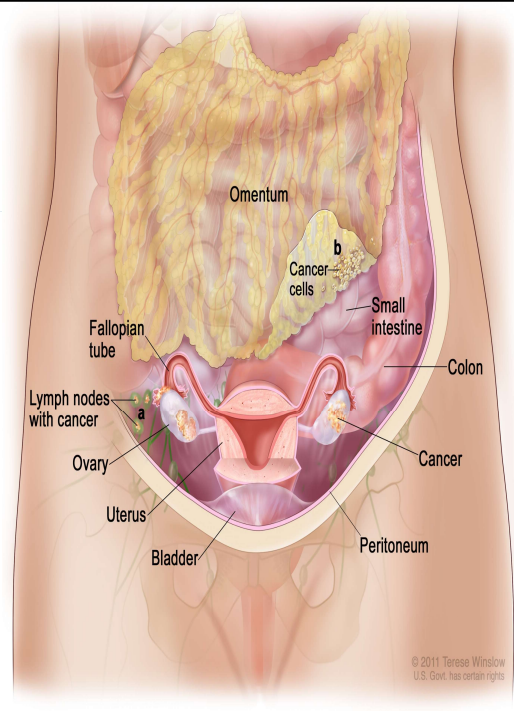
- A550 Unilateral/Bilateral (salpingo-)oophorectomy with Omentectomy, NOS; partial or total; unknown if hysterectomy done
 - A560 without hysterectomy
 - A570 with hysterectomy



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Surgery Codes

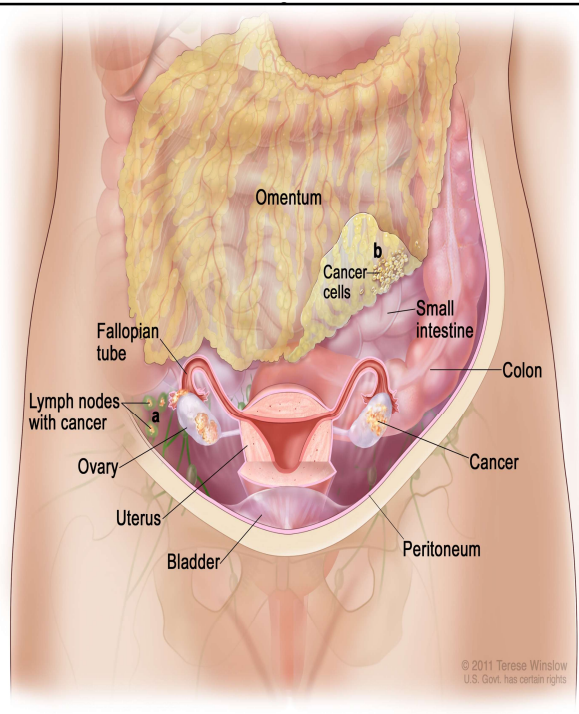
- Debulking; cytoreductive surgery - A600
 - Debulking is a partial or total removal of the tumor mass and can involve the removal of multiple organ sites.
 - It may include removal of ovaries and/or the uterus (a hysterectomy).
 - The pathology report may or may not identify ovarian tissue.
 - A debulking is usually followed by another treatment modality such as chemotherapy.
 - A610 WITH colon (including appendix) and/or small intestine resection (not incidental)
 - A620 WITH partial resection of urinary tract (not incidental)
 - A630 Combination of A610 and A620



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Surgery Codes

- A700 Pelvic exenteration, NOS
- A710 Anterior exenteration
 - Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes.
- A720 Posterior exenteration
 - Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes.
- A730 Total exenteration
 - Includes removal of all pelvic contents and pelvic lymph nodes.
- A740 Extended exenteration
 - Includes pelvic blood vessels or bony pelvis

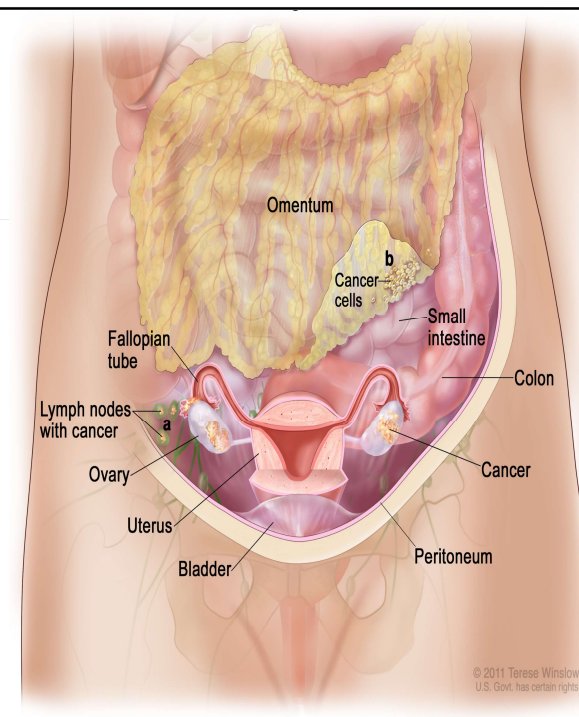


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Systemic Therapy

- Neoadjuvant therapy
 - Poor surgical candidate or
 - Low likelihood of optimal cytoreduction
- Adjuvant therapy
 - IV platinum-based therapy
- Maintenance Therapy
 - May depend on BRCA status
 - Niraparib
 - Rucaparib
 - Olaparib
 - Bevacizumab



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Questions?

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SSDIs

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SSDI – Residual Tumor Volume Post Cytoreduction

- Captures the amount of residual tumor volume grossly apparent after a cytoreduction procedure is completed.
- Source documents: **Operative report**, path report, discharge summary, chemo records
- Other names: Debulking, residual tumor volume



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SSDI – CA-125 Pretreatment Interpretation

- A tumor marker useful to monitor success of treatment and recurrence
- Record the interpretation of the highest value **prior to** treatment only by **blood or serum** CA-125
 - NOT on fluid from chest or abdominal cavity
- Source documents: Lab report, History, Clinician or Consultant notes or Path report



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SSDI - CA-125 Pretreatment Interpretation cont.

- Other names:
 - Cancer Antigen 125
 - CA 125 or CA125
 - Carbohydrate Antigen 125
 - Mucin 16 or MUC16
- Normal reference range:
 - ≤ 35 units per milliliter (U/ML); SI: ≤ 35 kiliUnits/Liter (KU/L)
 - May be reported as micrograms/milliliter (ug/mL)
 - Normal ranges may vary with patient's age and from lab to lab



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SSDI - CA-125 Codes

Code	Description
0	Negative/normal; within normal limits
1	Positive/elevated
2	Stated as borderline; undetermined whether positive or negative
7	Test ordered, results not in chart
8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 8 will result in an edit error)
9	Not documented in medical record CA-125 not assessed or unknown if assessed



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SSDI - FIGO Stage

- There must be a statement about FIGO stage from the managing physician in order to code this data item
 - Do **not** code FIGO stage based on the pathology report
 - Do **not** code FIGO stage based only on T, N, M
 - If "FIGO" is not included with a stated stage, then do **not** assume it is a FIGO stage



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Pop Quiz 2

- Pathology Report notes that patient has:
 - HIGH-GRADE SEROUS CARCINOMA INVOLVING PARTIALLY CYSTIC OVARY and PATHOLOGIC STAGE: pt2b (FIGO IIB), pn0 noted on path report.
- The managing physician note states that the patient has a single ovarian malignancy that extends to other pelvic tissues, negative lymph nodes and no metastatic disease, Stage IIB and will refer to Radiation Oncology due to extension.
- When completing your SSDI what is your Figo Stage?
 - A. N/A
 - B. FIGO Stage IIB
 - C. Not documented in the patient record



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Questions?



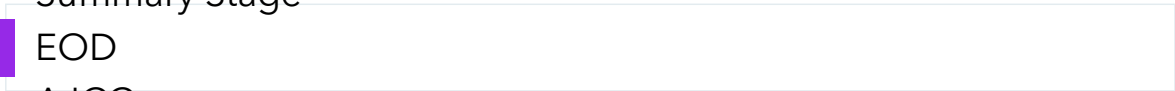
47

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Stage

- Summary Stage
- EOD
- AJCC



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Summary Stage/Extent of Disease

- 3 Schema for Summary Stage and EOD
 - Ovary -> Schema ID 00551
 - Fallopian Tube -> Schema ID 00553
 - Primary Peritoneal Carcinoma -> 00552
- Single chapter for AJCC 8th edition
 - Chapter 55: Ovary, Fallopian Tube, Primary Peritoneal carcinoma.
 - See page 689



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Summary Stage 2018 – Ovary Notes

- Ascites, NOS is considered negative
- Lymph nodes with ITCs only are not counted as positive nodes for Summary Stage
- Peritoneal implants
 - Implants outside pelvis **must** be microscopically confirmed
 - If implants are mentioned, determine whether they are in the pelvis or in the abdomen and code appropriately to regional by direct extension (pelvis) or to distant (abdomen).
 - If not stated, code to distant.



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Code	Summary Stage 2018 Description	
0	In situ: noninvasive, intraepithelial Limited to ovarian mucosa Preinvasive Serous tubal intraepithelial carcinoma (STIC) (8441/2)	
1	FIGO Stage IA - Limited to 1 ovary (capsule intact) FIGO Stage IB - Limited to both ovaries (capsule intact) FIGO Stage IC1 - Limited to both With surgical spill FIGO Stage I, IC - Limited to 1 or both ovaries, NOS	
2	FIGO Stage IC2 - Limited to 1 or both ovaries With capsule rupture OR tumor on ovarian surface FIGO Stage IC3 - Malignant cells in ascites or peritoneal washings	

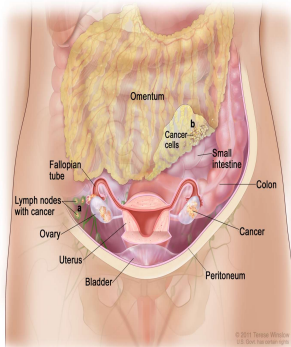
51

Code	Summ Stage 2018 Description	
2	FIGO Stage IIA - Extension to or implants on Adnexa, Fallopian tube, Uterus, NOS FIGO Stage IIB - Extension to or implants in Pelvis FIGO Stage II - Confined to pelvis	
3	Regional lymph nodes involved only FIGO Stage IIIA1	
4	Regional by BOTH direct extension AND regional lymph node(s) involved	

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Code	Summary Stage 2018 Description
4	Regional by Both direct extension AND regional lymph nodes - Codes (2) + (3)
7	FIGO Stage IIIA2 - Microscopic peritoneal implants beyond the pelvis FIGO Stage IIIB - Macroscopic peritoneal implants beyond pelvis - Less than or equal to 2 cm in diameter - Includes peritoneal surface of liver FIGO Stage IIIC - Macroscopic peritoneal implants beyond pelvis - Greater than 2 cm in diameter - Includes peritoneal surface of liver

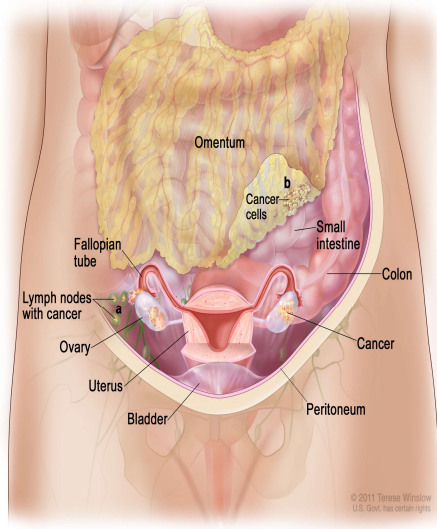
Implants beyond the pelvis are coded 7 Distant!!!



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Code	Summary Stage 2018 Description
7	FIGO Stage IVA - Pleural effusion w/ positive cytology FIGO Stage IVB - Extra-abdominal organs - Liver parenchymal - Spleen parenchymal - Transmural involvement of intestine Distant lymph nodes -> Inguinal



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EOD Primary Tumor – Ovary Notes

- When both the FIGO stage and Extension information is available – use the Extension information to assign code
- Code 050 for high-grade serous tubal intraepithelial carcinoma (STIC) (8441/2)
- Tumors in codes 100-250 with **malignant** ascites are coded to 300



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EOD Primary Tumor – Ovary Notes

- If there is involvement of the fallopian tube with no further evidence of extension, and the physician verifies this is an ovary primary, code 400.
 - 400 Extension to or implants on
 - Adnexa
 - Fallopian tube(s)
 - Uterus, NOS
 - FIGO Stage IIA



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EOD Primary Tumor – Ovary Notes cont.

- Both Extension to and/or Discontinuous mets to any of the **Pelvic** organs are included in code 450
 - 450-Extension to and/or discontinuous metastasis to pelvic sites (See Note 5); FIGO Stage IIB

Pelvic Organs	
Bladder and Bladder serosa	Rectosigmoid
Broad ligament (mesovarium)	Rectum
Cul de sac	Sigmoid colon
Parametrium	Sigmoid mesentery
Pelvic peritoneum	Ureter, pelvic
Pelvic wall	

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EOD Primary Tumor – Ovary Notes cont.

- Both extension to and/or discontinuous mets to any of the **Abdominal** organs by way of seeding/implants are included in codes 600-750

Abdominal Organs	
Abdominal mesentery	Pancreas
Diaphragm	Pericolic gutter
Gallbladder	Peritoneum, NOS
Intestine, large (except rectum, rectosigmoid and sigmoid colon)	Small intestine
Kidneys	Spleen (capsular involvement only)
Liver (peritoneal surface)	Stomach
Omentum (infracolic, NOS)	Ureters (outside pelvis)

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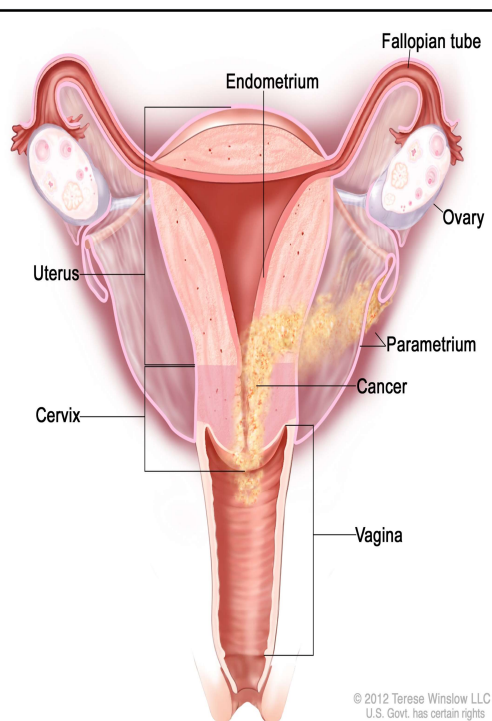
EOD Primary Tumor – Ovary Notes cont.

- Implants mentioned - unknown if pelvis or abdomen
- **Code 750**
- Direct extension and/or metastasis to the liver or splenic parenchyma are coded in EOD Mets
- Benign/borderline ovarian tumors - **Code 999**



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Code	Description
000	In situ, intraepithelial, noninvasive, preinvasive Low grade (LGSC) serous tubal intraepithelial carcinoma (STIC) (8441/2) Serous tubal intraepithelial carcinoma (STIC) (no grade) (8441/2)
050	High-grade serous tubal intraepithelial carcinoma (STIC) (8441/2)
100	Limited to one ovary (capsule intact) AND > No tumor on ovarian surface AND > No malignant cells in ascites or peritoneal washings > WITH or WITHOUT high-grade serous tubal intraepithelial carcinoma (STIC) FIGO Stage IA
150	Limited to both ovaries (capsule(s) intact) AND > No tumor on ovarian surface AND > No malignant cells in ascites or peritoneal washings FIGO Stage IB
200	Limited to one or both ovaries > WITH surgical spill FIGO Stage IC1
250	Limited to one or both ovaries > WITH capsule ruptured before surgery OR > WITH tumor on ovarian surface FIGO Stage IC2



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300	Malignant cells in ascites or peritoneal washings Limited to one or both ovaries FIGO Stage IC3
350	Limited to one or both ovaries <ul style="list-style-type: none"> > UNKNOWN if capsule(s) ruptured > UNKNOWN if cells in ascites or peritoneal washings > UNKNOWN if surgical spill or capsule ruptured > UNKNOWN if tumor on ovarian surface Confined to ovary, NOS Localized, NOS FIGO Stage I [NOS]
400	Extension to or implants on <ul style="list-style-type: none"> > Adnexa > Fallopian tube(s) > Uterus, NOS FIGO Stage IIA
450	Extension to and/or discontinuous metastasis to pelvic sites (See Note 5) FIGO Stage IIB
500	Tumor involves one or both ovaries <ul style="list-style-type: none"> > WITH pelvic extension, NOS (below pelvic brim) FIGO Stage II [NOS]

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600	Microscopic peritoneal implants or microscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim) (See Note 8) FIGO Stage IIIA
650	Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim) (See Note 8) FIGO Stage IIIB
700	Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim) (See Note 8) <ul style="list-style-type: none"> > Greater than 2 cm in diameter Extension or implants (microscopic, macroscopic or unknown) to the peritoneal surface of the liver or splenic capsule <ul style="list-style-type: none"> > WITHOUT parenchymal involvement of either organ FIGO Stage IIIC
750	One or both fallopian tube(s) involved <ul style="list-style-type: none"> > WITH confirmed peritoneal metastasis or peritoneal carcinomatosis outside of the pelvis (above pelvic brim) > UNKNOWN if microscopic or macroscopic Peritoneal implants, NOS Further contiguous extension FIGO Stage III [NOS]

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EOD Regional Nodes - Ovary Notes

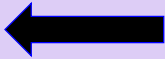
- Code only regional nodes and Nodes, NOS in this field
- Inguinal Lymph nodes are **no longer** coded as regional lymph nodes - see EOD Mets
- Regional lymph nodes include bilateral and contralateral




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Code	Description - EOD Regional Nodes Ovary
000	No lymph node involvement
050	ITC (< 0.2 mm)
300	LN metastasis - \leq 10 mm
400	LN metastasis - >10 mm
500	LN metastasis - size unknown
800	Lymph node(s), NOS
999	Unknown; not stated; cannot be assessed; Death Certificate Only

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Code	Description - EOD Mets Ovary
00	No distant metastasis or Unknown if distant metastasis 
10	Pleural effusion with positive cytology
30	Distant LN's (Inguinal & Distant LN's) <ul style="list-style-type: none"> • With or Without pleural effusion w/ positive cytology
50	Extra-abdominal organs (liver and spleen parenchymal, transmural involvement of intestine) Carcinomatosis (involvement of multiple parenchymal organs OR diffuse involvement of multiple non-abdominal organs) With or Without distant LN's OR pleural effusion w/ positive cytology

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Rules for Classification

- Ovarian cancer is primarily surgically/pathologically staged
- A patient presents with symptoms
 - Palpable pelvic mass and/or ascites
 - Bloating, pelvic or abdominal pain
- Ultrasound, CT, MRI
- Biopsy is rarely done due to risk of rupturing a cyst

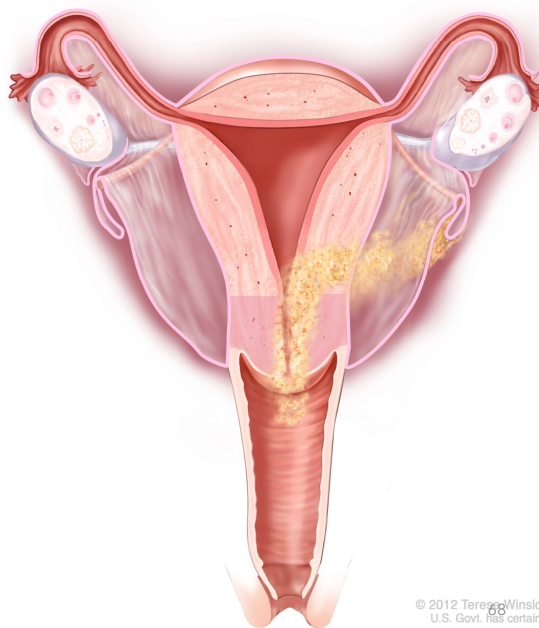
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Tumor confined to one or both ovaries?

- Are one or both ovaries involved?
- Has the capsule ruptured?
- Are there malignant ascites or peritoneal washings?
- Is the ovarian surface free of metastatic tumors ?



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Female Genital System

Is there pelvic extension or implants?

- To fallopian tubes
- To organs or tissues below the pelvic brim

Aorta

Lymphnodes

Fallopian tube

Ovary

Uterus

Cervix

Vagina

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Are there implants outside the pelvis?

- Are the implants...
 - Microscopic (not visible to the surgeon)
 - Macroscopic
 - <2cm
 - Or > 2cm?
- Are there positive regional lymph nodes?

Omentum

Cancer cells

Small intestine

Colon

Fallopian tube

Lymph nodes with cancer

Ovary

Uterus

Bladder

Peritoneum

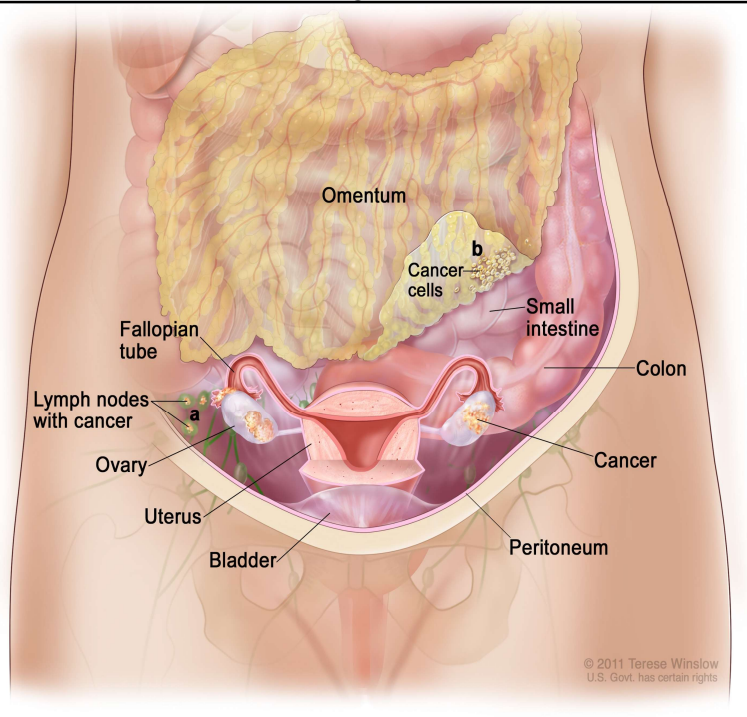
Cancer

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Is there distant metastasis?

- Pleural effusion
- Parenchymal involvement of liver or spleen
- Mets to extra-abdominal organs.



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Questions?

Empty text box for questions.

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Case Scenario Review

- Case Scenario 1
- Case Scenario 2

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Coming UP...

- Thyroid
 - Amy Bamburg, RHIA, CTR
 - Gillian Howell, MSc, PhD, CTR
- Life in a CoC Accredited Facility in 2024
 - Jennie Jones, MSHI-HA, CHDA, CTR
 - Kim Rodriguez, CPH, RHIT, CTR




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CE Certificate Quiz/Survey


CE Phrase
Oophorectomy

Link



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Thank you!!!



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