

Cancer treatment—lung cancer surgical margin qualifier, code N[N]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Surgical margin qualifier (lung cancer)
METEOR identifier:	433052
Registration status:	<ul style="list-style-type: none">• Health, Standard 08/05/2014
Definition:	The orientation of the surgical margin that is closest to the invasive or in situ carcinoma after surgical treatment for lung cancer, as represented by a code.
Data Element Concept:	Cancer treatment—surgical margin qualifier

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2
Permissible values:	

Value	Meaning
1	Bronchial
2	Mediastinal
3	Vascular
4	Parenchymal
5	Parietal pleural
6	Chest wall
88	Other

Supplementary values:

Value	Meaning
97	Not applicable-surgery was not performed
98	Unknown whether margin involvement was present
99	Margin involvement present but not qualified

Collection and usage attributes

Guide for use:	Record the code number for the surgical margin closest to the invasive or in situ carcinoma.
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Source and reference attributes

Submitting organisation:	Cancer Australia
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Reference documents: College of American Pathologists (CAP) 2009. Protocol for the examination of specimens from patients with primary non-small cell carcinoma, small cell carcinoma, or carcinoid tumour of the lung. Viewed 7 June 2011, http://www.cap.org/apps/docs/committees/cancer/cancer_protocols/2011/Lung_11protocol.pdf

Data element attributes

Collection and usage attributes

Guide for use: Surgical margins represent sites that have either been cut or bluntly dissected by the surgeon to resect the specimen.

The presence of tumour at a surgical margin is an important finding because there is the potential for residual tumour remaining in the patient in the area surrounding a positive margin.

Record the code for the margin described as the closest surgical margin from the invasive or in situ carcinoma. Where two or more margins are reported, only the closest should be recorded.

Record only for the most definitive surgical procedure performed. For instance, if a surgical procedure to remove a portion of tumour at the primary site is followed by additional surgery to remove the remainder of the tumour at that site, code the closest surgical margin for the final surgical procedure.

Record for the primary tumour site only, not for metastatic sites.

Collection methods: This information should be sought from the patient's pathology report under microscopic findings.

Collect this item when a person undergoes surgery for the treatment of lung cancer.

Comments: Identifying the margins involved by in situ or invasive carcinoma is useful for surgical audit. Margin involvement may influence treatment decisions and is a prognostic indicator.

Source and reference attributes

Submitting organisation: Cancer Australia

Relational attributes

Related metadata references: See also [Cancer treatment—distance of closest surgical margin, total millimetres N\[N\]](#)

- [Health](#), Standard 08/05/2014

See also [Cancer treatment—surgical margin status, positive/negative/unknown code N](#)

- [Health](#), Standard 14/05/2015

Implementation in Data Set Specifications:

[Lung cancer \(clinical\) DSSHealth](#), Superseded 14/05/2015

Conditional obligation:

Collect when a person with cancer has undergone surgery during their initial course of cancer treatment for the purpose of removing lung cancer (either invasive or in situ).

[Lung cancer \(clinical\) NBPDSHealth](#), Standard 14/05/2015

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Collect when a person with cancer has undergone surgery during their initial course of cancer treatment for the purpose of removing lung cancer (either invasive or in situ).