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Clinical Profile Documentation

AJCC Version 9 Staging

This release contains updated **TNM** values, **Staging Groups**, and **Template** functionality to align with conditions for:

- **Appendix cancer**
- **Melanoma in situ**

Users will see updated values and descriptions for **Primary Tumor Type (T)**, **Regional Lymph Nodes (N)**, and **Distance Metastasis (M)**, documentation points for **Appendix cancer**.

The following documentation points now have updated descriptions:

- **T4**
- **N1, N1a, N1b, N1c**
- **PM1a, PM1b**

The staging calculator will display updated **Clinical and Pathologic Stage** values based on the changes to the staging groups.

The new content does not affect previous charting documented on existing patients. All previous charting is brought forward during a subsequent visit, just as it did prior to this release.

A summary table for **Appendix cancer** stage values is provided below.

Tumor Type	Node	Metastasis	Stage Type	Grade	Stage
Is	N0	cM0	Clinical	Any	0
Is (LAMN)	N0	cM0	Clinical	Any	0
T1	N0	cM0	Clinical	Any	I
T2	N0	cM0	Clinical	Any	I
T3	N0	cM0	Clinical	Any	IIA
T4	N0	cM0	Clinical	Any	IIB
T4a	N0	cM0	Clinical	Any	IIC
T4b	N0	cM0	Clinical	Any	IIIA
T1	N1, N1a, N1b, N1c	cM0	Clinical	Any	IIIA
T2	N1, N1a, N1b, N1c	cM0	Clinical	Any	IIIB
T3	N1, N1a, N1b, N1c	cM0	Clinical	Any	IIIB

Tumor Type	Node	Metastasis	Stage Type	Grade	Stage
T4	N1, N1a, N1b, N1c	cM0	Clinical	Any	IIIB
T4a	N1, N1a, N1b, N1c	cM0	Clinical	Any	IIIB
T4b	N1, N1a, N1b, N1c	cM0	Clinical	Any	IIIB
Any T	N2	cM0	Clinical	Any	IIIC
Any T	Any N	cM1c	Clinical	Any	IVC
Is	N0	cM0	Pathologic	Any	0
Is (LAMN)	N0	cM0	Pathologic	Any	0
T0	N0	cM0	Pathologic	Any	Unknown
T1	N0	cM0	Pathologic	Any	I
T2	N0	cM0	Pathologic	Any	I
T3	N0	cM0	Pathologic	Any	IIA
T4a	N0	cM0	Pathologic	Any	IIB
T4b	N0	cM0	Pathologic	Any	IIC
T1	N1, N1a, N1b, N1c	cM0	Pathologic	Any	IIIA
T2	N1, N1a, N1b, N1c	cM0	Pathologic	Any	IIIA
T3	N1, N1a, N1b, N1c	cM0	Pathologic	Any	IIIB
T4	N1, N1a, N1b, N1c	cM0	Pathologic	Any	IIIB
T4a	N1, N1a, N1b, N1c	cM0	Pathologic	Any	IIIB
T4b	N1, N1a, N1b, N1c	cM0	Pathologic	Any	IIIB
Any T	N2	cM0	Pathologic	Any	IIIC
Any T	Any N	pM1a	Pathologic	Any	IVA
Any T	Any N	pM1b	Pathologic	G1	IVA
Any T	Any N	pM1b	Pathologic	G2, G3, GX	IVB
Any T	Any N	pM1c	Pathologic	Any	IVC

Problem Groups

Additions

The **Problems > Add Details** area is updated with applicable documentation points for the following diagnoses.

FOLR1 (Folate receptor alpha) is now available for **Fallopian Tube, Ovarian and Primary Peritoneal Cancers** with the following documentation points:

- Positive
- Negative
- Unknown

BRAF mutation is now available for **Fallopian Tube, Ovarian, Primary Peritoneal and Neuroendocrine Tumor Cancers** with the following documentation points:

- RET fusion positive
- RET fusion negative
- Ordered: Result pending
- Not performed
- Unknown

RET gene mutation is now available for **Fallopian Tube, Ovarian, Primary Peritoneal and Neuroendocrine Tumor Cancers** with the following documentation points:

- BRAF V600E (Mutated)
- Wild-type
- Mutations
- Unknown

ROS1 gene and PD-L1 are now available for **Melanoma, Skin** with the following documentation points:

- Positive
- Negative
- Unknown

Problems

Additions

New items are available for documentation in **Problems** and appear in the **Charge Capture Report (CCR)**. Additional ICD-10 codes* may be displayed to present the surrounding nodes.

Please see table below for a complete summary of changes.

Problem	ICD-10 Codes
Body fluid retention (disorder)	R60.0 Localized edema R60.1 Generalized edema R60.9 Edema, unspecified
Disorder of Bone (disorder)	M89.9 - Disorder of bone, unspecified

Problem	ICD-10 Codes
Lymphocytopenia (disorder)	D72.810 - Lymphocytopenia

Lab, Analytes & Panels

Additions

- FOLR1 panel
- GFR comment
- Hgb F reflex to HPLC
- HTLV I/II western blot gp21
- HTLV I/II western blot p19 I/II
- HTLV I/II western blot p19-1
- Immunofixation serum, daratumumab
- Invitae aortopathy comprehensive panel + preliminary-evidence gene for aortopathy
- Invitae aortopathy comprehensive panel + preliminary-evidence gene for aortopathy result
- Invitae comprehensive porphyrias panel
- Invitae comprehensive porphyrias result
- Microbiology specimen description
- PSA, total (cutoff 2.5 ng/mL)
- Tempus xT addendum panel
- Tempus xT amendment panel
- Tempus xT tumor origin panel
- Urinalysis with reflex to microscopic
- Varicella DNA PCR log

Medications

Additions

- Cholacol Oral
- IO-108 invest IV
- LOXO-783 invest Oral
- LP-300 invest IV
- Lutetium (177Lu) Edotreotide IV
- Medical Marijuana (Cannabidiol, CBD)
- Olvimulogene nanivacirepvec (Olvi-Vec) invest Intraperitoneal
- ONC-392 invest IV

Updates

Medication	Update
AB928 invest Oral	<p>New Forms:</p> <ul style="list-style-type: none"> • 50 mg tablet • 75 mg tablet
AB928 (etrumadenant) invest (AB928 invest Oral)	<p>New Forms:</p> <ul style="list-style-type: none"> • 50 mg tablet • 75 mg tablet
Adagrasib Oral	<p>New Instructions: Take with or without food.</p> <p>Max single dose: 600 mg</p>
Calquence (Acalabrutinib Oral)	<p>New default Form: Tablet NOTE: The dose unit does not change from capsule to tablet. Manually change the dose unit to tablet when ordering.</p>
Carvedilol Oral	<p>New default Sig: 3.125 mg orally 2 times per day; administer with food (meal or snack)</p>
Lunsumio (Mosunetuzumab-axgb IV)	<p>New sig Instructions:</p> <ul style="list-style-type: none"> • 30 mg intravenously Piggyback every week • 30 mg intravenously Piggyback 3 weeks <p>Max single dose: 60 mg</p>
Medical Marijuana (Cannabis)	<p>New default Sig: 1 cap orally As Directed</p> <p>New Dose Units:</p> <ul style="list-style-type: none"> • caps • mg • tabs
Mirvetuximab Soravtansine-gynx IV	<p>New default Sig and Instructions: 6 mg/kg intravenously Piggyback once. Calculate dose with Adjusted Ideal Body Weight (AIBW). Dilute with D5W to a final concentration of 1-2 mg/mL. Cycle 1: Administer at an initial rate of 1 mg/min for 30 minutes. If tolerated, increase rate to 3 mg/min for 30 minutes. If tolerated, increase rate to a maximum of 5 mg/min for remainder of infusion. Cycles 2+: If no infusion reactions occurred with prior cycle, subsequent infusions may be administered up to a maximum rate of 5 mg/min. Administer via a 0.2 or 0.22 micron polyethersulfone (PES) in-line filter. Do not mix or infuse with NS or other drugs.</p> <p>Max single dose: 500 mg</p>

Medication	Update
Mosunetuzumab-axgb IV	New Category : Antineoplastic New default Sig and Instructions : 30 mg intravenously Piggyback once. Use the Mosunetuzumab-axgb D1,8,15 fv D1 Q21D regimen. Ordering this medication outside of a regimen is not recommended. See Prescribing Information for details on administration, dose delays, and toxicity management.
Octyl 2-cyanoacrylate	New Allergy name : 2-octyl cyanoacrylate
Olutasidenib Oral	Category : Therapeutic New default Sig and Instructions : 150 mg orally 2 times per day. Take on an empty stomach, 1 hr before or 2 hrs after a meal. Max single dose : 150 mg
Pegfilgrastim-fpgk Subcutaneous	New default Sig and Instructions : 6 mg subcutaneously once. Administer once per cycle at least 24 hours after and 14 days before chemotherapy. NOTE: This is Stimufend. Max single dose : 6 mg
Rejuvaskin Skin Recovery Cream	New default instructions : Apply topically twice daily as directed
Teclistamab-cqyv Subcutaneous	New default Sig and Instructions : 1.5 mg/kg subcutaneously every week. Use teclistamab-cqyv SQ D1,4,7 (Initial) and Teclistamab-cqyv D1,8,15,22 Q28D (Maintenance) regimens to order this medication. Ordering this medication outside of a regimen is not recommended. See Prescribing Information for details on administration, dose delays, and toxicity management. Teclistamab-cqyv is only available through a restricted distribution program, Tecvayli REMS. Max single dose : 225 mg
Tremelimumab-actl IV	New default Sig and Instructions : 300 mg intravenously Piggyback once; administer over 60 minutes. For HCC, recommended dose is 300 mg for body weight 30 kg or more or 4 mg/kg for body weight less than 30 kg. For NSCLC, recommended dose is 75 mg for body weight 30 kg or more or 1 mg/kg for body weight less than 30 kg. Dilute with 150 mL NS or D5W. Gently invert the infusion bag. Do not shake. Administer through an IV line containing a sterile, low-protein binding 0.2 or 0.22 micron filter. Do not mix or infuse with other drugs. Monitor patient for 60 minutes following infusion.

Regimen Library

Based on recent Collaborative Care Committee discussion and vote, updates have been made to regimens containing Granulocyte colony-stimulating factor (G-CSF).

To streamline G-CSF options, **filgrastim** has been **removed** from templates containing pre-checked **pegfilgrastim**. Regimens will contain **filgrastim** if the duration between chemotherapy doses is less than 12 days, stem cell mobilization, or Myelodysplastic Syndrome (MDS).

The following medications have been added to applicable G-CSF regimen templates:

- **Fylnetra** (Pegfilgrastim-pbbk Subcutaneous)
- **Releuko** (Filgrastim-ayow Subcutaneous)
- **Stimufend** (Pegfilgrastim-fpgk Subcutaneous)

Additions

Regimen Name	Diagnosis
Adagrasib Q30D	Lung Cancer, Non-small Cell (NSCLC)
Bortezomib D1,8,15,22 + Lenalidomide D1-21 (Maintenance) Q28D	Multiple Myeloma (MM)
Cemiplimab-rwlc + Pemetrexed Q21D Maintenance	Lung Cancer, Non-small Cell (NSCLC)
Cytokine Release Syndrome (CRS) and Tocilizumab Supportive Care	All problems
Etoposide D2-4 + Doxorubicin + Cisplatin D3-4 (EDP) + Mitotane (Part 1 of 2)	Adrenocortical Cancer
Etoposide D2-4 + Doxorubicin + Cisplatin D3-4 (EDP) + Mitotane (Part 2 of 2)	Adrenocortical Cancer
Lenalidomide D1-21 + Bortezomib D1,8,15,22 + Dexamethasone (RVD) Q28D (Maintenance)	Multiple Myeloma (MM)
Mosunetuzumab-axgb D1,8,15 fb D1 Q21D	Lymphoma, Non-Hodgkin (NHL) (Parent)
Olutasidenib Q30D	Leukemia, Acute Myeloid (AML)
Pralatrexate D1,8,15 Q28D (CTCL)	Lymphoma, Non-Hodgkin (NHL) (Parent)

Updates

Regimens for the following diagnoses have been updated based on the Collaborative Care Committee voting. Changes include but are not limited to reference update, drug infusion instruction updates, renaming of regimens, premedication template updates and number of cycles.

- All Problems
- Bladder Cancer
- Brain Tumor (Parent)
- Breast Cancer
- Colon Cancer
- Esophageal Cancer (Parent)
- Gastric Cancer
- Lung Cancer, Non-small Cell (NSCLC)
- Lung Cancer, Small Cell (SCLC)
- Lymphoma, Hodgkin (HL)
- Lymphoma, Non-Hodgkin (NHL) (Parent)
- Melanoma, Skin
- Multiple Myeloma (MM)
- Neuroendocrine Tumor, Carcinoid (Parent)
- Pancreatic Cancer
- Rectal Cancer
- Renal Cell Carcinoma (RCC)
- Renal Pelvis and Ureter Cancer
- Sarcoma, Soft Tissue (Parent)
- Urethral Cancer

Renames

Previous Name	New Name
Pembrolizumab Q21D (Flat Dose) (Adjuvant Melanoma, RCC)	Pembrolizumab Q21D (Flat Dose) (Neoadjuvant/Adjuvant Melanoma, Adjuvant RCC)
Pralatrexate D1,8,15,22,29,36 Q49D	Pralatrexate D1,8,15,22,29,36 Q49D (PTCL)
Rituximab IV + Gemcitabine D2 + Oxaliplatin D2 Q14D	Rituximab IV + Gemcitabine + Oxaliplatin Q14D
Temozolomide IV D1-42 + XRT Q42D fb Temozolomide IV D1-5 Q28D (Part 2 of 2: Temozolomide IV Only)	Temozolomide IV D1-42 + XRT Q42D fb Temozolomide IV D1-5 Q28D (Part 2 of 2)
Temozolomide PO D1-42 + XRT Q42D fb Temozolomide PO D1-5 Q28D (Part 2 of 2: Temozolomide PO Only)	Temozolomide PO D1-42 + XRT Q42D fb Temozolomide PO D1-5 Q28D (Part 2 of 2)

Research

Updates

	Updated Reference Information			
		Updated Drug Service Order Information		
			Updated Regimen Instructions	
			Other Changes	
USOR 20326	X			
USOR 20343	X	X	X	
USOR 20344	X			No longer available: <ul style="list-style-type: none"> USOR 20344 Tucatinib (PO; BID) + Trastuzumab IV + Fulvestrant
USOR 20408	X	X		
USOR 21183	X	X		
USOR 21239	X	X	X	
USOR 21320	X	X	X	
USOR 21412	X	X	X	Now available: <ul style="list-style-type: none"> USOR 21412 Regimen A-A4 Conditioning Bendamustine D-5,-4 USOR 21412 Regimen A2 FT576 D1,8 USOR 21412 Regimen A3 FT576 D1,4,8 USOR 21412 Regimen A4 FT576 D1,8,15 USOR 21412 Regimen B-B4 Daratumumab IV D-11,-4 + Conditioning Bendamustine D-5,-4 USOR 21412 Regimen B-B4 Daratumumab SQ D-11,-4 + Conditioning Bendamustine D-5,-4 USOR 21412 Regimen B2 FT576 D1,8 + Daratumumab IV D4,11,18,25 USOR 21412 Regimen B2 FT576 D1,8 + Daratumumab SQ D4,11,18,25 USOR 21412 Regimen B3 FT576 D1,4,8 + Daratumumab IV D4,11,18,25 USOR 21412 Regimen B3 FT576 D1,4,8 + Daratumumab SQ D4,11,18,25 USOR 21412 Regimen B4 FT576 D1,8,15 + Daratumumab IV D4,11,18,25 USOR 21412 Regimen B4 FT576 D1,8,15 + Daratumumab SQ D4,11,18,25
USOR 21455	X	X	X	
USOR 21457	X	X	X	

USOR 21461	X		X	
USOR 22159	X	X	X	

Billing & HCPCS Codes

Updates

Medication	HCPCS Codes
Capsaicin-Skin Cleanser Topical Kit 8 % (Qutenza)	J7336 per: <ul style="list-style-type: none"> • 1 package • 1 cm²
DaxibotulinumtoxinA-lanm IM (cosmetic)	J3490 per: <ul style="list-style-type: none"> • 0.5 mL • 40 units
Etranacogene Dezaparvovec-drlb IV	J3590 per 2 x 10 ^{e13} gc
Folic Acid	J3490 per 1 mg
Lenacapavir (Sunlenca)	J3490 per 463.5 mg
Lunsumio (mosunetuzumab-axgb)	J3590 per <ul style="list-style-type: none"> • 1 mg • 30 mg
Pegfilgrastim-fpgk Subcutaneous	J3590 per 6 mg