# Appendix 2: 2021 Field Testing-Final Answers and Rationale

This appendix includes all the data items by group number. For each data item, the following are included

* Group number (when applicable)
* Data Item
* Preferred Answer (% Agree)
* Final Answer (% Agree)
* Brief Case Scenario/Rationale (Explanation of Answers)
* General results of availability testing

Data items highlighted in blue indicate data items where the preferred answer was changed after review of comments and the records once again during study reconciliation.

We would like to thank the registrars who provided excellent feedback, which resulted in updated rationales, changed rationales and for some cases, a change in the preferred answer.

# Group 1 Cases

| **Group** | **Data Item** | **Preferred Answer****(% Agree)** | **Final Answer****(% Agree)** | **Case Scenario/Answers/Explanation of Answers** |
| --- | --- | --- | --- | --- |
| 1 | Primary Tumor Location Case #1 | 20(82.1%) | 20(82.1%) | Code 20: Sellar Regionp. 1. Per the procedure report, "….we resected the tumor down to the level of the sella….the tumor was removed from the floor of the sella." This means that the tumor was in the Sellar region of the brain |
| 1 | Primary Tumor Location Case #2 | 40(56.1%) | 40(56.1%) | Code 40: Middle fossa, NOS (Sphenoid Wing)p. 1. Per the procedure report, the tumor was involving the sphenoid and extended into the orbital bone: "We decompressed the superior orbital fissure and tumor was also resected from the sphenoid wing and temporal pole." Preoperative and postoperative diagnosis indicate sphenoorbital also |
| 1 | Primary Tumor Location Case #3 | 00(97.0%) | 00(97.0%) | Code 00: PonsPer p. 4, originally diagnosed in 2017, based on MRI Brain, which showed a 2.5 x 2.5 mass in the pons. Synoptic report (page 5) shows that the primary tumor site is Brain Stem, with the specific location of PonsPer p. 2, physician assessment, pontine glioblastoma |
| 1 | Primary Tumor Location Case #4 | 85(52.3%) | 85(52.3%) | Code 85: Tumor not identified as Skull Base/Base of Skull tumor ORPrimary tumor location not in codes 00-80Per p. 5, resection Primary Site, Precise Location: FalxP. 3, Brain MRI without and with contrast: Extra-axial mass along the left aspect of the falx (falcine), imaging appearance typical for meningioma. Also referred to as frontal parasagittal extra-axial mass.This is not a Skull base tumor. Origin is falcine (falx) |
| 1 | Primary Site Surgery, Case #1, Surgery Code #1 | B220(53.1%) | B220(53.1%) | Code: B2201/17/2021, Operative Report 1: Shave biopsy from left upper arm. No indication if it's a superficial or deep shave. Use the NOS code for Shave biopsy (B220) |
| 1 | Primary Site Surgery, Case #1, Surgery Code #2 | B520(54.7%) | B520(54.7%) | Code B5202/9/2021: Skin, left arm re-excision. Note that re-excision and wide excision are equivalent when assigning surgery codes. This is a shave biopsy (NOS), followed by a re-excision, which is code B520 |
| 1 | Primary Site Surgery, Case #1, Surgery Code #3 | NA(90.6%) | NA(90.6%) | Code: Not applicableOnly two surgical procedures were performed |
| 1 | Primary Site Surgery, Case #1, Margin Measurement | 1.0(68.8%) | 1.0(68.8%) | Code: 1.02/9/2021, Operative Report 2: States that excision with 1 cm circumferential margins was done |
| 1 | Primary Site Surgery, Case #2, Surgery Code #1 | B240(90.6%) | B240(90.6%) | Code: B24011/13/21, Operative Report 1: Patient had an elliptical biopsy |
| 1 | Primary Site Surgery, Case #2, Surgery Code #2 | B540(87.5%) | B540(87.5%) | Code: B54012/15/2021, Operative Report 2: Patient had wide excision, so code B540 is coded for Elliptical biopsy followed by wide excision |
| 1 | Primary Site Surgery, Case #2, Surgery Code #3 | NA(96.9%) | NA(96.9%) | Code: Not applicableOnly two surgical procedures were performed |
| 1 | Primary Site Surgery, Case #2, Margin Measurement | 2.0(89.1%) | 2.0(89.1%) | Code: 2.012/15/21, Operative Report 2: States wide excision with 2 cm peripheral margins was done |

# Group 2 Cases

| **Group** | **Data Item** | **Preferred Answer****(% Agree)** | **Final Answer****(% Agree)** | **Case Scenario/Answers/Explanation of Answers** |
| --- | --- | --- | --- | --- |
| 2 | Primary Tumor Location Case #1 | 20(95.4%) | 20(95.4%) | Code 20: Sellar Region (Suprasellar)Per the procedure report, p. 1, tumor was in the suprasellar area: "The tumor was then identified in the suprasellar space" |
| 2 | Primary Tumor Location Case #2 | 85(40.3%) | 85(40.3%) | Code 85: Tumor not identified as Skull Base/Base of Skull tumor ORPrimary tumor location not in codes 00-80Per the Indications for Procedure, p. 1, the MRI of the brain showed a large parasagittal and parafalcine mass consistent with a meningioma, and then the extent of falcine disease spread much more posteriorly. Per the Procedure, p. 1,W "e then worked down along the falx, and using tenotomy scissors, we were able to cut around the entire tumor,..."Primary site of the tumor is the falx (falcine) which is not part of the skull base.This is not a Skull base tumor. Origin is falcine (falx) |
| 2 | Primary Tumor Location Case #3 | 30(96.8%) | 30(96.8%) | Code 30: Cavernous SinusPer p. 5, MRI Brain with enhancing mass in the cavernous sinus with involvement of the dura, suspected meningioma, PET scan confirmed right meningioma. Per progress note, p. 1, referred to as a cavernous sinus location |
| 2 | Primary Tumor Location Case #4 | 00(98.3%) | 00(98.3%) | Code 00: PonsPage 4: Historical case; MRI brain with and without contrast states indication of malignant neoplasm of brain stem, h/o pontine glioma dx 2001Page 1: progress notes also state that patient has a history of pontine glioma, and physician assessment, p. 2, states pontine glioma |
| 2 | Primary Site Surgery, Case #1, Surgery Code #1 | B220(80.0%) | B220(80.0%) | Code: B2205/22/21, Operative Report 1: Patient has shave biopsy. No indication if it's a superficial or deep shave. Use the NOS code for Shave biopsy (B220) |
| 2 | Primary Site Surgery, Case #1, Surgery Code #2 | B320(68.3%) | B320(68.3%) | Code: B3206/25/21 and 6/27/2021, Operative Reports 2 and 3: Same surgical episode, all of the Mohs procedures are combined into one, which is a Mohs procedure preceded by a shave biopsyMohs Surgery is covered under code B300. Code B320 specifies that Mohs surgery is performed on different days, defined as a slow Mohs |
| 2 | Primary Site Surgery, Case #1, Surgery Code #3 | NA(70.0%) | NA(70.0%) | Code: Not applicableOnly two surgical procedures performed. The two separate Mohs procedures are collected under one surgery code |
| 2 | Primary Site Surgery, Case #1, Margin Measurement | 0.8(26.7%) | 0.8(26.7%) | Code: 0.86/25/21, Operative Report 2: States margins are 5 mm. 6/27/21, Operative Report 3: states 3 mm added. These two are to be added for a total 8 mm margin (0.8 cm) |
| 2 | Primary Site Surgery, Case #2, Surgery Code #1 | B220(80.0%) | B220(80.0%) | Code: B2206/28/21, Operative Report 1: Patient has shave biopsy. No indication if it's a superficial or deep shave. Use the NOS code for Shave biopsy (B220) |
| 2 | Primary Site Surgery, Case #2, Surgery Code #2 | B310(30.0%) | B310(30.0%) | Code: B3107/25/21, Operative Report 2: Mohs procedure done. This was a single Mohs surgeryMohs surgery is covered under code B300 series. Code B310 specifies that Mohs surgery is performed on the same day |
| 2 | Primary Site Surgery, Case #2, Surgery Code #3 | B550(38.3%) | B550(38.3%) | Code: B5507/31/21, Operative Report 3: Patient has excision (re-excision) that was preceded by Mohs on 7/25/21Code B550 is a Mohs surgery followed by a wide excision |
| 2 | Primary Site Surgery, Case #2, Margin Measurement | 0.2(70.0%) | 0.2(70.0%) | Code: 0.27/31/21, Operative Report 3: Documents a 2 mm margin (0.2 cm) |

**Group 3 Cases**

| **Group** | **Data Item** | **Preferred Answer****(% Agree)** | **Final Answer****(% Agree)** | **Case Scenario/Answers/Explanation of Answers** |
| --- | --- | --- | --- | --- |
| 3 | Primary Tumor Location Case #1 | 10(88.1%) | 10(88.1%) | Code 10: Anterior fossa, NOS (Planum sphenoidale)Procedure report, p. 1, does not specifically identify the location of the tumor; however, the preoperative and postoperative diagnoses are "planum sphenoidale." Indication for Procedure also states:…"found to have a nearly 3 cm planum sphenoidale meningioma" |
| 3 | Primary Tumor Location Case #2 | 70(34.8%) | 70(34.8%) | Code 70: Posterior fossa, NOS (Tentorial/pretentorial)Procedure report states that the tumor is in the pretentorial area: "We then worked more superiorly and the large tumor could be seen in the petrotentorial corridor." Also, preoperative diagnosis states posterior fossa |
| 3 | Primary Tumor Location Case #3 | 00(92.4%) | 00(92.4%) | Code 00: PonsPage 1, Initial diagnosis: Non-enhancing brainstem mass, most likely glioma noted on MRI as lesion is not amenable to biopsy. Page 2, MRI Brain findings: stable expansile lesion in the pons which measures 39 x 28 mm; Impression: Expansive lesion centered in the ponsNote: The pons is part of the Brainstem, but is also a specific subsite that is of interest |
| 3 | Primary Tumor Location Case #4 | 50(93.9%) | 50(93.9%) | Code 50: ClivusPage 1: Per history of present illness, patient had a history of a lesion in the inferior clivus, but was stable. In 2020, patient developed new headaches. The MRI Brain showed a mass at the skull base involving the clivus, dens, and right occiptal condyle with associated osseous erosion and increasae the size of the lesion. Pathology done, p. 5, which revealed a chordoma, which is a common histology for this location. Imaging, p. 4 and p. 5, support clivus/clival chordomaAlthough the 2020 findings document involvement of the dens and right occipital condyle, this would still be a clivus tumor with the history. The involvement of adjacent structures is progression of the tumor |
| 3 | Primary Site Surgery, Case #1, Surgery Code #1 | B230(36.9%) | B230(36.9%) | Code: B2304/18/21, Operative Report 1: Patient has punch biopsy. No indication if it's a superficial or deep shave. Use the NOS code for punch biopsy (B230) |
| 3 | Primary Site Surgery, Case #1, Surgery Code #2 | B530(40.0%) | B530(40.0%) | Code: B5305/19/21: Operative Report 2: Patient had wide excision, so code B530 is coded for punch biopsy followed by wide excision |
| 3 | Primary Site Surgery, Case #1, Surgery Code #3 | NA(92.3%) | NA(92.3%) | Code: Not applicableOnly two surgical procedures were performed |
| 3 | Primary Site Surgery, Case #1, Margin Measurement | 1.0(89.2%) | 1.0(89.2%) | Code: 1.05/19/21, Operative Report 2: No mention of margin. Per Note 5, margins documented from the pathology report may be used if they are not documented on the operative report. Pathology Report 2 states 1 cm margin |
| 3 | Primary Site Surgery, Case #2, Surgery Code #1 | B200(33.8%) | B200(33.8%) | Code: B2001/24/21, Pathology Report: Per this report, melanoma was previously excised. Code B200 for local tumor excision since no specific information is available (for example: excisional, shave, or punch biopsy) |
| 3 | Primary Site Surgery, Case #2, Surgery Code #2 | B500(41.5%) | B500(41.5%) | Code: B5001/24/21, Pathology Report: States a wide excision. The previous surgery is B200 for local tumor excision, NOS, so the wide excision is B500 |
| 3 | Primary Site Surgery, Case #2, Surgery Code #3 | NA(96.9%) | NA(96.9%) | Code: Not applicableOnly two surgical procedures were performed |
| 3 | Primary Site Surgery, Case #2, Margin Measurement | XX.9(95.4%) | XX.9(95.4%) | Code: XX.9No margins are documented in the pathology report |

# Group 4 Cases

| **Group** | **Data Item** | **Preferred Answer****(% Agree)** | **Final Answer****(% Agree)** | **Case Scenario/Answers/Explanation of Answers** |
| --- | --- | --- | --- | --- |
| 4 | Primary Tumor Location Case #1 | 10(91.8%) | 10(91.8%) | Code 10: Anterior fossa, NOS (Olfactory groove)Procedure, p. 1, indicates the tumor is located in the anterior fossa: "The tumor was then dissected laterally off the anterior cranial fossa floor going back to the sylvian fissure" while the preoperative and postoperative diagnoses indicate the olfactory groove |
| 4 | Primary Tumor Location Case #2 | 60(91.7%) | 60(91.7%) | Code 60: Cerebellopontine Angle (CP angle)Procedure, p. 1, indicates: "A large tumor could be seen in the area of the right CP angle" |
| 4 | Primary Tumor Location Case #3 | 40(83.3%) | 40(83.3%) | Code 40: Middle fossa, NOSProgress Note, p. 1: Patient with history of brain lesion, Surgery states "Subtotal resection of a left middle fossa meningioma"  |
| 4 | Primary Tumor Location Case #4 | 00(94.9%) | 00(94.9%) | Code 00: PonsP. 4: Historical case. MRI, states there is a redemonstration of an expansile, mildly T2 hyperintense mass in the left pons. MRI results p. 2 and p. 3 also support pons.P. 1 also states that patient returns with h/o left pontine glioma for routine follow up |
| 4 | Primary Site Surgery, Case #1, Surgery Code #1 | B200(89.5%) | B200(89.5%) | Code: B2003/17/21, Pathology Report: Biopsy done, no indication if excisional, shave, punch, or elliptical. Use the NOS code for biopsy (B200) |
| 4 | Primary Site Surgery, Case #1, Surgery Code #2 | NA(94.7%) | NA(94.7%) | Code: Not applicableOnly one surgical procedure was performed |
| 4 | Primary Site Surgery, Case #1, Surgery Code #3 | NA(94.7%) | NA(94.7%) | Code: Not applicableOnly one surgical procedure was performed |
| 4 | Primary Site Surgery, Case #1, Margin Measurement | XX.7(17.5%) | XX.7(17.5%) | Code: XX.7No wide excision was done |
| 4 | Primary Site Surgery, Case #2, Surgery Code #1 | B230(61.4%) | B230(61.4%) | Code: B2307/15/21, Operative Report 1: Patient has punch biopsy. No indication if it's a superficial or deep shave. Use the NOS code for punch biopsy (B230) |
| 4 | Primary Site Surgery, Case #2, Surgery Code #2 | B530(45.6%) | B530(45.6%) | Code: B5308/12/21: Operative Report 2: Patient had wide excision, so code B530 is coded for punch biopsy followed by wide excision |
| 4 | Primary Site Surgery, Case #2, Surgery Code #3 | NA(98.2%) | NA(98.2%) | Code: Not applicableOnly two surgical procedures were performed |
| 4 | Primary Site Surgery, Case #2, Margin Measurement | 1.0(70.2%) | 1.0(70.2%) | Code: 1.08/12/21, Operative Report 2: No mention of margin. Per Note 5, margins documented from the pathology report may be used if there are not documented on the operative report. Pathology Report 2 states 10 mm margin, which is 1 cm |

# Group 5 Cases

| **Group** | **Data Item** | **Preferred Answer****(% Agree)** | **Final Answer****(% Agree)** | **Case Scenario/Answers/Explanation of Answers** |
| --- | --- | --- | --- | --- |
| 5 | Primary Tumor Location Case #1 | 40(92.6%) | 40(92.6%) | Code 40: Middle fossa, NOS (Sphenoid wing)Procedure, p. 1, did not specifically mention where the tumor was, but there was mention of drilling down to the sphenoid wing. Preoperative and postoperative diagnoses state the sphenoid wing |
| 5 | Primary Tumor Location Case #2 | 70(94.1%) | 70(94.1%) | Code 70: Posterior fossa, NOS (Tentorial/pretentorial)Procedure report states that the tumor is in the posterior fossa area: "Following this, the tumor could be easily identified in this region and extruding from the posterior fossa." Preoperative and postoperative diagnoses also state tentorial |
| 5 | Primary Tumor Location Case #3 | 00(98.5%) | 00(98.5%) | Code 00: PonsProgress Note, p. 1: Historical case. Identifying statement is that patient has a pons glioma; also on p. 2, impression/plan: Diffuse Intrinsic Pontine Glioma |
| 5 | Primary Tumor Location Case #4 | 85(61.2%) | 85(61.2%) | Code 85: Tumor not identified as Skull Base/Base of Skull tumor ORPrimary tumor location not in codes 00-80Per p. 5, resection Primary Site, Precise Location: Falx.P. 3, Brain MRI without and with contrast: Extra-axial mass along the left aspect of the falx (falcine), imaging appearance typical for meningioma. Also referred to as frontal parasagittal extra-axial mass.This is not a Skull base tumor. Origin is falcine (falx) |
| 5 | Primary Site Surgery, Case #1, Surgery Code #1 | B220(76.6%) | B220(76.6%) | Code: B2202/12/21, Operative Report 1: Patient has shave biopsy. No indication if it's a superficial or deep shave. Use the NOS code for shave biopsy (B220) |
| 5 | Primary Site Surgery, Case #1, Surgery Code #2 | B520(59.4%) | B520(59.4%) | Code: B5203/12/21: Operative Report 2: Patient had wide excision, so code B520 is coded for shave biopsy followed by wide excision |
| 5 | Primary Site Surgery, Case #1, Surgery Code #3 | NA(93.8%) | NA(93.8%) | Code: Not applicableOnly two surgical procedures were performed |
| 5 | Primary Site Surgery, Case #1, Margin Measurement | XX.9(79.7%) | XX.9(79.7%) | Code: XX.9No margins are documented in the operative or pathology report |
| 5 | Primary Site Surgery, Case #2, Surgery Code #1 | B220(82.5%) | B220(82.5%) | Code: B22011/20/21, Operative Report 1: Operative report states skin left ear biopsy; however, pathology report specifies shave biopsy. No indication if it's a superficial or deep shave. Use the NOS code for shave biopsy (B220) |
| 5 | Primary Site Surgery, Case #2, Surgery Code #2 | B520(79.4%) | B520(79.4%) | Code: B52012/17/21: Operative Report 2: Patient had wide excision, so code B520 is coded for shave biopsy followed by wide excision |
| 5 | Primary Site Surgery, Case #2, Surgery Code #3 | NA(19.0%) | NA(19.0%) | Code: Not applicableOnly two surgical procedures were performed |
| 5 | Primary Site Surgery, Case #2, Margin Measurement | XX.9(90.5%) | XX.9(90.5%) | Code: XX.9No margins are documented in the operative or pathology report |

# Histology Subtype

* Note: There were 5 case scenarios, which all registrars answered. The results from the 5 different groups were combined for a total per case.

| **Case #** | **Preferred Answer****(% Agree)** | **Final Answer****(% Agree)** | **Scenario/Rationale** |
| --- | --- | --- | --- |
| 1 | 1(95.4%) | 1(95.4%) | Answer: Code 1-Low-grade appendiceal mucinous neoplasm (LAMN)Case Scenario: Appendix, pathology report: Disseminated peritonealadenomucinous/low grade mucinous carcinoma peritonei (pseudomyxoma peritonei with low grade neoplastic cells). Final diagnosis: Low grade appendiceal mucinous neoplasmThis is a low grade mucinous (appendiceal) carcinoma, which is LAMN. The peritoneal adenomucinous/low grade mucinous carcinoma peritonei (pseudomyxoma peritonei) is describing metastatic disease and not the histology |
| 2 | 0(58.4%) | 0(58.4%) | Answer: Code 0-Histology is NOT 8480Case Scenario: Appendix: Low grade (well diff) appendicealadenocarcinomaThis is an adenocarcinoma (8140/3), the low grade (well diff) is describing the grade and not the histologyFollowed up with GI pathologist based on comments received about the “low grade” and the “appendical.” In order for LAMN or HAMN to be diagnosed, mucinous must be stated. The fact that this was noted to be “appendiceal” and “low grade” adenocarcinoma does not make this a LAMN |
| 3 | 2(56.6%) | 1(28.8%) | Answer: Code 1-Low-grade appendiceal mucinous neoplasm (LAMN)Case scenario: Appendix, appendectomy: Low grade appendicealmucinous neoplasm (LAMN) with focal high grademucinous neoplasmPathology states this is a low grade appendiceal mucinous neoplasm (LAMN) with focal high grade mucinous neoplasm. Initial answer was for HAMN based on the focal high gradeBased on the Solid Tumor Rules, the “focal” would be ignored. Follow up with a GI pathologist was also done, who also stated that the focal would be ignored and this would be coded as LAMNInstructions were added to the data item to first follow the Solid Tumor Rules to determine histology  |
| 4 | 3(92.2%) | 3(92.2%) | Answer: Code 3-Mucinous/Mucus/Mucoid adenocarcinoma/carcinoma; Colloid adenocarcinoma, carcinoma)Case Scenario: Appendectomy: Mucinous adenocarcinoma of theappendixMucinous adenocarcinoma is the preferred terminology for histology code 8480/3 |
| 5 | 3(97.7%) | 3(97.7%) | Answer: Code 3- Mucinous/Mucus/Mucoid adenocarcinoma/carcinoma; Colloid adenocarcinoma, carcinoma)Case Scenario: Appendix: Mucinous (colloid) adenocarcinomaColloid adenocarcinoma is an alternate name for 8480/3 |

# Availability Testing

* Note: All participants answered the same questions.

| **Data Item** | **Question** | **Comments** |
| --- | --- | --- |
| p16 Anus  | How many cases of anal cancer (squamous cell carcinoma) in the last 6 months? | 25-46% blank (of 208 respondents)Range of cases. Other responses: few, no info, unknown |
| p16 Anus | How many of those anal cancer (squamous cell carcinoma) cases in the last 6 months had HPV status mentioned? | 37-56% blank (of 208 respondents)Very few respondents marked how many cases had HPV, although some stated most, few, unknown |
| p16 Anus | How many of those anal cancer cases in the last 6 months mentioned a history of other squamous cell HPV-related cancer in the genital area (vulva, vagina, cervix, penis)? | 42-66% blank (of 208 respondents)Very few marked if there were any cases with history  |
| p16 Anus | How many of those anal cancer cases in the last 6 months mentioned a history of other squamous cell HPV related cancers in Head and Neck sites? | 40-63% blank (of 208 respondents)Several respondents stated no history documented, remaining few stated no information or unknown |
| HER2 Colon and Rectum | How many cases of colon and rectum in the last 6 months | 28-44% blank (of 206 respondents)Several responses unknown or no infoNumbers ranged from a just a few to 6,000 |
| HER2 Colon and Rectum | How many of those colon and rectum cancer cases in the last 6 months had a HER2 | 41-66% blank (of 206 respondents)Several responses unknown, no info, NASeveral answers had just a few, to other responses of majority, some, few; range 0 to 300 when stated) |
| HER2 Colon and Rectum | Any comments regarding HER2 for colon and rectum | Results sparse, not obvious if HER2 is truly available; maybe at large hospitals only or possibly for certain stages. Based on a brief review, it looks like this test is mostly for patients with advanced colorectal cancer (CRC).Used to determine what the appropriate chemotherapy would be usedLow stage CRC cases that are not receiving chemotherapy would probably not have a HER2 test |
| PD-L1 Lung | How many cases of lung cancer in the last 6 months | 28-46% blank (of 205 respondents)Several responses unknown, no infoRanged from 0 cases to 1729 |
| PD-L1 Lung | How many of those lung cancer cases in the last 6 months had PD-L1 IHC status or interpretation (positive, negative, or cannot be determined/indeterminate) mentioned? | 39-59% blank (of 205 respondents)Several responses unknown, not sureSome answers almost all, majority, actual numbers |
| PD-L1 Lung | How many of those lung cancer cases in the last 6 months had PD-L1 IHC percentage of tumor cells with staining (TPS) mentioned? | 44-63% blank (of 205 respondents)Variation of responses stating unknown |
| PD-L1 Lung | How many of those lung cancer cases in the last 6 months had PD-L1 IHC combined number of tumor and immune cells with staining per 100 tumor cells (CPS) mentioned? | 50-68% blank (of 205 respondents)Variation of responses stating unknown  |
| PD-L1 Lung | How many of those lung cancer cases in the last 6 months had PD-L1 IHC percentage of tumor-associated immune cells with staining mentioned? | 50-73% blank (of 205 respondents)Variation of responses stating unknown  |
| PD-L1 Lung | How many of those lung cancer cases in the last 6 months had PD-L1 IHC percentage of tumor area occupied by tumor-associated immune cells mentioned? | 50-73% blank (of 205 respondents)Variation of responses stating unknown |
| PD-L1 Lung | How many of those lung cancer cases in the last 6 months had PD-L1 IHC antibody (22C3, SP142, SP263, 28-8, Other) mentioned? | 50-71% blank (of 205 respondents)Variation of responses stating unknown  |
| PD-L1 Lung | How many of those lung cancer cases in the last 6 months had PD-L1 IHC assay information (FDA clear test vs. laboratory-developed test) mentioned? | 59-73% blank (of 205 respondents)Variation of responses stating unknown  |
| PD-L1 Melanoma Skin | How many cases of cutaneous melanoma in the last 6 months? | 29-49% blank (of 205 respondents)Variation of responses stating unknown  |
| PD-L1 Melanoma Skin | How many of those cutaneous melanoma cases in the last 6 months had PD-L1 IHC status or interpretation (positive, negative, or cannot be determined/indeterminate) mentioned? | 50-66% blank (of 205 respondents)Variation of responses stating unknown  |
| PD-L1 Melanoma Skin | How many of those cutaneous melanoma cases in the last 6 months had PD-L1 IHC percentage of tumor cells with staining (TPS) mentioned? | 56-76% blank (of 205 respondents)Variation of responses stating unknown  |
| PD-L1 Melanoma Skin | How many of those cutaneous melanoma cases in the last 6 months had PD-L1 IHC combined number of tumor and immune cells with staining per 100 tumor cells (CPS) mentioned? | 59-76% blank (of 205 respondents)Variation of responses stating unknown  |
| PD-L1 Melanoma Skin | How many of those cutaneous melanoma cases in the last 6 months had PD-L1 IHC percentage of tumor-associated immune cells with staining mentioned? | 56-76% blank (of 205 respondents)Variation of responses stating unknown  |
| PD-L1 Melanoma Skin | How many of those cutaneous melanoma cases in the last 6 months had PD-L1 IHC percentage of tumor area occupied by tumor-associated immune cells mentioned? | 59-78% blank (of 205 respondents)Variation of responses stating unknown  |
| PD-L1 Melanoma Skin | How many of those cutaneous melanoma cases in the last 6 months had PD-L1 IHC antibody (22C3, SP142, SP263, 28-8, Other) mentioned? | 56-76% blank (of 205 respondents)Variation of responses stating unknown  |
| PDL1 Melanoma Skin | How many of those cutaneous melanoma cases in the last 6 months had PD-L1 IHC assay information (FDA clear test vs. laboratory-developed test) mentioned? | 59-71% blank (of 205 respondents)Variation of responses stating unknown  |