

## 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 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.**

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, or other therapy) documented in the physician's treatment plan and administered are included in the first course of therapy.

**Reportable hematopoietic diseases:** Some treatments for reportable hematopoietic diseases, such as transfusions, phlebotomy, aspirin administration, do not meet the usual standard criteria for and definition of definitive treatment. Please refer to the SEER "Abstracting and Coding Guide for the Hematopoietic Diseases" to become familiar with the reportable diagnoses and appropriate treatments. (To obtain a copy visit the SEER website at: <http://www.seer.cancer.gov>)

**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.*

**Leukemias:** 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 and Notes:**

**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://www.seer.cancer.gov/tools/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 of 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 it is NOT reportable to WCRS.