08.27.20 ICRA Educational Webinar
Tumor Talk: Overview of Various Sites and Valuable Resources - Q&A

Question	Himagine Answer
So you will never use anal canal because it is not on the chart?	For the Solid Tumor Rules Anal Canal (code C210) is not included in the Colon, Rectosigmoid, Rectum section so would not use it here in this section but probably with the Other Sites for the Solid Tumor Rules.
On the thyroid FNA would hte cytology be used as the date of diagnosis?	Slide 20 yes the FNA cytology that was positive for papillary carcinoma would be the date of diagnosis 01-06-2019 because no ambiguous terms used. Slide 29 NO because per STORE we can not consider cytology with ambiguous terms to be diagnostic.
What happens when thyroid fna shows papillary thyroid Carcinoma. Can u use that for date of diagnosis and date of 1st contact?	If the FNA is cytology & using ambiguous terminology no, but if it is histology or cytology and not using ambiguous terminology then yes you can use it. Yes as long as that fna is not using ambiguous terminology
For the slide with the colon summary stage- answer was 3 reg to lns for tumor deposits. If I saw the slide correctly it said tumor extended to pericolonic tissues as well. Wouldn't that mean the correct code would be 4- reg by direct ext and reg to lns? Regarding the Summary Stage answer, wouldn't the answer be #4- reg by extension and lns due to Note 6 for that section- peritonealized.	This was covered in slide 39. The answer from presentation is correct. See Note 6 in the SEER Summary Manual page 33. Note 6: Invasion into "pericolonic/pericolorectal tissue" can be either Localized or Regional, depending on the primary site. Some sites are entirely peritonealized; some sites are only partially peritonealized or have no peritoneum. Localized may not be used for sites that are entirely peritonealized (cecum, transverse colon, sigmoid colon, rectosigmoid colon, upper third of rectum). • Localized o Invasion through muscularis propria or muscularis, NOS o Non-peritonealized pericolic/perirectal tissues invaded [Ascending Colon/Descending Colon/Hepatic Flexure/Splenic Flexure/Upper two thirds of rectum: Posterior surface; Lower third of rectum] o Subserosal tissue/(sub)serosal fat invaded • Regional o Mesentery o Peritonealized pericolic/perirectal tissues invaded [Ascending Colon/Descending Colon/Hepatic Flexure/Splenic Flexure/Upper third of rectum: anterior and lateral surfaces; Cecum; Sigmoid Colon; Transverse Colon; Rectosigmoid; Rectum: middle third anterior surface] o Pericolic/Perirectal fat • If the pathologist does not further describe the “pericolic/perirectal tissues” as either “non-peritonealized pericolic/perirectal tissues” vs “peritonealized pericolic/perirectal tissues” fat and the gross description does not describe the tumor relation to the serosa/peritoneal surface, and it cannot be determined whether the tumor arises in a peritonealized portion of the colon, code Localized.