



August 2021

**Let's talk progression. Specifically, how is it handled when it comes to STORE fields vs. AJCC fields. Take a look at the following scenario – what you would you?**

Patient is diagnosed with rectal cancer 8/2020. Workup includes MRI and PET, resulting in cT3 cN0 cM0 disease. First course treatment plan is neoadjuvant chemoradiation followed by APR. Patient completed the neoadjuvant chemoradiation 5/2021 and has repeat imaging prior to surgery. The PET shows a single liver met and patient underwent liver wedge resection at an outside facility 6/2021. The patient finally undergoes the originally planned APR 8/2021 which showed no residual disease.

- A. As soon as progression is noted everything else is considered subsequent therapy, and there is no yP staging assigned
- B. Surgery (APR) is still coded as first course and yP staging is completed; the liver treatment is subsequent therapy
- C. yP staging is completed, but all treatment from the time progression was noted and later is subsequent therapy

*The answer is on page 2.*

**REMINDER: Different standard setters have different rules. AJCC doesn't always align with STORE and/or SEER.**

AJCC's definition of progression is something that is 'considered as huge shit and major explosion of tumor burden' (AJCC *yc Stage Classification – When and How to Use*, December 16, 2020 Webinar, Donna Gress). During neoadjuvant therapy the tumor may continue to grow and divide - spreading through lymph nodes even. If neoadjuvant therapy works, it will kill/shut down the cell growth. However, if the neoadjuvant therapy does not work, the tumor may increase in size, lymph node involvement may occur, and even metastasis may occur. This is not considered progression of disease for staging of AJCC data items, it is deemed lack of response to neoadjuvant therapy.

STORE does not provide a written definition of progression, however from conversations with NCDB staff and management, tumor growth/extension and/or increase in site involvement equates to progression. STORE states first course of treatment includes all methods of treatment recorded in the treatment plan **and administered** to the patient **before disease progression**.

**DID YOU KNOW?**



### **So, let's apply that knowledge to our case scenario:**

Patient is diagnosed with rectal cancer 8/2020. Workup includes MRI and PET, resulting in cT3 cN0 cM0 disease. First course treatment plan is neoadjuvant chemoradiation followed by APR. Patient completed the neoadjuvant chemoradiation 5/2021 and has repeat imaging prior to surgery. The PET shows a single liver met and patient underwent liver wedge resection at an outside facility 6/2021. The patient finally undergoes the originally planned APR 8/2021 which showed no residual disease.

### **The Answer:**

C. yP staging is completed, but all treatment from the time progression was noted and later is subsequent therapy

### **FOR REFERENCE:**

SEER Program Coding and Staging Manual 2021: Treatment Timing Section (*verified with NCDB management this is correct guidance*)

AJCC yC Stage Classification: When and How to Use (<https://learning.facs.org/content/ajcc-yc-stage-classification-when-and-how-use#group-tabs-node-course-default4>)

<https://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/store/first-course-of-treatment-aa/surgery-aa/119592-1st-course-plan-still-continuing-despite-new-mets>

<https://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/lower-gastrointestinal-tract-chapters-19-21/colon-and-rectum-chapter-20/119591-1st-course-plan-still-continuing-despite-new-mets>

This means you will have the clinical staging data fields completed, along with the post-therapy pathological data fields.

cT3 cN0 cM0, Clinical Stage Group IIA

ypT0 ypN0 pM1a, Post-Therapy Pathological Stage Group IVA

Also note your abstract will not show a first course surgery was done, because it didn't take place until after progression was noted. This means anything noted on the pathology report from the APR (or anything after the post-neoadjuvant therapy PET for that matter) cannot be used to complete your non-AJCC data fields in the abstract (histology, tumor size, regional nodes examined/positive, mets at diagnosis, summary stage, etc.).

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