Staging as a CTR

Presented by: Leslie Woodard, CTR
ICRA 2021 Education Chair

Format

- Similar to himagine webinars
  1. Topic introduced
  2. Poll the attendees
  3. Provide education
- Please submit questions in the Q&A section or email me directly
- Handouts available for download
- This has been approved by NCRA for 1 CE hour (Category A)

Please note this is done to the best of my ability and interpretation of the rules based off the information available to me at the time the presentation was made (July 2021).

Always refer to the standard setters and manuals for rules on all fields.

Objectives

- Discuss AJCC Staging topics that cause confusion for registrars
- Present the new AJCC Cervix Version 9 staging
- Highlight differences between AJCC Staging and Summary Stage

AJCC Manual Facts

Not all rules apply to recording stage in the registry

Doesn't cover all data value options available to CTRs

Question

- Patient presents to your facility and found to have bone metastasis plus a mass that appears to be arising from the prostate and invading the seminal vesicles. The physician says patient has Stage IV prostate cancer and notes no DRE done due to it not changing the treatment plan. How would you assign the clinical TNM?
  - cT3b cN0 cM1b
  - cTX cN0 cM1b
  - cT (blank) cN0 cM1b

Patient presents to your facility and found to have bone metastasis plus a mass that appears to be arising from the prostate and invading the seminal vesicles. The physician says patient has Stage IV prostate cancer and notes no DRE done due to it not changing the treatment plan. How would you assign the clinical TNM?

ANSWER

cTX cN0 cM1b

RATIONALE

- AJCC Chapter 58 states the clinical T category should always reflect DRE findings ONLY
- The definition of TX is 'no information about the T category for the primary tumor, or it is unknown or cannot be assessed'
- We have documentation the patient didn't have a DRE
  - X = unknown to the PHYSICIAN

Question

- Patient presents to your facility for a prostatectomy after outside biopsy revealed adenocarcinoma in both lobes of the prostate. How would you assign the cT?
  - cTX
  - cT2c
  - cT (blank)
  - cT2

Patient presents to your facility for a prostatectomy after outside biopsy revealed adenocarcinoma in both lobes of the prostate. How would you assign the cT?

ANSWER

cT (blank)

RATIONALE

- The definition of blank is 'registrar did not have access to information' [Donna Gress NCRA 2021 Presentation]
- We don't know if a DRE was done at an outside facility, or what the results were
- Assigning X would imply the physician did not assess the primary tumor (no DRE) or couldn't determine the extent of involvement, and there is no truth to that

SUMMARY
X vs. Blank

- X = unknown to the PHYSICIAN
- Blank = unknown to the REGISTRAR

*Per AJCC there is no risk in blank; if you are unsure if it should be X or blank, blank is better than misreporting X [Donna Gress NCRA 2021 Presentation]

Question

- Prostate cancer. Physician assigned clinical T1c N0 M0, Grade Group 1 in the chart. What is the stage group?
  - 1
  - 2A
  - 3A
  - 99

Prostate cancer. Physician assigned clinical T1c N0 M0, Grade Group 1 in the chart. What is the stage group?

ANSWER

99

RATIONALE

- cT1c cN cM0 with Grade Group 1 could equate to stages I-III depending on the PSA at diagnosis
- There is a note in AJCC Chapter 1 that states ‘unknown or missing information for T, N, M or stage group is never assigned the lower category, subcategory, or group’
- Prostate staging requires you know the cTNM, PSA and grade group

Question

- Prostate cancer, continued 😉 What is the clinical stage group for T1c N0 M0, Gleason 9?
  - 99
  - 2A
  - 3B
  - 3C

Prostate cancer, continued What is the clinical stage group for T1c N0 M0, Gleason 9?

ANSWER

3C

RATIONALE

- Gleason 9 = Grade Group 5
- Looking at the staging table, *Any T* with N0 M0 + *Any PSA* and a Grade Group of 5 will always be Stage Group IIIC

NEVER DEFAULT!

Check your tables, always.

Question

- Rectal cancer MRI says T1/T2 N0 disease, physician provides no further information. What is the clinical T value?
  - T (blank)
  - T1
  - T2
  - TX

Rectal cancer MRI says T1/T2 N0 disease, physician provides no further information. What is the clinical T value?

ANSWER

T (blank)

RATIONALE

- Remember, AJCC Chapter 1 tells us we cannot record the lower value
  - The physician may, for treatment planning purposes, but if they don't confirm the T category we must report as blank

Question

- Patient underwent an appendectomy for what was thought to be routine appendicitis. Pathology revealed a small incidental adenocarcinoma of the appendix, negative margins. Physicians agree no further therapy needed. Does this case meet clinical staging eligibility?
  - Yes (it should be assigned something other than cTNM blank, stage group 99)
  - No (it should be assigned cTNM blank, stage group 99)

Patient underwent an appendectomy for what was thought to be routine appendicitis. Pathology revealed a small incidental adenocarcinoma of the appendix, negative margins. Physicians agree no further therapy needed. Does this case meet clinical staging eligibility?

ANSWER

No (it should be assigned cTNM blank, stage group 99)

RATIONALE

- Clinical stage classification criteria, per AJCC Chapter 1, is for all patients with cancer identified before treatment
- This patient had no diagnosis or suspicion of cancer prior to the appendectomy, which ended up being definitive treatment

Question

- Patient undergoes excision of breast lesion that was previously bx proven ADH. The excision reveals DCIS. She then goes onto have a re-excision. What information do you use to assign clinical staging?
  - This case doesn't qualify for clinical staging
  - Original biopsy
  - The first excision
  - The re-excision

Patient undergoes excision of breast lesion that was previously bx proven ADH. The excision reveals DCIS. She then goes onto have a re-excision. What information do you use to assign clinical staging?

ANSWER

The first excision

RATIONALE

- The biopsy wasn't diagnostic of cancer, so isn't used for clinical staging
- The first excision was a surgical procedure, but it was not **treatment** for the cancer; it was treatment for the benign lesion
- The patient went on to have more definitive surgery (to obtain adequate margins for cancer treatment purposes)
  - This is the step that moves the first excision to clinical staging and the re-excision to pathological staging

DETERMINING STAGE CLASSIFICATION IS ALL ABOUT THE **INTENT** OF THE SURGERIES BEING DONE

Question

- Patient diagnosed in 2021 with cT3 cN1 cM0 rectal cancer undergoes neoadjuvant treatment with a plan to have an APR after. Post-treatment MRI shows no residual disease and patient decides against the APR. What two staging classifications are completed in the abstract?
  - Clinical and Pathological
  - Clinical and yP (post-therapy pathological)
  - Clinical and yC (post-therapy clinical)

Patient diagnosed in 2021 with cT3 cN1 cM0 rectal cancer undergoes neoadjuvant treatment with a plan to have an APR after. Post-treatment MRI shows no residual disease and patient decides against the APR. What two staging classifications are completed in the abstract?

ANSWER

Clinical and yC (post-therapy clinical)

RATIONALE

- The only time the yC Staging Classification is **required** is when the first course treatment plan included surgical resection of the primary site and that surgery got cancelled (for any reason)

Question

- Patient diagnosed in 2021 with cT3 cN1 cM0 rectal cancer undergoes neoadjuvant treatment with a plan to have an APR after. Post-treatment MRI shows no residual disease and patient decides against the APR. How would you assign post-therapy clinical staging?
  - ycT3 ycN1 cM0
  - ycT0 ycN0 cM0
  - ycTX ycNX cM0
  - ycT (blank) ycN (blank) cM0

Patient diagnosed in 2021 with cT3 cN1 cM0 rectal cancer undergoes neoadjuvant treatment with a plan to have an APR after. Post-treatment MRI shows no residual disease and patient decides against the APR. How would you assign post-therapy clinical staging?

ANSWER

ycT0 ycN0 cM0

RATIONALE

- Post-therapy clin (yC) staging is evaluating the tumor/nodes following the completion of neoadjuvant therapy prior to surgical resection
- You don't include pre-treatment findings, because that would not provide information on the tumor AFTER therapy
  - Just like post-therapy path (yP) staging that we have done for years

Question

- Patient diagnosed with CLL/SLL via bone marrow biopsy. Physician states patient is a stage 2 with lymphocytosis, adenopathy and splenomegaly. How would you assign clinical AJCC stage?
  - 1
  - 2
  - 3
  - 4

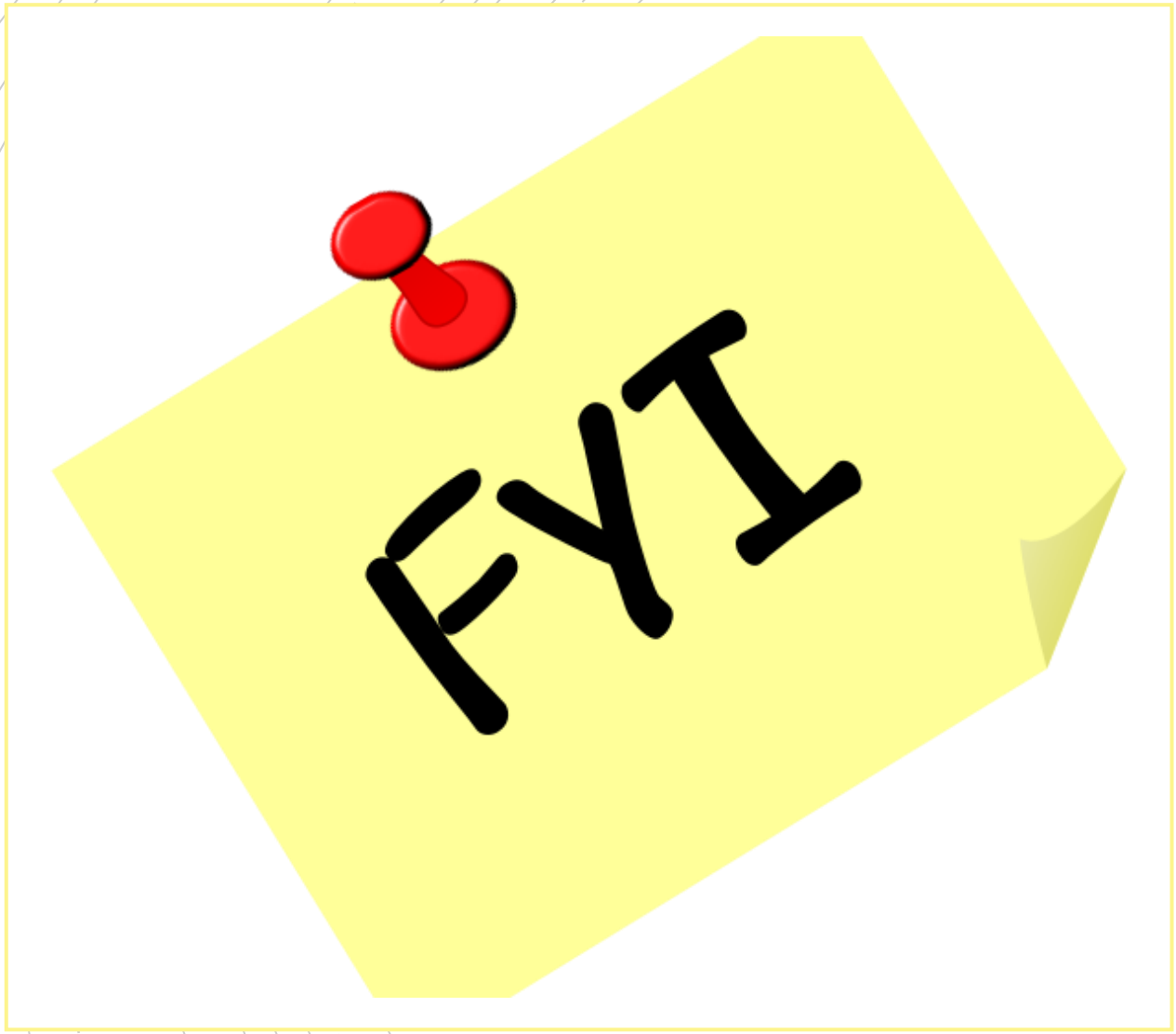
Patient diagnosed with CLL/SLL via bone marrow biopsy. Physician states patient is a stage 2 with lymphocytosis, adenopathy and splenomegaly. How would you assign clinical AJCC stage?

ANSWER

4

RATIONALE

- CLL/SLL has 2 staging systems: RAI and Lugano
  - Both broken down in AJCC Chapter 79
- AJCC collects Lugano in our abstracts
- Lymphocytosis + adenopathy + splenomegaly = RAI Stage 2 (SSDIs)
- Lugano staging is the same as any other lymphoma staging. Bone marrow involvement = Stage 4



Cervix Uteri Version 9

Effective for cases diagnosed 1/1/2021+

- New SSDI for cases diagnosed in 2021, but not available for us yet
  - p16 – recommend texting it!
  - You will be required to updated your 2021 cases
- New histologies coming 2022
  - Some posts on the forum from AJCC say histology will need updated on 2021 cases, but NAACCR implementation guidelines say differently

ICD O 3 Coding Updates (naaccr.org)

SEER ICD-O-3 Coding Materials (cancer.gov)

07-29-21, 09:14 AM #2

NAACCR committees were not able to review histologies from the WHO Blue Book in time for the software used in 2021. The WHO BB is used by pathologists and is also the source for ICD-O code books. Also, NAACCR requires field testing for new SSDIs, so the p16 SSDI for cervix won't be available until 2022, but is needed for 2021 cases.
Registrars have been told in webinars that they will need to go back and recode the histologies for AJCC Cervix Version 9 cases once the 2022 software which includes all of these new codes is available.
Registrars have also been told in webinars to make note of the p16 test results so that this data item may be updated in 2022 when it is available.

My suggestion is that it is easier to use a histology code that allows you to complete all of these fields, but then make notes of the correct histology (probably in text) so that you can update this. Also make note of the p16 test results for that SSDI.

Check out the cervix webinar linked at the top of this page and also the NCRA annl educational conference lecture I did where both of these topics were addressed.

Donna M Gress, RHIT, CTR
Manager, Cancer Staging & Registry Operations
AJCC and Cancer Programs

AJCC acceptable histology not part of Cervix Schema - CAnswer Forum (facs.org)

Pay attention to diagnosis date – staging rules differ 8th Edition vs. Version 9

Hint: Use of imaging

Question

- Cervix bx 11/15/2020 reveals squamous cell carcinoma. Pre-op imaging shows no nodal involvement and physical exam is negative for inguinal nodes. Undergoes hysterectomy 1/4/2021. What is the clinical N value?
  - cN0
  - cNX
  - cN (blank)

Cervix bx 11/15/2020 reveals squamous cell carcinoma. Pre-op imaging shows no nodal involvement and physical exam is negative for inguinal nodes. Undergoes hysterectomy 1/4/2021. What is the clinical N value?

ANSWER

cNX

RATIONALE

- AJCC 8th Edition, Chapter 52 states CT, MRI and PET cannot be used to determine clinical staging
- The regional nodes for cervix uteri are not all palpable, therefore unable to be assessed

cN0 Clarification - CAnswer Forum (facs.org)

Clinical Stage Cervix Imaging - CAnswer Forum (facs.org)

Question

- Patient was diagnosed in 2020. Physical exam shows parametrial invasion and imaging is negative for nodal involvement. cT2b cNX cM0. What is the clinical stage group?
  - 99
  - Blank
  - 2B
  - 2

Patient was diagnosed in 2020. Physical exam shows parametrial invasion and imaging is negative for nodal involvement. cT2b cNX cM0. What is the clinical stage group?

ANSWER

2B

RATIONALE

- The 8th Edition staging table says T2b + *Any N* + M0 = Stage Group 2b
- Another reason to not default to 99 when you have an unknown value

Question

- Patient diagnosed with adenocarcinoma of the cervix February 2021. MRI reveals involved pelvic and para-aortic nodes up to 8 mm, confirmed by the managing physician. What is the clinical N?
  - cNX
  - cN2
  - cN2a
  - cN (blank)

Patient diagnosed with adenocarcinoma of the cervix February 2021. MRI reveals involved pelvic and para-aortic nodes up to 8 mm, confirmed by the managing physician. What is the clinical N?

ANSWER

cN2a

RATIONALE

- AJCC Cervix Uteri Version 9 now allows for all imaging modalities to be incorporated into clinical staging
- Always assign the subcategory when you have the information needed

AJCC vs. Summary Stage

- Similar, but different!
- Different standard setters = different rules
- STORE 2021 removed Summary Stage 2018 from their required fields
  - Unknown if Indiana will require it (awaiting 2021 state manual)

Question

- Lung cancer with supraclavicular node involvement (N3 disease). How would you assign the summary stage?
  - 1
  - 3
  - 4
  - 7

Lung cancer with supraclavicular node involvement (N3 disease). How would you assign the summary stage?

ANSWER

7

RATIONALE

- Although supraclavicular nodes are considered regional N3 disease by AJCC, SEER Summary Stage says they are distant

Question

- Blood flow cytometry is positive for CLL/SLL. How would you assign summary stage?
  - 0
  - 1
  - 7
  - 9

Blood flow cytometry is positive for CLL/SLL. How would you assign summary stage?

ANSWER

7

RATIONALE

- Blood does not = bone marrow, and AJCC stages them completely separate
  - Blood only is AJCC Stage Group 99
- SEER Summary Stage says blood OR bone marrow involvement is automatically considered distant

Question

- Right colectomy reveals adenocarcinoma invading the lamina propria with negative nodes, pTis pN0. What is the correct summary stage?
  - 0
  - 1
  - 3
  - 9

Right colectomy reveals adenocarcinoma invading the lamina propria with negative nodes, pTis pN0. What is the correct summary stage?

ANSWER

1

RATIONALE

- AJCC Chapter 20 describes that lamina propria involvement is invasive, however AJCC assigns it Tis because of the low risk for metastasis
- SEER Summary Stage reports as localized, because of the invasion through the basement membrane


Any
Questions

Thank You!

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