SEER Summary Stage Still Here!

CCRA NORTHERN REGION

STAGING SYMPOSIUM

SEPTEMBER 20, 2017

SEER Summary Stage

- Timeframe: includes all information available through completion of surgery(ies) in the first course of treatment or within four months of diagnosis in the absence of disease progression, whichever is **longer**

- Based on combined clinical and operative/pathological assessment

Case #1

Bladder

Case #1 Bladder – Scenario Highlights

- 1/10/16 TURBT positive for invasive urothelial ca to muscularis propria
- 1/23/16 CT following TURBT revealed residual tumor; no mention of adenopathy; no further documentation of extension
- 1/30/16 to 4/22/16 Patient received neoadjuvant therapy
- 5/13/16 Surgical consult – MD notes on "his read" of original CT PTA there is ~2cm external iliac LN identified
- 6/30/16 CT post neoadjuvant therapy: Decrease in bladder wall thickening, size of LN mets and no bone mets
- 6/5/16 Radical Cystoprostatectomy w/bilateral LN dissection: focal residual in situ ca only, no invasive ca, 03/11 LNs positive

SEER Summary Stage – Answer & Rationale

SSS: 7 (Distant)

- Distant stage disease – pathologic evidence of mets to common iliac nodes following neoadjuvant treatment
- Although common iliac nodes are considered regional nodes for a bladder primary per AJCC, they are considered distant for SEER Summary Stage

Case #2

Prostate

Case #2 Prostate – Scenario Highlights

- 11/99/15 PTA PSA 9.1
- 1/10/16 PTA Prostate Needle Core Bxs: RT base, RT mid, RT lateral mid, and RT lateral apex: all adenocarcinoma, Gleason 4+5
- 1/23/16 PTA Bone Scan & CT: no evidence of mets
- 1/28/16 Rectal: prostate with induration throughout right lobe, no inguinal adenopathy. Impression: T2b prostate adenocarcinoma
- 2/7/16 MRI Pelvis: focal area within RT base and mid gland. Extension to the right seminal vesical. No enlarged LNs.
- 2/19/16 Radical Prostatectomy: Adenocarcinoma, Extraprostatic extension: greater than focal (pT3a), LT & RT Seminal vesicle: Neg. 0/28 + LNs.

SEER Summary Stage – Answer & Rationale

SSS: 2 (Regional, direct extension)

- Pathologically showed extraprostatic extension (extracapsular extension) that was consistent with T3a disease.
- Extraprostatic or extracapsular extension (whether unilateral, bilateral, or not stated) is considered regional by direct extension only.
- No regional LNs or distant mets

Case #3

Prostate

Case #3 Prostate – Scenario Highlights

- Dx'd PTA with prostate adenocarcinoma, Gleason 4 + 5 from TRUS and needle bx's 3/14/16. PSA 23.2.
- PTA Treated with Lupron & bicalutamide
- 4/12/16 DRE: prostate with nodularity and induration extending throughout the LT lobe. Imp: T2b prostate adenocarcinoma
- 5/2/16 MRI: extracapsular extension. No clear seminal vesicle extension. No concerning osseus lesions.
- 5/20/16 Radical prostatectomy: adenocarcinoma. Extraprostatic extension greater than focal (pT3a). LT & RT seminal vesicles: positive. 03/30 + LN's. Extranodal extension present. pT3b, N1

SEER Summary Stage – Answer & Rationale

SSS: 4 (Regional, direct extension and reginal LN)

- Pathology showed extraprostatic extension and bilateral seminal vesicle invasion that was consistent with T3b disease
- Both extraprostatic extension and seminal vesicle invasion are considered regional by direct extension
- Regional LN's were also involved
- No mets documented
- Code 4 = regional by direct extension and regional LN's

Case #4

Lung

Case #4 Lung – Scenario Highlights

- 2/4/16 bilateral supraclavicular LAD. FNA of LT neck performed
- 2/13/16 Tumor Board assessment: extensive LAD w/unidentifiable primary lung carcinoma
- 2/20/16 PET/CT body: diffuse LAD within mediastinum, LT axilla, and lower cervical regions consistent with malignancy, most likely lymphoma. Multiple foci within bones consistent with mets.
- 2/4/16 FNA, LT SCV neck mass: positive for malignancy, consistent with PD non-small carcinoma
- 2/22/16 LT level V neck nodes exc. Bx: PD adenocarcinoma, consistent with lung primary

SEER Summary Stage – Answer & Rationale

SSS: 7 (Distant)

- Bone mets and distant (axillary) lymph node mets
- Primary tumor never identified; however, path report confirms lung primary
- Presence of bone and distant axillary lymph node metastases is always coded to distant, regardless of whether the primary tumor was identified or whether regional lymph nodes were involved.

Case #5

Lung

Case #5 Lung – Scenario Highlights

- PTA 6/7/16 CT Scan: RUL mass with endobronchial extension most likely representing primary lung cancer
- 6/12/16 Bronchoscopy: mass occluding the take off to the RUL. RML, RLL, LLL and LUL were normal
- 6/12/16 RUL lung bx: small cell carcinoma, favor pulmonary origin. IHC interpretation: most consistent with small cell CA of lung origin
- 6/16/16 Discharge Summary: limited stage small cell lung cancer. TX: radiation

SEER Summary Stage – Answer & Rationale

SSS: 4 (Regional, direct extension and regional lymph nodes)

- Clinically the tumor extended to the mediastinum
- Mediastinum involvement = regional by direct extension
- Mediastinal LN's involved
- No distant mets documented

Case #6

Colon

Case #6 Colon – Scenario Highlights

- PTA 3/19/16 Colonoscopy: 4 polyps with adenocarcinoma invading submucosa found in one.
- 5/16/16 Endoscopy: no internal iliac or peri-rectal adenopathy T1, N0 lesion
- 5/24/16 Sigmoid Colon, resection: no residual adenocarcinoma. 0/29 + LN's

SEER Summary Stage – Answer & Rationale

SSS: 1 (Localized)

- Primary tumor arising in a polyp extending into the submucosa only
- Involvement of submucosa is localized
- No regional lymph nodes and distant mets documented

Case #7

Breast

Case #7 Breast – Scenario Highlights

- PTA 6-27/16 peripancreatic LN bx: adenocarcinoma, c/w lobular breast adenocarcinoma. PE: nodular breasts bilaterally; no submandibular, cervical, SCV, infraclavicular or axillary LAD. IMP: Stage IV lobular breast adenocarcinoma.
- 7/19/16 MRI, breast: 10X6X6 mm on RT breast at 6 o'clock and 7X6X9 mm suspicious abnormality at 7 o'clock. Enlarged RT level 1 axillary LN suspicious abnormality.
- 7/26/16 Path: RT breast mass : single focus suspicious for invasive lobular carcinoma. RT axillary LN: positive for carcinoma with extracapsular extension. ER, PR both positive. HER2 negative (1+)
- 8/15/16 IMP: areas of mets involvement include axillary, mesenteric, retroperitonal LN's and bone.

SEER Summary Stage – Answer & Rationale

SSS: 7 (Distant)

- Patient clinically diagnosed with bone and distant lymph node (mesenteric and retroperitoneal) on imaging studies
- Pathologic confirmation of mets to peripancreatic LN
- Presence of bone, mesenteric and retroperitoneal LN mets is always coded to distant regardless of the tumor involvement or whether reginal LN's were involved

Case #8

Breast

Case # 8 Breast – Scenario Highlights

- 5/10/16 PE: palpable 4 cm mass in RT axilla, firm but moveable. Breast exam negative.
- 5/16/16 Bilateral MRI, breast: negative for any mass, but positive for suspicious enlarged RT axillary LN mass
- 6/16/16 PET/CT: enlarged RT axillary LN mass 3.8cm. No evidence of breast masses bilaterally. No evidence of any malignancy in abdomen, pelvis or thorax.
- 5/12/16 Path, RT axillary LN bx: Ductal carcinoma, intermediate grade. ER/PR both strongly positive
- 10/14/16 Path, 2/8 + lymph nodes with ductal carcinoma

SEER Summary Stage – Answer & Rationale

SSS: 3 (Regional Lymph Nodes Only)

- Metastatic breast cancer was only found in the axillary lymph nodes which are regional.
- Breast primary could not be found
- No distant metastasis

Case #9

Melanoma

Case # 9 Melanoma – Scenario Highlights

- PTA BX of RT upper arm lesion showed malignant melanoma (Path report not available)
- 5/15/16 PE: 3x2 cm dark pigmented lesion RT upper arm; evidence of recent bx. No palpable axillary or epitrochlear, cervical or supraclavicular adenopathy. Small soft tissue mass noted 4 cm from bx site
- PTA 4/29/16 PET/CT (report NA, info per MD note): soft tissue mass RT upper arm, etiology uncertain. No lymphadenopathy ID'd. No findings of concern for distant mets.
- 5/15/16 Path: wide re-excision, RT arm lesion: Malignant Melanoma, Breslow 1.9mm, Clark's level IV. No surface ulceration. Mitotic index 4/mm2, no LVI, no satellites. Soft tissue mass: in transit mets or node completely replaced by metastatic melanoma; no nodes identified.

SEER Summary Stage – Answer & Rationale

SSS: 3 (Regional Lymph Nodes Only)

- In-transit metastasis (satellite nodules >2cm from primary tumor) is staged Code 3 – Regional lymph nodes involved
- No distant mets identified

Case #10

Ovary

Case # 10 Ovary – Scenario Highlights

- Pt presents with lower abdominal & pelvic pain. Palpable RT pelvic mass on exam. CA-125 negative
- US: large complex mass in RT adnexa most likely originating from the RT ovary suspicious for RT ovarian neoplasm. No lymphadenopathy
- Path: TAH/BSO/Omentectomy: RT ovary: PD serous cystadenocarcinoma. Omental implant biopsies: serous cystadenocarcinoma. Multiple foci of metastatic serous adenocarcinoma in peritoneum portions. Pertioneal wash with reactive mesothelial cells.

SEER Summary Stage – Answer & Rationale

SSS: 7 (Distant)

- Extension or metastasis (either contiguous or mets) to the omentum is distant disease

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Practice doesn't make perfect,
perfect practice makes perfect!
- Vince Lombardi

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THANK YOU!

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