



Agenda

- Overview
- Treatment
- MP/H Rules
- Quiz
- Collaborative Stage
- Quiz
- Case Scenarios




Key Statistics

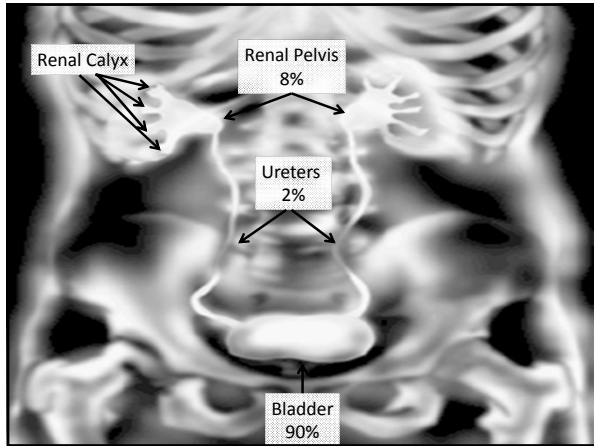
- Estimated new cases and deaths from bladder cancer in the United States in 2013:
 - New cases: 72,570
 - Deaths: 15,210
- Three times more common in men than women
- Median age at diagnosis is 65
 - Rarely found in individuals under 40

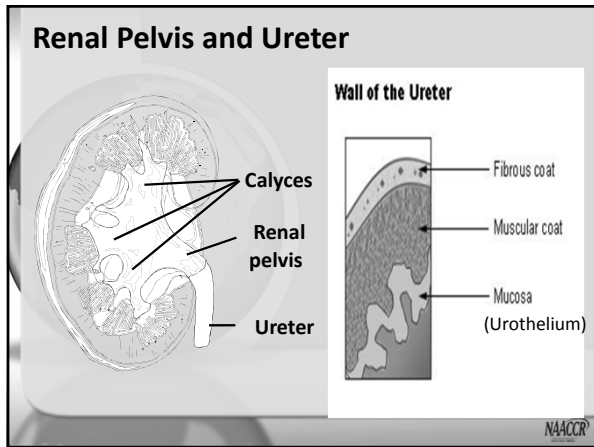


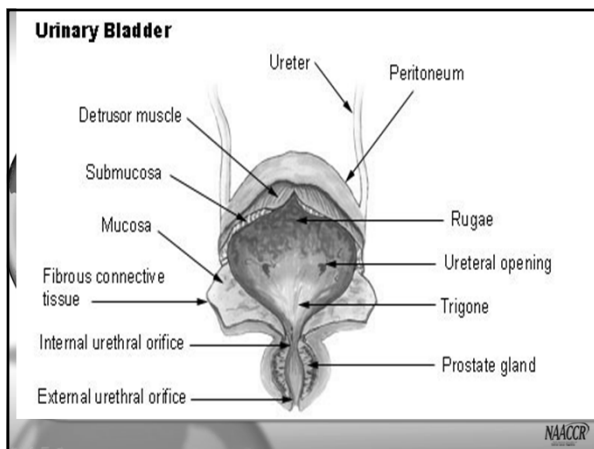
Prognosis

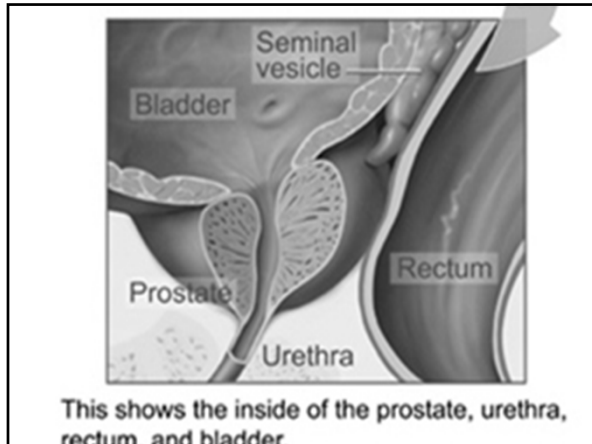
- Invasive tumors that are confined to the bladder muscle on pathologic staging after radical cystectomy are associated with approximately a **75% 5-year progression-free survival rate**.
- Patients with more deeply invasive tumors, which are also usually less well differentiated, and those with lymphovascular invasion experience **5-year survival rates of 30% to 50% following** radical cystectomy.
- When the patient presents with locally extensive tumor that invades pelvic viscera or with metastases to lymph nodes or distant sites, **5-year survival is uncommon**.

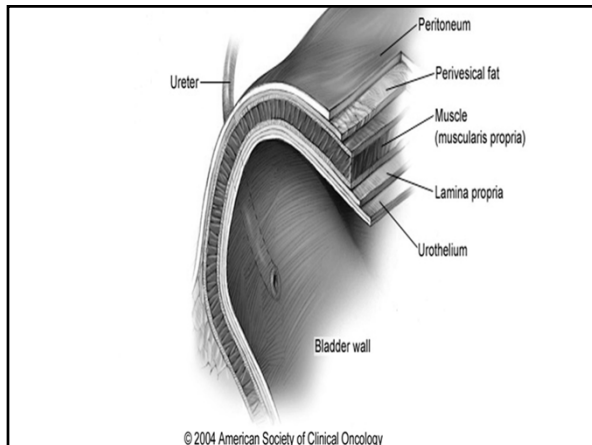


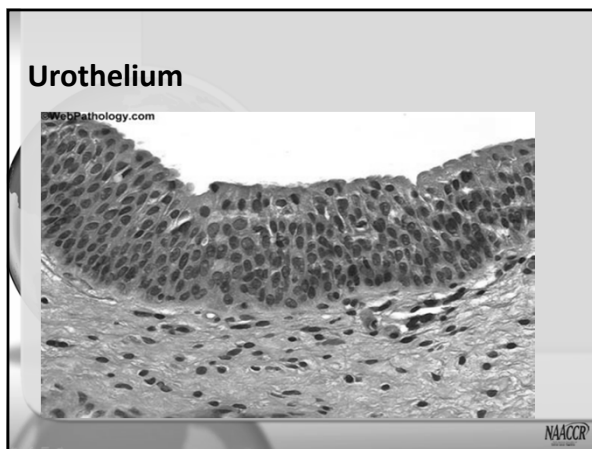












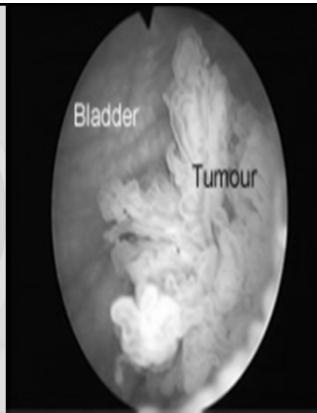
Field Effect Theory

- The field effect theory suggests that the urothelium has undergone a widespread change, perhaps in response to a carcinogen, making it more sensitive to malignant transformations. As a result, multiple tumors arise more easily.

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Histologies

- Urothelial cell (transitional cell) carcinoma
- Pure squamous cell carcinoma
 - 5% of all bladder tumors
- Pure Adenocarcinoma
 - 2% of all bladder malignancies
- Small cell Carcinoma



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Papillary vs. Flat Bladder Tumors

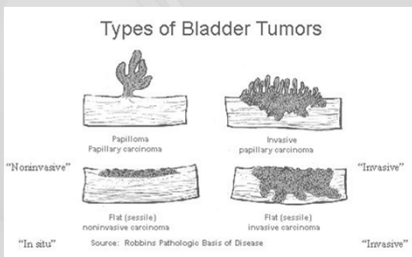


Image source: SEER Training Website

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Bladder Cancer Grade

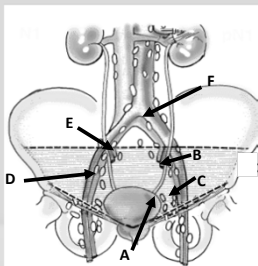
- Grade is a prognostic factor for bladder cancer
 - High grade tumors have a worse prognosis
 - Low grade noninvasive tumors in young patients have a better prognosis
- If the term low grade (LG) or high grade (HG) is indicated for a urothelial primary, assume it is a WHO/ISUP grade.

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Regional Lymph Nodes

Bladder

- Perivesical (A)
- Iliac, internal (hypogastric) (B)
- Obturator (C)
- Iliac, external (D)
- Sacral (E), presacral
- Pelvic, NOS (all nodes within shadowed area)
- Iliac, common (F)



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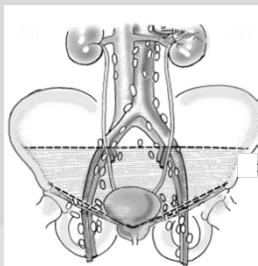
Regional Lymph Nodes

Renal Pelvis

- Renal Hilar
- Paracaval
- Aortic
- Retroperitoneal, NOS

Ureter

- Renal Hilar
- Iliac
- Paracaval
- Periureteral
- Pelvic NOS



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Distant Metastasis

Bladder <ul style="list-style-type: none">• Retroperitoneal lymph nodes• Lung• Bone• liver	Renal Pelvis and Ureter <ul style="list-style-type: none">• Lung• Distant lymph nodes• Bone• Liver
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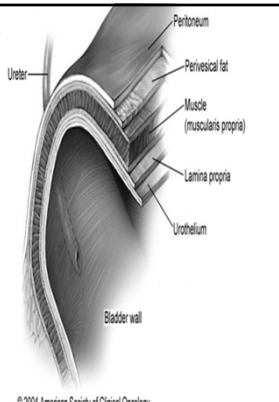
Bladder, Ureter, Renal Pelvis

TREATMENT

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Bladder

- Non-muscle invasive disease
- Muscle invasive disease
- Metastasis




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Non-Muscle Invasive

- Approximately 70% of new bladder cases are non-muscle invasive
 - 70% are exophytic papillary tumors confined to the mucosa (Ta)
 - 25% are Exophytic papillary tumors invading the submucosa (T1)
 - 5% are flat high grade tumors (Tis)
- Tend to recur at the same or higher stage




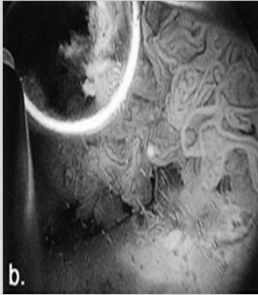
Non-Muscle Invasive

- Cystoscopy
- CT or MRI if tumor appears sessile, high grade, or suggests muscle invasion
- Transurethral Resection of the Bladder (TURBT)
- Re-TURBT (if necessary)
- Intravesical therapy if there is thought to be a high probability of recurrence



TURBT

- 20 Local tumor excision, NOS
 - 26 Polypectomy
 - 27 Excisional biopsy
- Combination of 20 or 26–27 WITH
 - 21 Photodynamic therapy (PDT)
 - 22 Electrocautery
 - 23 Cryosurgery
 - 24 Laser ablation
- 25 Laser excision



Muscle Invasive

Work-up

- Cystoscopy
- MRI or CT
- TURB

Definitive Treatment

- Radical Cystectomy
 - Cystoprostatectomy in men
 - Cystectomy and hysterectomy in women
- Partial Cystectomy
 - May be done if tumor is on the dome of the bladder
 - Laparotomy Pelvic Lymph Node Dissection
- Neoadjuvant Chemotherapy with or without radiation

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Muscle Invasive

- 60 Complete cystectomy with reconstruction
 - 61 Radical cystectomy PLUS ileal conduit
 - 62 Radical cystectomy PLUS continent reservoir or pouch, NOS
 - 63 Radical cystectomy PLUS abdominal pouch (cutaneous)
 - 64 Radical cystectomy PLUS in situ pouch (orthotopic)
- 70 Pelvic exenteration, NOS
- 71 Radical cystectomy including anterior exenteration
- 72 Posterior exenteration
- 73 Total exenteration
- 74 Extended exenteration

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Muscle Invasion

- Adjuvant Therapy
 - Chemotherapy
 - May delay recurrences
 - Generally for tumors T3 or greater
 - Adjuvant Radiation
 - Adjuvant Chemoradiation

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Metastatic Disease

- Chemotherapy
- Radiation
- Chemoradiation
- Palliative treatment




Renal Pelvis and Ureter-Diagnosis

- Symptoms
 - May present as renal mass or hematuria
- Work-up
 - Cystoscopy
 - Imaging



Renal Pelvis-Treatment

<p>Low grade localize tumor</p> <ul style="list-style-type: none">• Nephroureterectomy with a cuff of bladder removed• Nephron-sparing procedure<ul style="list-style-type: none">– Transureterscopic or percutaneous– With or without intrapelvic chemotherapy	<p>High Grade or Regional Extension</p> <ul style="list-style-type: none">• Nephroureterectomy with a cuff of bladder removed• Neoadjuvant chemotherapy in some instances <p>Metastatic Disease</p> <ul style="list-style-type: none">• Systemic Treatment similar to urothelial bladder cancer
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Ureteral Tumors

Upper Ureter

- May be managed endoscopically
- Nephroureterectomy with a cuff of bladder
 - Regional node dissection for high grade tumors

Mid Ureter

- Small low grade
 - Excision and ureterostomy
 - Nephroureterectomy with a cuff of bladder and regional lymphadenopathy
- Larger or high grade tumors
 - Nephroureterectomy with a cuff of bladder and regional lymphadenopathy

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Ureteral Tumors

Distal Ureter

- Distal ureterectomy and reimplantation of the ureter
- Nephroureterectomy with a cuff of bladder
 - Regional lymph nodes for high grade tumors

Adjuvant Treatment (all subsites)

- No adjuvant treatment for tumors confined to the subepithelial layer of the ureter (pT1)
- Patients with extensive disease should receive chemotherapy regimen similar to those prescribed for metastatic bladder tumors

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Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules (C659, C669, C670-C679, C680-C689)

MULTIPLE PRIMARY AND HISTOLOGY

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Urothelial Carcinoma

Urothelial/Transitional Cell Tumors	Code
With squamous differentiation	8120
With glandular differentiation	
With trophoblastic differentiation	
Nested	
Microcystic	
Transitional cell, NOS	

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Urothelial Carcinoma


Urothelial/Transitional Cell Tumors	Code
Papillary carcinoma Papillary transitional cell	8130
Micropapillary	8131
Lymphoepithelioma-like Plasmacytoid	8082
Sarcomatoid	8122
Giant cell	8031
Undifferentiated	8020

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- ### Multiple Primary Rules
- Rule M1
 - When it is not possible to determine if there is a single tumor or multiple tumors, opt for a single tumor and abstract as a single primary.
 - Rule M2
 - A single tumor is always a single primary.
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Multiple Tumors

- Rule M3
 - When no other urinary sites are involved, tumor(s) in the right renal pelvis AND tumor(s) in the left renal pelvis are multiple primaries.
- Rule M4
 - When no other urinary sites are involved, tumor(s) in both the right ureter AND tumor(s) in the left ureter are multiple primaries




Multiple Tumors

- Rule M5
 - An invasive tumor following a non-invasive or in situ tumor more than 60 days after diagnosis is a multiple primary.



Multiple Tumors

- Rule M6
 - Bladder tumors with any combination of the following histologies are a single primary :
 - Papillary carcinoma (8050)
 - Transitional cell carcinoma (8120-8124)
 - Papillary transitional cell carcinoma (8130-8131)



Multiple Tumors

- Rule M7
 - Tumors diagnosed more than three (3) years apart are multiple primaries

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Multiple Tumors

- Rule M8
 - Urothelial tumors in two or more of the following sites are a single primary
 - Renal pelvis (C659)
 - Ureter (C669)
 - Bladder (C670-C679)
 - Urethra /prostatic urethra (C680)

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Multiple Tumors

- Rule M9
 - Tumors with ICD-O-3 histology codes that are different at the
 - first (Xxxx)
 - second (xXxx) or
 - third (xxXx)Number are multiple primaries.

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Multiple Tumors

- Rule M10
 - Tumors in sites with ICD-O-3 topography codes with
 - Different second (CXxx) and/or
 - Third characters (CxXx) are multiple primaries

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Multiple Tumors

- Rule M11
 - Tumors that do not meet any of the above criteria are a single primary.


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HISTOLOGY

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Single Tumor

- Rule H1
 - Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.
- Rule H2
 - Code the histology from the metastatic site when there is no pathology/cytology specimen from the primary site




Single Tumor

- Rule H3
 - Code 8120 (transitional cell/urothelial carcinoma) when there is:
 - Pure transitional cell carcinoma
 - Flat (non-papillary) transitional cell carcinoma
 - Transitional cell carcinoma with squamous differentiation
 - Transitional cell carcinoma with glandular differentiation
 - Transitional cell carcinoma with trophoblastic differentiation
 - Nested transitional cell carcinoma
 - Microcystic transitional cell carcinoma




Single Tumor

- Rule H4 Code 8130 when there is:
 - Papillary carcinoma or
 - Papillary transitional cell carcinoma or
 - Papillary carcinoma and transitional cell carcinoma



Single Tumor


- Rule H5
 - Code the histology when only one histologic type is identified
 - *Note : Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).*
- Rule H6
 - Code the invasive histologic type when a single tumor has invasive and in situ components.



Single Tumor


- Rule H7
 - Code the most specific histologic term

Example:
Carcinoma NOS and urothelial carcinoma
Code: urothelial carcinoma 8120
- Rule H8
 - Code the histology with the numerically higher ICD-O-3 code.



MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

- Rule H9
 - Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available
- Rule H10
 - Code the histology from the metastatic site when there is no pathology/cytology specimen from the primary site.



Multiple Tumors

- Rule H11
 - Code 8120 (transitional cell/urothelial carcinoma) (See Table 1)
- Rule H12
 - Code 8130 (papillary transitional cell carcinoma) (See table 1)
- Rule H13
 - Code the histology when only one histologic type is identified

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Multiple Tumors

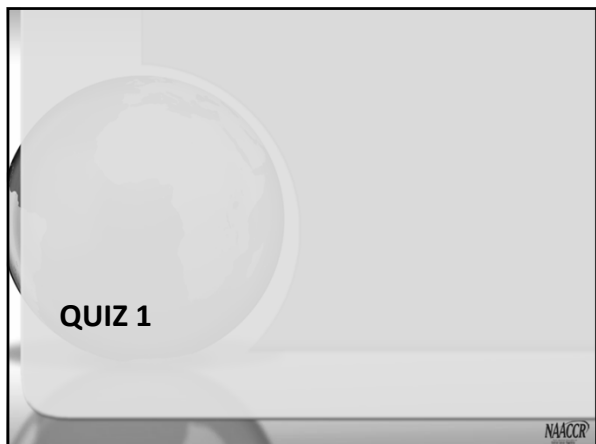
- Rule H14
 - Code the histology of the most invasive tumor.
 - If one tumor is in situ and one is invasive, code the histology from the invasive tumor.
 - If both/all histologies are invasive, code the histology of the most invasive tumor.

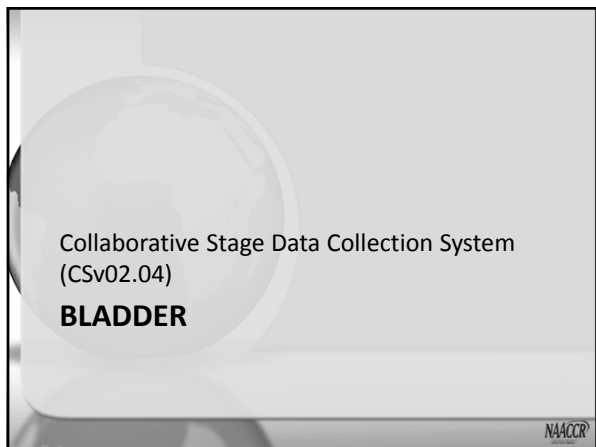
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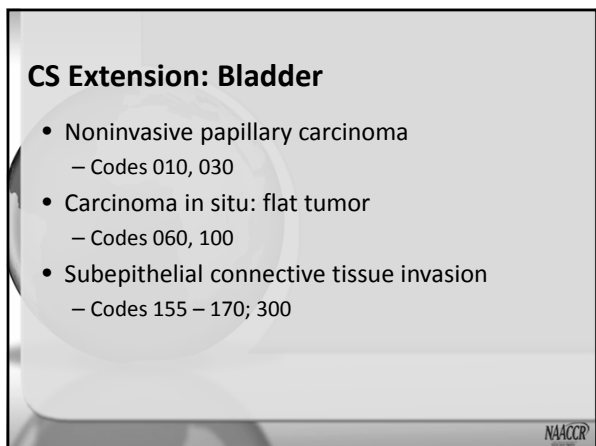
Multiple Tumors

- Rule H15
 - Code the histology with the numerically higher ICD-O-3 code.

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CS Extension: Bladder

- Flat tumors confined to mucosa
 - Code 060: Confined to epithelium
 - Code 100: Confined to mucosa NOS
 - Code 155: Penetrated basement membrane to invade lamina propria




CS Extension: Bladder

- Muscularis propria invasion
 - Codes 210 - 245
- Perivesical tissue invasion
 - Codes 411 - 431
- Other organ and tissue invasion
 - Codes 630 - 810



CS Tumor Size/Ext Eval: Bladder

- Information from TURBT used to code CS Tumor Size/Extension
 - Assign code 1



Pop Quiz

- 12/7/12 TURBT: Invasive urothelial carcinoma invading superficial muscularis propria.
- 1/17/13 Cystectomy: Flat transitional cell carcinoma with no evidence of invasion.

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Pop Quiz

- What is the code for CS Extension?
 - 030: Papillary transitional cell carcinoma with inferred description of noninvasion
 - 060: Nonpapillary – sessile (flat) (solid) carcinoma in situ
 - 210: Muscle (muscularis propria) of bladder only – superficial muscle, inner half
 - 240: Muscle (muscularis propria) invaded, NOS of bladder only
- What is the code for CS TS/Ext Eval?
 - 1: TURBT
 - 3: Surgical resection

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CS Lymph Nodes: Bladder

- Single regional node metastasis in true pelvis
 - Code 150
- Multiple regional node metastasis in true pelvis
 - Code 250
- Common iliac lymph node metastasis
 - Codes 350-450
- Regional nodes NOS, not stated if single or multiple
 - Code 505

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CS Mets at DX: Bladder

- Code 00: None
- Code 11: Distant lymph nodes
- Code 40: Distant metastases except distant lymph nodes
- Code 55: Distant lymph nodes and distant metastases
- Code 60: Distant metastasis NOS; Stated as M1 with no other info on metastases

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SSF1: WHO/ISUP Grade

- Code 010: Low grade urothelial carcinoma
- Code 020: High grade urothelial carcinoma
- Code 987: Not applicable – not a urothelial morphology
- Code 998: No pathologic exam of primary site
- Code 999: Unknown WHO/ISUP grade; Not documented in

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Pop Quiz

- TURBT: Papillary transitional cell carcinoma, grade IV, of lateral bladder wall
- What is the code for SSF1?
 - 020: High grade urothelial carcinoma
 - 987: Not applicable: Not a urothelial morphology
 - 998: No pathologic examination of primary site
 - 999: Unknown WHO/ISUP grade; Not documented in patient record

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SSF2: Size of Metastasis in Lymph Nodes

- Code exact size of largest metastasis in a regional node to the nearest mm
 - 001-979
- Code size of involved regional node if size of metastasis is not documented
- Use code 999 when regional nodes are involved but size is not stated; unknown if regional nodes involved; no information on size of lymph node metastasis or size of node

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SSF3: Extranodal Extension (ENE) of Regional Lymph Nodes

- Code 010
 - No ENE documented in reports
 - Documented on reports that nodes are involved but no mention of ENE
 - Involved nodes are clinically mobile
- Code 020
 - ENE is present per path report or clinical statement
 - Involved nodes are clinically fixed or matted
- Code 030
 - Documentation of involved nodes but no mention of ENE and no reports to review

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Collaborative Stage Data Collection System (CSv02.04)

RENAL PELVIS

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CS Extension: Renal Pelvis & Ureter

- Papillary noninvasive carcinoma
 - Code 050
- Carcinoma in situ
 - Code 060
- Subepithelial connective tissue invasion
 - Codes 105-150; 300
- Muscularis invasion
 - Codes 200-230; 370

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CS Extension: Renal Pelvis & Ureter

- Tumor involves renal pelvis & ureter (unifocal or multifocal)
 - Code 120: Subepithelial connective tissue invasion
 - Code 220: Muscularis invasion
- Tumor of ureter directly invades bladder
 - Code 130: Subepithelial connective tissue of distal ureter and/or bladder
 - Code 230: Muscularis of distal ureter and/or bladder

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CS Extension: Renal Pelvis & Ureter

- Adjacent connective tissue invasion
 - Codes 400, 600, 610
- Other organ and tissue invasion
 - Codes 630 - 810

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Pop Quiz

- Left nephroureterectomy: Urothelial cell carcinoma of the left ureter, high grade, 2 cm in size, invades muscularis. 3 cm renal pelvis tumor, high grade urothelial carcinoma, involves lamina propria.

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Pop Quiz

- What is the code for CS Extension?
 - 105: Subepithelial connective tissue of renal pelvis only
 - 120: Subepithelial connective tissue renal pelvis and ureter
 - 200: Muscularis of ureter only
 - 220: Muscularis renal pelvis and ureter

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CS Lymph Nodes: Renal Pelvis & Ureter

- Metastasis in a single regional node 2 cm or less in greatest dimension or size not stated
 - Codes 100, 110
- Metastasis more than 2 cm but not more than 5 cm in greatest dimension in a single regional node OR Metastasis in multiple regional nodes, none more than 5 cm in greatest dimension or size not stated
 - Codes 200, 210

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CS Lymph Nodes: Renal Pelvis & Ureter

- Metastasis in regional lymph node more than 5 cm in greatest dimension
– Code 300
- Single or multiple nodes not stated, size not stated
– Code 505




CS Mets at DX: Renal Pelvis & Ureter

- Code 00: None
- Code 10: Distant lymph nodes
- Code 40: Distant metastases except distant lymph nodes
- Code 50: Distant lymph nodes and distant metastases
- Code 60: Distant metastasis NOS; Stated as M1 with no other info on metastases



SSF1: WHO/ISUP Grade

- Code 010: Low grade urothelial carcinoma
- Code 020: High grade urothelial carcinoma
- Code 987: Not applicable – not a urothelial morphology
- Code 998: No pathologic exam of primary site
- Code 999: Unknown WHO/ISUP grade; Not documented in



SSF2: Depth of Renal Parenchyma Invasion

- Use code 000 if renal parenchyma invasion not present
- Code exact depth of renal parenchymal invasion to nearest mm
– 001-979
- Use code 998 if there was no histologic exam of primary tumor

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Pop Quiz

- Left nephroureterectomy: Papillary urothelial cell carcinoma of the left ureter, high grade, 3 cm in size and 2 cm from the renal pelvis, invades through the muscularis into the underlying fat.

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Pop Quiz


- What is the code for SSF2?
 - 000: Renal parenchymal invasion not present/not identified
 - 020
 - 030
 - 999: Unknown

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Coming up!

- 6/6/13
 - Collecting Cancer Data: Kidney
- 7/11/13
 - Topics in Geographic Information Systems

Certificate phrase:



QUIZ 2



Fabulous Prize Winners Are

