



COLLECTING CANCER DATA: DIRECTLY CODED STAGE

2017-2018 NAACCR WEBINAR SERIES

Q&A

- Please submit all questions concerning webinar content through the Q&A panel.
- Reminder:
- If you have participants watching this webinar at your site, please collect their names and emails.
- We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.



Fabulous Prizes




AGENDA

- Summary Stage 2018-
 - Jennifer Ruhl, NCI-SEER, Co-Chair NAACCR SSDI Task Force
- Quiz 1
- AJCC Staging –
 - Jim Hofferkamp, NAAACCR
- Quiz 2

Summary Stage 2018 (SS2018)
NAACCR May Webinar

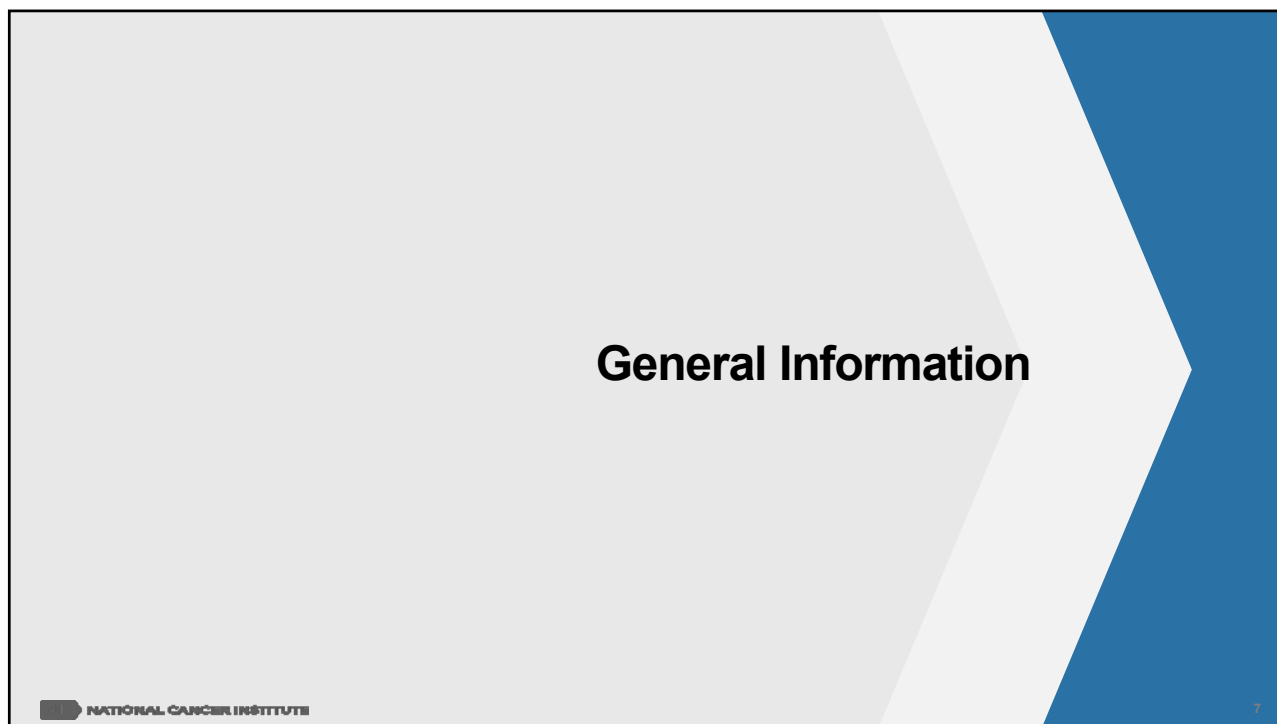
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May 3, 2018

<p>SUMMARY STAGE 2018 GENERAL CODING INSTRUCTIONS APRIL 2018</p> <p>Effective with cases diagnosed January 1, 2018 and forward</p> <p>Prepared by Data Quality, Analysis and Interpretation Branch Surveillance Research Program Division of Cancer Control and Population Sciences National Cancer Institute U.S. Department of Health and Human Services Public Health Service National Institutes of Health</p>  <p>Editors Jennifer Ruhl, MSHCA, RHIT, CCS, CTR, NCI SEER Carolyn Callaghan, CTR (SEER Seattle Registry) Annette Hurlbut, RHIT, CTR (Contractor) Lynn Ries, MS (Contractor) Nicki Schussler, BS (INMS)</p> <p>Suggested Citation: Ruhl JL, Callaghan C, Hurlbut A, Ries LAG, Adamo P, Dickle L, Schussler N (eds.) Summary Stage 2018: Codes and Coding Instructions, National Cancer Institute, Bethesda, MD, 2018</p>	<ul style="list-style-type: none"> • Online Manual Only <ul style="list-style-type: none"> • (no printed copies will be made available) • PDF format <ul style="list-style-type: none"> • Can be printed from PDF (365 pages)
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Major Updates

- Updates based on changes in AJCC 6th, 7th, and 8th editions
- Updated based on recent WHO Classification of Diseases
 - New ICD-O-3 codes added to chapters
- Referred to as Summary Stage “Chapters”
 - Schemas are used in reference to EOD

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Navigating the SS2018 Manual Chapters

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SS2018: Major Sections

- Head and Neck
- Digestive and Hepatobiliary Systems
- Respiratory Tract and Thorax
- Bone
- Soft Tissue
- Breast
- Female Genital System
- Male Genital System
- Urinary System
- Ophthalmic Sites
- Brain
- Endocrine System
- Hematologic Neoplasms
- Ill-Defined Other

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SS2018 Section: Head and Neck

- **Cervical Lymph Nodes and Unknown Primary of Head and Neck**
- **Lip**
- **Tongue Anterior**
- **Floor of Mouth**
- **Palate Hard**
- **Buccal Mucosa**
- **Mouth Other**
- **Major Salivary Gland**
- **Hypopharynx**
- **Oropharynx**
- **Hypopharynx**
- **Pharynx Other** (SS only chapter)
- **Middle Ear***
- **Nasal Cavity and Paranasal Sinuses***
- **Sinus Other*** (SS only chapter)
- **Larynx Supraglottic***
- **Larynx Glottic***
- **Larynx Subglottic***
- **Melanoma Head and Neck**

*These were previously in the Respiratory and Thorax section

SS2018 Section: Head and Neck

- **Cervical Lymph Nodes and Unknown Primary Tumors of Head and Neck** (AJCC 8th ed. Chap. 6)
 - Uses Schema Discriminator
- **Melanoma Head and Neck** (8720-8790) (AJCC 8th ed. Chap. 14)
 - Histologies moved out of primary site based SS2000 chapters
- **Changes to Lip**
 - Lip (C003-C005, C008-C009)
 - Per AJCC 8th ed. Errata: No longer includes primary sites C000-C002, C006. These primary sites were moved to skin chapters

SS2018 Section: Head and Neck

- **Oropharynx**
 - Includes the following primary sites: *Base of Tongue, Lingual Tonsil; Soft Palate, Uvula; Tonsil, Oropharynx*
 - *Pharyngeal Tonsil* (Schema discriminator needed to distinguish between pharyngeal tonsil [C111] and posterior wall of nasopharynx [C111])
- **Other Changes**
 - Regional nodes
 - Levels I-VII and Other Group (see AJCC 8th ed. Chap. 5)
 - For ALL head and neck chapters, these are all REGIONAL
 - AJCC 7th edition standardized these lymph nodes as regional across all head and neck sites
 - SS2000 has some of these as regional or distant, based on primary site

SS2018 Section: Digestive and Hepatobiliary System

- | | |
|---------------------------|--|
| • Esophagus | • Intrahepatic Bile Ducts |
| • Stomach | • Gallbladder |
| • Small Intestine | • Extrahepatic Bile Ducts* |
| • Appendix | • Ampulla of Vater |
| • Colon and Rectum | • Biliary Other (SS only chapter) |
| • Anus | • Prostate |
| • Liver | • Digestive Other (SS only chapter) |

*Includes Cystic Duct (AJCC 8th Chapter 24), Distal Bile Ducts (AJCC 8th Chapter 25) and Perihilar Bile Ducts (AJCC 8th Chapter 26), which are all coded to primary site C240

SS2018 Section: Digestive and Hepatobiliary Systems

- **Esophagus and Stomach**

- Primary site C160 will go to either the Esophagus or Stomach chapter based on how *Schema Discriminator 1: EsophagusGEJunction (EGJ)/Stomach* is coded
 - Codes 0, 3, 9: Stomach
 - Code 2: Esophagus (Esophagus GE Junction)

- **Additional note**

- For GI tumors, many have separate AJCC chapters for neuroendocrine tumors (e.g. NET Stomach, NET Colon and Rectum)
- NET tumors included with their anatomical chapter
 - **Examples:**
 - NET Colon and Rectum: See Colon and Rectum chapter
 - NET Stomach: See Stomach chapter

SS2018 Section: Respiratory Tract and Thorax, Bone

- **Respiratory Tract and Thorax**

- **Trachea** (SS only chapter)
- **Thymus** (new chapter per AJCC 8th Edition)
- **Lung**
- **Pleural Mesothelioma**
 - Primary sites 384 (Pleura) and C340-C349 (Lung)
 - Histologies 9050-9053 ONLY
- **Respiratory Other** (SS only chapter)

- **Bone**

SS2018 Section: Soft Tissue

- **Gastrointestinal Stromal Tumors** (8935-8936) (new chapter)
 - *Excludes* primary sites C540-C549, C559, C569, C570
- **Heart, Mediastinum and Pleura**
- **Retroperitoneum**
 - *Excludes* **Primary Peritoneal Carcinomas** (C481, C482, C488, females with certain histologies)
 - Males with same primary site/histology combinations included
- **Soft Tissue**
 - Combines AJCC 8th ed. Chapters 40, 41, 42, 44, 45
 - For the following primary sites, includes ALL non-sarcoma histologies
 - C470-C479, C490-C499

SS2018 Section: Skin

- **Skin (except Eyelid)**
 - Now excludes Merkel Cell Carcinoma
 - **Note:** Includes cases that are included in AJCC 8th ed. Chapter 15: *Cutaneous Squamous Cell Carcinomas of the Head and Neck*
- **Kaposi Sarcoma** (9140)
 - Now excludes primary sites C700, C701, C709-C719, C720-C725, C728-C729, C751-C753
- **Melanoma Skin** (8720-8790)
 - New primary sites added: C000-C002, C006, C210, C500
- **Merkel Cell Carcinoma** (8041, 8190, 8247) (new chapter)
 - Includes primary sites: C000-C006, C008-C009, C440-C449, C510-C512, C518-C519, C600-C602, C608-C609, C632, C809

SS2018 Section: Female Genital System

- **Vulva**
- **Vagina**
- **Cervix**
- **Corpus Carcinoma** (all histologies except sarcomas)
 - Based on AJCC 8th Ed Chapter 53
- **Corpus Sarcoma** (sarcomas)
 - Based on AJCC 8th Ed Chapter 54

SS2018 Section: Female Genital System

- **Ovary and Primary Peritoneal Carcinoma**
 - For female primary peritoneal carcinomas, includes primary sites C481, C482, C488 with specified histologies (carcinomas)
- **Fallopian Tube**
- **Adnexa Uterine Other** (SS only chapter)
- **Female Genital Other** (SS only chapter)
- **Placenta**

SS2018 Section: Male Genital System

- **Penis**
- **Prostate**
- **Testis**
- **Genital Male Other** (SS only chapter)

SS2018 Section: Urinary System

- **Kidney**
- **Kidney Renal Pelvis**
- **Bladder**
- **Urethra** (new chapter)
- **Urinary Other** (SS only chapter)

SS2018 Section: Ophthalmic Sites

- **Skin Eyelid**
- **Conjunctiva**
- **Melanoma Conjunctiva**
- **Melanoma Uvea** (new chapter)
- **Retinoblastoma** (now includes all eye primary sites)
- **Lacrimal Gland/Sac**
- **Orbital Sarcoma** (now includes all eye primary sites)
- **Lymphoma Ocular Adnexa** (new chapter)
- **Eye Other** (SS only chapter)

SS2018 Section: Brain

- **Brain**
 - Includes Kaposi Sarcoma and some Lymphoma histologies
- **CNS Other**
 - Includes Kaposi Sarcoma and some Lymphoma histologies
- **Intracranial Gland** (new chapter)
 - Includes Kaposi Sarcoma and some Lymphoma histologies

SS2018 Section: Endocrine System

▪ **Thyroid**

- Includes AJCC 8th Edition chapters 73 (Thyroid-Differentiated and Anaplastic) and 74 (Thyroid medullary)

▪ **Parathyroid** (new chapter)

▪ **Adrenal Gland** (new chapter)

- Includes AJCC 8th Edition chapters 76 (Adrenal Cortical Carcinoma) and 77 (Adrenal-Neuroendocrine Tumors)

▪ **Endocrine Other** (SS only chapter)

- Now *excludes* Adrenal Gland, Parathyroid, Thymus

SS2018 Section: Hematologic Malignancies

• **Lymphoma**

- *Excludes* Lymphomas in Primary Cutaneous Lymphomas
- Schema Discriminator for 9591: distinguishes between alternate names that describe lymphoma (NHL, NOS) or leukemia
 - Lymphoma included in this schema

• **Mycosis Fungoides** (9700-9701)

- Primary sites: C000-C002, C006, C440-C449, C510-C512, C518-C519, C600-C602, C608-C609, C632

• **Primary Cutaneous Lymphomas**

- Primary sites: C440, C442-C449, C510, C609, C632
- Histologies: 9597, 9680, 9708-9709, 9712, 9718-9719, 9726

SS2018 Section: Hematologic Malignancies

- **Plasma Cell Disorders**

- Primary sites C000-C440, C442-C689, C691-C694, C698-C809 and histologies 9671. 9734
- Histology 9732

- **HemeRetic**

- Schema Discriminator for 9591: distinguishes between alternate names that describe lymphoma (NHL, NOS) or leukemia
 - Leukemias included in this schema

- **III-Defined Other**

General Coding Guidelines

Introduction to SS2018

- Most basic way of categorizing how far cancer has spread
- Provides standardized and stable measure of stage for population-based cancer registries (NPCR, SEER)
- Applies to **ALL** primary site and/or histology combinations
 - **Reminder:** AJCC 8th does not cover every primary site and/or histology combination

SS2018 General Guidelines

- SS2018 updated based on AJCC 6th – 8th editions
- Differences
 - Some descriptions of extension, nodal involvement that is REGIONAL (T or N) in AJCC may be DISTANT in SS
 - If a structure or lymph node cannot be found in localized (code 1) or regional (codes 2-3), then review distant (code 7)
- Differences exist because Summary Stage needs to be as stable as possible over time
 - AJCC only applies the staging system to the years that it is effective

Differences Between AJCC and SS2018-Examples

Site	Description	AJCC	SS
Lung	Heart	T4	D
Colon	Tumor directly invades/ adheres to bladder	T4b	D
Bladder	Common Iliac Nodes	N1, N2	D
Esophagus	Mediastinal Nodes	N1, N2, N3	D

Note: These are just examples and not all inclusive, always check Distant (7) if a structure or lymph node cannot be found in Summary Stage codes 1, 2, or 3

SS2018 General Guidelines

- Anatomically based staging chapters
 - Primary site-based (e.g. breast)
 - Histology-based (e.g. melanoma skin)
 - Prognostic factors used for calculation of AJCC 8th stage not needed for SS2018
 - Some SS2018 chapters require Schema Discriminator
 - Not all Schema Discriminators are needed for SS2018
- Chapter-specific guidelines take precedence over general guidelines

SS2018 General Guidelines

- **Use all information available** within four months of diagnosis **IN the absence of disease progression OR** completion of surgery(ies)
 - Combination of most precise clinical **and** pathological
 - When multiple tumors reported as single primary, assign greatest Summary Stage from any tumor
 - Use Solid Tumors rules to determine number of primaries
 - If discrepancy between clinical and pathological information, pathological takes priority
 - If discrepancy between pathology and operative reports concerning excised tissue, pathology takes priority

SS2018 General Guidelines

- Neoadjuvant therapy and post-therapy stage
 - If clinical information (clinical stage) is **GREATER** than the post-neoadjuvant surgical information, assign SS2018 based on the clinical information
 - If clinical information (clinical stage) is **LESS** than the post-neoadjuvant surgical information, assign SS2018 based on the post-neoadjuvant surgical information
- **Reminder:** post-neoadjuvant surgical information is now collected as post-therapy stage for AJCC 8th edition

SS2018 General Guidelines

- If the only information available is T, N, M or Stage Group
 - Assign Summary Stage based on the T, N, M or Stage Group
- If there is a discrepancy between the physician staging and documentation in the medical record
 - If access to physician, query the physician to resolve discrepancy
 - If no access to physician for clarification, stage corresponding to the physician staging

Ambiguous Terminology

- ONLY use ambiguous terminology when NO further documentation is available
- Before using ambiguous terminology, check the following
 - Physician's definitions/descriptions of involvement
 - How the physician is treating the patient
- If no further documentation is available
 - Chapter guidelines takes priority

Ambiguous Terminology

- If no further documentation is available
 - Ambiguous Terminology list in SS2018 manual
 - *Note:* Specific chapter guidelines take priority
- Not same list as *Reportability* for the SEER Manual, Solid Tumor Rules, or the Hematopoietic manual
- Only use this list for SS2018 or EOD 2018
 - Do **NOT** use this list for assigning AJCC 8th edition

Guidelines By Stage

SS2018 Categories

Code	Definition
0	In situ
1	Localized only
2	Regional by direct extension only
3	Regional lymph nodes only
4	Regional by BOTH direct extension AND lymph node involvement
7	Distant site(s)/node(s) involved
8	Benign/borderline*
9	Unknown if extension or metastasis (unstaged, unknown, or unspecified) Death certificate only case

*Applicable for the following SS2018 chapters: Brain, CNS Other, Intracranial Gland

Note: For SS2018, code 5 for "Regional, NOS" can no longer be coded. Code 5 (Regional, NOS) is still applicable for SS2000.

Code 0: Insitu

- Behavior **MUST** be /2
- May be described as
 - Intracystic
 - Intra-epithelial
 - No penetration below the basement membrane
 - No stromal invasion
 - Non-infiltrating
 - Non-invasive
 - Pre-invasive
- **Note:** Insitu can only be assigned based on microscopic examination (histologic confirmation)

Code 0: Insitu

- **Code 0 is not applicable for the following Summary Stage chapters**
 - Bone
 - Brain
 - Cervical Lymph Nodes, Occult Head and Neck
 - CNS other
 - Corpus Sarcoma
 - Heart, Mediastinum, and Pleura
 - HemeRetic
 - Ill-defined other
 - Kaposi Sarcoma
 - Lymphoma
 - Lymphoma Ocular Adnexa
 - Mycosis Fungoides
 - Myeloma Plasma Cell Disorder
 - Pleural Mesothelioma
 - Primary Cutaneous Lymphoma (non-MF and SS)
 - Retinoblastoma
 - Retroperitoneum
 - Soft Tissue

In Situ Tumors with Nodal or Other Mets

- If pathology report indicates **in situ tumor** AND
- Evidence of positive lymph nodes or distant metastases
- **Code to the regional nodes/distant metastases**
- **Note:** For AJCC 8th edition, this would be an unknown stage; however, SS2018 would be staged according to the lymph node or distant metastasis

Code 1: Localized only

- **Localized is defined as**
 - Malignancy limited to the site of origin
 - Spread no farther than the site of origin in which it started
 - Infiltration past the basement membrane of the epithelium into parenchyma (the functional part of the organ), but there is no spread beyond the boundaries of the organ
- Code 1 is not applicable for the following SS2018 chapters
 - Cervical Lymph Nodes and Unknown Primary
 - Ill-defined other (includes unknown primary site C809)

Code 2: Regional by direct extension only

- **Direct tumor extension beyond the limits of the site of origin**
 - Adjacent connective tissue
 - Extension to/adherence to adjacent organs/structures
 - For sites with walls (e.g. GI sites)
 - Invasion through entire wall
 - Invasion of/through serosa
 - No lymph node involvement (clinical or pathological)
 - No distant metastasis (clinical or pathological)

Code 2: Regional by direct extension only

- Code 2 is not applicable for the following SS2018 chapters
 - Cervical Lymph Nodes and Unknown Primary
 - HemeRetic
 - Ill-defined other (includes unknown primary site C809)
 - Myeloma Plasma Cell Disorder

Code 3: Regional lymph nodes only

- **Localized (code 1) WITH regional lymph node involvement**
- Regional lymph nodes listed for each SS chapter
- Terms “fixed” or “matted” and “mass in the hilum, mediastinum, retroperitoneum, and/or mesentery are recorded as involvement of lymph nodes
- The following terms should not be coded as involvement for solid tumors:
 - Enlarged, lymphadenopathy, palpable, shotty or visible swelling
 - No evidence of distant metastasis (clinical or pathological)

Code 3: Regional lymph nodes only

- Code 3 is not applicable for the following Summary Stage chapters
 - Brain, CNS Other, Intracranial Gland
 - HemeRetic
 - Ill-defined other ((includes unknown primary site C809)
 - Lymphoma
 - Primary Cutaneous Lymphoma and Ocular Adnexal Lymphoma have separate chapters, regional lymph node involvement is assigned in these chapters

Code 4: Regional by BOTH direct extension AND regional lymph node(s) involved

- **Regional by direct extension only (code 2) WITH regional lymph node involvement**
 - Same instructions for coding regional lymph node involvement apply to codes 3 and 4
- No evidence of distant metastasis (clinical or pathological)

Code 4: Regional by BOTH direct extension AND regional lymph node(s) involved

- Code 4 is not applicable for the following SS2018 chapters
 - Brain, CNS Other, Intracranial Gland
 - Cervical Lymph Nodes and Unknown Primary
 - HemeRetic
 - Ill-defined other ((includes unknown primary site C809)
 - Lymphoma
 - Primary Cutaneous Lymphoma and Ocular Adnexal Lymphoma have separate chapters, regional lymph node involvement is assigned in these chapters
 - Myeloma Plasma Cell Disorder

Code 7: Distant sites(node(s) involved

- Cancer cells can travel from the primary site
 - Extension from primary organ beyond adjacent or regional tissue/organ(s) into next organ
 - Travel in lymph channels beyond the first (regional) drainage area
 - Hematogenous or blood-borne metastases
 - Spread through fluids in a body cavity
- Common metastatic sites: bone, brain, liver, lung

Code 7: Distant sites(s)/node(s) involved

- Some Hematopoietic neoplasms are **ALWAYS** code 7
 - Leukemias, myelodysplastic/myeloproliferative disorders
 - See Summary Stage manual for histology-specific instructions (HemeRetic chapter)
- Continuous mets vs discontinuous mets
 - Continuous mets are direct extension from primary tumor to metastatic sites (may be regional or distant, check specific chapters)
 - Discontinuous mets are indirect extension from primary tumor to metastatic sites (distant)
- Code 7 is not applicable for “Ill-defined other (includes unknown primary site C809) ” chapter

Code 8: Benign/borderline

- Applicable **ONLY** for the following chapters
 - Brain
 - CNS Other
 - Intracranial Gland
- Behavior **MUST** be **0/ or /1**
- **Note:** *If your registry (central or hospital) collects other /0's or /1's, SS2018 MUST be 9*

Code 9: Unknown if extension or metastasis (unstaged, unknown or unspecified)

- If primary site is
 - C420-C424, C770-C775, C778-C779 (excluding 9590-9992) and C760-C765, C767-C768, C809
 - Summary Stage **MUST** be **9**
- Death Certificate only cases
 - Used by default for Death Certificate Only (DCO) cases; however, assign the appropriate SS2018 when specific staging information is available on the death certificate
- For all other cases, code 9 should be used sparingly

Code 9: Unknown if extension or metastasis (unstaged, unknown or unspecified)

- **Examples of when code 9 is appropriate**
 - Patient expires before workup is completed
 - Patient refuses a diagnostic or treatment procedure
 - Limited workup due to the patient's age or a simultaneous comorbid or contraindicating condition
 - Only biopsy is done and does not provide enough information to assign stage



Appendix I

- **Lymph Node/Lymph Node Chain Reference Table**
 - Same table as used in the Hematopoietic and Lymphoid Neoplasm Coding Manual

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Appendix II

- **Summary Stage 2018 (SS2018) Chapters Based on Primary Site and/or Histology-Solid Tumors (8000-9582)**
 - Detailed description of primary sites and/or histology combinations that are included in each SS2018 chapter
 - Primary site order
 - Includes information on which chapters require a Schema Discriminator
 - This information is included to the registry software vendors and will be part of your registry software

Appendix III

- **Summary Stage 2018 (SS2018) Chapters Based on Histology and/or Primary Site-Hematopoietic and Lymphoid Neoplasms (9590-9992)**
 - Detailed description of histology combinations that are included in each SS2018 chapter
 - SS2018 Order
 - Grouped by histology
 - Includes information on which chapters require a Schema Discriminator
 - This information is included to the software vendors and will be part of your registry software

Submit a Question to a SEER Registrar

Questions submitted through this form will be sent to the appropriate SEER personnel. The question and answer may be added to the SEER Inquiry System for others to reference.

Choose a subject


Reporting Guidelines

- Hematopoietic Rules (database and manual)
- Multiple Primary & Histology Rules (for cases diagnosed 2007-2017)
- SEER*Rx
- SEER Manual
- ICD-O-3 Update (for cases diagnosed 2018+)
- Solid Tumor Rules (for cases diagnosed 2018+)

Staging

- Collaborative Stage (for cases diagnosed 2016+)
- Extent of Disease (EOD 2018)
- Summary Stage 2018 (SS2018) ←
- Other

<https://seer.cancer.gov/registrars/contact.html>


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QUESTIONS?
QUIZ 1



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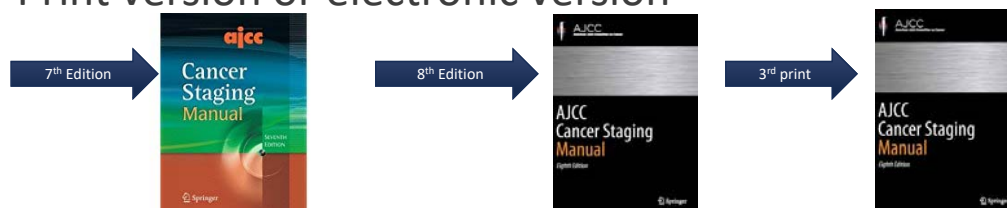
AJCC 8TH EDITION STAGING



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AJCC STAGING MANUAL

- All cases diagnosed in 2018 and later must be assigned AJCC using 8th edition
- Print version or electronic version



- Staging form supplement (not a substitute for manual)

<https://cancerstaging.org/references-tools/desreferences/Pages/Cancer-Staging-Forms.aspx>



PRIOR TO ASSIGNING STAGE...

- Registrars
 - Must have access to their staging manuals
 - AJCC 8th edition (*with errata*)
 - Highly encouraged to view the AJCC curriculum for Cancer Registrars
 - <https://cancerstaging.org/CSE/Registrar?Pages/AJCC-Curriculum.aspx>
 - Use the CAnswer Forum
 - <http://cancerbulletin.facs.org/forums/>



A screenshot of a web browser displaying the "8th Edition Updates and Corrections" page from the American Joint Committee on Cancer (AJCC) website. The browser's address bar shows the URL: <https://cancerstaging.org/references-tools/deskreferences/Pages/8EUupdates.aspx>. The page features a navigation menu with "Cancer Staging Resources" and "AJCC Cancer Staging Form Supplement". The main content area is titled "8th Edition Updates and Corrections" and includes several paragraphs of text explaining the update process and the delay of implementation to January 1, 2018. It lists four levels of significance: Critical Changes, Histology/Topography, Clarification, and Omission. At the bottom, there are four black buttons with white text: "Download the Breast Chapter", "Download the Replacement Pages", "Download the Histology and Topography Code Supplement", and "Download the latest errata spreadsheet".

A screenshot of the "CAnswer Forum" registration page. The browser's address bar shows the URL: <http://cancerbulletin.facs.org/forums/>. The page features the American College of Surgeons logo and the text "AMERICAN COLLEGE OF SURGEONS Inspiring Quality: Highest Standards, Better Outcomes". A navigation menu includes "Home", "Forums", "Standards Resource Library", and "Help". Below the menu, there are links for "New Topics", "Mark Channels Read", and "Member List". A prominent red text message reads: "Need to Register? [Click Here](#) ← Click here for important information regarding the registration process [Registration Process](#)". Below this, a purple box contains the text: "Welcome to the CAnswer Forum. This is an interactive virtual Bulletin Board for Commission on Cancer constituents to ask questions, search topics, and connect with the latest CoC activities. The bulletin board is designed as an open forum for networking, and discussion of American Joint Committee on Cancer (AJCC) TNM Staging, Cancer Program Standards, Collaborative Stage, Facility Oncology Registry Data Standards (FORDS), National Cancer Data Base (NCDB), and National Accreditation Program for Breast Centers (NAPBC)." The NAACCR logo is visible in the bottom right corner.


cancerbulletin.facs.org/forums/forum

Inspiring Quality: Highest Standards, Better Outcomes

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Home > Forum

AJCC TNM Staging 8th Edition 156 426  Viewing webinars by dgress 04-30-18, 08:55 AM

This forum provides guidance on AJCC TNM Staging 8th edition, including rules, rationales, and principles of the staging system.

Sub-Forums:


- Ca Staging Principles and General Info Chapters 1-4 (28/88)
- Lower Gastrointestinal Tract Chapters 19-21 (8/19)
- Thorax Chapters 35-37 (8/18)
- Skin Chapters 46-47 (3/6)
- Male Genital Organs Chapters 57-59 (12/28)
- Central Nervous System Chapter 72 (0/0)
- General Questions for 8th Edition (22/58)
- Head and Neck Chapters 5-15 (8/21)
- Hepatobiliary System Chapters 22-28 (3/6)
- Bone Chapter 38 (1/2)
- Breast Chapter 48 (28/64)
- Urinary Tract Chapters 60-63 (7/21)
- Endocrine System Chapters 73-77 (3/10)
- AJCC Eighth Edition Webinars (13/61)
- Upper Gastrointestinal Tract Chapters 16-18 (2/4)
- Neuroendocrine Tumors Chapters 29-34 (1/2)
- Soft Tissue Sarcoma Chapters 39-45 (3/8)
- Female Reproductive Organs Chapters 49-56 (3/4)
- Ophthalmic Sites Chapters 64-71 (1/2)
- Hematologic Malignancies Chapters 78-83 (2/4)
- Education Developed by Partner Organizations (0/0)

UNIQUE TOPICS:

- Ca Staging Principles and General Info Chapters 1-4 (28/88)
- Lower Gastrointestinal Tract Chapters 19-21 (8/19)
- Thorax Chapters 35-37 (8/18)
- Skin Chapters 46-47 (3/6)
- Male Genital Organs Chapters 57-59 (12/28)
- Central Nervous System Chapter 72 (0/0)
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- Education Developed by Partner Organizations (0/0)

POSTS LATEST ACTIVITY

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 **kylequillin2**
Join Date: Nov 2016 Posts: 7


X vs Blank for Clinical Stage 04-18-18, 09:36 AM #1

On page 6, the Clinical Classification states, "Although imaging is not required to assign clinical stage, clinical imaging has become increasingly important, and for many cancer sites, imaging is essential to stage solid tumors accurately." On page 9 of the 8th Edition gives the X designation instructions as follows: "The X designation is used if information on a specific T or N category is unknown. It also states for TX, "No information about the T category for the primary tumor or it is unknown or cannot be assessed." So if a patient is diagnosed & has all work-up at an outside facility with no surgery, but nothing is on file, am I to assign cTX cNX in my software? I know there have been posts/responses in the 7th edition about leaving these data items blank in our software, but I see no documentation in the 8th edition. So, is it correct in saying that since no information is on file, we are to use the "X" designation based on the statement on page 9 "**No information about the T category for the primary tumor, or it is unknown or cannot be assessed?**"

I would prefer to put in our databases cTX cNX cMO b/c I feel that if we left it blank, the story for this patient would be that the patient is receiving chemo for a cancer that was not worked-up. It also states for the clinical classification that only a PE is required. But if there is a rule that I'm looking over in the AJCC 8th edition manual, could you please instruct the rule & page number? Thank you for the help!!

Tags: None

59 Quote Flag Like 1

 **dgress Administrator**
Join Date: Apr 2010 Posts: 4321


04-18-18, 10:27 AM #2

The documentation in the 8th edition are instructions for physicians, except for a few areas where there are specific instructions for registrars. In those instances you will see the actual words "for the cancer registry, or in the registry database." I can provide some examples for you if you haven't noticed this wording.


If you use cTX cNX cMO it is telling the patient's story that the PHYSICIAN did not work up this patient and the physician has no information on the primary tumor and did not assess it. Also the physician did not have any information on the lymph nodes or did not assess it. Is that true?? Did the patient truly not have any workup for this tumor. Did the physician just do a H&P, ordered no tests/imaging, and decided that the patient had cancer and should receive chemo?

Leaving it blank is telling everyone that the registrar did not have the information, that the true/actual TNM assigned by the physician is not known to the cancer registry.

Please let me know if you have further questions.

Donna M Gress, RHIT, CTR
AJCC
 **AJCC**
American Joint Committee on Cancer
Validating science. Improving patient care.

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 **04-18-18, 11:13 AM** #3

Yes, I've seen the documentation several times for registrars. I'm just confused on why to leave it blank. From my understanding, if I leave it blank, I'm telling the story

NEW AJCC 8TH EDITION DATA ITEMS


Length	Name
15	AJCC TNM Clin T
4	AJCC TNM Clin T Suffix
15	AJCC TNM Clin N
4	AJCC TNM Clin N Suffix
15	AJCC TNM Clin M
15	AJCC TNM Clin Stage Group
15	AJCC TNM Path T
4	AJCC TNM Path T Suffix
15	AJCC TNM Path N
4	AJCC TNM Path N Suffix
15	AJCC TNM Path M
15	AJCC TNM Path Stage Group
15	AJCC TNM Post Therapy T
4	AJCC TNM Post Therapy T Suffix
15	AJCC TNM Post Therapy N
4	AJCC TNM Post Therapy N Suffix
15	AJCC TNM Post Therapy M
15	AJCC TNM Post Therapy Stage Group

- 8th edition T, N, and M values should look like they do in the manual with the addition of a “c” or “p”.
 - cTis
 - cTis (DCIS)
 - pN1mi
 - cM0 (i+)
- Stage group is Arabic (not Roman numeral)
 - 1
 - 2B
 - 3C
- TNM fields for previous editions must be blank for cases diagnosed 2018 and forward.⁶⁹

AJCC ID

- An AJCC ID (Disease Number) is assigned based on the site, histology, and if necessary a schema discriminator.
 - AJCC ID is assigned by your software
 - AJCC ID based on site/histology combinations in the Histology and Topography Code Supplement

<https://cancerstaging.org/references-tools/deskreferences/Pages/8EUpdates.aspx>

- If site/histology combination is not included, then AJCC ID XX is assigned and case is not eligible for AJCC Stage 

EXAMPLE

- A patient with is diagnosed with squamous cell carcinoma (8070/3) of the upper esophagus (C15.3).
 - AJCC ID (Disease Number) is 16.1
 - Eligible for staging!
- A patient is diagnosed with lobular carcinoma in situ (8520/2) in her upper outer quadrant of her left breast (C50.4).
 - AJCC ID is XX
 - Case is not eligible for AJCC Staging!

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SOLID TUMOR RULES

- Must review the histology rules to make sure you are using the correct histology code.
- <https://seer.cancer.gov/tools/solidtumor/>
 - Adenocarcinoma arising in an adenomatous polyp (8210)
 - 8210 is not a histology eligible for AJCC Staging
 - Solid tumor rules instruct us to code adenocarcinoma arising in a polyp to 8140!

If you are working on 2018 cases, make sure you review the Solid Tumor rules (especially for colon and breast)!

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THE BASICS -T, N, AND M VALUES

- TNM records the (3) significant events in the life history of a cancer:
 - T (Local Tumor Growth)
 - N (Spread to Regional Lymph Nodes)
 - M (Distant Metastasis)



THE BASICS - STAGE GROUPING

- Stage Grouping is based on T, N, M values.
- In some cases additional values are used to calculate a stage.

Prostate

- PSA
- Grade Group

Breast

- Grade
- HER2
- ER Status
- PR Status

Esophagus-Squamous Cell

- Grade
- Location



SCENARIO-ASSIGNING TNM STAGE

- A patient was found to have a 6.5 cm tumor confined to her left kidney. An ultrasound guided biopsy confirmed renal cell carcinoma. No indication of enlarged lymph nodes or metastasis
- Patient went on to have a left nephrectomy. Pathology revealed a 7.2 cm clear cell carcinoma with negative margins and 3 of 24 lymph nodes positive for metastasis.

Data Item	Value
Clinical T	cT1b
Clinical N	cN0
Clinical M	cM0
Clinical Stage	1
Pathologic T	pT2a
Pathologic N	pN1
Pathologic M	cM0
Pathologic Stage	3

Follow along on page 743 of the AJCC Staging Manual



PHYSICIAN STAGING

- TNM Stage was intended to be assigned by a physician in a clinical setting
- Whenever possible, physician stage should be used; assign the clinical and pathological stage data items
- Ultimately, it is the cancer registrars responsibility to enter the correct codes in the stage data item fields



STAGE CLASSIFICATION

CLINICAL

PATHOLOGICAL

POST THERAPY

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STAGE AT DIAGNOSIS



Patient is diagnosed
With cancer.



Clinical Stage
Pretreatment
Stage



Patient has definitive
surgery for cancer.



Pathologic
Stage
Post-surgical
Stage

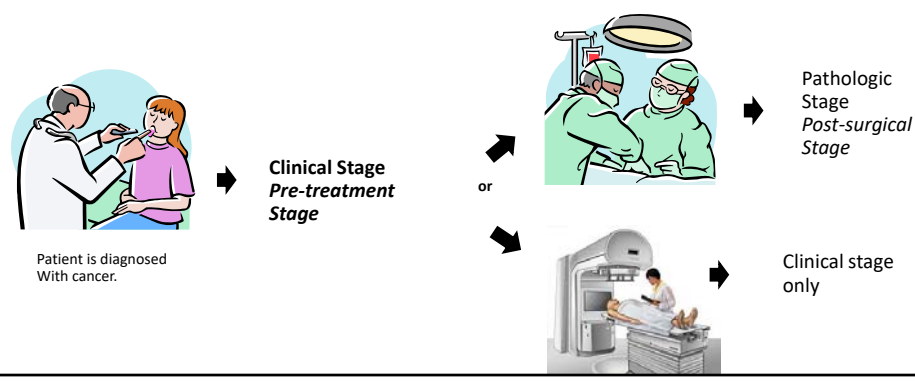
TNM Clinical and Pathological stage reflect the stage at diagnosis.

- ***They reflect what the physician thought the stage was at different points in time.***
- ***Summary stage reflects the overall stage***

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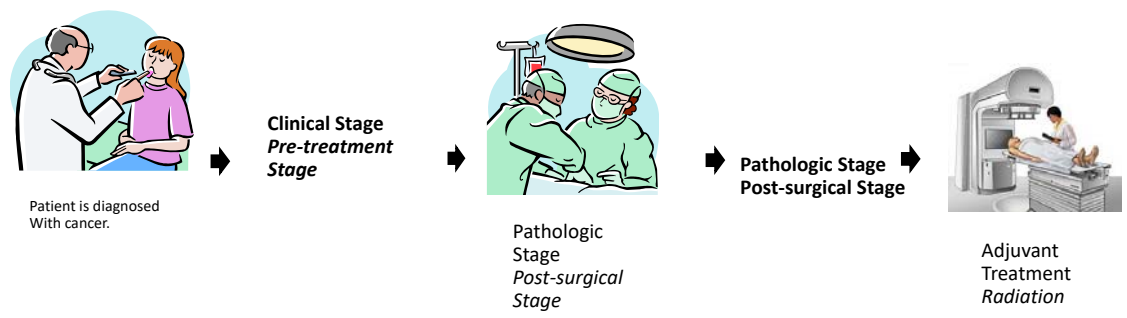
CLINICAL STAGING

- Used for selecting initial therapy
- Can be used to compare patients when some have surgery and others do not

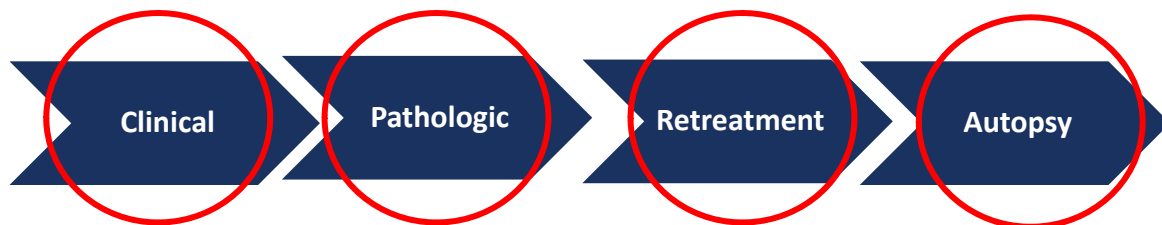


PATHOLOGICAL STAGING

- Used for selecting adjuvant therapy
- Can provide a very accurate stage of disease



CLASSIFICATION METHODS



- TNM is re-evaluated at 4 Key Points
 - cTNM--Clinical Examination
 - pTNM--Following Surgical Removal
 - rTNM--Restaging after Pretreatment or Recurrence
 - aTNM--Autopsy Classification



SCENARIO-ASSIGNING TNM STAGE

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- Patient went on to have a left nephrectomy. Pathology revealed a 7.2 cm clear cell carcinoma with negative margins and 3 of 24 lymph nodes positive for metastasis.

Data Item	Value
Clinical T	cT1b
Clinical N	cN0
Clinical M	cM0
Clinical Stage	1
Pathologic T	pT2a
Pathologic N	pN1
Pathologic M	cM0
Pathologic Stage	3

Follow along on page 743 of the AJCC Staging Manual



RULES FOR CLASSIFICATION



RULES FOR CLASSIFICATION

- Rules for Classification were written to help physicians classify stage into clinical and pathologic groupings.
 - Chapter rules take precedence over general rules
 - If there is nothing in the chapter rules indicating a deviation from the general rules, follow the general rules

RULES FOR CLASSIFICATION – GENERAL RULES

- Clinical Stage
 - Diagnosis of cancer **AND**
 - Some kind of work-up to determine the extend of disease
 - Typically this would include things like physical exam, imaging, and biopsy, but they are not required.
- Pathologic Stage
 - Excision of the primary tumor **OR**
 - Pathologic confirmation of distant mets



RULES FOR CLASSIFICATION

- If rules for classification have not been met, leave the T, N, and M fields blank (99 for stage group)
- Leave the T and N blank if the rules for classification of the T value have not been met
 - If the rules for N have been met, but the rules for T have not been met, leave both blank
 - If rules for T have been met but rules for N have not been met, assign the appropriate T value and X for N value



RULES FOR CLASSIFICATION

- Assuming all relevant information is available to the registrar...
 - If the rules for classification **have not been** met for the then the T data item is left blank.
 - If the rules for classification for the T have been met, then the N value should not be blank.
 - If the rules for classification for the T have been met, then the M value should not be blank.



POP QUIZ 1

- A patient presents for a lung CT and is found to have lung cancer.
- A clinical work-up was done and the physician assigned T3 N2 M0 Stage IIIA.
- The patient is treated with chemotherapy and radiation only.
 - Have the rules for classification for clinical T been met?
 - Have the rules for classification for pathologic T been met?

Data Item	Value
Clinical T	cT3
Clinical N	cN2
Clinical M	cM0
Clinical Stage	3A
Pathologic T	
Pathologic N	
Pathologic M	
Pathologic Stage	99



POP QUIZ 2

- A patient presents for a lung CT and is found to have lung cancer.
 - Imaging and bronchoscopy are done and the physician assigned a stage of T1a N0 M0 Stage IA.
 - The patient had a wedge resection and then was treated with radiation and chemotherapy.
 - Pathology confirmed a T2a tumor.
 - No lymph nodes removed.

Data Item	Value
Clinical T	cT1a
Clinical N	cN0
Clinical M	cM0
Clinical Stage	1A
Pathologic T	pT2a
Pathologic N	pNX
Pathologic M	cM0
Pathologic Stage	99

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POP QUIZ 3

- A patient with muscle invasive **bladder** cancer presents for cystoprostatectomy.
 - Pathology revealed urothelial cell carcinoma confined to the bladder.
 - Six pelvic lymph nodes were removed and found to be negative for malignancy.
 - Review of the **prostate** revealed an incidental finding of adenocarcinoma involving both lobes, but confined to the prostate.
- How would we stage the prostate case?

Data Item	Value
Clinical T	
Clinical N	
Clinical M	
Clinical Stage	99
Pathologic T	pT2
Pathologic N	pN0
Pathologic M	cM0
Pathologic Stage	2B

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MISSING OR UNKNOWN INFORMATION

- General rule...
 - If information needed to assign a T, N, or M value is unknown because an adequate work-up was not done or a work-up was done but the physician still does not have the information necessary to assign value, use an X.
 - If an adequate work-up was done, but the registrar does not have access to the information, leave the fields blank.

<http://cancerbulletin.facs.org/forums/forum/aicc-tnm-staging-8th-edition/principles-of-cancer-staging-and-general-info-chapters-1-4/principles-of-cancer-staging-chapter-1/79448-x-vs-blank-for-clinical-stage>

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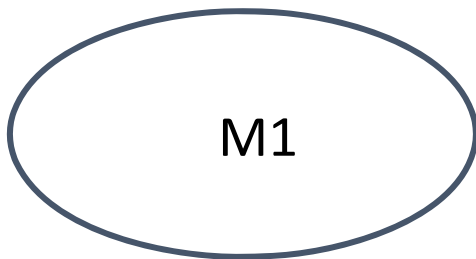
QUESTIONS?



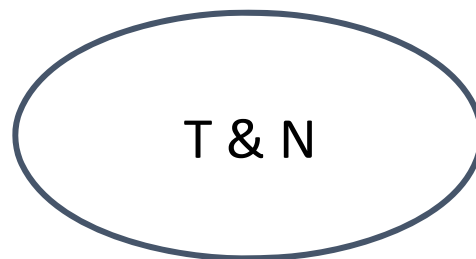
USING cVALUES IN pDATA ITEMS AND USING pVALUES IN cDATA ITEMS

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DISTANT METS



- If patient has distant mets, patient will have a stage regardless of T&N



- If no T, then T&N are blank
- If T, then T&N are either X's or valid value

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cM IN THE pM DATA ITEM

- cM values may be used in the pM data items if pT and pN are not blank.
- If pT and pN are blank, cM may not be used in the pM data item.



POP QUIZ 4

- A patient presents for an EGD and is found to have a mass in the lower esophagus. A biopsy confirmed well differentiated adenocarcinoma. A CT was negative for metastasis.
- The patient went on to have a surgical resection of the tumor.
- Pathology showed a tumor that invaded into the submucosa. No lymph nodes were removed.

Data Item	Value
Clinical T	cTX
Clinical N	cN0
Clinical M	cM0
Clinical Stage	99
Pathologic T	pT1b
Pathologic N	pNX
Pathologic M	cM0
Pathologic Stage	99



POP QUIZ 5

- A patient presents for a lung CT and is found to have a 3.1 cm tumor confined to the left lung. A bronchoscopy with biopsy confirmed small cell carcinoma.
- CT of the brain showed a lesions in the left temporal lobe highly suspicious for metastasis.
- The patient was treated with chemotherapy and radiation to the primary and to the brain.

Data Item	Value
Clinical T	cT2a
Clinical N	cN0
Clinical M	cM1b
Clinical Stage	4
Pathologic T	
Pathologic N	
Pathologic M	
Pathologic Stage	99

If pT and pN are blank, cM may not be used in the pM data item.

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pM VALUES IN THE cM DATA ITEM

- If distant mets is pathologically confirmed prior to treatment...
 - A pM value is assigned
 - The pM value is entered into the cM data item



POP QUIZ 6

- A patient presents for a routine colonoscopy and is found to have a large fungating tumor in the sigmoid colon. A biopsy confirmed carcinoma.
- A CT scan showed liver metastasis. The mass was biopsied and found to be metastasis.
- The patient went on to have a segmental resection that showed a tumor that invaded into the submucosa. No lymph nodes were removed.

Data Item	Value
Clinical T	cTX
Clinical N	cN0
Clinical M	pM1a
Clinical Stage	4A
Pathologic T	pT1
Pathologic N	pNX
Pathologic M	pM1a
Pathologic Stage	4A

If distant mets is pathologically confirmed prior to treatment, a pM value is entered in the cM data item.

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POP QUIZ 7

- A patient presents for a routine colonoscopy and is found to have a large fungating tumor in the sigmoid colon. A biopsy confirmed carcinoma.
- The patient went on to have a segmental resection that showed a tumor that invaded into the submucosa. No lymph nodes were removed.
- A CT done after surgery, but before chemotherapy showed a liver tumor highly suspicious for malignancy.

Data Item	Value
Clinical T	cTX
Clinical N	cNX
Clinical M	cM0
Clinical Stage	99
Pathologic T	pT1
Pathologic N	pNX
Pathologic M	cM1a
Pathologic Stage	4A

cM values may be used in the pM data items if pT and pN are not blank.

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STARTING WITH 8TH EDITION...

- cT and cN can be used in the pT and pN data items if...
 - Pathological confirmed distant mets (pM1)
 - No resection of the primary site

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POP QUIZ 8

- A patient presents for a routine colonoscopy and is found to have a large fungating tumor in the rectum. A biopsy confirmed carcinoma.
 - Ultrasound confirmed a cT3 lesion.
 - A CT showed a single metastatic regional lymph node and a liver tumor highly suspicious for malignancy. The liver tumor was biopsied and confirmed metastatic carcinoma.
- The patient went on to have chemotherapy and radiation. The patient was not a surgical candidate.

Data Item	Value
Clinical T	cT3
Clinical N	cN1a
Clinical M	pM1a
Clinical Stage	4A
Pathologic T	cT3
Pathologic N	cN1a
Pathologic M	pM1a
Pathologic Stage	4A

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cN MAY BE USED IN THE pN DATA ITEM IF...

- GIST, Bone, Soft Tissue Sarcoma, and Corpus Uteri Carcinoma
- Melanoma of the Skin if AJCC TNM
 - If Path T = pT1a, then TNM Path N = cN0

This is not a comprehensive list.

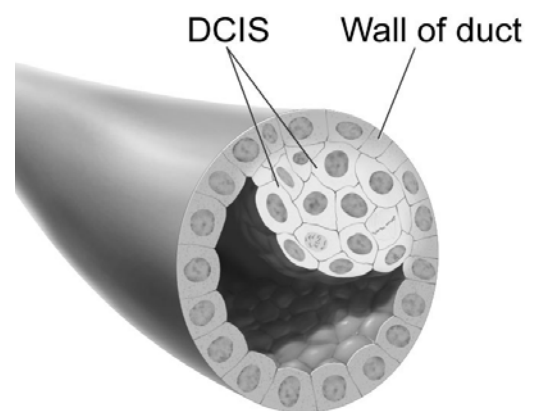
Additional information will follow!

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IN SITU

- By definition in situ indicates there is not spread to regional/distant organs or lymph nodes
- Not all sites have an “in situ” stage (prostate, ovary, etc.)



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IN SITU STAGE GROUPING EXCEPTION

- cTis is now a valid value
 - cTis is used when less than the entire tumor was removed, but the portion that was removed was non-invasive
- pTis indicates the entire tumor was removed and a pathologist confirmed there was not invasive tumor present.
- A cN0 may be used in the pN data item if no lymph nodes were removed



POP QUIZ 9

- A breast cancer patient has a core biopsy that comes back as carcinoma in situ.
- She returns for a lumpectomy and is found to have ductal carcinoma in situ with negative margins.
- No lymph nodes were removed

Data Item	Value
Clinical T	cTis
Clinical N	cN0
Clinical M	cM0
Clinical Stage	0
Pathologic T	pTis
Pathologic N	cN0
Pathologic M	cM0
Pathologic Stage	0



POP QUIZ 10

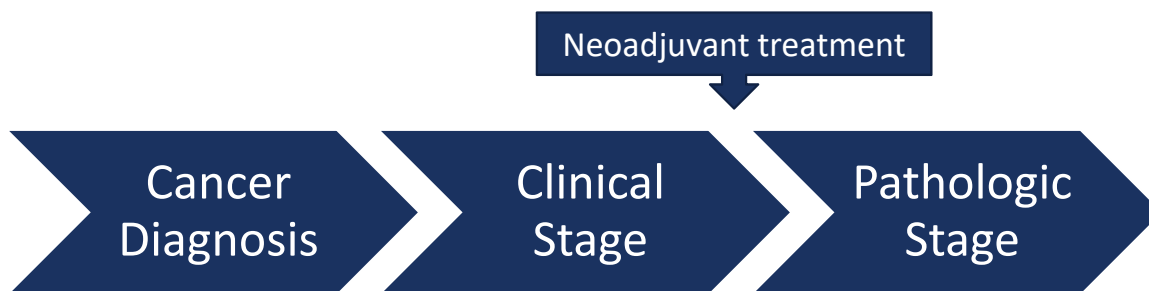
- A patient has a breast biopsy that is positive for ductal carcinoma in situ. There is no clinical evidence of regional or distant mets.
- She then has a segmental mastectomy that reveals a 1 cm invasive ductal carcinoma

Data Item	Value
Clinical T	cTis
Clinical N	cN0
Clinical M	cM0
Clinical Stage	0
Pathologic T	p1B
Pathologic N	pNX
Pathologic M	cM0
Pathologic Stage	99

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POST-THERAPY STAGE (yP)



POP QUIZ 11

- During a routine colonoscopy, patient is found to have rectal cancer. Imaging shows liver mets.
 - Physician assigned a clinical stage of T3 N0 M1a Stage 4A
- Patient received neoadjuvant chemotherapy
- Patient then had a low anterior resection.

Data Item	Value
Clinical T	cT3
Clinical N	cN0
Clinical M	cM1a
Clinical Stage	4A
Pathologic T	Blank
Pathologic N	Blank
Pathologic M	Blank
Pathologic Stage	Blank

If patient had not had surgery after neoadjuvant tx, pStage would be 99

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POP QUIZ 11 (cont.)

- During a routine colonoscopy, patient is found to have rectal cancer. Imaging shows liver mets.
 - Physician assigned a clinical stage of T3 N0 M1a Stage 4A
- Patient received neoadjuvant chemotherapy
- Patient then had a low anterior resection.
 - Pathology showed tumor was confined to the submucosa. Six lymph nodes were negative for metastasis.

Data Item	Value
Clinical T	cT3
Clinical N	cN0
Clinical M	cM1a
Clinical Stage	4A
Pathologic T	
Pathologic N	
Pathologic M	
Pathologic Stage	
Post-Therapy T	ypT1
Post-Therapy N	ypN0
Post-Therapy M	cM1a
Post-Therapy Stage	4A

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SUFFIX

- Clinical and Pathologic Stage (prefix/suffix) Descriptor (CoC) goes away for 2018
 - E and S for lymphoma are part of the stage group
 - Multiple tumor (m) is collected in the suffix data items.



T SUFFIX

- (m) for Multiple synchronous tumors OR For thyroid differentiated and anaplastic only, multifocal tumors
- (s) For thyroid differentiated and anaplastic only, Solitary tumor
- Leave this field blank if (m) or (s) do not apply.



POP QUIZ 12

- Thyroidectomy and excision of thyroglossal duct cyst:
 - 0.7 cm papillary carcinoma, right thyroid, extends to thyroid capsule but not through.
 - A second papillary carcinoma measuring .5cm is found in the right thyroid.
 - Three lymph nodes negative for metastasis.
 - No indication of distant metastasis

Data Item	8 th ed
Path T	pT1a
Path T Suffix	(m)
Path N	pN0
Path N Suffix	blank
Path M	cM0
Stage	2B

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N SUFFIX

- (sn) Sentinel node procedure with or without FNA or core needle biopsy
- (f) FNA or core needle biopsy only
- Leave this field blank if sentinel node biopsy or FNA was not completed
- Leave pN suffix blank if the patient had a sentinel node procedure and then went on to have a lymph node dissection as part of first course treatment.

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POP QUIZ 13

- Imaging showed a 1cm malignant appearing tumor in the right breast and a single enlarged axillary lymph node.
- Core biopsy of breast tumor:
 - Nottingham Grade 2
 - Invasive ductal carcinoma
 - Her 2 negative, ER +, PR +
- FNA of an enlarged lymph node was positive for metastasis.

Data Item	8 th ed
Clinical T	cT1b
Clinical T Suffix	Blank
Clinical N	cN1
Clinical N Suffix	(f)
Clinical M	cM0
Stage	2B

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POP QUIZ 14

- Imaging showed a 1cm malignant appearing tumor in the right breast. No enlarged lymph nodes were identified. A core biopsy was positive for ductal carcinoma.
 - Nottingham Grade 2
 - Invasive ductal carcinoma
 - Her 2 negative, ER +, PR +
- The patient went on to have a sentinel node biopsy and lumpectomy. No further surgery.
 - 1cm invasive ductal carcinoma Nottingham Grade 2
 - 4 sentinel nodes negative for malignancy

Data Item	8 th ed
Path T	pT1b
Path T Suffix	Blank
Path N	pN0
Path N Suffix	(sn)
Path M	cM0
Stage	1A

What if the patient went on to have an axillary node dissection?

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QUESTIONS?

QUIZ 2

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Fabulous Prizes Winners



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