


Collecting Cancer Data: Esophagus & Stomach

2014-2015 NAACCR Webinar Series
April 2, 2015




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

KEY STATISTICS: ESOPHAGUS

ESTIMATED NEW CASES AND DEATHS

- New cases: 16,980
 - 13,570 in men
 - 3,410 in women
- Deaths: 15,590
 - 12,600 in men
 - 2,990 in women

SURVIVAL

Stage	5-Year Relative Survival Rate
Localized	40%
Regional	21%
Distant	4%

American Cancer Society
Cancer Facts and Figures 2015

National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER)

KEY STATISTICS-STOMACH

ESTIMATED NEW CASES AND DEATHS

- New cases: 24,590
 - 15,540 in men
 - 9,050 in women
- Deaths: 10,720
 - 6,500 in men
 - 4,220 in women

SURVIVAL

Stage	5 year observed survival
Stage IA	71%
Stage IB	57%
Stage IIA	46%
Stage IIB	33%
Stage IIIA	20%
Stage IIIB	14%
Stage IIIC	9%
Stage IV	4%

American Cancer Society
Cancer Facts and Figures 2015

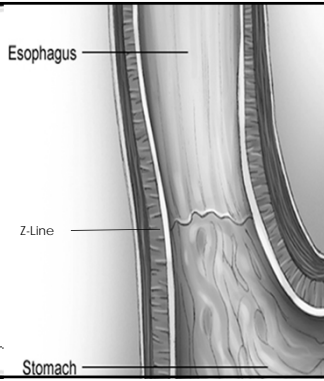
National Cancer Institute's SEER database

HISTOLOGY

- Squamous Cell Carcinoma
 - Typically found in the upper two thirds of the esophagus.
- Adenocarcinoma
 - Usually forms in the lower third of the esophagus, near the stomach.

BARRETT'S ESOPHAGUS

- Repeated exposure to acidic stomach contents washing back (refluxing) through the lower esophageal sphincter may cause squamous cells to be replaced by glandular cells resembling those cells in the stomach.



Esophagus

Z-Line

Stomach

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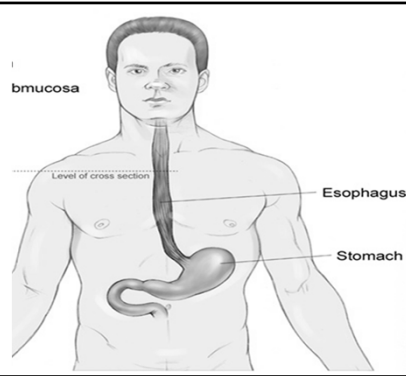
HIGH GRADE DYSPLASIA/CA IN SITU

<p>PER AJCC MANUAL</p> <ul style="list-style-type: none"> High grade dysplasia includes all non invasive neoplastic epithelia formally called carcinoma in situ. Carcinoma in situ no longer used for columnar mucosae anywhere in the digestive tract. 	<p>PER STANDARD SETTERS</p> <ul style="list-style-type: none"> Please discuss this issue with your cancer committee and/or pathologists. If they feel these cases should be reported as carcinoma in situ, please do so. If they do not feel these cases should be picked up as carcinoma in situ, do not report them to SEER, CoC, or your state registry .
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PROXIMAL VS. DISTAL

- Proximal- Towards the incisors
- Distal-Away from the incisors
- This is the same for the entire GI tract

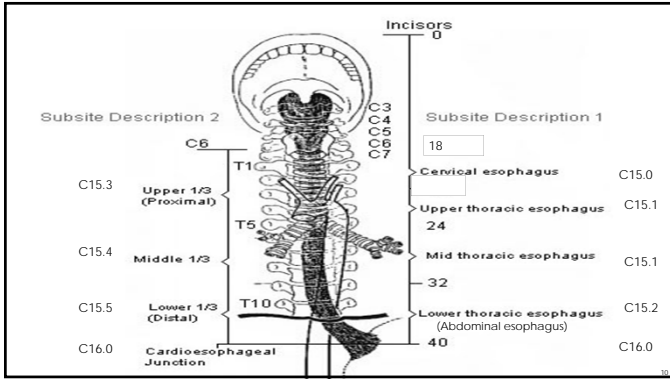


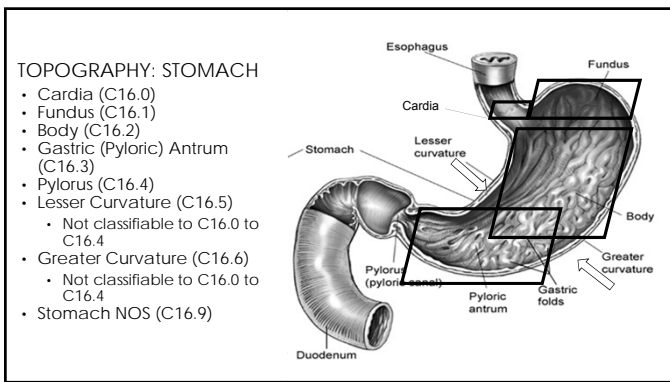
mucosa

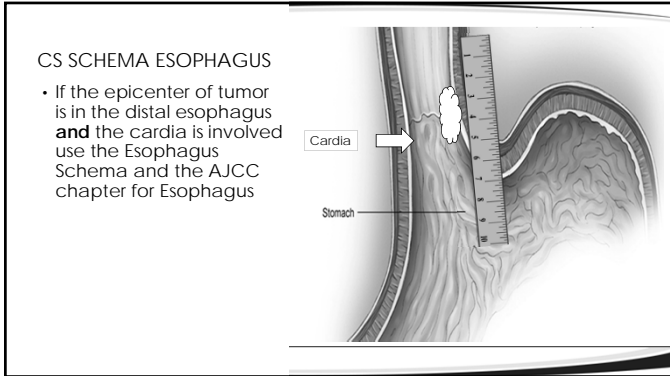
Level of cross section

Esophagus

Stomach

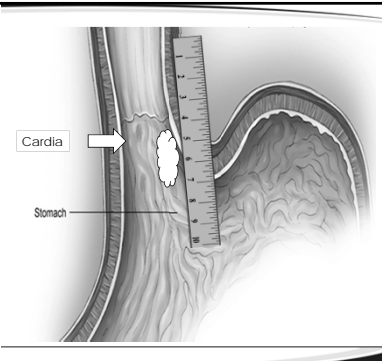






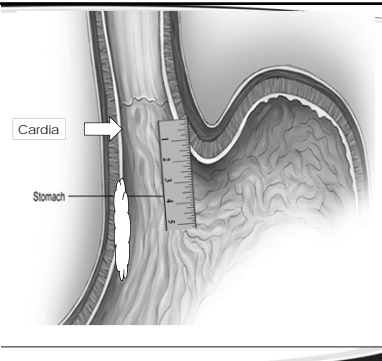
CS SCHEMA
ESOPHAGUSGEJUNCTION

- If the epicenter of a tumor is in the EGJ or in the proximal 5cm of the stomach **and** the cardia is involved use the *EsophagusGEJunction* Schema and the AJCC chapter for esophagus.



POP QUIZ

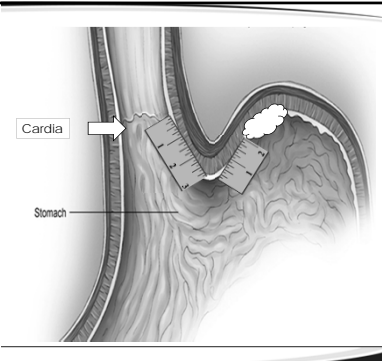
- Tumor is within 5cm of the cardia and the cardia is involved.
- What is the primary site?
 - C16.2 Body of Stomach
- What CS schema would be used to stage this case?
 - EsophagusGEJunction



POP QUIZ

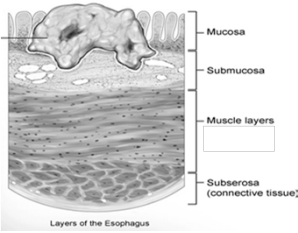
Tumor located in the fundus of the stomach more than 5cm from the cardia.

- What is the primary site?
 - C16.1 Fundus of Stomach
- What CS schema would be used to stage this case?
 - Stomach



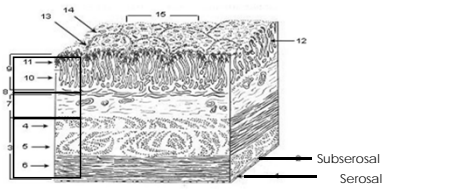
LAYERS OF THE ESOPHAGEAL WALL

- Mucosa
 - Surface epithelium, lamina propria, and muscularis mucosa
- Submucosa
 - Connective tissue, blood vessels, and glands
- Muscularis (middle layer)
 - Striated and Smooth muscle
- Adventitia
 - Connective tissue that merges with connective tissue of surrounding structures
- *No Serosa*



Layers of the Esophagus

LAYERS OF THE STOMACH WALL

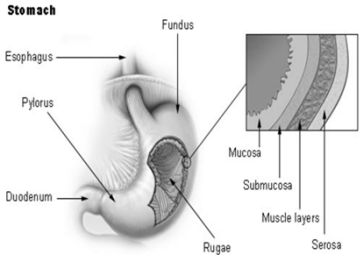


Mucosal
Submucosal
Muscular
Subserosal
Serosal

Image source: SEER Training Website

RUGAE

- Rugae a series of ridges produced by folding of the wall of an organ.
- Allows the stomach expand when needed.



Stomach
Esophagus
Fundus
Pylorus
Duodenum
Rugae
Mucosa
Submucosa
Muscle layers
Serosa

LINITIS PLASTICA

- Spreads to the muscles of the stomach wall and makes it thicker and more rigid.

The diagram shows a cross-section of the stomach with labels for the Fundus, Esophagus, Pylorus, Duodenum, Rugae, Mucosa, Submucosa, Muscle layers, and Serosa. A magnified view of the stomach wall layers is also provided.

LYMPHATICS OF THE ESOPHAGUS

- Drainage is intramural and longitudinal
- Concentration of lymphatic channels in the submucosa and lamina propria
- The anatomic site of the cancer and the nodes to which the site drains may not be the same.

The diagram shows a human torso with labels for the Esophagus, Liver, Stomach, Small intestine, and Large intestine, illustrating the lymphatic drainage pathways.

LYMPHATICS OF THE STOMACH

- Greater curvature
 - Greater omental
 - Pyloric
 - Pancreaticoduodenal
- Pancreatic and Splenic Area
 - Peripancreatic
 - Splenic
- Lesser curvature
 - Lesser omental
 - Left gastric
 - Celiac

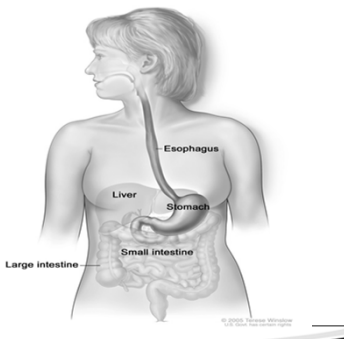
The diagram shows the stomach and liver with labels for the Liver and Stomach, highlighting the lymphatic drainage points.

DISTANT METASTASIS: ESOPHAGUS

- The most common sites are:
 - Liver
 - Lungs
 - Pleura

DISTANT METASTASIS: STOMACH

- The most common sites are:
 - Liver
 - Peritoneal surface
 - Distant lymph nodes



GRADE

- For Esophagus and EGJ, grade is required to calculate AJCC stages 0-IIA for both squamous cell carcinoma and adenocarcinoma
- Grade is not required to derive AJCC TNM stage for Stomach
- Standard four grade grading system
 - Well differentiated
 - Moderately differentiated
 - Poorly differentiated
 - Undifferentiated

GRADE

- C T1a N0 M0 G1 Stage IA
 - Treatment options include
 - Esophagectomy
 - Endoscopic mucosal resection
 - Other ablative technique
- C T1a N0 M0 G2-3 Stage IB
 - Esophagectomy

**STAGING:
ESOPHAGUS & STOMACH**

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AJCC Cancer Stage

**ESOPHAGUS & ESOPHAGOGASTRIC
JUNCTION (EGJ): CHAPTER 10**

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**AJCC CANCER STAGE: ESOPHAGUS &
EGJ**

- ICD-O-3 Topography Codes
 - C15.0-C15.5, C15.8-C15.9 (esophagus)
 - C16.0 (EGJ)
 - C16.1 (fundus of stomach, proximal 5 cm only)
 - C16.2 (body of stomach, proximal 5 cm only)
- ICD-O-3 Histology Code Ranges
 - C15 only
 - 8000-8576, 8940-8950, 8980-8981
 - C16 only
 - 8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

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AJCC CANCER STAGE: ESOPHAGUS/EGJ CLASSIFICATION

- Clinical staging
 - Evidence prior to treatment
 - Esophagoscopy with biopsy, endoscopic esophageal ultrasound (EUS), EUS directed fine needle aspiration (EUS-FNA), CT, PET/CT
- Pathologic staging
 - Evidence prior to treatment plus evidence acquired during and from surgery particularly pathologic exam of surgical specimen

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AJCC CANCER STAGE: ESOPHAGUS/EGJ

- T Category
 - TX: Primary tumor cannot be assessed
 - T0: No evidence of primary tumor
 - Tis: High-grade dysplasia
 - T1: Invades lamina propria, muscularis mucosae, or submucosa
 - T1a: Invades lamina propria or muscularis mucosae
 - T1b: Invades submucosa

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AJCC CANCER STAGE: ESOPHAGUS/EGJ

- T Category
 - T2: Invades muscularis propria
 - T3: Invades adventitia
 - T4: Invades adjacent structures
 - T4a: Resectable tumor invading pleura, pericardium, or diaphragm
 - T4b: Unresectable tumor invading other adjacent structures, such as aorta, vertebral body, trachea, etc.

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AJCC CANCER STAGE: ESOPHAGUS/EGJ

- N Category:
 - NX: Regional lymph nodes cannot be assessed
 - N0: No regional lymph node metastasis
 - N1: Metastasis in 1-2 regional lymph nodes
 - N2: Metastasis in 3-6 regional lymph nodes
 - N3: Metastasis in 7 or more regional lymph nodes

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AJCC CANCER STAGE: ESOPHAGUS/EGJ

- M Category
 - M0: No distant metastasis
 - M1: Distant metastasis

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**AJCC CANCER STAGE: ESOPHAGUS/EGJ
SQUAMOUS CELL CARCINOMA**

Stage	T	N	M	Grade	Tumor Location
0	Tis	N0	M0	1, X	Any
IA	T1	N0	M0	1, X	Any
IB	T1	N0	M0	2-3	Any
	T2-3	N0	M0	1, X	Lower, X
IIA	T2-3	N0	M0	1, X	Upper, middle
	T2-3	N0	M0	2-3	Lower, X
IIB	T2-3	N0	M0	2-3	Upper, middle
	T1-2	N1	M0	Any	Any

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AJCC CANCER STAGE: ESOPHAGUS/EGJ SQUAMOUS CELL CARCINOMA

Stage	T	N	M	Grade	Tumor Location
IIIA	T1-2	N2	M0	Any	Any
	T3	N1	M0	Any	Any
	T4a	N0	M0	Any	Any
IIIB	T3	N2	M0	Any	Any
IIIC	T4a	N1-2	M0	Any	Any
	T4b	Any	M0	Any	Any
	Any	N3	M0	Any	Any
IV	Any	Any	M1	Any	Any

AJCC CANCER STAGE: ESOPHAGUS/EGJ ADENOCARCINOMA

Stage	T	N	M	Grade
0	Tis	N0	M0	1, X
IA	T1	N0	M0	1-2, X
IB	T1	N0	M0	3
	T2	N0	M0	1-2, X
IIA	T2	N0	M0	3
IIB	T3	N0	M0	Any
	T1-2	N0	M0	Any

AJCC CANCER STAGE: ESOPHAGUS/EGJ ADENOCARCINOMA

Stage	T	N	M	Grade
IIIA	T1-2	N2	M0	Any
	T3	N1	M0	Any
	T4a	N0	M0	Any
IIIB	T3	N2	M0	Any
IIIC	T4a	N1-2	M0	Any
	T4b	Any	M0	Any
	Any	N3	M0	Any
IV	Any	Any	M1	Any

POP QUIZ

- CT scan chest/abdomen: Slight thickening of wall of lower thoracic esophagus.
- EGD with biopsy: Small lesion of lower thoracic esophagus, well differentiated adenocarcinoma; no other abnormalities
- Endoscopic ultrasound (EUS): Lesion of wall of lower thoracic esophagus invades lamina propria; no lymphadenopathy
- Esophagoscopy with endomucosal resection: 1 cm well differentiated adenocarcinoma involving lamina propria

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POP QUIZ

- What is the AJCC clinical stage?
 - T1a N0 M0 G1 Stage IA
- What is the AJCC pathologic stage?
 - T1a NX M blank G1 Stage 99

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Summary Stage 2000
<http://seer.cancer.gov/tools/ssm/>

ESOPHAGUS
C15.0-C15.5, C15.8-C15.9

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SUMMARY STAGE 2000: ESOPHAGUS

- 0 In situ
 - Noninvasive; intraepithelial
- 1 Localized only
 - Invasive tumor confined to:
 - Intramucosa NOS; lamina propria; mucosa NOS; muscularis mucosae; muscularis propria invaded; submucosa
 - Localized NOS

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SUMMARY STAGE 2000: ESOPHAGUS

- 2 Regional by direct extension only
 - Adventitia and/or soft tissue invaded
 - Esophagus described as "FIXED"

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SUMMARY STAGE 2000: ESOPHAGUS

- 2 Regional by direct extension only
 - Extension to:
 - Cervical esophagus (including 1st 18 cm of upper esophagus)
 - Blood vessel(s) major: carotid artery, jugular vein, subclavian artery; carina; cervical vertebra(e); hypopharynx; larynx; trachea; thyroid gland
 - Intrathoracic
 - Lung via bronchus; mediastinal structure(s); pleura; rib(s); thoracic vertebra(e)

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SUMMARY STAGE 2000: ESOPHAGUS

- 2 Regional by direct extension only
- Extension to:
 - Intrathoracic, upper or mid-portion, esophagus
 - Blood vessel(s) major: aorta, azygos vein, pulmonary artery/vein, vena cava; carina; diaphragm; main stem bronchus; trachea
 - Intrathoracic, lower portion (abdominal), esophagus
 - Blood vessel(s) major: aorta, gastric artery/vein, vena cava; diaphragm; stomach, cardia (via serosa)

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SUMMARY STAGE 2000: ESOPHAGUS

- 3 Regional lymph node(s) involved only
- Cervical only
 - Cervical NOS
 - Anterior deep cervical (laterotracheal) (recurrent laryngeal)
 - Internal jugular NOS:
 - Deep cervical NOS:
 - Upper NOS:
 - Jugulodigastric (subdigastric)
- Peri-/paraesophageal
- Scalene (inferior deep cervical)
- Supraclavicular (transverse cervical)

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SUMMARY STAGE 2000: ESOPHAGUS

- 3 Regional lymph node(s) involved only
- Intrathoracic, upper thoracic or middle, only:
 - Internal jugular NOS:
 - Deep cervical NOS:
 - Lower NOS:
 - Jugulo-omohyoid (supraomohyoid)
 - Middle
 - Upper NOS:
 - Jugulodigastric (subdigastric)

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SUMMARY STAGE 2000: ESOPHAGUS

- 3 Regional lymph node(s) involved only
- Intrathoracic, upper thoracic or middle, only:
 - Intrabronchial:
 - Carinal (tracheobronchial) (tracheal bifurcation)
 - Hilar (bronchopulmonary) (proximal lobar) (pulmonary root)
 - Peritracheal

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SUMMARY STAGE 2000: ESOPHAGUS

- 3 Regional lymph node(s) involved only
- Intrathoracic, upper thoracic or middle, only:
 - Left gastric (superior gastric):
 - Cardiac (cardial)
 - Lesser curvature
 - Perigastric, NOS
 - Peri-/paraesophageal
 - Posterior mediastinal (tracheoesophageal)
 - Superior mediastinal

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SUMMARY STAGE 2000: ESOPHAGUS

- 3 Regional lymph node(s) involved only
- Intrathoracic, lower (abdominal), only:
 - Left gastric (superior gastric):
 - Cardiac (cardial)
 - Lesser curvature
 - Perigastric, NOS
 - Peri-/paraesophageal
 - Posterior mediastinal (tracheoesophageal)
- Regional lymph node(s) NOS

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SUMMARY STAGE 2000: ESOPHAGUS

- 4 Regional by BOTH direct extension AND regional lymph node(s) involved
 - Codes 2 + 3
- 5 Regional NOS

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SUMMARY STAGE 2000: ESOPHAGUS

- 7 Distant site(s)/lymph node(s) involved
- Adjacent structures
 - Cervical/upper esophagus:
 - Lung
 - Main stem bronchus
 - Pleura
 - Thoracic/middle esophagus:
 - Pericardium
 - Abdominal/lower esophagus:
 - Diaphragm fixed

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SUMMARY STAGE 2000: ESOPHAGUS

- 7 Distant site(s)/lymph node(s) involved
- Distant lymph node(s):
 - Celiac for intrathoracic esophagus
 - Cervical NOS for intrathoracic esophagus
 - Para-aortic for lower/abdominal esophagus only
 - Scalene (inferior deep cervical) for intrathoracic esophagus only
 - Superior mediastinal for cervical esophagus only
 - Supraclavicular (transverse cervical node) for intrathoracic only
 - Other distant lymph node(s)

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SUMMARY STAGE 2000: ESOPHAGUS

- 7 Distant site(s)/lymph node(s) involved
 - Further contiguous extension
 - Metastasis
- 9 Unknown if extension or metastasis

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POP QUIZ

- CT scan chest/abdomen: Large mass of cervical esophagus with cervical and superior mediastinal lymphadenopathy
- EGD with biopsy: Poorly differentiated squamous cell carcinoma, cervical esophagus, involves esophageal wall
- Endoscopic ultrasound (EUS): 5 cm lesion of cervical esophagus involves adventitia; malignant cervical and superior mediastinal lymph nodes
- Treated with chemoradiation.

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POP QUIZ

- What is the code for Summary Stage 2000?
 - 0 In situ
 - 1 Localized only
 - 2 Regional by direct extension only
 - 3 Regional lymph node(s) involved only
 - 4 Regional by BOTH direct extension AND regional lymph node(s) involved
 - 5 Regional NOS
 - 7 Distant
 - 9 Unknown

→


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COLLABORATIVE STAGE DATA COLLECTION SYSTEM (CS) V0205




CS SCHEMAS

- Esophagus
 - C15.0-C15.5, C15.8-C15.9
- EsophagusGEJunction
 - C16.0, C16.1, C16.2
- Stomach
 - C16.1-C16.6, C16.8-C16.9



SSF1: CLINICAL ASSESSMENT OF REGIONAL LYMPH NODES

- Assign the code that reflects the number of clinically evident regional lymph nodes based on diagnostic workup
 - Physical exam, imaging, diagnostic lymph node biopsy, exploratory surgery without resection
- Code 999
 - Use if there is no diagnostic workup to assess regional lymph nodes



POP QUIZ

- Esophagoscopy with biopsy: 3 cm esophageal lesion at 18 cm, poorly differentiated squamous cell carcinoma
- Endoscopic Ultrasound (EUS): Lesion of cervical esophagus invades trachea; lymphadenopathy of cervical nodes
- Physician documented stage: cT4b cN2 cM0
- Patient treated with chemoradiation

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POP QUIZ

- What is the code for SSF1?
 - 000: Nodes not clinically evident; imaging of regional nodes performed and nodes not mentioned.
 - 200: Metastasis in 3-6 regional nodes, determined clinically; stated as clinical N2
 - 400: Clinically positive regional nodes NOS
 - 999: Unknown

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**SSF25 SCHEMA DISCRIMINATOR:
ESOPHAGUSGEJUNCTION/STOMACH**

- Determines the schema to select when primary site is C16.1 or C16.2
 - EophagusGEJunction OR Stomach
- Code whether tumor extends to esophagus crossing EGJ and distance of tumor midpoint from EGJ
- Assign code 981 if primary site is C16.3-C16.6, C16.8, or C16.9
- Assign code 982 if primary site is C16.0

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AJCC Cancer Stage


STOMACH: CHAPTER 11



AJCC CANCER STAGE: STOMACH


- ICD-O-3 Topography Codes
 - C16.1*, C16.2*
 - C16.3-C16.6, C16.8-C16.9
- ICD-O-3 Histology Code Ranges
 - 8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

*Tumor more than 5 cm from EGJ



AJCC CANCER STAGE: STOMACH

- Clinical staging
 - Evidence prior to treatment
 - Physical exam, imaging, endoscopy, biopsy, & lab findings



AJCC CANCER STAGE: STOMACH

- Pathologic staging
 - Evidence prior to treatment plus findings from surgical exploration and examination of pathologic specimen from resection
 - Removal and histologic exam of lymph nodes
 - Total number of lymph nodes removed and number positive for metastasis
 - Metastatic nodules in fat adjacent to primary tumor without evidence of lymph node considered regional node involvement
 - Metastatic nodules implanted on peritoneal surface considered distant metastasis

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AJCC CANCER STAGE: STOMACH

- T Category
 - TX: Primary tumor cannot be assessed
 - T0: No evidence of primary tumor
 - Tis: Carcinoma in situ: intraepithelial tumor without invasion of lamina propria
 - T1: Invades lamina propria, muscularis mucosae, or submucosa
 - T1a: Invades lamina propria or muscularis mucosae
 - T1b: Invades submucosa

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AJCC CANCER STAGE: STOMACH

- T Category
 - T2: Invades muscularis propria
 - T3: Penetrates subserosal connective tissue without invasion of visceral peritoneum or adjacent structures
 - T4: Invades serosa (visceral peritoneum) or adjacent structures
 - T4a: Invades serosa
 - T4b: Invades adjacent structures

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AJCC CANCER STAGE: STOMACH

- N Category:
 - NX: Regional lymph nodes cannot be assessed
 - N0: No regional lymph node metastasis
 - N1: Metastasis in 1-2 regional lymph nodes
 - N2: Metastasis in 3-6 regional lymph nodes
 - N3: Metastasis in 7 or more regional lymph nodes
 - N3a: Metastasis in 7-15 regional lymph nodes
 - N3b: Metastasis in 16 or more regional lymph nodes

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AJCC CANCER STAGE: STOMACH

- M Category
 - M0: No distant metastasis
 - M1: Distant metastasis

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AJCC CANCER STAGE: STOMACH

Group	T	N	M
Stage 0	Tis	N0	M0
Stage IA	T1	N0	M0
Stage IB	T2	N0	M0
	T1	N1	M0
Stage IIA	T3	N0	M0
	T2	N1	M0
	T1	N2	M0
Stage IIB	T4a	N0	M0
	T3	N1	M0
	T2	N2	M0
	T1	N3	M0

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AJCC CANCER STAGE: STOMACH

Group	T	N	M
Stage IIIA	T4a	N1	M0
	T3	N2	M0
	T2	N3	M0
Stage IIIB	T4b	N0	M0
	T4b	N1	M0
	T4a	N2	M0
	T3	N3	M0
Stage IIIC	T4b	N2	M0
	T4b	N3	M0
	T4a	N3	M0
Stage IV	Any T	Any N	M1

POP QUIZ


- Abdominal CT scan: Large mass of gastric antrum; no lymphadenopathy; no liver lesions
- Gastroscopy with biopsy: Moderately differentiated adenocarcinoma of antrum
- Gastrectomy: 2 cm mass, moderately differentiated adenocarcinoma, of antrum invades muscularis propria; malignant nodules on serosa; 0/16 lymph nodes with metastasis

POP QUIZ

- What is the AJCC clinical stage?
 - TX N0 M0 Stage 99
- What is the AJCC pathologic stage?
 - T2 N0 M1 Stage IV


Summary Stage 2000
<http://seer.cancer.gov/tools/ssm/>

STOMACH
C16.0-C16.6, C16.8-C16.9




SUMMARY STAGE 2000: STOMACH

- 0 In situ
 - Noninvasive; intraepithelial
 - (Adeno)carcinoma in a polyp, noninvasive
- 1 Localized only
 - Invasive tumor confined to:
 - Intramucosa NOS; lamina propria; mucosa NOS; muscularis mucosae; muscularis propria; perimuscular tissue invaded; polyp NOS; head of polyp, stalk of polyp; submucosa (superficial invasion); subserosal tissue/fat
 - Extension through wall NOS



SUMMARY STAGE 2000: STOMACH

- 1 Localized only
 - Implants inside stomach
 - Intraluminal spread (only) to esophagus or duodenum
 - Invasion through muscularis propria or muscularis NOS
 - Linitis plastica (diffuse involvement of the entire stomach wall)
- Localized, NOS



SUMMARY STAGE 2000: STOMACH

- 2 Regional by direct extension only
- Extension to:
 - Adjacent tissue NOS
- Connective tissue:
 - Ligaments:
 - Gastrocolic
 - Gastrohepatic
 - Gastrosplenic
 - Omentum NOS:
 - Greater
 - Lesser
 - Perigastric fat

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SUMMARY STAGE 2000: STOMACH

- 2 Regional by direct extension only
- Extension to:
 - Diaphragm; duodenum via serosa or NOS; esophagus via serosa; ileum; jejunum; liver; pancreas; small intestine NOS; spleen; transverse colon including flexures
- Invasion of/through:
 - Mesothelium; serosa; tunica serosa; visceral peritoneum

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SUMMARY STAGE 2000: STOMACH

- 3 Regional lymph node(s) involved only
- Celiac
- Hepatic
- Left gastric (superior gastric), NOS:
 - Cardial
 - Cardioesophageal
 - Gastric, left
 - Gastropancreatic, left
 - Lesser curvature
 - Lesser omentum
 - Paracardial

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SUMMARY STAGE 2000: STOMACH

- 3 Regional lymph node(s) involved only
 - Pancreaticosplenic (pancreaticolienal)
 - Perigastric, NOS
 - Peripancreatic

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SUMMARY STAGE 2000: STOMACH

- 3 Regional lymph node(s) involved only
 - Right gastric (inferior gastric), NOS:
 - Gastrocolic
 - Gastroduodenal
 - Gastroepiploic (gastro-omental), right or NOS
 - Gastrohepatic
 - Greater curvature
 - Greater omental
 - Infrapyloric
 - Pancreaticoduodenal
 - Pyloric, NOS:
 - Infrapyloric (subpyloric)
 - Suprapyloric

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SUMMARY STAGE 2000: STOMACH

- 3 Regional lymph node(s) involved only
 - Splenic (lienal) NOS:
 - Gastroepiploic (gastro-omental), left
 - Splenic hilar
 - Nodule(s) in perigastric fat
 - Regional lymph node(s), NOS

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SUMMARY STAGE 2000: STOMACH

- 4 Regional by BOTH direct extension AND regional lymph node(s) involved
 - Codes 2 + 3
- 5 Regional NOS

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SUMMARY STAGE 2000: STOMACH

- 7 Distant site(s)/lymph node(s) involved
 - Distant lymph node(s):
 - Inferior mesenteric
 - Para-aortic
 - Porta hepatis (portal) (hilar) [in hilus of liver]
 - Retroperitoneal
 - Superior mesenteric
 - Other distant lymph node(s)

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SUMMARY STAGE 2000: STOMACH

- 7 Distant site(s)/lymph node(s) involved
 - Extension to: Abdominal wall; adrenal (suprarenal) gland; kidney; retroperitoneum
 - Further contiguous extension
 - Metastasis
- 9 Unknown if extension or metastasis

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POP QUIZ

- Abdominal CT scan: Large mass of gastric antrum; no lymphadenopathy; no liver lesions
- Gastroscopy with biopsy: Moderately differentiated adenocarcinoma of antrum
- Gastrectomy: 2 cm mass, moderately differentiated adenocarcinoma, of antrum invades muscularis propria; 2 malignant nodules in perigastric fat; 0/16 lymph nodes with metastasis

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POP QUIZ

- What is the code for Summary Stage 2000?
 - 0 In situ
 - 1 Localized only
 - 2 Regional by direct extension only
 - 3 Regional lymph node(s) involved only
 - 4 Regional by BOTH direct extension AND regional lymph node(s) involved
 - 5 Regional NOS
 - 7 Distant
 - 9 Unknown

→

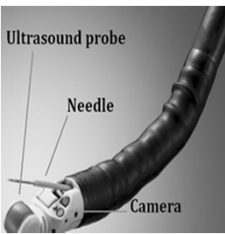
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STAGING & TREATMENT PROCEDURES

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ENDOSCOPY

- Staging-Endoscopic Ultrasound (EUS)
- Determine the depth of tumor invasion (T)
- Mediastinal and perigastric lymph nodes are readily seen and biopsied by EUS (N)
- Signs of distant spread may be identified (M)



<http://health.usf.edu/medicine/internalmedicine/digestive/eus.htm>

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SURGERY

- Endoscopic Mucosal Resection
 - A small cap is fitted on the end of the endoscope that has a small wire loop.
 - Fluid is injected under the nodule creating a blister.
 - The nodule is suctioned into the cap and the wire loop is closed while cautery is applied.
 - Code as 27
- This may be followed by photodynamic therapy.
 - Code 21

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SURGERY

- Esophagectomy
 - Removal of a section of the esophagus.
 - Esophagus is reconstructed using another organ such as the stomach or large intestine.
 - Code 30
- Esophagogastrectomy
 - Removal of a section of the esophagus and the fundus of the stomach.
 - Stomach is surgically attached to the remaining esophagus.
 - Code 53
- En bloc lymph node dissection

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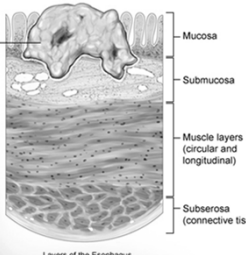
TREATMENT BY STAGE-ESOPHAGUS

- Tis-EMR or Ablation
- T1a
 - EMR or Ablation
 - Esophagectomy
- T1b N0-Esophagectomy




TREATMENT BY STAGE-ESOPHAGUS

- T2-T4a any N
 - Preoperative chemoradiation
 - Definitive chemoradiation
 - Preferred for cervical esophagus
 - Preoperative chemotherapy
 - Only for adenocarcinoma of distal esophagus or EGJ
 - Esophagectomy
 - Low risk lesions less than 2cm and well differentiated
- T4b-Definitive chemoradiation




Layers of the Esophagus



GASTRIC CANCER SURGERY

- Resectable tumors
 - Endoscopic mucosal resection
 - Gastrectomy (distal, subtotal, or total) with regional lymph node dissection (15 or more nodes)
- Unresectable tumors
 - Gastric bypass with gastrojejunostomy to proximal stomach



GASTRIC CANCER SURGERY

- Code 30 includes:
 - Partial gastrectomy, including a sleeve resection of the stomach
 - Billroth I: anastomosis to duodenum (duodenostomy)
 - Billroth II: anastomosis to jejunum (jejunostomy)

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TREATMENT BY STAGE-STOMACH

- Tis or T1a-EMR or Surgery
- T1b N0-Surgery
- T2 or higher and any N
 - Surgery or
 - Preoperative chemotherapy
 - Preoperative chemoradiation
- M1-Palliative therapy

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Quiz

QUESTIONS?

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COMING UP...

- Collecting Cancer Data: Larynx & Thyroid
 - 5/7/15
- Collecting Cancer Data: Pancreas
 - 6/4/15



AND THE WINNERS ARE.....




CE CERTIFICATE QUIZ/SURVEY

- Phrase
Linitis Plastica
- Link
• <http://www.surveygizmo.com/s3/2073099/Stomach-and-Esophagus-2015>

