**Q&A Session**

**Collecting Cancer Data: Gastrointestinal Stromal Tumors (GIST)**

**January 9, 2014**

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Q: Please repeat the difference between GIST NOS and malignant GIST.­

A: ­GIST NOS has an ICD-O-3 behavior code of /1 (borderline). Malignant GIST has a behavior code of /3 (malignant). You should not code as /3 unless you have a statement of malignancy.­

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Q: ­What if the patient is being treated as malignant even though there is no statement of malignancy (reportability)­?

A: Treatment cannot be used as a determination of malignancy because borderline GIST and malignant GIST receive the same types of treatments (surgery and imatinib).­

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Q: ­Would you code surgery of other site in case scenario 3 for excision of peritoneal nodule?­

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A: We considered the removal of the nodule as part of the bowel resection.

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Q: ­If GIST is benign, why do pathologist stage them? This is confusing since we always assume if cancer is staged, it is malignant ­

A: ­The AJCC Cancer Staging Manual isn't based on the reportability rules that registrars use. I assume the authors felt there was sufficient clinical benefit to collect staging information on low and intermediate risk GISTs to provide staging criteria for clinicians that ­­choose to collect these cases.­

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Q: What would be considered the preferred term for NET/Carcinoid? Our pathologists use NET/Carcinoid on reports. They have 2 different codes in ICD-03?

A: ­For colon rule H8 would apply and you use the carcinoid code. For other sites I'm not sure.

*Sent to SEER for clarification.*

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Q: ­Since there isn't a rule "H8" in other sites like there is for colon, if morphology is neuroendocrine carcinoma and carcinoid tumor for site other than colon, would we code 8246 for highest morphology code?­

A: *Sent to SEER for clarification.*

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Q: ­Carcinoid vs. neuroendocrine - it was the pathologists who told us that the new preferred term is neuroendocrine

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A: Thank you for the clarification

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Q: Is ‘well differentiated’ coded as grade for well differentiated NET?

A: ‘Well differentiated’ is NOT the grade; it is part of the histology. Please view a CS Moment video for more information about this. (<https://cancerstaging.org/cstage/education/Pages/NeuroendocrineTumorsWellDifferentiatedIsNotTheGrade.aspx>)

*Sent to SEER for confirmation*

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Q: ­When the NET is described as a mesenteric mass on imaging with no surgery, what topography would you use?­

A: I would try to get clarification of primary site from the clinician, but if that is not available, I would assign primary site to C48.1 (specified parts of peritoneum).

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Q: ­For the pop quiz in the NET presentation, could you code Tumor Size = 991 as the polyp was 1 cm so the carcinoid could not be any larger than 1cm? By coding 991 you will get a T value.

A: I think that would be appropriate.­

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Q: ­Just to clarify, for SSF for clinical assessment of nodes, you need some kind of statement that nodes were evaluated. Although for CS LN's as these are a non-accessible site, and if disease is local and standard treatment is given, you can assume the nodes are negative.

A: If there is no diagnostic work-up done or imaging or ultrasound reported, then assign code 999 (unknown) for clinical assessment of regional lymph nodes.

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Q: ­Are carcinoid tumorlets reportable?­

A: ­carcinoid tumorlet of the lung is not reportable per SEER. I assume the same would apply for GI. http://seer.cancer.gov/seerinquiry/index.php?page=view&id=20081076&type=q­

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Q: ­In case scenario 5, the CT scan states suspicious for peritoneal metastasis. Should that be coded in CS Mets at DX?­

A: ­We didn't see that as distant metastasis. We felt it probably indicated regional extension.­

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Q: ­Should resection of appendix in case scenario 5 be coded in surgery of other site?­

A: ­No because it was an incidental procedure.­

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Q: ­Octreotide is listed as ancillary in SEER Rx. ­

A: You are correct. Interestingly, when octreotide LAR is entered into SEER\*Rx, it goes to vapreotide, which is chemotherapy. However, as you said, octreotide is ancillary treatment according to SEER\*Rx. We have changed our answer for the chemotherapy code on case scenarios 4 and 5 to no chemo given.

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Q: ­If a GIST tumor is resected with lymph nodes and not stated to be malignant, but the lymph nodes are stated to be involved by metastasis, is it appropriate to code the behavior as malignant?­

A: Yes, it is appropriate to code the histology as malignant GIST in that case. The following is found on page 3 of the SEER PCSM for 2013: Example 9: GIST with lymph nodes positive for malignancy. Report the case and code the behavior as malignant (/3). So, per SEER it is reportable.

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Q: ­If the patient was started on Gleevec, why would it not be considered reportable?­

A: ­Gleevec is also treatment for GIST that is not malignant.­

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Q: ­Since the AJCC T is determined by size, wouldn't the CS TS Eval code for case scenario 3 be 1 since the tumor size came from the procedure not pathology?­

A: ­Pathologic stage is based on information acquired before treatment supplemented and modified by evidence acquired during and from surgery, particularly from pathologic exam of resected tissues. Information from surgery of resected primary is pathologic staging basis.

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Q: ­Why are carcinoids of the appendix not reportable?­

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A: ­I assume it is because there is a low potential for disease progression. I wouldn't be surprised if they do become reportable at some point in the future, but for now they are not reportable.­

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Q: ­If the patient has had a previous appendectomy and a carcinoid is found in the region of the appendix area, is it reportable?­

A: *Sent to SEER for clarification.*

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Q: This ­question regards the morphology for case scenario 4. Both neuroendocrine and carcinoid terms are used in the path report so wouldn't the correct code be 8240/3?­

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A: *Sent to SEER for clarification.*

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Q: In case scenario 4, the histology is well differentiated neuroendocrine carcinoma (carcinoid tumor). On the slide, Carcinoid histologies, the following is listed: Carcinoid NOS (8240) is also known as typical carcinoid, low grade or well diff neuroendocrine carcinoma. Should the histology code in case scenario 4 be 8240? If no then why not?­

A: *Sent to SEER for clarification.*

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