# Q&A Session for Collecting Cancer Data: Bone and Soft Tissue

# Thursday, January 7, 2016

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Q: ­In the AJCC book, it says that you need 'resected specimen sufficient to evaluate.' On slide 19 it says 'resected primary tumor.' Does the entire tumor have to be resected to stage pathologically?­

A: Yes. The entire tumor must be resected to meet the rules for classification for pathologic stage. However, the tumor size used to assign the pathologic T can be assessed based on clinical information such as imaging.

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Q: ­Where do i find tnm path descriptor in AJCC?­

A: ­On page 152 in the FORDS manual you can find the codes for the TNM path descriptor data item. The “descriptors” are also discussed in chapter 1 of the AJCC manual. ­

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Q: ­Is high grade considered Grade 4? And low grade considered grade 2? ­

A: ­For coding the data item “Grade” high grade should be coded as 4 and low grade 2 <http://seer.cancer.gov/tools/grade/> . For AJCC Staging they don't directly convert that way. Note that rules for coding the data item Histologic grade and the grade we use for AJCC stage aren’t necessarily the same.

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Q: ­We are seeing pathology reports that are saying atypical fibrous histiocytoma/ superficial fibrous histiocytoma. Should the histology be 8830/1 or 8830/3? Does the description of superficial make this a /1 behavior? ­

A: ­from what i understand, fibrous hystiocytoma is a /1 unless stated to be stated to be malignant. atypical or subcutaneous fibrous histiocytoma would follwo the same rules.­

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Q: What is the relationship of lung and sarcoma as a metastatic site?­

A: ­In the AJCC staging atlas they not that the "rich network of venous channels beneath the skin surfacses allows for venous hematogenous spread once the dermal and hypodermal layers are penetrated".­‑

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Q: ­I abstracted a soft tissue tumor of the buttock with a histology of Ewing sarcoma/P-net. I used Ewing sarcoma as the histology, but I got a site/histology validation issue. When i used P-net as the histo it would validate. Why would it force me to use

A: This is addressed in the SEER SINQ the link is:

<http://seer.cancer.gov/seerinquiry/index.php?page=view&id=20081052&type=q>

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Q: ­Is the histologic grade the same grade that we code for the SS Factor 1?­

A: No. The grade for Soft Tissue Sarcoma that is coded in SSF 1 is based on three factors. One of those factors is differentiation. Histologic grade is based on differentiation only.

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Q: ­How can we, as registrars, determine whether or not to pick up a GIST tumor if our pathology dept does not specifically state malignant or benign?­

A: Unless the GIST tumor is stated to be malignant you would consider it a /1. If you have the opportunity talk to your pathology department to explain the need for clarification on the cases that may be your best option. If your cancer committee decides there are criteria you as a registrar can use to determine if a GIST should be classified as /3, be sure to document that in your policies and procedures.

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Q: ­What if the pathologist calls this GIST NOS, but then assigns at Pathological T 1 and never states malignancy.­

A: Unless the GIST tumor is stated to be malignant you would not be able to pick up the case regardless if the there is a TNM staging completed for the tumor. A pT1 GIST could be a /1.

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Q: ­For soft tissue sarcoma, can you assign a stage group if all you have is T1? Do you need to know the depth (T1a or T1b)?­

A: From what we understand you would not be able to assign a stage group unless you have the ‘a’ or ‘b’. This question has been submitted to the Canswer forum for clarification.

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging/education-developed-by-partner-organizations/naaccr-webinars/61397-soft-tissue-sarcoma-t-without-the-a-or-b>

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Q: ­Just a quick note - if it's decided that GISTs will be picked up based upon certain criteria or all GISTs will be considered malignant after speaking with your facility's pathologist, this "exception" should be added to the P&P manual. ­

A: ­Great point!

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Q: ­Case Scenario 2. There is no grade prior to chemo so should grade = 9?­

A: Normally the answer would be yes, but this is a Ewing Sarcoma. SSF 1 for Ewing Sarcoma and for calculating the AJCC Stage would always be 4.

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Q: ­­In case scenario 2 shouldn't you use the pre-tx size of 6.5 cm for scenario 2 for CS Tumor size?

A: ­Yes. This is a tricky case. You will use the pre-tx tumor size and the post treatment extension. The tumor size should be 065 reflecting the pre-tx size, but the extension should be 400 based on the post treatment information. Eval code would be 5 since the T value is based on tumor size and the eval code should reflect how the T value was calculated (it’s not used for summary stage). The post treatment ext of 400 is used so the appropriate summary stage code is generated.

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Q: ­RE Slide 16, For analytic purposes are bones of skull and face sites grouped with any of the three groups mentioned: extremities, pelvis, spine?­

A: I think that is a decision the person doing the analysis would have to decide.

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Q: ­TNM staging for bone does not include multiple myeloma and the incidence in very low for bone. You made the point that myeloma accounted for 40% of bone cancer? ­

A: ­What I was trying to say is that myelomas make up about 40% of primary tumors that occur in the bone. You are correct that they are hematopoietic primaries and you cannot assign an ajcc stage and they analyzed separately. The only reason i mentioned it is that they occur in the bone. I probably should have just skipped that slide!­

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Q: ­Slide 23 What if a patient did not have surgery after chemotherapy? I thought you stated path TNM is not done. Is this the same situation as this case scenario? ­­We were looking at Case scenario on quiz 2.­

A: For quiz 2 chemotherapy was not given. They had a core biopsy and then a surgery (wide excision). So we could assign a pathologic TNM

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Q: ­Re: grade for path stage in cases with neoadjuvant tx -- did you say to use the pre-tx (clinical) grade for path stage? Shouldn't we use the post-treatment grade, since the stage descriptor (y) makes it clear that the entire path stage is post-tx?­

A: Since neoadjuvant chemo or radiation can alter grade, I am assuming that the grade from prior to neoadjuvant treatment would be used. However, I have sent this to AJCC for clarification.

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging/education-developed-by-partner-organizations/naaccr-webinars/61398-bone-and-soft-tissue-grade-and-ystage>

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