NAACCR Collecting Cancer Data: Sarcoma 2018

1/11/18

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Q: ­Please discuss statement in 2018 NAACCR ICDO Implementation document regarding reportability of GISTS & Thymomas if multiple foci­.

A: I believe you are referring to the statement in the 2018 ICD O 3 Coding Guidelines on the bottom of page 11. First, I’d like to say there are no changes in reportability for GIST or Thymomas for cases diagnosed in 2018. GIST, NOS and Thymoma, NOS are still considered a borderline tumor (/1). However, if the patient has a GIST, NOS or Thymoma, NOS and metastatic foci are identified around the tumor or the patient has positive lymph nodes or the patient is found to have distant mets, the behavior should be considered malignant (/3).

Page 11 of the ICD –O implementation Guidelines

*Reportability guidelines for GIST tumors have been partially addressed in a sentence added to FORDS 2016 and the SEER 2016 Coding Manual, which indicate GIST tumors and thymomas are reportable when there is evidence of multiple foci, lymph node involvement, or metastasis.   Suggested Next steps: The North American standard setters provide additional guidance for GIST tumors, such as formal interpretation of the “risk assessment” categories as benign, borderline, or malignant.*

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Q: Per slide 38 When you state cN­ can be used to assign the pathologic state are you saying we can assign a pN0 if no lymph nodes were identified during clinical workup?­

A: a pN0 can only be assigned if regional lymph nodes are removed and found to be negative for mets. For the sites we covered today, there is an exception that allows us to use a cN0 to calculate the pathologic stage. For cases staged using 7th edition we show that a cN0 is being used by either leaving the pN data item blank or by assigning a cN0 in the pN data item. Either is appropriate, but the edits may not allow a cN0. For cases staged using the 8th edition, we will be allowed to use a cN value in the pN data item. In the unusual circumstances that lymph nodes were found to be clinically positive but the lymph nodes were not removed or sampled, a cN1 can also be used in the pN data item.

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Q: Am I missing the grade in 8th ­Ed.? Pg. 477? Doesn't show H or 9? ­

A: The grade values we collect will collect in the data items Clinical Grade, Pathologic Grade, and Post-Therapy Grade are primarily based on the stage tables found in the AJCC 8th edition. It was necessary to add codes not found in the AJCC manual. For the soft tissue sarcoma chapters an H was added to indicate High grade that could not be differentiated into moderately differentiated, high grade or poorly differentiated, high grade. A coding note will be included in the with the grade data items for soft tissue sarcoma that instruct registrars to consider a grade code of H equivalent to a G3 in the AJCC staging manual for purposes of assigning a stage group. Code 9 is used to indicate an unknown grade.

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Q: ­Grade Slide #46 - please clarify - For 2018, will there be a new AJCC grade field? ­

A: The data item Grade (item number 440) that we have historically collected will no longer be collected starting with cases diagnosed in 2018. Starting with cases diagnosed in 2018 we will collect Clinical Grade, Pathologic Grade, and Post-Therapy Grade. Clinical grade is based on grade from pathologic specimens collected prior to any treatment. Pathologic grade is based on grade from the resected primary tumor collected prior to systemic or radiation therapy. Post therapy grade is based on grade from the resected primary tumor collected after systemic or radiation therapy.

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Q: ­Does "Any G" = GX? ­

A: For all of the AJCC chapters we covered in the webinar today, the answer is yes. GX is included in Any G.

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Q: If it is staged high grade you would code a grade 4 but then you said high grade would be coded H­? ­

A: If the case is diagnosed prior to 2018, then code 4 should be used in the data item Grade. If the case is diagnosed in 2018 or later, then code H would be used in the appropriate grade data item.

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Q: ­Will we collect post-therapy fields on cases prior to 2018? ­

A: No. Post-therapy fields will only be collected for cases diagnosed 2018 or after.

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Q: ­For 8th edition staging will the drop down menus include options of cN0 for pN when allowed per the corresponding chapter? ­

A: That is the assumptions. The software vendors are who will ultimately make that decision.

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Q: ­Before the end of the WebEx, can you go back over the reportability guideline for GIST? I want to make sure I understood it correctly. ­

A: ­If stated by a physician to be malignant, multiple foci GIST, lymph nodes involved, or distant metastasis then these would make a GIST reportable (malignant).­

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Q: ­Could you please include the answers to the POP QUIZZES with the Q & A documentation? ­

A: I will include the answers to the pop quizzes in the .pdf of the slides.

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Q: Jim, ­Breast is not listed in chapter 41, trunk and extremity, but IS found in chapter 45, unusual sites.

A: ­The manual is not correct. Breast will be grouped with Trunk and Extremity per AJCC.­

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Q: For Pop Quiz 2 breast is not included in the Soft Tissue Sarcoma chapter for AJCC 7th ­Ed.­

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A: ­Not in the codes, but if you read through the introduction you can see that the chapter can be used for sites listed under the Site Groups for Soft Tissue Sarcoma. At this point I would not change how you are coding these cases using AJCC 7th edition.­

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Q: ­is there a FORDS2018 or was that a typo­­?

A: ­New name - STORE 2018­

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Q: ­Can you tell me what STORE stands for and when it should be released? ­

A: The last update we received from CoC was that it would be released in February of 2018.

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Q: ­Is there a link for the new STORE? ­

A­:­ I don’t have a direct link to where it will be posted, but a good place to start would be <https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals>

I’m sure they will send out announcements once it is ready.

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Q: ­Would you please include answers to quizzes 1 &2 thanks! ­

A: Yes. They will be included in materials posted with this Q&A.

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Q: ­Please clarify: Grade for cases prior to 2018 will be entered into grade/clinical stage using 2014 grade rules. Will cases prior to 2018 never code Path grade? ­

­A­: That is correct.

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Q: ­For the New Sarcoma terms - Do you know if "undifferentiated" will be captured for Grade also? ­

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A: ­We have been discussing that on the SSDI TF. I don't think it will. The FNCLCCC grade is based on 3 factors. “Undifferentiated” refers to the tumor differentiation. Tumor differentiation is only one of the factors is differentiation which is what "undifferentiated.

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Q: ­Will we be able to get a copy of Recinda’s presentation? ­

A: ­It should be included in your .pdf of the slides. Is it not there? ­

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Q: ­Do you use Fig 38.1 on page 473 to identify the segments for the bones of the spine to assign T values? ­

A: From what I can tell it is primarily for background information.

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Q: ­If you have a primary sarcoma in the breast, which Summary Stage scheme do we use? ­

A: ­SS 2000- breast scheme; 2018 - breast sarcoma scheme (new) ­

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Q: ­Of note: In the Supplement form pdf you mentioned at the beginning of the webinar, there is no Chapter 39 Intro. So you'd have to look in the actual manual. However, following along through the pdf chapters with you has been helpful.­

A: Great to hear! I know this can get confusing.

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Q: ­Will the FNCLCC grade be a part of CAP protocols and expected to be in the synoptic portion of the path report? ­

A: ­I believe they already are. If they are not, they will be.

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Q: ­For pop quiz 3, couldn't we make the AJCC 7th edition Clinical T blank, N0, M0? Still stage 99 but you know there's no lymphadenopathy. Or can you not stage because there's no clinical diagnosis of cancer? ­

A: The latter. If there is no diagnosis of cancer prior to treatment, clinical stage has to be blank (stage group 99). This is true for all AJCC editions.

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Q: ­And if you have no clinical stage, then how can you use clinical cN0 and cM0 for pathologic staging? ­

A: ­Since there is no diagnoses of cancer during the clinical window (prior to excision), the clinical T, N, and M must be blank. The way I understand it, the cN used in the pN data item reflects the fact that after resection of the primary tumor, the physician feels no lymph nodes are involved. The cN does not mean the information was collected during the clinical time frame, just that it is based on a clinical assessment.

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Q: ­Please explain the difference again between surgery code 30 limb sparing and code 41 partial amputation­­.

A: 30 - limb still in place; 41- part of limb removed.­ ­‑