*Please complete all 4 of the grade data items and both 7th and 8th edition staging items. Instructions for Grade were included in the handouts. If you do not have access to the 8th edition manual you can use staging forms at* [***https://cancerstaging.org/references-tools/deskreferences/Pages/Cancer-Staging-Forms.aspx***](https://cancerstaging.org/references-tools/deskreferences/Pages/Cancer-Staging-Forms.aspx)*. Staging forms are not meant to be a substitute for the manual.*

# **Case Scenario 1**

**History**

62 year old married, white female presents with vomiting, GERD, epigastric pain.

**Scans**

7/11 CT abdomen/pelvis: Diffuse wall thickening of the stomach. There is a change inflammatory stranding. Although this could represent a gastritis, infiltrative malignancy can have this appearance and direct visualization is recommended.

07/20 PET CT: There is no definite evidence of metastatic disease within the chest, abdomen or pelvis

**Scopes**

07/16 EDG with biopsy: Diffuse thickening of the gastric wall with narrowing in the distal body of the stomach and proximal antrum, rule out malignancy, rule out H. pylori gastritis

**Operation**

 07/24 Total Gastrectomy with a Roux-en-Y esophagojejunostomy

**Pathology**

07/16 Stomach, 45-48 cm, biopsy: Poorly differentiated adenocarcinoma with signet ring cell features, Stomach, proximal, 38-45 cm, biopsy: Poorly differentiated adenocarcinoma with signet ring cell features.

07/24 Stomach, excision: Poorly differentiated diffuse adenocarcinoma with signet ring cell features, 16. 5 cm in greatest dimension, LVI and perineural invasion identified, background chronic inactive gastritis with intestinal metaplasia, Immunohistochemical staining for Helicobacter pylori is negative; margins of excision are free of tumor, metastatic adenocarcinoma in 20/20 regional lymph nodes with extracapsular extension

**Treatment**

10/06 Medical Oncology Consult: The patient has a very high risk for recurrence, and we would ordinarily offer adjuvant therapy. However, she is definitely not a candidate for either chemotherapy or radiation at this time. She needs to be more ambulatory, and ideally taking in more oral nutrition. She seems to have a long way to go before she would be a candidate for adjuvant treatment.

|  |  |
| --- | --- |
| * **What is the primary site?**
* **What is the histology?**
 | * **What is the grade**
	+ **Grade**
	+ **Clinical Grade**
	+ **Pathological Grade**
	+ **Post-therapy Grade**
 |
| **Stage/ Prognostic Factors** |
|  | 7th  | 8th |  | 7th | 8th  | 8th yp |
| TNM Clin T |  |  | TNM Path T |  |  |  |
| TNM Clin N |  |  | TNM Path N |  |  |  |
| TNM Clin M |  |  | TNM Path M |  |  |  |
| TNM Clin Stage |  |  | TNM Path Stage |  |  |  |
| TNM Clin Descriptor |  | TNM Path Descriptor |  |
| TNM Clin Staged By |  | TNM Path Staged By |  |
| CS SSF 1:Clinical Assessment of Regional lymph Nodes  |  | Regional Nodes Positive |  |
| Regional Nodes Examined |  |
| Summary Stage 2000 |  | Mets at Dx - Bone |  |
| Tumor Size Summary |  | Mets at Dx - Brain |  |
|  |  | Mets at Dx - Liver |  |
|  |  | Mets at Dx - Lung |  |
|  |  | Mets at Dx - Other |  |
|  |  | Mets at Dx – Distant LN |  |
| **Treatment** |
| Diagnostic Staging Procedure |  |  |  |
| **Surgery Codes** |  | **Radiation Codes** |  |
| Surgical Procedure of Primary Site |  | Radiation Treatment Volume |  |
| Scope of Regional Lymph Node Surgery |  | Regional Treatment Modality |  |
| Surgical Procedure/ Other Site |  | Regional Dose |  |
| **Systemic Therapy Codes** |  | Boost Treatment Modality |  |
| Chemotherapy |  | Boost Dose |  |
| Hormone Therapy |  | Number of Treatments to Volume |  |
| Immunotherapy |  | Reason No Radiation |  |
| Hematologic Transplant/Endocrine Procedure |  | Radiation/Surgery Sequence |  |
| Systemic/Surgery Sequence |  |  |  |

# **Case Scenario 2**

**History**

A 50 year old Caucasian female with a long history of GERD. She was admitted to hospital from her PCPs office for symptomatic anemia on 3/16. On admission she was found to have a hemoglobin of 4.7.

**Scopes**

* 3/24 EDG with EUS and FNA: circumferential mass was found in the lower third of the esophagus, ranging from 29 to 36 cm to incisors, 3 cm hiatal hernia. EUS: the tumor involved the entire circumference of the esophagus from 32 cm distally. The tumor appears to have invaded through the muscularis propria. A total of at least 5 lymph nodes ranging from 6 mm to 17 mm were found in the mediastinum, proximal to the mass, the largest is 17 mm in subcarina. FNA was done x3

**Scans**

* 3/17 CT abdomen/pelvis: Abnormal appearance of the distal esophagus. Endoscopic correlation recommended.
* 3/19 CT chest 9 cm long abnormality involving the distal third of the esophagus with prominent esophageal wall thickening, neoplasm, acute or chronic esophagitis, or left-sided esophagus to be excluded. Large cystic mass lesion presumably related to the right adrenal gland but possibly to the inferior surface of the liver right upper quadrant of the abdomen. 6 mm noncalcified pulmonary nodule lower lobe right lung.
* 4/18 PET/CT Abnormally increased FDG accumulation consistent with malignancy involving the distal one third of the esophagus. Abnormal FDG accumulation consistent with malignant involvement of left paratracheal and left subcarinal adenopathy. A pulmonary metastasis is not entirely excluded. Follow up CT of the chest in 3-6 months may be helpful
* 7/27 PET/CT Findings consistent with esophageal cancer positive response to therapy. Hypermetabolic lymph nodes within the mediastinum in the left paratracheal region and subcarinal region are no longer seen. There are no other focal soft tissue masses nor adenopathy in the neck, chest, abdomen or pelvis. No other significant change.

**Treatment Summary:**

* 04/25 Chemotherapy: Carboplatin, Paclitaxel
* 05/2-06/13 A total dose of 5400cGy in 30 treatments over a period of 42 days. The radiation was delivered with image guidance, intensity modulation with 9 monoisocentric coplanar 6 MV photon beams.
* 10/18 EDG followed by transhiatal esophagectomy, removal of gastrostomy with repair of gastrotomy, placement of a jueunostomy, Botox pyloromyotomy

**Pathology**

* 03/24 EDG with EUS and FNA: Lymph node fine needle aspiration x 3, Subcarinal lymph nodes: positive for malignant cells, adenocarcinoma
* 10/18 Esophagus, distal, transhiatal esophagectomy:
* Specimen: Esophagus, Proximal stomach
* Procedure: Esophagectomy
* Primary Tumor Site: Esophagogastric junction (EGJ)
* Additional Sites Involved by Tumor: Distal esophagus (lower thoracic esophagus)
* Relationship of Tumor to Esophagogastric Junction: Tumor midpoint is located at the esophagogastric junction
* Distance of Tumor Center from Esophagogastric Junction: Not applicable:
* Histologic Type: Adenocarcinoma
* Histologic Grade: G2: Moderately differentiated
* Tumor Size: Greatest dimension: 3 cm
* Microscopic Tumor Extension: Tumor invades through the muscularis propria into the periesophageal soft tissue (adventitia).
* All margins uninvolved by invasive carcinoma
	+ Distance of invasive carcinoma from closest margin: 1 mm
	+ Closest margin: Circumferential
	+ Proximal margin uninvolved by invasive carcinoma
	+ Proximal margin uninvolved by dysplasia
	+ Distal margin uninvolved by invasive carcinoma
	+ Distal margin uninvolved by dysplasia
	+ Circumferential (adventitial) margin or deep margin uninvolved by invasive carcinoma
* Treatment Effect: No definite response identified (grade 3, poor or no response)
* Lymph-Vascular Invasion: Present
* Perineural Invasion: Present
* TNM Descriptors: y (posttreatment)
* Primary Tumor (pT): pT3: Tumor invades adventitia
* Regional Lymph Nodes (pN): pN0: No regional lymph node metastasis
	+ Number of regional lymph nodes examined: 14
	+ Number of regional lymph nodes involved: 0
* Distant Metastasis (pM): Not applicable

|  |  |
| --- | --- |
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