# Collecting Cancer Data: Uterus

Thursday, December 7, 2017

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Q: For a registry that collects CIN III's (reportable by agreement), or VIN III/VAIN III for that matter, would AJCC 8 staging be cTX­ cN0 cM0 Stage Group 99? ­

A: I’m not sure those are eligible for staging. I’ll post this to the CAnswer Forum.

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/female-reproductive-organs-chapters-49-56/cervix-uteri-chapter-52>

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Q: Further to the CIN III question, would a cone biopsy or LOOP/LEEP meet the criteria for pathologic staging and, if so, would AJCC 8 staging be pTX pNX­ cM0? Would these procedures meet path criteria for micro invasive carcinoma? ­

A: See the link above for information on staging of carcinoma in situ. I found and excellent post concerning path criteria and cone, LEEP/LOOP at <http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging/gynecologic-sites-chapters-33-39/59609-staging-of-endocervix-with-positive-peritoneal-washings-and-ovarian-involvement>

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Q: ­Pelvic ultrasounds for cervical cancers were not addressed in the 7th edition and don't appear to be addressed in the 8th edition; can they be used or should they be ignored for clinical staging? ­

A:­ We did get confirmation that pelvic ultrasounds should not be included in the clinical stage entered into the cancer registry for cervical primaries.

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Q: ­Just to be clear, AJCC 8 "any N" includes N0 and/or NX? ­

A: Chapter 1 states that Any N includes N0 and/or NX. I am not aware of any exceptions to that rule for cervix.

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Q: So clinical N is based on palpation only (no scans) if no bimanual exam then do we use ­cNx? ­

A: A physician statement, palpation, bimanual exam can all be use to assign the cN for cervix. Scans such as MRI, CT, etc should not be used to enter the clinical N value into the registry data base. A physician can assign stage based on the images for treatment purposes, but the cN values based on imaging should not be entered into the cancer registry.

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Q: ­Can you review what WOULD be diagnostic for a clinically positive N or M? ­

A: I would think palpable lymph nodes more than 1cm referred to as metastatic would be assigned cN1. An x-ray showing lung metastasis would be assigned cM1.

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Q: ­Are needle bx included in clinical staging N or M?­

A: For both 7th & 8th, surgical means of LN status (TNA, biopsy, lymphadenectomy) are stated to NOT be used to determine clinical staging (pg­ 396 in my 7th ed., pg 651 in the 8th edition) ­.

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Q: ­Do you know if there will be an electronic version of just the staging forms? ­

A: There will be. They are scheduled for release very soon. Check the AJCC website for additional information. <https://cancerstaging.org/Pages/default.aspx>

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Q: ­Also a change in 8th edition is that para-aortic LN no longer considered distant mets­ for cervical primaries.

A: Correct.

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Q: ­The Any N is on page 16 in the 8th edition, Any N includes all N categories, including NX and N0.­

A: Thank you!

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A: Thank you!

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Q: ­If there is no mention of FIGO stage can we still assign AJCC TNM? Also, will there be an edit that looks at SSDI FIGO and TNM entries? ­

A: Yes and No.

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Q: ­Please define the endometrial stripe.­

A: See <https://www.livestrong.com/article/247513-what-causes-a-thickening-endometrial-stripe/>

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Q: If FIGO is not stated anywhere in the pt­ record, do I enter the FIGO from the TNM (primary tumor table) in the FIGO SSDI? ­

A: No. Do not attempt to code FIGO stage based on the T, N, M, and stage group.

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Q: ­Is coding pathologic cN0 for uterine primaries allowable in current software? ­

A: It is allowable for the most current version of edits v16E. I cannot speak to whether all software vendors allow cN0 in the pN data item for endometrial primaries.

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Q: ­Does the edit that allows a clinical N in the Pathologic N field only apply to uteri or does it include the cervix?­

A: It does not apply to cervix.

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Q: ­One of the errata for uteri - sarcoma ch54 of AJCC 8th is swapping of the label of the staging tables. ­

A: Correct…tables for the T values are correct. The stage grouping tables are switched.

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Q: ­Comment: The cN0 edit was one of the "orphan" edits I contacted you about, so registries may not be running that edit unless they did their own edit set.­

A: That is correct. We added the edit to allow the edit to allow the cN0 to the metafile, but did not include it in any of the edit sets.

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Q: ­Where do you find the information that you can assign CN0 for path staging? ­

A: For the question about the cN0 use, in my 7th ed. it is on pg. 405 "When there are insufficient surgical-pathologic findings, the clinical cT, CN, cM categories should be used on basis of clinical evaluation."

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Q: ­For Scenario 2: how do you get the pT1; isn't the T1 information all from the Clinical stage, should you pull down cT1? ­

A: The fact there was no residual tumor confirms the cT1 was correct. The rules for classification were met so pT1 is appropriate.

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Q: ­can u clarify Surgery Code 02 vs 25 for D&C­

A: See the surgery codes for Endometrium. At the top of the page it state a D&C should be coded to 02-diagnostic staging procedure if the tumor is invasive. If the tumor I s non-invasive, it can be coded as surgery code 25.

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Q: ­If the chemo is stated as sensitizing, is it correct that it is NOT to be coded as chemo due to the low dose? Thanks! :)­

A: Yes, unless you find information stating the dose was high enough to be considered treatment.

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Q: ­What does STORE stand for? ­

A: STORE - Standards for Oncology Registry Entry

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Q: ­Any news when STORE will be available? ­

A: It is currently scheduled for release in February.

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Q: ­Is FIGO stage supposed to be clinical only for BOTH cervix & uterus? ­

A: ­No. Path for corpus.­

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Q: ­Currently we use 8384/3 for endocervical type adenocarcinoma­

A: That is correct

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Q: ­When the 2018 Solid tumor rules become available will Gyn sites still be listed under Other sites or will they have their own rules ?­

A: From what I understand, the Other chapter (Gyn rules are in the Other chapter) for the solid tumor rules will have only minor updates for 2018. Any major updates will be included in a 2019 update. The Solid Tumor Workgroup is still reviewing changes in the WHO blue books to determine if a separate set of Solid Tumor Rules will be warranted for the GYN sites or if they can continue to be included in the Other rules. Either way, we won’t see the major changes until 2019.

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Q: ­I think the errata change regarding titles of the tables is for the 8th edition Prognostic tables. If you look in the tables the first table contains a T1c but there isn't a T1c for Leiomyosarcoma & Endometrial Sarcomas, so change the table name to Adenosarcoma. ­

A: You are correct. The titles of the AJCC Prognostic Stage Group (peach colored) tables are switched. The first table includes the stage grouping for Adenosarcoma and the second for Leiomyosarcoma.

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Q: ­On Scenario 2, the tumor is limited to the endometrium, making it a clinical T1a. T1a says limited to the endometrium OR invades less than 1/2 of myometrium.­

A: In case 2 we have a cervical primary that is greater than 4cm and limited to the uterus. I think you may be referring to scenario 1 which was 4cm tumor “in the endometrium”. I interpreted that statement as meaning the tumor was arising in the endometrium, not that it was confined to the endometrium. The statement was based on a “gynecologic exam”. The CT showed thickening of the uterus, but no extension beyond the uterus. I felt comfortable assigning a T1, but did not feel comfortable assigning a subcategory. The good news is that we can assign a stage group to this case without the subcategories.

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Q: ­Can you explain the difference between a radical hysterectomy and a modified radical hysterectomy.­

A: Try the links below…

<https://www.cancer.gov/publications/dictionaries/cancer-terms?cdrid=765862>

<https://www.cancer.gov/publications/dictionaries/cancer-terms?cdrid=322879>

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Q: For radiation, you mean ovoids and tandems inserted­

A: Thank you…I could not remember those terms during the live session!

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Q: ­We continue to look at this last pop quiz, Shouldn't it be 09 Beam, NOS.? The pop quiz only states IMRT, no energy is noted.­

A: That is a good point. I assumed it was photon, but it could have been proton, electron, etc.

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­­­­­­­­­­­­­­­­­­­­­Q: You indicated you’d send the source documentation that allow us registrars to code Pathologic AJCC staging when no regional nodes are taken at resection of primary tumour.  I think you indicated this was specific to Corpus Uteri…?  We had communicated with Donna Gress but never got any indication of this so we were ending up with many that we could not get a stage group as there were no nodes taken at time of resection.

A: See the CAnswer forum link below.

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging/gynecologic-sites-chapters-33-39/69578-pathologic-n-endometrial-primary-no-nodes-removed>

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Q: Did you mention that Para  Aortic nodes were considered distant for Seer Summary for Corpus Uteri?...I see the notation that is considered distant in Historic Stage….but does that mean distant stage or is it still regional by regional LN involvement?

A: For Summary Stage 2000, they are considered regional lymph nodes. For Summary Stage 1977, they were considered distant.