



COLLECTING CANCER DATA: UTERUS

2017-2018 NAACCR WEBINAR SERIES

Q&A

- Please submit all questions concerning webinar content through the Q&A panel.
- Reminder:
- If you have participants watching this webinar at your site, please collect their names and emails.
- We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.



Fabulous Prizes

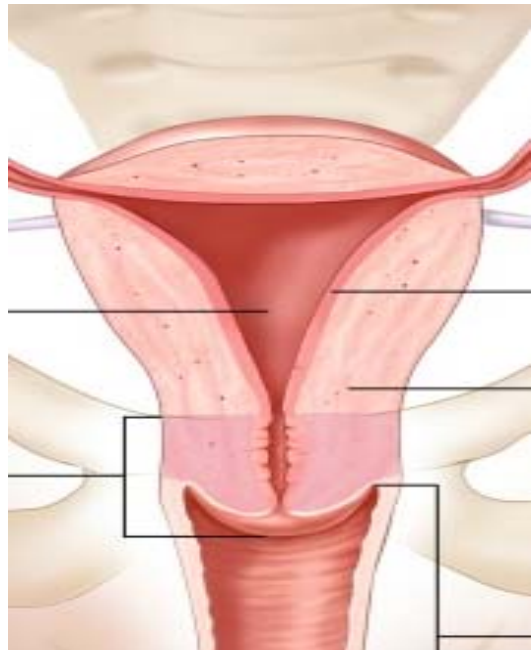


AGENDA

- Primary Site/Multiple Primary and Histology Rules
- Staging
- Quiz 1
- Treatment
- Quiz 2
- Case Scenarios

HISTOLOGY-CERVIX

- Columnar Epithelium
 - Adenocarcinoma
- Squamous Epithelium
 - Squamous cell carcinoma
- Squamo-columnar junction
 - Original
 - New



CARCINOMA IN SITU OF THE CERVIX, CIN, AND THE BETHESDA SYSTEM

- In 1993 a NAACCR multidisciplinary group recommended that until
 - There is a strong local interest
 - Sufficient resources are available to collect all high grade squamous intraepithelial lesionsThat population based registries discontinue collection
- NAACCR and NPCR adopted this recommendation at that time.
- SEER and CoC adopted it effective for 1/1/1996.

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NEW TERMS FOR 2018

Histology	Behavior	label
8120	3	Squamotransitional cell carcinoma (C53. _)
8140	3	Endocervical adenocarcinoma usual type (C53. _)
8144	3	Intestinal-type adenocarcinoma (C16. _,C30.0, C53. _)
8144	3	Mucinous carcinoma, intestinal type (C53. _)
8263	3	Villoglandular carcinoma (C53. _)
8482	3	Mucinous carcinoma, gastric type (C53. _)
8574	3	Adenocarcinoma mixed with neuroendocrine carcinoma (C53. _)

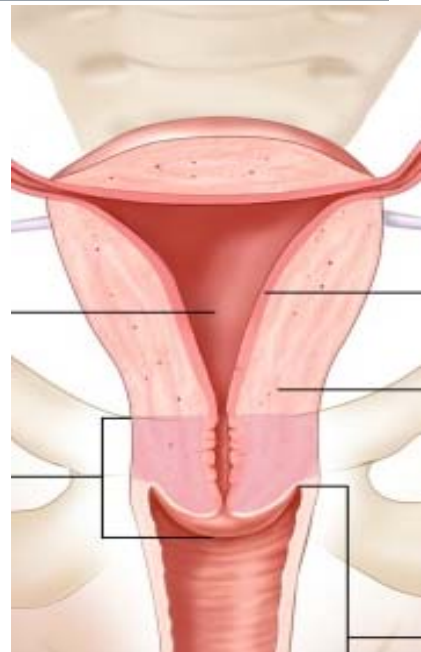
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HISTOLOGY- ENDOMETRIUM

Adenocarcinoma of the endometrium

- Type 1
 - Endometrioid adenocarcinoma
 - Mucinous
- Type 2
 - Undifferentiated
 - Carcinosarcoma
 - Serous carcinoma
 - Clear cell carcinoma
 - Mucinous carcinoma



MP/H RULES-TABLE 2 OTHER SITES

Required Histology	Combined Histology	Combination Term	Code
Gyn malignancies with two or more of the histologies in column 2	Clear Cell	Mixed cell adenocarcinoma	8323/3
	Endometrioid		
	Mucinous		
	Papillary		
	Serous		
	Squamous		
	Transitional		



EXAMPLE

- A single tumor of the endometrium:
 - Endometrioid with clear cell differentiation.
- Rule H16 refers us to Table 2
 - Mixed cell adenocarcinoma 8323/3



NEW TERMS/BEHAVIORS FOR 2018

Histology	Behavior	Label
8041	3	High-grade neuroendocrine carcinoma (C54. _, C55.9)
8263	3	Endometrioid adenocarcinoma, villoglandular (C54. _, C55.9)
8380	2	Atypical hyperplasia/Endometrioid intraepithelial neoplasm (C54. _)
8441	2	Serous endometrial intraepithelial carcinoma (C54. _)
8570	3	Endometrioid carcinoma with squamous differentiation (C54. _, C55.9)
8933	3	Mullerian adenosarcoma (C54. _, C55.9)

Red indicates change in behavior

STAGING CERVIX UTERI

SUMMARY STAGE/AJCC STAGE



HUMAN PAPILLOMA VIRUS (HPV) INFECTION

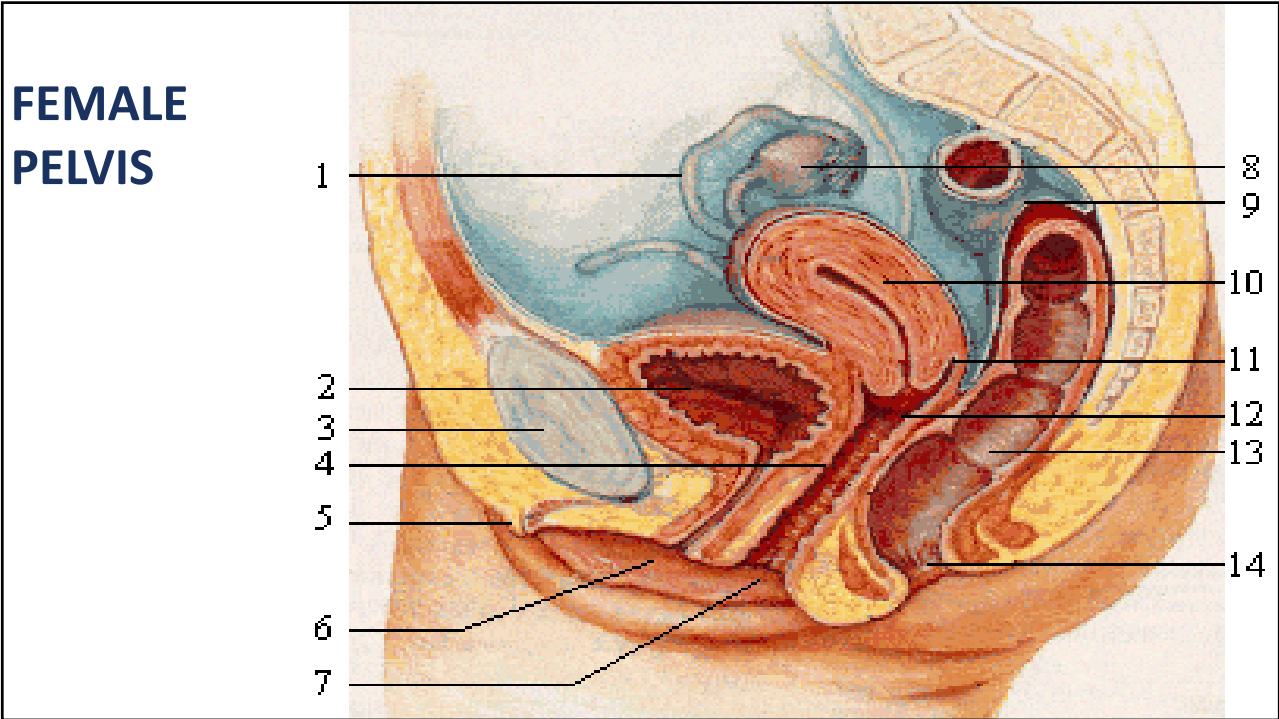
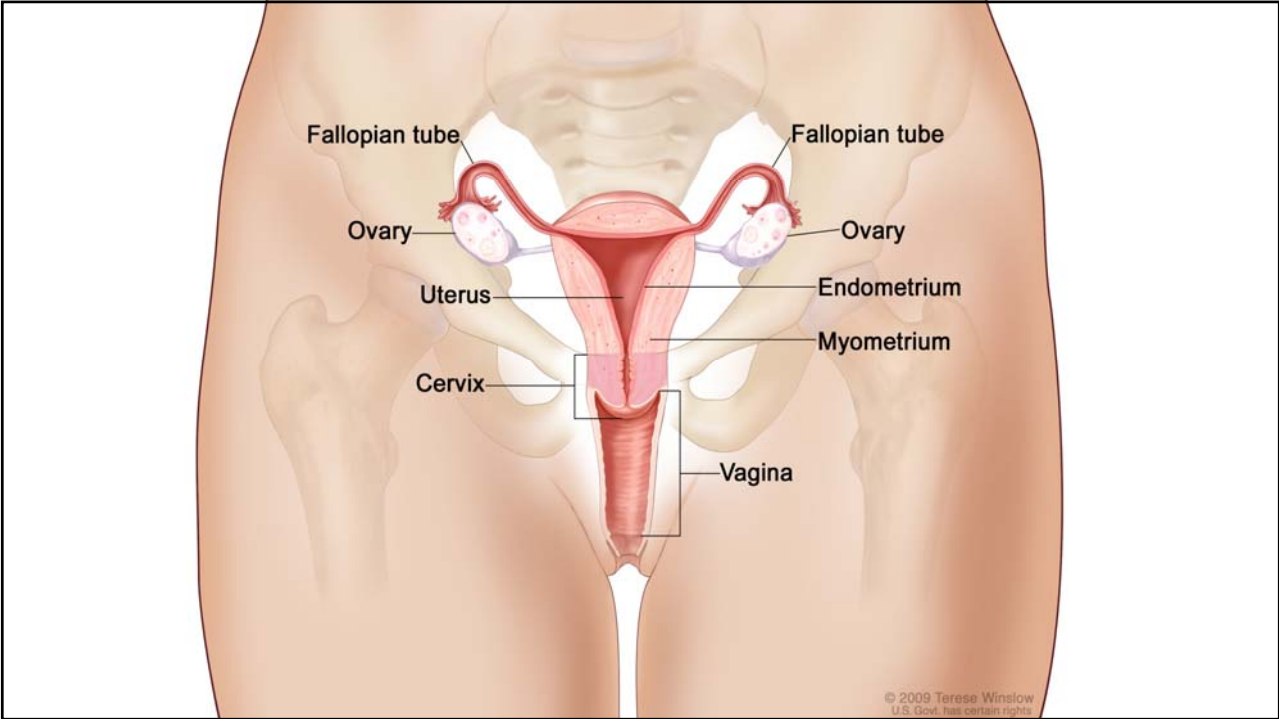
- Epidemiologic studies convincingly demonstrate that the major risk factor for development of preinvasive or invasive carcinoma of the cervix is HPV infection
 - About two-thirds of all cervical cancers are caused by HPV 16 and 18
 - Infection with HPV is common
 - Pap tests look for changes in cervical cell caused by HPV infection



SYMPTOMS

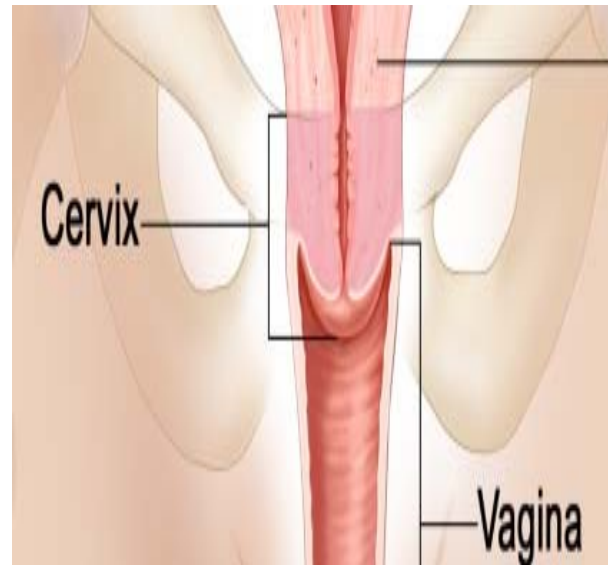
- Cervix
 - Often asymptomatic
 - Screening
 - HPV Vaccine





CERVIX

- Ectocervix
- External os
- Endocervix
- Internal os



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CERVICAL ECTROPION

- The central (endocervical) columnar epithelium protrudes out through the external os of the cervix and onto the vaginal portion of the cervix
- Undergoes squamous metaplasia, and transforms to stratified squamous epithelium.



FIGO GRADE VS FIGO STAGE

FIGO (INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS)

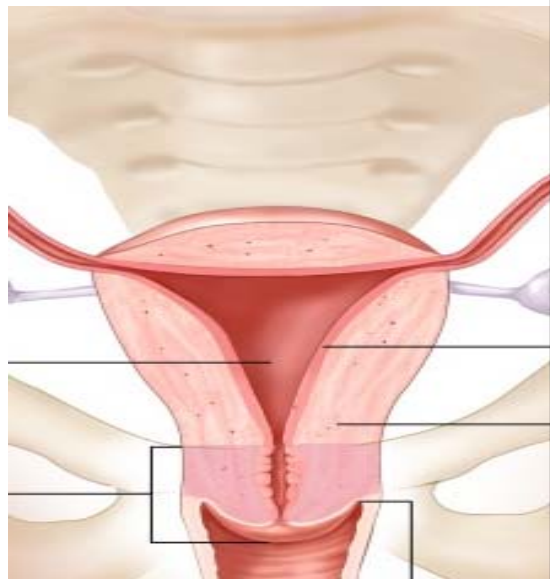
- FIGO Staging is based on clinical staging, careful clinical examination before any definitive therapy has begun.
 - Exception: ovary, which includes surgical exploration.
- It is based on the percentage of cells in the tumor that grow in sheets (called solid tumor growth) rather than form glands. It may also take into account how abnormal the cells appear.



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SUMMARY STAGE

- Cervix Uteri
 - Stage group for in situ even though not reportable
 - Any invasive tumor confined to cervix is localized
 - Invasion of the bladder and rectum is regional unless tumor invades through the wall into the mucosa
 - Para-aortic lymph nodes are distant (regional for AJCC)



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AJCC STAGE CERVIX UTERI

- 7th edition Chapter 35 page 397
- 8th edition Chapter 52 page 649
 - AJCC ID-52
 - Errata-Changes to Author List

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FIGO STAGING OF CERVICAL CARCINOMAS

- Driven by the primary tumor (see T values)
 - Stage I is confined to the cervix
 - Stage II is carcinoma that extends beyond the cervix, but does not extend into the pelvic wall.
 - Stage III is carcinoma that has extended into the pelvic sidewall
 - Stage IV is carcinoma that has extended beyond the true pelvis or has clinically involved the mucosa of the bladder and/or rectum.

²²<http://screening.iarc.fr/viaviliappendix1.php>



RULES FOR CLASSIFICATION

- Clinical Staging
 - FIGO uses clinical staging
 - Determined prior to start of definitive therapy
 - Clinical examination
 - Palpation, inspection, colposcopy, endocervical curettage, hysteroscopy, cystoscopy, proctoscopy, intravenous urography, and x-ray of lungs and skeleton
 - Cone biopsy (usually)
 - Lymph node status
 - Radiologic-guided fine needle aspiration, laparoscopic or peritoneal biopsy, or lymphadenectomy

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RULES FOR CLASSIFICATION

- Clinical Staging
 - CT, MRI, PET
 - Ignore for staging
 - May be used to make treatment plan

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RULES FOR CLASSIFICATION

- Pathologic Staging
 - Based on information acquired before treatment and supplemented by additional evidence from surgery, particularly from pathologic exam of resected tissues
 - Does not change clinical staging

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OCCULT AND IN SITU

- Occult means cervical cancer has been identified, but primary tumor has not.
- In situ indicates malignant cells are present, but they have not invaded beyond the basement membrane.
 - Not reportable to any standard setters
 - Can be assigned a Tis in 7th edition
 - Cannot be assigned T value in 8th edition

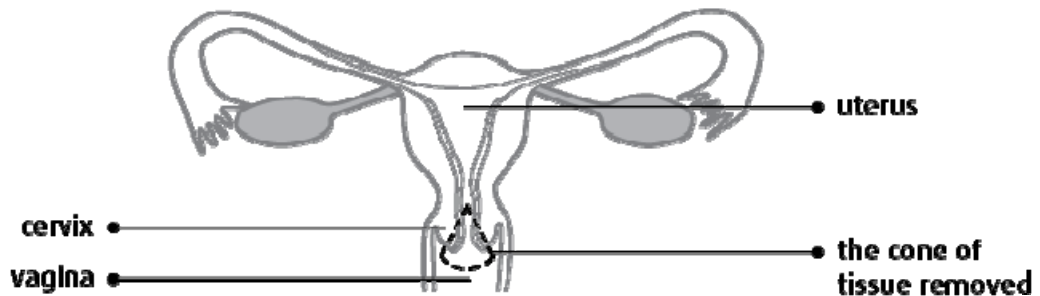
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PRIMARY TUMOR

- Tumors confined to the uterus

Cone Biopsy



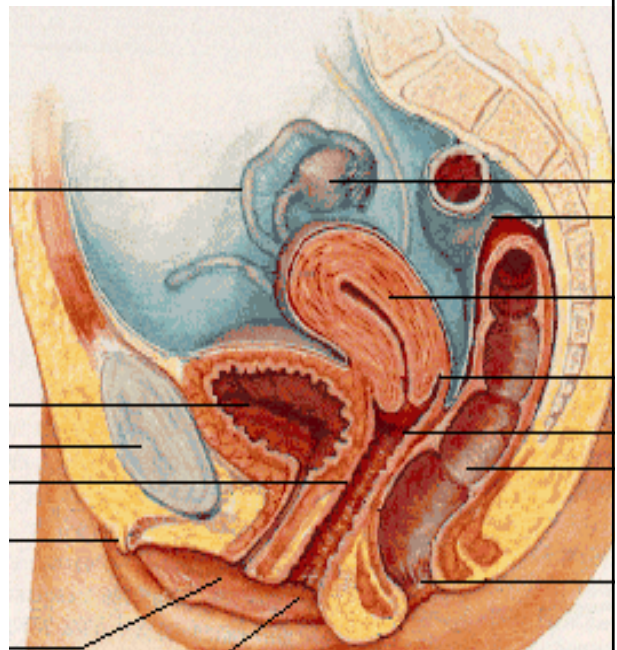
<http://www.cancer.ca/en/>

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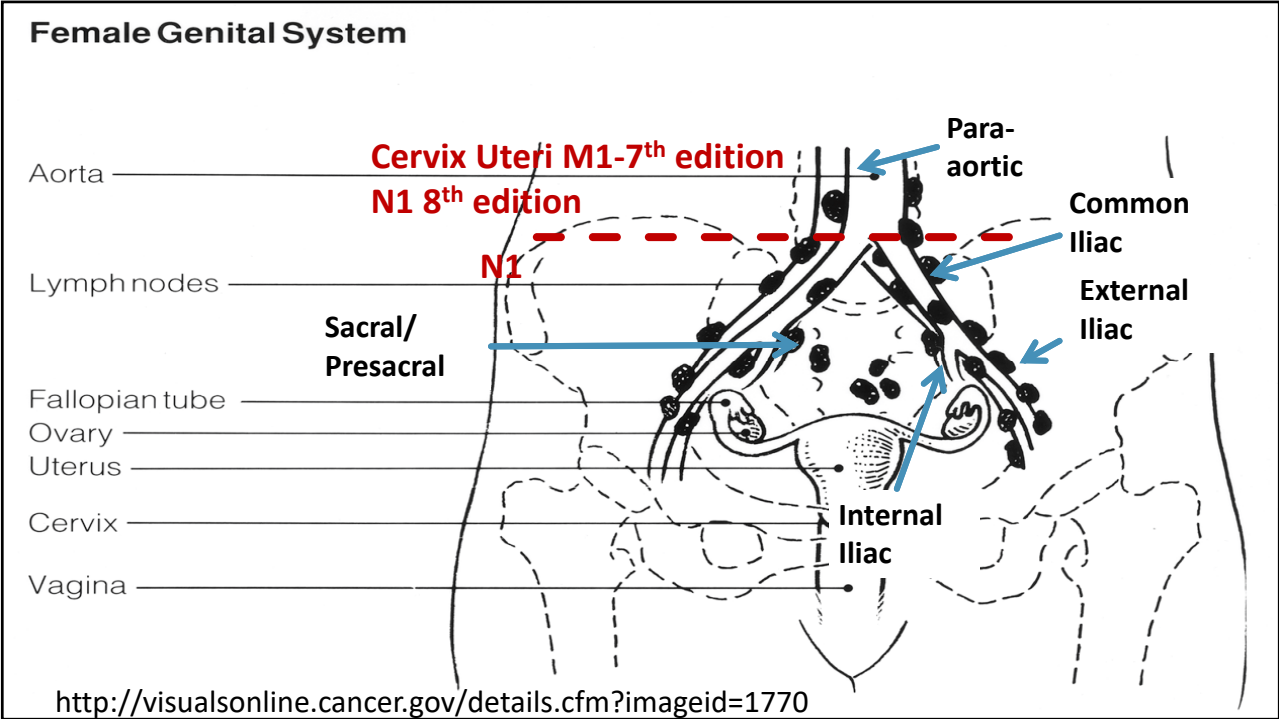
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PRIMARY TUMOR

- Tumor beyond the uterus
- Pelvic wall involvement
- Hydronephrosis
- Lower third of the vagina
- Mucosa of the bladder or rectum



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DISTANT METASTASIS

- Para-aortic lymph nodes
- Mediastinal lymph nodes
- Lung
- Peritoneal
- Skeleton



STAGE GROUPING

- 8th Edition Changes
 - In situ removed
 - N1 removed from Stage 3B
 - Any N

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POP QUIZ 1

- Colposcopy: A cervical lesion confined to the cervix.
- Bimanual pelvic exam under anesthesia was negative for parametrial masses and lymphadenopathy.
- Cone biopsy:
 - Histology: Squamous cell carcinoma
 - Stromal invasion: 4.2mm
 - Horizontal extent: 23mm
- Chest x-ray: Normal
- PET/CT scan: No skeletal abnormalities; a single highly metabolic pelvic lymph node measuring 1.5cm. No additional metastasis identified.
- Patient was treated with chemotherapy and radiation.

Data Item	7 th ed	8 th ed
Clinical T	cT1b1	cT1b1
Clinical N	cN0	cN0
Clinical M	cM0	cM0
Stage	1B1	1B1
Path T		
Path N		
Path M		
Stage	99	99

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POP QUIZ 2

- Colposcopy: Visible lesion encompassing lower half of cervix and upper vagina. No visible involvement of the lower vagina. Horizontal spread of 7cm.
 - Bimanual exam: Negative
 - CT shows 7.5 cm lesion confined to the uterus.
- Cone biopsy: Extensive moderately differentiated squamous cell carcinoma. Stromal invasion present. Tumor involves inked margins.
- Radical hysterectomy:
 - 8.4 cm keratinizing squamous cell carcinoma involving cervix and vaginal cuff. Margins negative.
 - 51 nodes negative for metastasis

Data Item	7 th ed	8 th ed
Clinical T	cT2a2	cT2a2
Clinical N	cN0	cN0
Clinical M	cM0	cM0
Stage	2A2	2A2
Path T	pT2a2	pT2a2
Path N	pN0	pN0
Path M	cM0	cM0
Stage	2A2	2A2

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SSF VS SSDI

SSF

- FIGO Stage

SSDI

- FIGO Stage

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QUESTIONS?

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STAGING CORPUS UTERI
SUMMARY STAGE/AJCC STAGE

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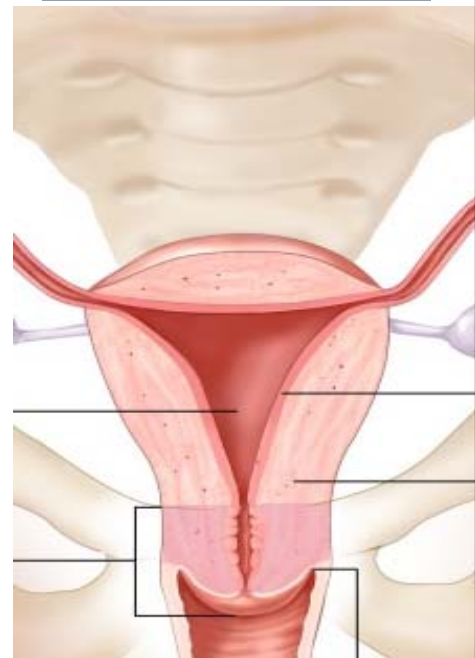
ENDOMETRIAL CARCINOMA

- Risk factors
 - Post menopausal estrogen therapy (unopposed)
 - Obesity
 - High-fat diet
 - Early menarche and late menopause
- Symptoms
 - Abnormal vaginal bleeding (most often in postmenopausal period)

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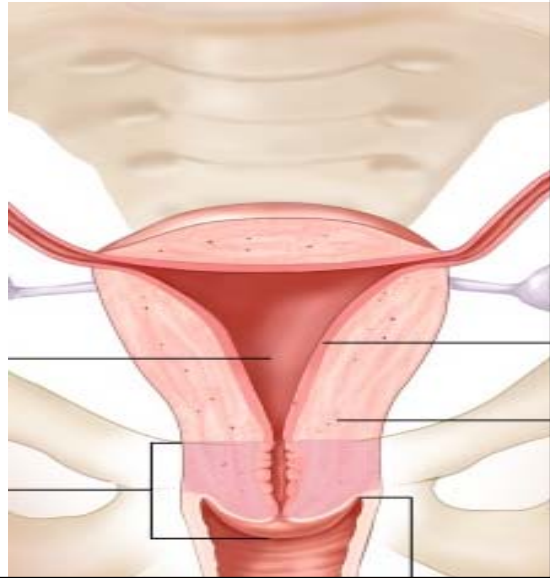
LAYERS OF THE UTERUS

- Endometrium
 - Functional
 - Basal
- Myometrium
- Parametrium
 - The loose connective tissue around the uterus.
- Perimetrium
 - Peritoneum covering of the fundus and ventral and dorsal aspects of the uterus



SUMMARY STAGE

- Corpus Uteri
 - Any invasive tumor confined to corpus uteri is localized
 - Extension to cervix is regional
 - Invasion of the bladder and rectum is regional unless tumor invades through the wall into the mucosa
 - Para-aortic lymph nodes are distant (regional for AJCC)



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RULES FOR CLASSIFICATION

- Clinical Staging
 - Based on evidence acquired before initiation of treatment
- Pathologic Staging
 - FIGO uses surgical/pathologic staging
 - Based on information acquired before treatment supplemented by information acquired from pathologic assessment of resected tissues
 - Record depth of myometrial invasion with thickness of myometrium
 - Assess regional lymph nodes surgically/pathologically

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FIGO STAGE ENDOMETRIUM

Carcinoma

- IA Tumor confined to the uterus, no or < ½ myometrial invasion
- IB Tumor confined to the uterus, > ½ myometrial invasion
- II Cervical stromal invasion, but not beyond uterus
- IIIA Tumor invades serosa or adnexa
- IIIB Vaginal and/or parametrial involvement

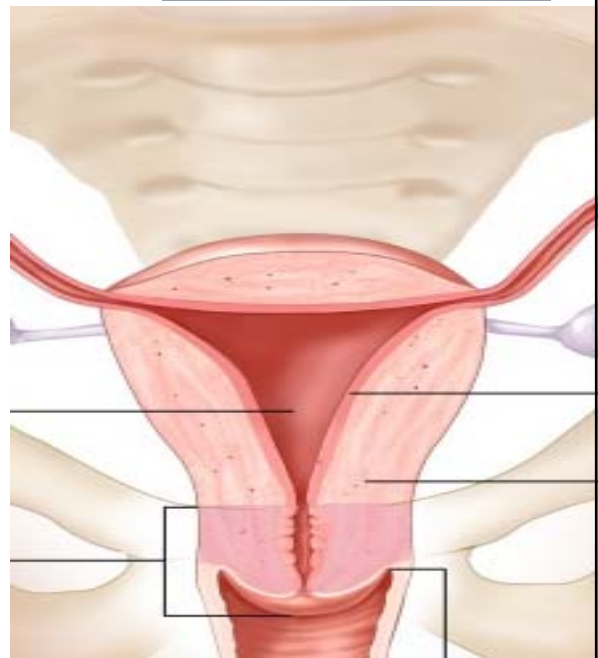
Sarcoma

- IA Tumor limited to uterus < 5 cm
- IB Tumor limited to uterus > 5 cm
- IIA Tumor extends to the pelvis, adnexal involvement
- IIB Tumor extends to extra-uterine pelvic tissue

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PRIMARY TUMOR CARCINOMA/CARCINOSARCOMA

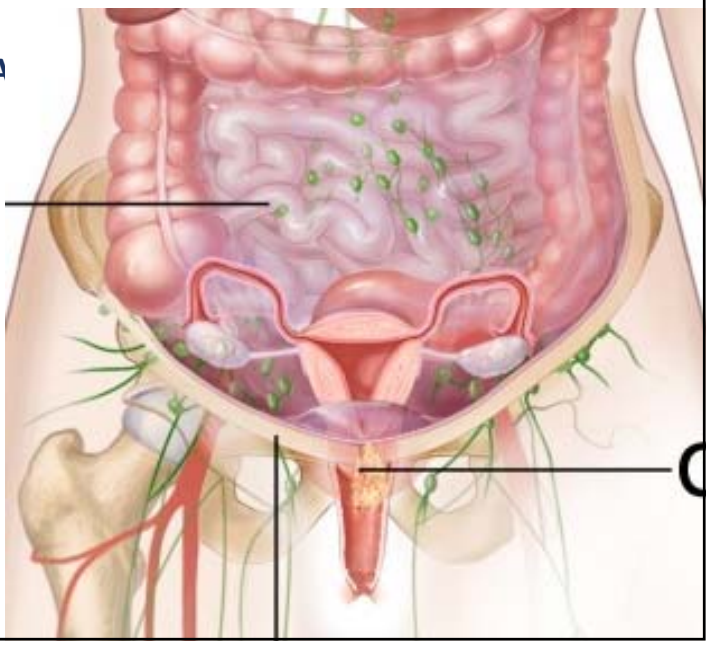
- Invasion of myometrium
- Involvement of cervix



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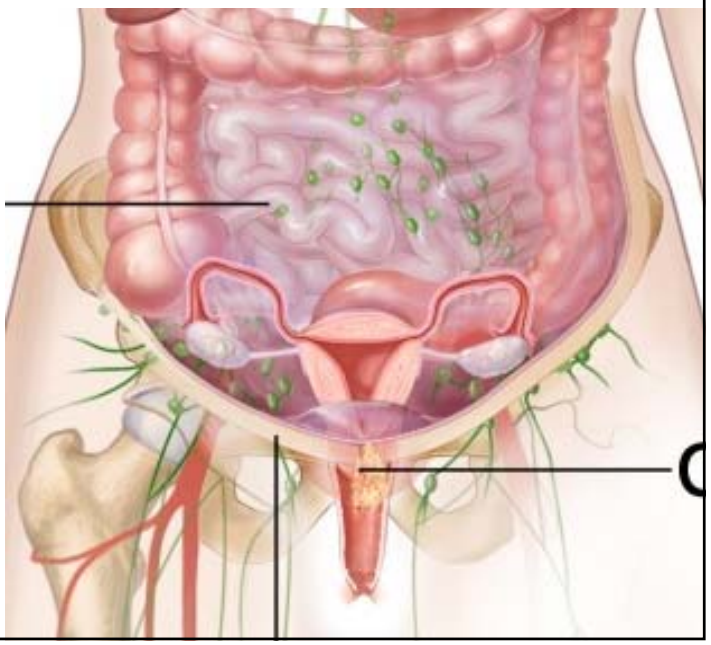
PRIMARY TUMOR
CARCINOMA/CARCINOSARCOMA

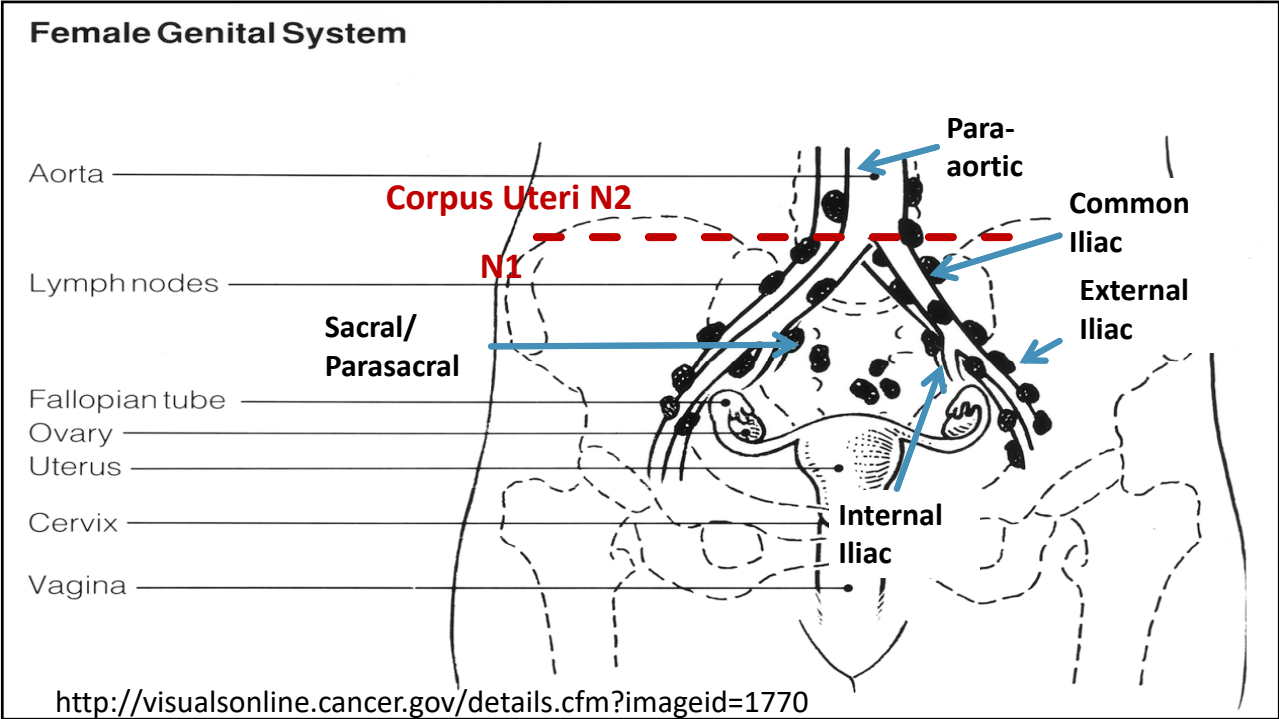
- Serosa
- Adnexa
- Vagina
- Parametrium
- Bladder
- Bowel



PRIMARY TUMOR
SARCOMA

- Extension
- Tumor size
 - \geq or \leq 5cm





DISTANT METASTASIS

Endometrium

- Intra abdominal metastasis
 - Peritoneal surfaces
 - Omentum

Distant

- Lung
- Distant lymph nodes

Liver

Cervix

POP QUIZ 3

- 86 year old white female presents with 3-4 days of vaginal spotting, associated with minor cramping.
- Pelvic ultrasound: 2.7cm endometrial thickness
- Biopsy of endometrium: Endometrial adenocarcinoma, endometrioid type, FIGO grade 3
- Abdominal CT:
 - There is an ill defined and thickened appearance to the endometrium in keeping with history of endometrial neoplasm.
 - No adenopathy or distant metastasis.

Data Item	7 th ed	8 th ed
Clinical T	cT1	cT1
Clinical N	cN0	cN0
Clinical M	cM0	cM0
Stage	1	1

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POP QUIZ 3 CONT.

- Robotic assisted total hysterectomy, bilateral salpingoopherectomy, washings:
 - Endometrial adenocarcinoma, endometrioid type, FIGO Grade II,
 - Tumor was superficially invasive, arising in a 2.3 cm endometrial polyp in a background of endometrial hyperplasia.
 - Superficial myometrial invasion at the base of the polyp (0.2 cm with myometrial thickness of 2.5 cm)
 - LVI: not present
 - Margins: negative
 - No lymph nodes removed

Data Item	7 th ed	8 th ed
Clinical T	cT1	cT1
Clinical N	cN0	cN0
Clinical M	cM0	cM0
Stage	1	1
Path T	p1a	pT1a
Path N	Blank or cN0	cN0
Path M	cM0	cM0
Stage	1a	1a

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SSF VS SSDI

SSF

- FIGO Stage
- Peritoneal Cytology
- Number of Positive Pelvic Nodes
- Number of Examined Pelvic Nodes
- Number of Positive Para-Aortic Nodes
- Number of Examined Para-Aortic Nodes

SSDI

- FIGO Stage
- Peritoneal Cytology
- Number of Positive Pelvic Nodes
- Number of Examined Pelvic Nodes
- Number of Positive Para-Aortic Nodes
- Number of Examined Para-Aortic Nodes

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QUESTIONS?

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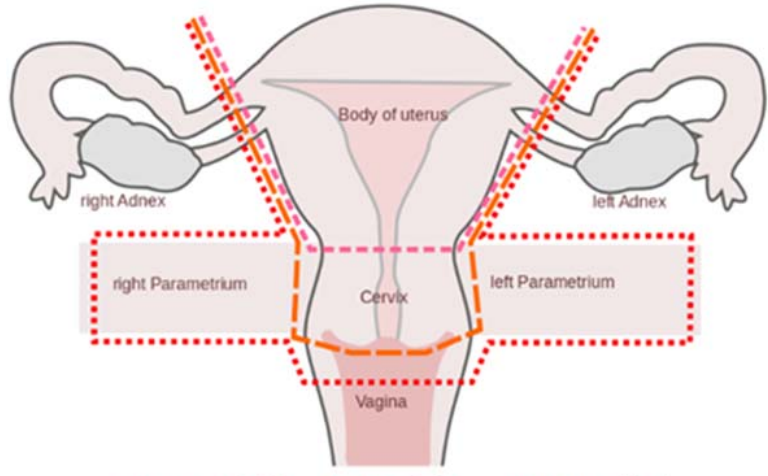
TREATMENT

SURGERY, RADIATION, CHEMOTHERAPY



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SURGERY



--- subtotal --- total radical

Hysterectomy

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SURGERY – CORPUS UTERI

- Total Hysterectomy with Bilateral Salpingo-Oophorectomy (50)
 - Not fertility sparing
 - Pelvic nodal dissection w/wo aortic nodal dissection
 - External iliac, internal iliac, obturator and common iliac nodes for staging

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SURGERY - CERVIX UTERI

- Dilatation and Curettage (D&C)
 - For invasive cancers code as an incisional biopsy (02)
 - For In situ cancers code as surgery (25)

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SURGERY – CERVIX UTERI

- LEEP (Loop Electrocautery Excision Procedure)
 - Local tumor destruction (15)
 - No specimen sent to pathology
 - Local tumor excision (28)
 - Specimen sent to pathology
- Cone biopsy (27)
 - With gross excision of lesion (24)

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SURGERY – CERVIX UTERI

- Radical vaginal trachelectomy with laparoscopic lymphadenectomy procedure with or without SLN mapping
 - Fertility sparing option
 - Stage IA-2
 - Stage IB-1
 - Lesions of 2cm diameter or less

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SURGERY – CERVIX UTERI

- Radical hysterectomy with bilateral pelvic lymph node dissection with or without SLN mapping
 - FIGO Stage IA-2, IB and IIA lesion
 - Fertility preservation is not desired

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CHEMORADIATION - CERVIX UTERI

- Advanced-stage disease
 - FIGO stage IIB and above
- Preferred regimens
 - Cisplatin
 - Cisplatin/fluorouracil

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CHEMOTHERAPY- CORPUS UTERI

- Carboplatin
- Cisplatin
- Paclitaxel

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RADIATION – CORPUS UTERI

- External Beam Radiation Therapy (EBRT)
 - Directed to pelvis with or without para aortic region
- Brachytherapy
 - More common after hysterectomy

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RADIATION – CERVIX UTERI

- Brachytherapy
 - Patients who are not candidates for surgery
 - Intracavitary approach
- External Beam Radiation Therapy (EBRT)
 - CT- based planning and conformal blocking - standard
 - Intact cervix
- Adjuvant Radiation Therapy
 - Following hysterectomy

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RADIATION – CERVIX UTERI

- Intraoperative Radiation Therapy
 - Recurrent disease within previously radiated volume

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RADIATION DATA ITEMS

2018



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RADIATION DATA ITEMS FOR 2018

- Phase I Radiation Primary Treatment Volume
- Phase I Radiation to Draining Lymph Nodes
- Phase I Radiation Treatment Modality
- Phase I External Beam Radiation Planning Technique
- Phase I Dose per Fraction
- Phase I Number of Fractions
- Phase I Total Dose

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RADIATION PRIMARY TREATMENT VOLUME

Current FORDS Codes

Code	Label
36	Uterus or Cervix

NEW STORE Codes

Code	Label
70	Ovaries or Fallopian Tubes
71	Uterus or Cervix
72	Vagina
73	Vulva

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RADIATION TO DRAINING LYMPH NODES

NEW STORE Codes

This a very new data item

Code	Label
00	No Radiation Treatment
01	Neck Lymph Node Regions
02	Thoracic Lymph Node Regions
03	Neck and Thoracic Lymph Node Regions
04	Breast/Chest wall Lymph Node Regions
05	Abdominal Lymph Nodes
06	Pelvic Lymph Nodes
07	Abdominal and Pelvic Lymph Nodes
08	Lymph Node Region, NOS
88	Not Applicable, No Radiation Treatment to Draining Lymph Nodes
99	Unknown if any Radiation Treatment to Draining Lymph Nodes

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RADIATION TREATMENT MODALITY

Current FORDS CODES

Code	Label
20	External Beam, NOS
31	IMRT
50	Brachytherapy, NOS
51	Brachytherapy Intracavitary, LDR
52	Brachytherapy Intracavitary, HDR
53	Brachytherapy, Interstitial, LDR
54	Brachytherapy, Interstitial, HDR

New STORE CODES

Code	Label
02	External Beam, photons
03	External beam, protons
04	External beam, electrons
05	External beam, neutrons
06	External beam, carbon ions
09	External Beam, NOS
10	Brachytherapy, intracavitary, LDR
11	Brachytherapy, intracavitary, HDR
12	Brachytherapy, Interstitial, LDR
13	Brachytherapy, Interstitial, HDR
14	Brachytherapy, electronic
19	Brachytherapy, NOS

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EXTERNAL BEAM RADIATION PLANNING TECHNIQUE

Current FORDS CODES

Code	Label
20	External Beam, NOS
31	IMRT
50	Brachytherapy, NOS
51	Brachytherapy Intracavitary, LDR
52	Brachytherapy Intracavitary, HDR
53	Brachytherapy, Interstitial, LDR
54	Brachytherapy, Interstitial, HRR

New STORE CODES

Code	Label
00	No radiation treatment
01	External beam, NOS
02	Low energy x-ray/photon therapy
03	2-D therapy
04	Conformal or 3-D conformal therapy
05	Intensity modulated therapy
09	CT-guided online adaptive therapy
10	MR-guided online adaptive therapy
88	Not Applicable
98	Other, NOS
99	Unknown

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POP QUIZ – CORPUS UTERI PART 1

- Patient presents with postmenopausal bleeding.
- A gynecologic exam showed a hysteroscopy and biopsy was done that showed endometrioid carcinoma limited to the uterus.
- The patient had a TAH-BSO.
 - Pathology showed endometrioid carcinoma, grade 2, FIGO Stage IB.

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POP QUIZ – CORPUS UTERI PART 1

Surgery Codes	2017
Surgical Diagnostic and Staging Procedure	02
Surgical Procedure of Primary Site	50
Scope of Regional Lymph Node Surgery	0
Surgical Procedure/Other Site	0

70



POP QUIZ –CORPUS UTERI PART 2

- Following the TAH-BSO the physician discussed adjuvant treatment options of observation or vaginal brachytherapy. The patient chose to have vaginal brachytherapy.
- Radiation Summary patient 3 fractions of high dose radiation for total of 45 Gy to the vagina.
 - How would you code the radiation treatment fields?

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POP QUIZ –CORPUS UTERI PART 2

Radiation Codes	2017	2018
Radiation Primary Treatment Volume	29	72
Radiation to Draining Lymph Nodes		00
Radiation Treatment Modality	52	11
External Beam Radiation Planning Technique		88
Number of Fractions	003	003
Total Dose	04500	004500

72



POP QUIZ – CERVIX UTERI PART 1

- A patient was found to have a cervical lesion during her annual gynecologic exam. The lesion extended into the endometrium. A biopsy was positive for squamous cell carcinoma.
- A cone biopsy was performed and pathology came back as squamous cell carcinoma.
- The patient then went on to have a total abdominal hysterectomy and pelvic lymph node dissection.

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POP QUIZ - CERVIX UTERI PART 1

Surgery Codes	2017
Surgical Diagnostic and Staging Procedure	02
Surgical Procedure of Primary Site 1	27
Surgical Procedure of Primary Site 2	30
Scope of Regional Lymph Node Surgery	5
Surgical Procedure/Other Site	0

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POP QUIZ - CERVIX UTERI PART 2

- Patient then received IMRT radiation therapy to the upper vagina and pelvic lymph nodes. She also received concurrent chemotherapy with cisplatin.

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POP QUIZ - CERVIX UTERI PART 2

Radiation/ Chemotherapy Data Items	2017	2018
Radiation Primary Treatment Volume	29	72
Radiation to Draining Lymph Nodes		06
Radiation Treatment Modality	31	02
External Beam Radiation Planning Technique		05
Chemotherapy	02	02

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QUESTIONS?

QUIZ 2

CASE SCENARIOS

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COMING UP....

- Collecting Cancer Data: GIST and Soft Tissue Sarcomas
 - 01/11/2018
- Collecting Cancer Data: Stomach and Esophagus
 - 02/01/2018

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Fabulous Prizes Winners



CE CERTIFICATE QUIZ/SURVEY

- Phrase
 - FIGO
- Link

<http://www.surveygizmo.com/s3/4041165/Uterus-2017>

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