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Q&A

Please submit all questions concerning the webinar content through the Q&A panel.

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.

The slide includes a small number "2" in the top left corner and the NAACCR logo in the top right corner. The text is centered and presented in a clean, sans-serif font. A large, light blue circle is positioned on the right side of the slide. The footer consists of a decorative border of overlapping blue and green triangles.

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Fabulous Prizes



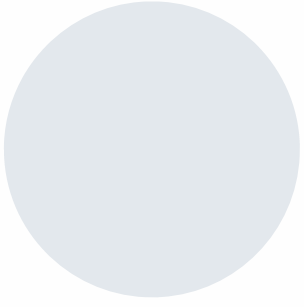
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Guest Presenter

Iris Chilton, CTR
◦ Alberta Cancer Registry




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Agenda


- Anatomy
- Grade
- Solid Tumor Rules & Review of Solid Tumor Rule Cases
- Staging
 - AJCC
 - Summary Stage
 - EOD
- Treatment
- Review of Case Scenarios



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Anatomy



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Bladder

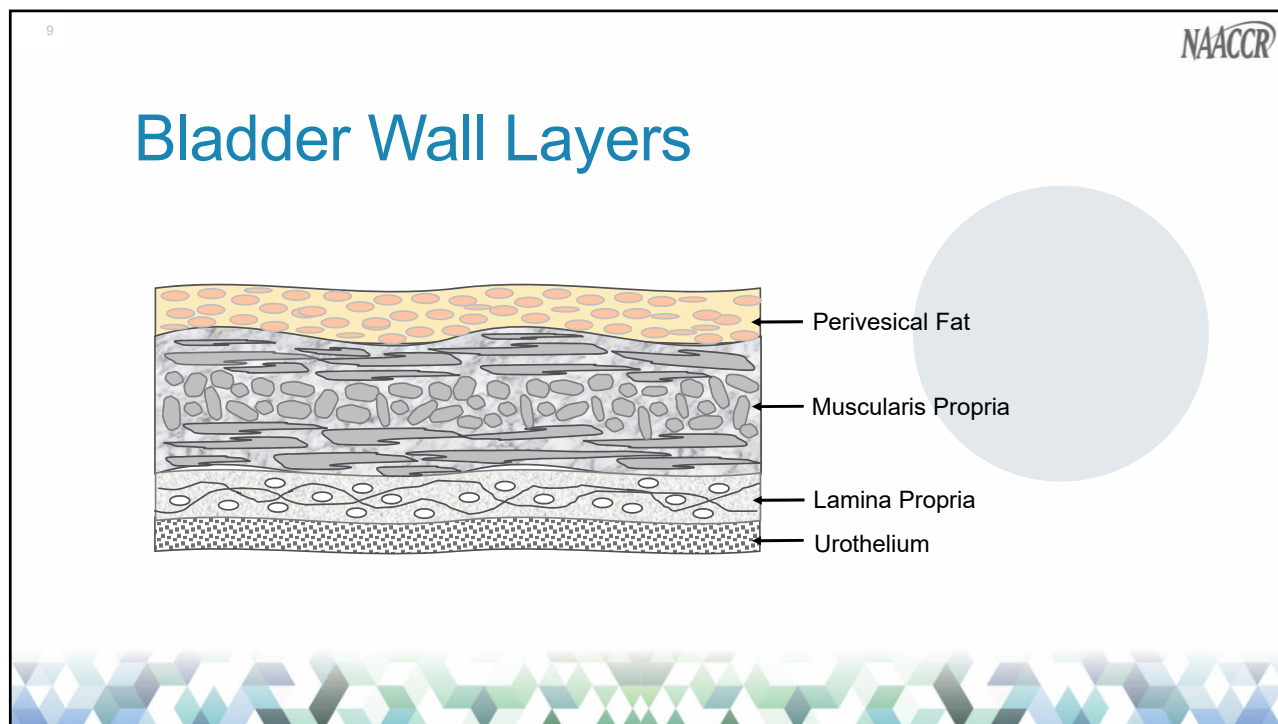
<https://training.seer.cancer.gov/anatomy/urinary/components/bladder.html>

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Bladder - Male and Female

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Field Effect

The field effect theory suggests that the urothelium has undergone a widespread change, perhaps in response to a carcinogen, making it more sensitive to malignant transformations. As a result, multiple tumors arise more easily.

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Histology


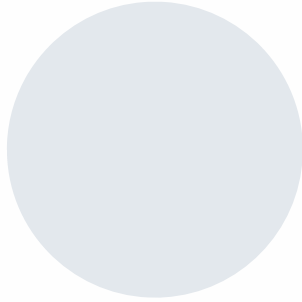
Urothelial (transitional cell) Carcinoma

- Papillary
- Flat
- With squamous metaplasia
- With glandular metaplasia
- With squamous and glandular metaplasia

Squamous Cell Carcinoma

Adenocarcinoma


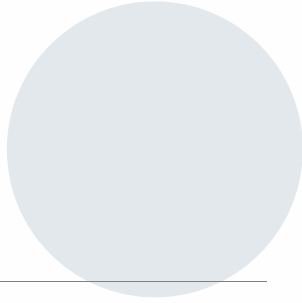
Undifferentiated carcinoma



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Grade



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Grade - Table 19

	Code	Grade Description
Adenocarcinoma & Squamous Cell Carcinomas	1	G1: Well differentiated
	2	G2: Moderately differentiated
	3	G3: Poorly differentiated <i>(includes undifferentiated and anaplastic)</i>
Urothelial Carcinomas	L	LG: Low-grade
	H	HG: High-grade
	9	Grade cannot be assessed (GX); Unknown

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Grade Reminders

Grade Clinical must NOT be blank

- Grade on TURB qualifies as clinical grade only

Grade Pathological must NOT be blank

- If Grade Clinical is higher than grade on resection, use it for Grade Pathological
- If Grade Pathological is unknown upon resection OR there is no residual tumor upon resection, use the clinical grade for Grade Pathological

Grade Post Therapy may be blank if no neoadjuvant therapy

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Pop Quiz 1

Urine cytology = high grade urothelial carcinoma; TURB = low grade urothelial carcinoma. Which is use for Grade Clinical?

“TURBT should be followed for grading bladder primary. High grade cells floating in urine could be from anywhere in urinary tract (bladder, renal pelvis, ureter, or urethra). Code your clinical grade based on the TURB.”

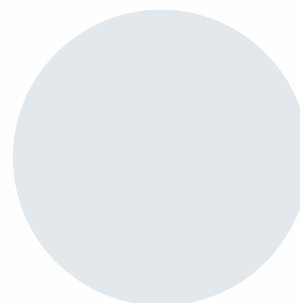
<http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/96514-bladder-grade>

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Solid Tumor Rules

Urinary Sites



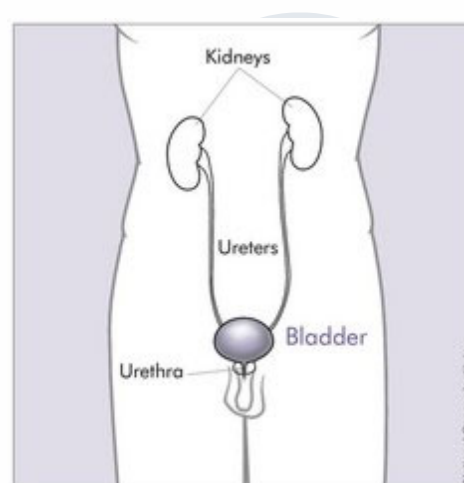
Urothelial carcinoma

Originates in urothelial cells
Urothelial cells line the:

- Urethra
- Bladder
- Ureters
- Renal pelvis

There are two major subdivisions:

- papillary
- non-papillary.



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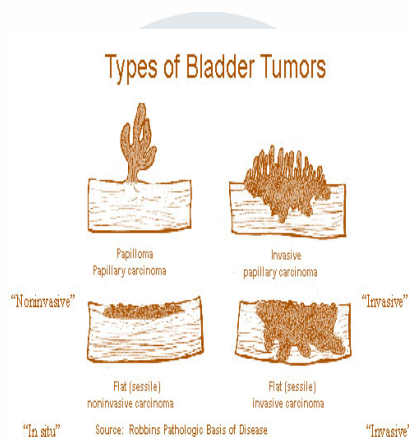
Urothelial carcinoma

Papillary carcinoma: (commonly in bladder, ureter, or renal pelvis):

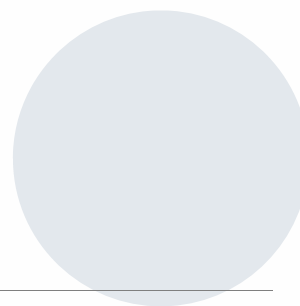
- A warty growth which projects from the wall on a stalk

Non-papillary urothelial: originates within the mucosa and does not project from the wall

- **Note:** Both urothelial carcinoma and papillary urothelial carcinoma can be in situ /2 or invasive /3.
- Code the behavior specified in the pathology report.



Priority for Coding Primary Site



Note: Follow rules in order!

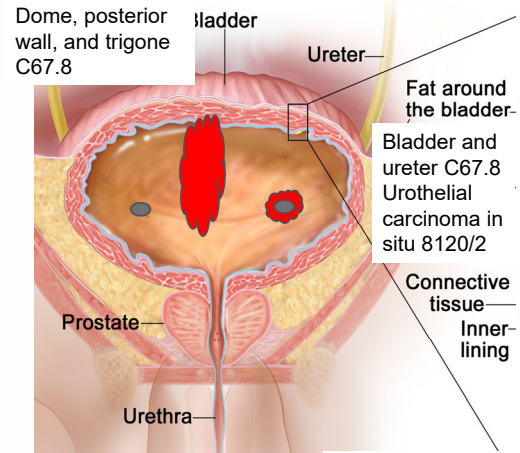


Primary Site List is in Priority Order

Code overlapping lesion of urinary bladder **C678** when:

- A single tumor of any histology overlaps subsites of the bladder
 - A single tumor or discontinuous tumors which are:
 - Urothelial carcinoma in situ 8120/2
- AND
- Involves only bladder and one or both ureters (no other urinary sites involved)

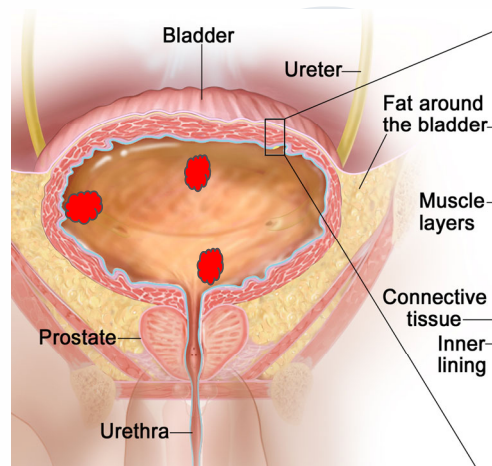
Does not apply to Non-
invasive papillary!!



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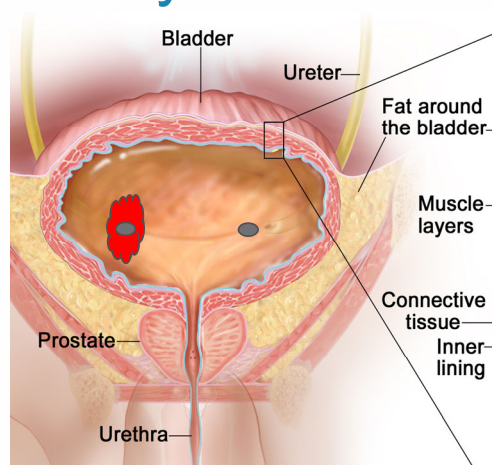
Primary Site List is in Priority Order

2. Code bladder NOS **C679** when there are **multiple non-contiguous tumors** within the **bladder** AND the subsite/origin is unknown/not documented.



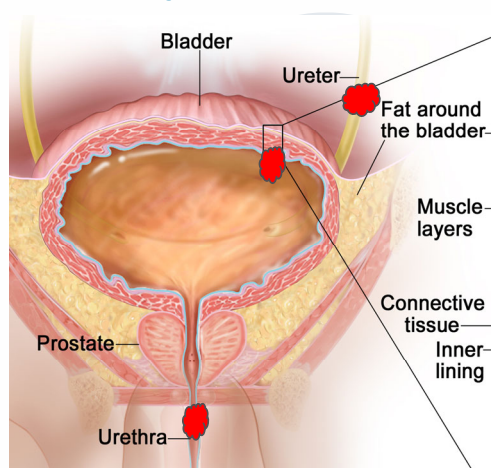
Primary Site List is in Priority Order

3. Code overlapping lesion of urinary organs **C688** when a single tumor overlaps two urinary sites and the origin is unknown/not documented.
- Note:** See the following examples of contiguous urinary sites where overlapping tumor could occur:
- Renal pelvis and ureter
 - Bladder and urethra
 - Bladder and ureter



Primary Site List is in Priority Order

4. Code Urinary System NOS **C689** when there are **multiple discontinuous tumors in multiple organs** within the urinary system.



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Table 1

Site Term and code	Synonyms
Bladder, anterior wall C673	-
Bladder, dome C671	Roof Vault Vertex
Bladder, lateral wall C672	Lateral to ureteral orifice Left wall Right wall Sidewall
Bladder neck C675	Internal urethral orifice Vesical neck
Bladder NOS C679	Lateral posterior wall (no hyphen)
Bladder, overlapping lesion C678	Fundus Lateral-posterior wall (hyphen)
Bladder, posterior wall C674	-

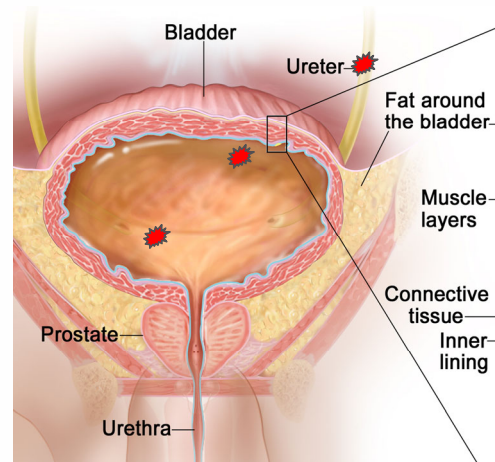
Pop Quiz 2

8/2/2019: TURB:

- Trigone of bladder: invasive urothelial carcinoma.
- Second tumor dome of bladder: invasive urothelial carcinoma.
- Third tumor: left ureter: urothelial carcinoma.

What is the primary site?

- C67.8
- C67.9
- C68.8
- **C68.9** See Instruction #4



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Pop Quiz 3

5/9/19 TURB

- Single tumor involving the bladder and right ureter.
- Pathology: Non-invasive papillary urothelial carcinoma

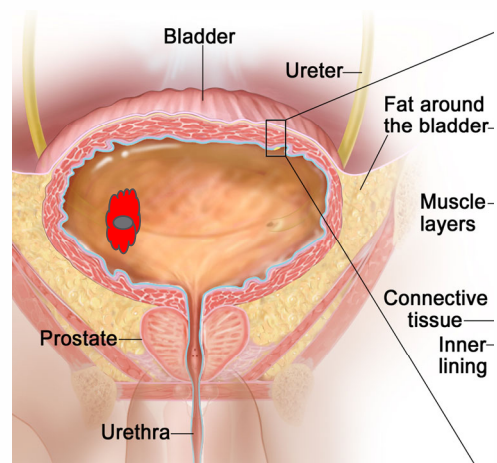
◦ **What is the primary site?**

- C67.8
- C67.9
- **C68.8**
- C68.9

See Instruction #3

What if the histology had been urothelial carcinoma in situ?

- **C67.8**
- C67.9
- C68.8
- C68.9



Multiple Primary Rules

MULTIPLE TUMORS MODULE

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M2 M3 M4

M2-Abstract a single primary when there is a single tumor.

M3- Multiple primaries when

- Separate/non-contiguous tumors in both the right AND left renal pelvis AND
- No other urinary sites are involved with separate/non-contiguous tumors

M4- Multiple primaries when

- Separate/non-contiguous tumors in both the right AND left ureter AND
- No other urinary sites are involved with separate/non-contiguous tumors



M5

Diagnosed at the same time



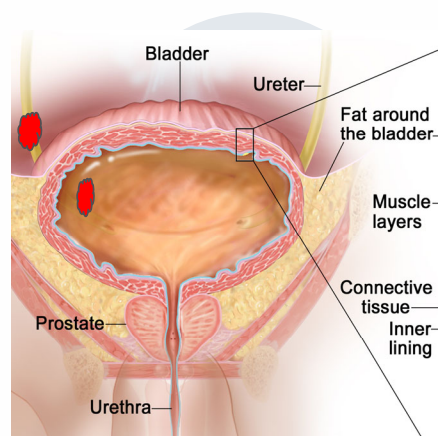
Abstract a single primary when synchronous tumors are noninvasive in situ /2 urothelial carcinoma (flat tumor) 8120/2 in the following sites:

- Bladder C67_ AND
- One or both ureter(s) C669

Note 1: No other urinary organs are involved.

Note 2: Use this rule ONLY for noninvasive in situ urothelial carcinoma (may be called noninvasive urothelial carcinoma or noninvasive flat tumor). For other histologies, continue through the rules.

Note 3: Urothelial carcinoma in situ spreads by intramucosal extension and may involve large areas of mucosal surface. The default for these cases is coding a bladder primary.



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Pop Quiz 4

7/3/2019 TURB: Multiple bladder tumors; tumor in ureteric orifice and ureter. Pathology: Urothelial carcinoma in situ.

How many primaries?

- One

Rationale:

- M5 says single primary when urothelial carcinoma in situ is limited to bladder and one or both urethras. In this case, the statement "tumor in ureteric orifice" is involvement of the bladder.

What if the histology had been non-invasive papillary urothelial carcinoma?

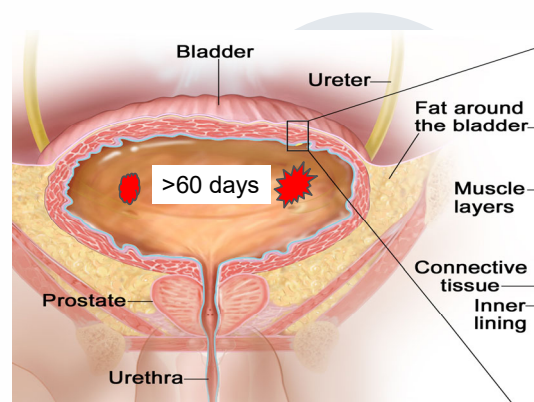
Move on to rule M6!

M6

Abstract **multiple primaries** when an **invasive** tumor occurs **more than 60 days** after an **in situ** tumor

Note 1: Abstract both the invasive and in situ tumors.

Note 2: Abstract as multiple primaries even if physician states the invasive tumor is disease recurrence or progression.



M7

Abstract a **single primary** when the patient has multiple occurrences of /2 urothelial carcinoma in the **bladder**.

Tumors may be any combination of:

- In situ urothelial carcinoma **8120/2 OR**
- Papillary urothelial carcinoma noninvasive (does not include micropapillary subtype) **8130/2**
- **Note 1:** Timing is irrelevant. Tumors may be synchronous or non-synchronous.
- **Note 2:** Abstract only one /2 urothelial bladder tumor per the patient's lifetime.
- **Note 3:** There are no /2 subtypes for urothelial carcinoma with the exception of papillary urothelial carcinoma.

M7 Cont'd

Example:

On 1/3/2014, the patient had a TURB with a diagnosis of in situ urothelial carcinoma 8120/2. Case has been abstracted and is in your registry.

On 5/8/2019, pathology from TURB is papillary urothelial carcinoma non-invasive 8130/2.

This is a single primary per rule M7

- The papillary urothelial carcinoma is recorded as a recurrence for those registrars who collect recurrence data.

M8

Abstract **multiple primaries** when the patient has **micropapillary urothelial carcinoma 8131/3 of the bladder AND** a urothelial carcinoma **8120/3** (including papillary **8130/3**) **of the bladder**.

- Note 1: This is a new rule for 2019.
- Note 2: Micropapillary urothelial cell carcinoma is an extremely aggressive neoplasm.
 - It is important to abstract a new primary to capture the incidence of micropapillary urothelial carcinoma. Micropapillary is excluded from the typical “NOS and subtype/variant” rule (same row in Table 2).

M9

Abstract a **single primary** when the patient has multiple **invasive** urothelial cell carcinomas in the **bladder**.

All tumors are either:

- Multiple occurrences of urothelial or urothelial subtypes (with the exception of micropapillary) **OR**
- Multiple occurrences of micropapillary
 - **Note 1:** Timing is irrelevant. Tumors may be synchronous or non-synchronous.
 - **Note 2:** Abstract only one /3 invasive urothelial bladder primary **AND** only one micropapillary urothelial 8131/3 bladder primary per the patient's lifetime.
 - **Note 3:** An occurrence of micropapillary and an occurrence of urothelial carcinoma would be multiple primaries (see previous rules).

Pop Quiz 5

3/18/2015 TURB dome of bladder: Invasive papillary urothelial cell carcinoma.

- Case is abstracted and in your registry.

5/8/2019 TURB trigone of bladder: invasive papillary urothelial cell carcinoma

How many primaries?

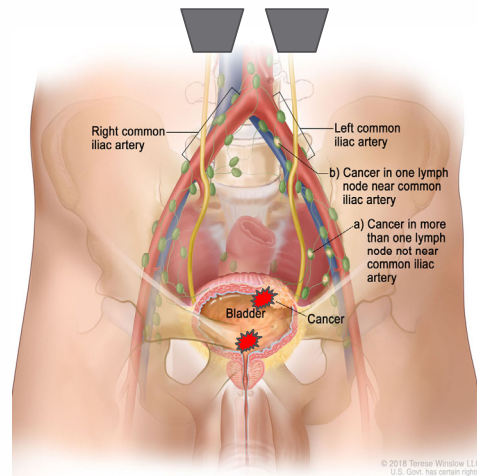
- One primary

Primary site:

- Dome of bladder C671

M Rule

- M9 Bullet 1 Multiple occurrences of urothelial or urothelial subtypes (with exception of micropapillary) are a single primary.



M10

Abstract **multiple primaries** when the patient has a subsequent tumor after being **clinically disease-free** for **greater than three years** after the original diagnosis or last recurrence.

- **Note 1:** This rule **does not apply** to urothelial carcinoma of the bladder.
- **Note 2:** **Clinically** disease-free means that there was **no evidence** of recurrence on follow-up.
- **Note 3:** When there is a recurrence within three years of diagnosis, the **“clock”** starts over. The time interval is calculated from the **date of last recurrence**.
- **Note 4:** When it is **unknown/not documented** whether the patient had a recurrence, default to **date of diagnosis** to compute the time interval.
- **Note 5:** The physician may state this is a **recurrence**, meaning the patient had a previous urinary site tumor and now has another urinary site tumor. **Follow the rules**; do not attempt to interpret the physician's statement.

M11

Abstract a **single primary** when there are **urothelial carcinomas** in multiple urinary organs.

- **Note 1:** This rule is **ONLY** for urothelial carcinoma **8120** and all subtypes/variants of urothelial carcinoma. This rule does not apply to any other carcinomas or sarcomas.
- **Note 2:** The behavior is irrelevant.
- **Note 3:** This rule applies to multifocal/multicentric carcinoma which involves two or more of the following urinary sites:
 - Renal pelvis
 - Ureter
 - Bladder
 - Urethra

Pop Quiz 6

6/4/2019 Cystoscopy with biopsy: Multiple bladder tumors.

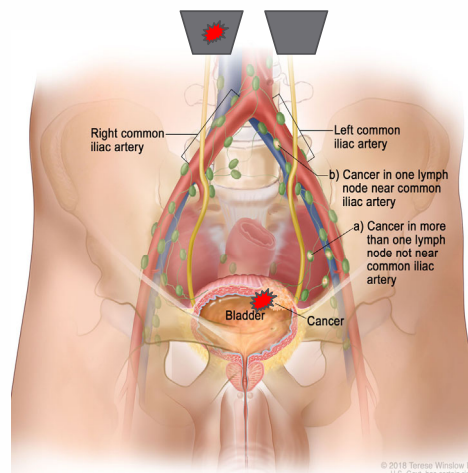
- Pathology: urothelial carcinoma in situ 8120/2.

6/9/2019 MRI: Malignant appearing growths in RT renal pelvis and RT ureter.

7/12/2019 RT nephroureterectomy: carcinoma in situ in renal pelvis and ureter

Number of primaries/rule?

- One primary M11 urothelial CA multiple urinary sites.



M12

Abstract **multiple primaries** when separate/non-contiguous tumors are two or more **different subtypes/variants** in Column 3 of **Table 2** in the Equivalent Terms and Definitions. Timing is irrelevant.

- **Note:** The tumors may be subtypes/variants of the **same** or **different** NOS histologies.

M13

Abstract **multiple primaries** when separate/non-contiguous tumors are on **different rows** in **Table 2** in the Equivalent Terms and Definitions. Timing is irrelevant.

Note: Each row in the table is a **distinctly different** histology.



Table 2

	Specific and NOS Histology and Codes	Synonyms	Subtypes/Variants
1	Adenocarcinoma NOS 8140	Mixed adenocarcinoma Urachal adenocarcinoma/carcinoma	Clear cell carcinoma 8310 Endometrioid carcinoma 8380 Enteric adenocarcinoma 8144 Mucinous adenocarcinoma 8480
2	Small cell neuroendocrine carcinoma 8041	Neuroendocrine carcinoma SmCC	Large cell neuroendocrine tumor 8013 Well-differentiated neuroendocrine tumor 8240

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Table 2-Urothelial Row

	Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
7	Urothelial carcinoma 8120 <ul style="list-style-type: none"> Note 1: Previously called transitional cell carcinoma, a term that is no longer recommended. Note 2: Micropapillary 8131 is a subtype/variant of papillary urothelial carcinoma 8130. It is an invasive /3 neoplasm with aggressive behavior. 	Infiltrating urothelial carcinoma 8120/3 Infiltrating urothelial carcinoma with divergent differentiation 8120/3 Infiltrating urothelial carcinoma with glandular differentiation 8120/3 Infiltrating urothelial carcinoma with squamous differentiation 8120/3 Urothelial carcinoma in situ 8120/2	Papillary urothelial (transitional cell) carcinoma in situ 8130/2 invasive 8130/3 Micropapillary urothelial carcinoma 8131/3 Poorly differentiated carcinoma 8020/3 Sarcomatoid urothelial carcinoma 8122/3

M14

Abstract **multiple primaries** when the ICD-O **site** code differs at the **second** (CXxx) and/or **third** (CxXx) character.



M15

Abstract a **single primary** when synchronous, separate/non-contiguous tumors are on the **same row** in **Table 2** in the Equivalent Terms and Definitions.

- Note 1: The same row means the tumors are:
 - The same histology (same four-digit ICD-O code) **OR**
 - One is the preferred term (column 1) and the other is a synonym for the preferred term (column 2) **OR**
 - A NOS (column 1/column 2) and the other is a subtype/variant of that NOS (column 3)



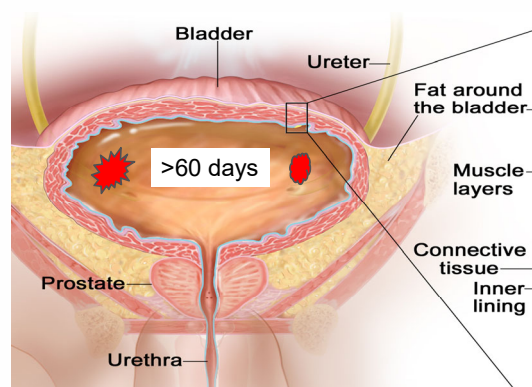
M15

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
Adenocarcinoma NOS 8140	Mixed adenocarcinoma Urachal adenocarcinoma/carcinoma	Clear cell carcinoma 8310 Endometrioid carcinoma 8380 Enteric adenocarcinoma 8144 Mucinous adenocarcinoma 8480

M16

Abstract a **single primary** (the invasive) when an **in situ** tumor is diagnosed **after** an **invasive** tumor **AND** tumors occur in the **same** urinary site

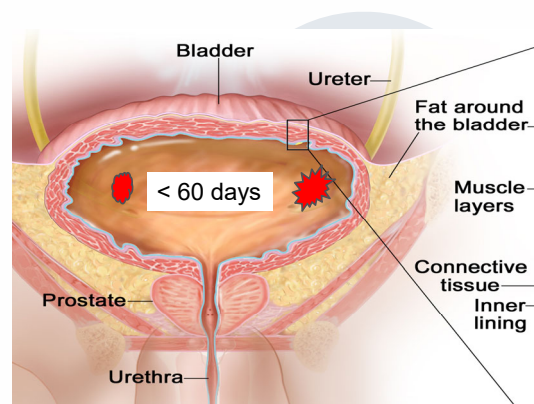
- **Note 2:** The tumors may be a NOS and a subtype/variant of that NOS. See **Table 2** in the Equivalent Terms and Definitions for listings of NOS and subtype/variants.
- **Note 3:** Once the patient has an invasive tumor, the subsequent **in situ** is recorded as a **recurrence** for those registrars who collect recurrence data.



M17

Abstract a **single primary** (the invasive) when an invasive tumor is diagnosed **less than or equal to 60 days after an in situ tumor AND** tumors occur in the **same** urinary site

- **Note 2:** The tumors may be an NOS and a subtype/variant of that NOS.



M17 Cont'd

Note 3: When the case has been abstracted, change behavior code on original abstract from /2 to /3. Do not change date of diagnosis.

Note 4: If the case has already been submitted to the central registry, report all changes.

Note 5: The physician may stage both tumors because staging and determining multiple primaries are done for different reasons. Staging determines which treatment would be most effective. Determining multiple primaries is done to stabilize the data for the study of epidemiology (long-term studies done on incidence, mortality, and causation of a disease with the goal of reducing or eliminating that disease).

M18

Abstract a **single primary** when tumors do not meet any of the above criteria.

Note: Use this rule as a last resort. Please confirm that you have not overlooked an applicable rule.



Histology Rules



Priority for Using Documentation to Code Histology



Important Notes

1. Code the histology diagnosed prior to neoadjuvant treatment.
Note 1: Histology changes do occur following immunotherapy, chemotherapy and radiation therapy.
Note 2: Neoadjuvant treatment is any tumor-related treatment given prior to surgical removal of the malignancy.
2. Code the histology using the following priority list and the Histology Rules. Do not change histology in order to make the case applicable for staging.



Priority List Documents – Single Primaries

Use documentation in the following priority order to identify the histology type(s):

Code the **most specific** pathology/tissue from either **resection** or **biopsy**.

Note 1: The term “most specific” usually refers to a subtype/variant.

Note 2: The histology rules instruct to code the invasive histology when there are in situ and invasive components in a single tumor.

Note 3: When there is a discrepancy between the biopsy and resection (two distinctly different histologies/different rows), code the histology from the most representative specimen (the greater amount of tumor).



Histology Rules Single Tumor



H1

Code the histology when only one histology is present

Note 1: Use **Table 2** to code histology. New codes, terms, and synonyms are included in **Table 2** and coding errors may occur if the table is not used.

Note 2: When the histology is **not listed** in **Table 2**, use the **ICD-O** and all **updates**.

Note 3: Submit a question to **Ask a SEER Registrar** when the histology code is not found in Table 2, ICD-O or all updates.

Note 4: Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).

Note 5: Only code adenocarcinoma (8140) when there are no other histologies present (pure adenocarcinoma).



H2

Code the **invasive** histology **when in situ** and **invasive** histologies are present in the **same tumor**.





H3

Code the **subtype/variant** when there is a **NOS** and a **single subtype/variant** of that NOS such as the following:

- Adenocarcinoma **8140** and a subtype/variant of adenocarcinoma
- Papillary urothelial carcinoma **8130** and a subtype/variant of papillary urothelial carcinoma
- Rhabdomyosarcoma **8900** and a subtype/variant of rhabdomyosarcoma
- Sarcoma **8800** and a subtype/variant of sarcoma
- Small cell neuroendocrine carcinoma **8041** and a subtype/variant of small cell neuroendocrine carcinoma
- Squamous cell carcinoma **8070** and a subtype/variant of squamous cell carcinoma
- **Urothelial carcinoma 8120 and a subtype/variant of urothelial carcinoma**

Note: Use **Table 2** to identify NOS histologies and subtypes/variant



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Table 2-Urothelial Row

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
Urothelial carcinoma 8120 <ul style="list-style-type: none"> • Note 1: Previously called transitional cell carcinoma, a term that is no longer recommended. • Note 2: Micropapillary 8131 is a subtype/variant of papillary urothelial carcinoma 8130. It is an invasive /3 neoplasm with aggressive behavior. 	Infiltrating urothelial carcinoma 8120/3 Infiltrating urothelial carcinoma with divergent differentiation 8120/3 Infiltrating urothelial carcinoma with glandular differentiation 8120/3 Infiltrating urothelial carcinoma with squamous differentiation 8120/3 Urothelial carcinoma in situ 8120/2	Papillary urothelial (transitional cell) carcinoma in situ 8130/2 invasive 8130/3 Micropapillary urothelial carcinoma 8131/3 Poorly differentiated carcinoma 8020/3 Sarcomatoid urothelial carcinoma 8122/3

7



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Table 2-Urothelial Row

7

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
Urothelial carcinoma 8120 • Note 1: Previously called transitional cell carcinoma, a term that is no longer recommended. • Note 2: Micropapillary 8131 is a subtype/variant of papillary urothelial carcinoma 8130. It is an invasive /3 neoplasm with aggressive behavior.	Infiltrating urothelial carcinoma 8120/3 Infiltrating urothelial carcinoma with divergent differentiation 8120/3 Infiltrating urothelial carcinoma with glandular differentiation 8120/3 Infiltrating urothelial carcinoma with squamous differentiation 8120/3 Urothelial carcinoma in situ 8120/2	Papillary urothelial (transitional cell) carcinoma in situ 8130/2 invasive 8130/3 Micropapillary urothelial carcinoma 8131/3 Poorly differentiated carcinoma 8020/3 Sarcomatoid urothelial carcinoma 8122/3



H4

Code mixed small cell carcinoma **8045** when the final diagnosis is any of the following:

- Small cell neuroendocrine mixed with any other type of **carcinoma** (does not apply to sarcoma)
- Subtype/variant of small cell neuroendocrine mixed with any other **carcinoma** (does not apply to sarcoma)
- Two or more subtypes/variants of small cell neuroendocrine carcinoma

Example: Diagnosis from TURB is urothelial carcinoma **and** small cell neuroendocrine carcinoma. Code mixed small cell carcinoma 8045.



H5

Code mixed urothelial carcinoma as follows:

- Code 8120 when urothelial is mixed with:
- Code 8130 when papillary urothelial is mixed with:
- Code 8131/3 when micropapillary urothelial carcinoma is mixed with:
 - Adenocarcinoma or adenocarcinoma subtypes
 - Squamous cell carcinoma or squamous cell carcinoma subtypes

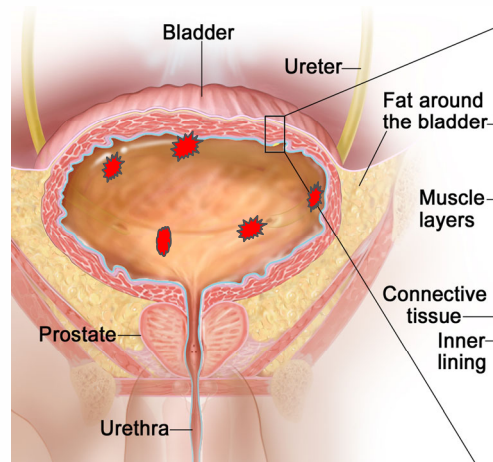
Pop Quiz 7

While performing casefinding a pathology report from a TURB was identified

- 8/3/19: Pathology: Invasive papillary urothelial carcinoma, anterior wall of bladder

Further investigation identified two previous TURB's performed at a different facility.

- 2/15/18: Pathology non-invasive papillary urothelial carcinoma, bladder trigone.
- 4/29/16: Invasive papillary urothelial carcinoma, multiple tumors in bladder.
 - Left lateral wall, right lateral wall, roof of bladder.



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Pop Quiz 7 (cont.)

Jim's Tips

1. Assign a preliminary/working site histology for each tumor.
2. Start with the first diagnosis and then work through the cases chronologically
 - a. 2016 case-use the 2007 MPH rules to determine histology and multiple primaries.
 - b. 2018 case-compare the 2016 case to the 2018 case.
 - i. Use the 2018 Solid Tumor rules for the comparison
 - ii. Make sure the 2016 case would be coded the same using the 2018 Solid Tumor Rules (it would).
 - c. Compare the 2019 case to the 2018 and 2016 case using the solid tumor rules.
 - i. Use the 2018 Solid Tumor rules for the comparison
 - ii. Make sure the 2016 case would be coded the same using the 2018 Solid Tumor Rules (it would).

2016- 8130/3 and C67.2, C67.2, C67.1

- Per 2007 MPH rules...
 - Single primary per rule M6
 - Histology 8130/3 per rule H12

2018-C67.0 8130/2

Not a second primary per rule M16

2019- C67.3 8130/3

M9-not a second primary.

(Note-more than 3 years between 1st and 3rd)

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Pop Quiz 7 (cont.)

How many primaries?

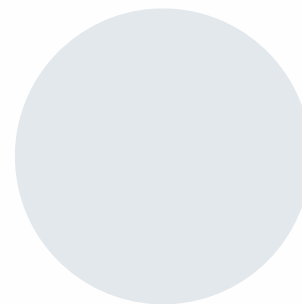
- 1 primary per rules M16 and M9

Histology 1

- 8130/3

Primary Site 1:


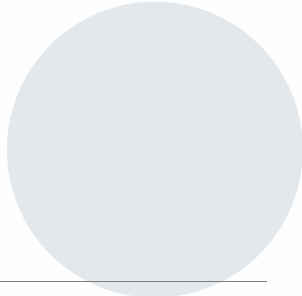
- C67.9



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Questions?


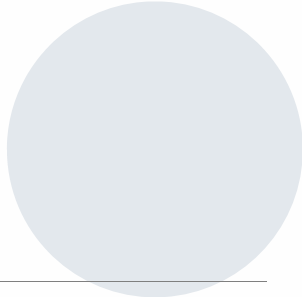


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Staging

AJCC 8TH EDITION: CHAPTER 62
SUMMARY STAGE
EOD



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Things to look for when assigning clinical stage

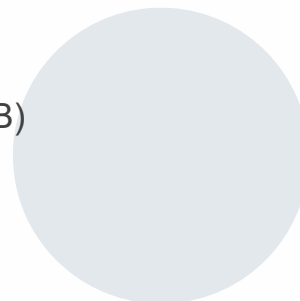
Cystoscopy

Biopsy or transurethral resection of bladder (TURB)

Bimanual exam

- Was there wall thickening or palpable mobile mass?
- Was there a fixed mass?

Imaging



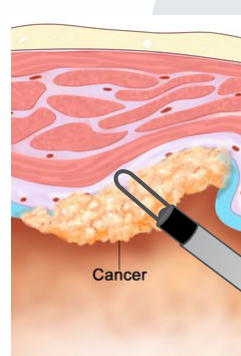
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Transurethral Resection of Bladder (TURB)

Endoscopic procedure that removes bladder tumor(s)

- Tumor(s) can be resected down to muscle; no further
- May be followed by chemotherapy or BCG
- Patient may return for repeat TURB
- Bimanual examination



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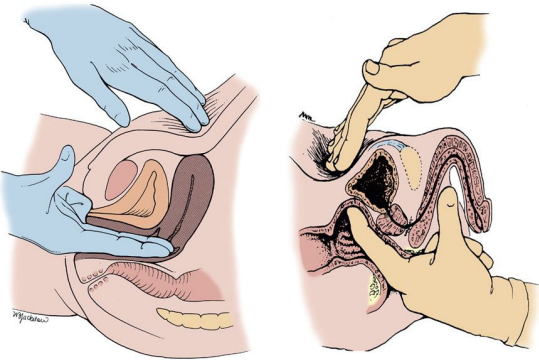
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Bimanual Examination

Examination under anesthesia (EUA) after a TURB

FOR WOMEN:
One hand on lower abdomen and the other palpates the bladder via the anterior vaginal wall



FOR MEN:
One hand on lower abdomen and the other palpates the bladder via the rectum

<https://slideplayer.com/slide/6205297/>

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Things to look for when assigning pathological stage

Information from pre-treatment evaluation + surgical resection of the primary tumor

- partial cystectomy, radical cystectomy, cystoprostatectomy

OR

Pathologic confirmation of extension beyond the bladder AND pathologic confirmation of metastatic common iliac node(s)

OR

Positive microscopic exam of distant metastatic site

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Things to look for when assigning post therapy stage

Information after neoadjuvant systemic and/or radiation therapy including:

- post-treatment physical exam, imaging, biopsies
AND
- the operative and pathology reports from a subsequent cystectomy/partial cystectomy

Neoadjuvant cisplatin-based combination chemotherapy or concurrent chemoradiation may be considered for muscle invasive and regionally spread tumors

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Pop Quiz 8

Patient had bladder diverticulectomy and removal of bladder stones. Pathology indicated an incidental finding of noninvasive papillary urothelial carcinoma, high grade.

- Since this malignancy was an incidental finding during a surgical procedure for another reason, does this meet pathological stage criteria even though bladder was not removed?

“No, this is actually part of the diagnostic workup for bladder cancer and clinical staging. This surgery does not meet the requirement of surgical treatment for pathological staging.”

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/urinary-tract/urinary-bladder-chapter-62/93017-incidental-finding-bladder-ca-bladder-diverticulectomy>

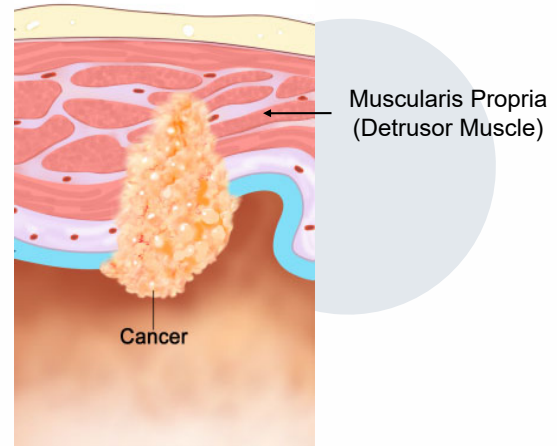
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Muscle Invasion

Clinically, cannot differentiate between superficial and deep muscle invasion

Cystectomy or partial cystectomy is required to pathologically assess if the tumor is limited to the superficial muscle or extended into the deep muscle



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Pop Quiz 10

Pathology from TURB indicated invasion of the muscularis propria. Imaging was negative.

Patient subsequently had a cystectomy and was found to have residual urothelial carcinoma in the lamina propria and 16 nodes were negative for metastatic carcinoma.

	T	N	M	Stage Group
Clinical	cT2	cN0	cM0	2
Pathological	pT2	pN0	cM0	2
Post Therapy				

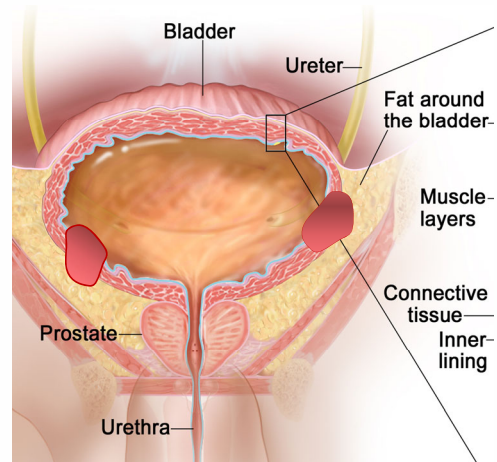
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Perivesical Tissue

Clinically, can only assess that the tumor has extended into perivesical tissues macroscopically

Cystectomy or partial cystectomy is required to pathologically assess if the tumor invades perivesical tissues microscopically or macroscopically



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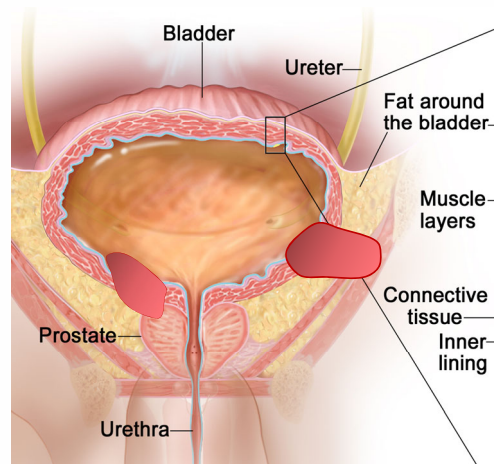
Beyond the Bladder

Bad

- Prostatic stroma
- Seminal vesicles
- Uterus
- Vagina

Worse

- Abdominal wall
- Pelvic wall



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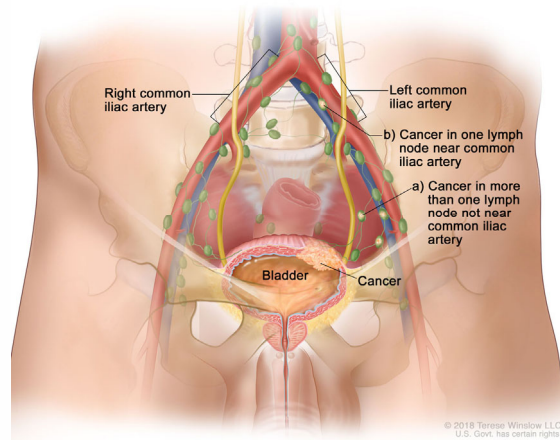
Regional Lymph Nodes

How many nodes are involved?

- One?
- Multiple?

Where are the nodes located?

- True pelvis?
 - Perivesical, Internal/External Iliac, Obturator, Sacral, Pelvic, NOS
- Common iliac?



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Pop Quiz 11

TURB pathology indicated muscle invasive urothelial carcinoma. Imaging negative.

Patient completed 4 cycles of neoadjuvant cisplatin/gemcitabine combination chemotherapy.

Subsequent cystectomy indicated high grade urothelial carcinoma that invaded the perivesical adipose tissue microscopically and 2 internal iliac nodes were positive for metastatic urothelial carcinoma.

	T	N	M	Stage Group
Clinical	cT2	cN0	cM0	2
Pathological				
Post Therapy	ypT3a	ypN2	cM0	3B

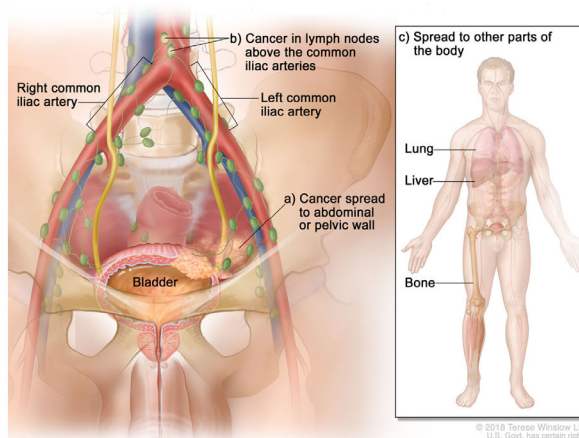
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Distant Metastasis

Are there distant metastases?

- any nodes beyond the regional lymph nodes?
- any other distant spread?



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Assigning Stage Group

Is the tumor confined to the urothelium?

- Non-invasive papillary tumor?
- Flat/sessile in situ tumor?

Does the tumour only involve the lamina propria?

Is the tumor muscle invasive?

Has the tumor spread regionally?

- Beyond bladder?
- (excluding pelvic/ abdominal wall)
- Regional node involvement?

Is the malignancy advanced?

- Pelvic/abdominal wall?
- Distant metastasis?

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SSDIs

No SSDIs for Bladder!

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EOD & Summary Stage 2018

EOD Primary Tumor
 EOD Regional Nodes
 EOD Mets


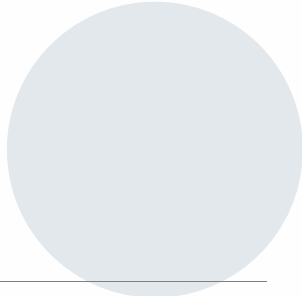
Summary Stage 2018
https://staging.seer.cancer.gov/eod_public/list/1.7/

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Treatment



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Intravesical Treatment

Chemotherapy (15)


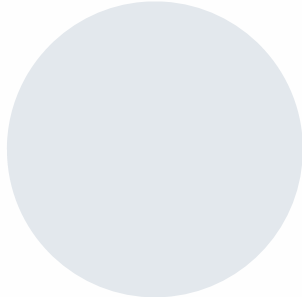
- Immediate: Within 24 hours after TURB

Induction: Initiated 3-4 weeks after resection

- Typically 2 inductions without complete response

Immunotherapy (16)

- 3-4 weeks after resection
- Typically 2 inductions without complete response



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Transurethral Resection (27)

Papillary appearing Tumor (non-muscle invasive)


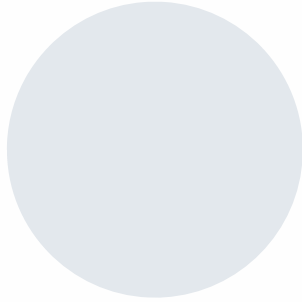
- Resection with muscle in specimen
- Intravesicle therapy within 24 hours

Carcinoma In Situ

- Biopsy adjacent to papillary tumor

Sessile or Invasive Appearing Tumor (muscle invasive)

- Perform Examination Under Anesthesia (EUA)
- Repeat TURBT



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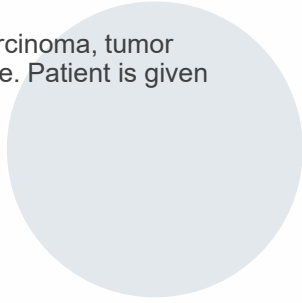
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Pop Quiz 12

Patient has TURBT. Final Diagnosis: Papillary transitional cell carcinoma, tumor infiltrates bladder wall deep muscle tissue. Margins: indeterminate. Patient is given intravesicle BCG within 24 hours of the procedure.

Which surgery codes do we use.

- 16 Bacillus Calmette-Guerin (BCG) or other immunotherapy
- 20 Local tumor excision, NOS
- **27 Excisional biopsy**



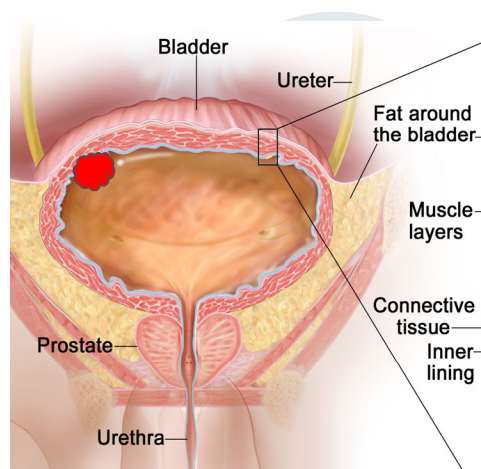
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Neoadjuvant Therapy

Systemic therapy or concurrent chemo/radiation therapy given before partial or radical cystectomy.

- Therapy may occur after TURB
- Standard treatment for muscle invasive tumors



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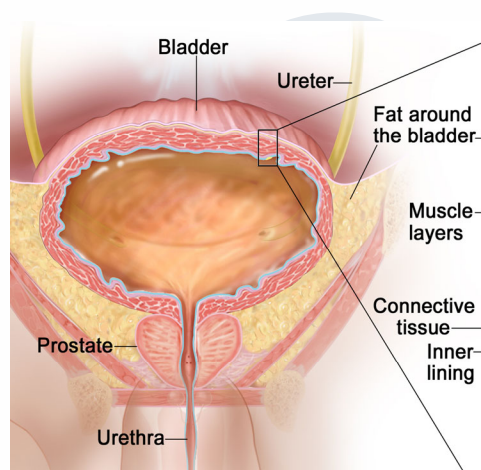
Cystectomy

Segmental (Partial) Cystectomy (30)

- Solitary lesion
- No carcinoma in situ
- Bilateral pelvic lymphadenectomy (common, internal and external iliac and obturator nodes)

Radical Cystectomy (60-64)

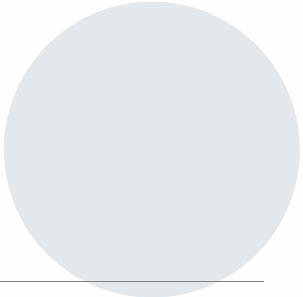
- Bilateral pelvic lymphadenectomy (common, internal and external iliac and obturator nodes)



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Questions?



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Fabulous Prizes





Coming Up...

Base of Tongue/Head and Neck

Guest Presenter: Wilson Apollo, CTR Radiation Therapist

- 12/5/2019

Prostate

Guest Presenter: Bobbi Jo Matt, BS, RHIT, CTR

- Manager of Editing/Quality Control
- State Health Registry of Iowa
- 1/9/2020



CE Certificate Quiz/Survey

Phrase

Link

<https://www.surveygizmo.com/s3/5308378/Bladder-2019>

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Thank You!!!

