Seventh Edition Staging 2017
Explaining Blanks vs. X and Support for AJCC Staging

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Overview

• Provide guidance to cancer registrars on key topics
  – Blank vs. X in registry data fields
  – Guidelines from other sources
  – Ambiguous terminology
  – Stage classification to use based on treatment provided
  – Common questions
  – Information and questions on AJCC staging
Learning Objectives

• Recognize difference in definitions of blank vs. X

• Demonstrate correct usage of blank vs. X

• Utilize appropriate guidelines

• Employ critical thinking to terminology used

• Analyze physician terminology intent by multiple methods

• Determine stage classifications to apply by treatment choice

• Identify resources for AJCC staging
Registry Data Fields – Blank vs. X
Blank vs. X

• AJCC defines X for T and N categories
  – Cannot be assessed

• Cannot use X for other situations
  – No surgical resection is NOT pTX pNX pM blank Stage 99

• Blank should be used when
  – No information is available in chart
  – Cannot be assigned a valid AJCC category
  – Patient not eligible for clinical or pathologic stage
    • Categories are blank
    • Stage group is blank or 99
Registry Data Fields - Examples

• Patient had CT chest with LLL tumor and mediastinal nodes, mediastinotomy removed 4 nodes confirming N3 disease, concurrent chemoradiation will be given

• Physician assigned clinical stage
  – T2a N3 M0 Stage IIIB  (implied c, same as cT2a cN3 cM0)

• cT2a    cN3    cM0    Stage group 3B
• pT blank  pN blank  pM blank    Stage group blank or 99

• Biopsy of nodes is part of staging workup, cN
• Cannot assign pathologic stage, no resection of primary
CoC FORDS Values – Blank, X, 88, 99

• T, N, and M data fields
  – Values allowed by FORDS
  – Further explanations from AJCC

  – Blank indicates
    • No information in medical record
    • Do not know if any assessment was performed
    • Criteria not met for this stage classification so each category (T,N,M) is blank

  – X indicates not assessed
    • T cannot be assessed
    • N cannot be assessed
    • Does not apply to M, if patient was examined it can be assigned
    • Criteria met for this stage classification so each category is valid or X

  – 88 indicates not applicable, not defined by AJCC
CoC FORDS Values – Blank, X, 88, 99

• Stage group data fields
  – Values allowed by FORDS
  – Further explanations from AJCC

  – Blank indicates
    • No information in medical record or
    • Criteria not met for clinical or pathologic staging
      – CoC does not allow blank for clinical or pathologic staging

  – 99 indicates unknown, not defined by AJCC
    • 99 indicates T or N are unknown, and stage cannot be assigned
    • 99 indicates T, N, or M are not specific enough to assign stage
      – Example: T2 assigned when T2a or T2b needed to assign stage
    • CoC mandates non-blank for clinical & pathologic stage group, use 99

  – 88 indicates not applicable, not defined by AJCC
Does patient meet criteria for that stage classification?

• Yes – patient meets classification criteria
  – If physician could not assess T and/or N for the patient, and
  – Definitive information for T and N not in chart
  – Use TX and/or NX

• Yes – patient meets classification criteria
  – No information about diagnostic workup or resection pathology in chart
  – Do not use X
    • Implies physician did not assess or have info on patient’s T and/or N
  – Use blank
    • Indicates registrar could not find information in chart
Key Points for Blank vs. X

Does patient meet criteria for that stage classification?

• No – patient does NOT meet classification criteria
  – Do NOT use X
    • Indicates patient eligible for staging
    • Implies physician did not assess or have info on patient’s T and/or N
  – Must use blanks for categories
    • Indicates patient did not meet classification criteria
  – May use 99 for stage group
Key Points for Blank vs. X

• X may only be used according to AJCC definitions
  – X means physician does not know, cannot assess patient
  – X applies to information describing the patient
  – X does *not* mean registrar can’t find information

• Must use blanks if AJCC criteria for X is not met

• Remember MX does NOT exist

• Assigning cM0 only requires patient to have had H&P
  – Does not mean registrar must find H&P on chart
  – If physician suspects mets
    • It will be mentioned
    • Treatment plan will be different
Guidelines from Other Sources
CS Rules NOT Used for AJCC

- CS rules **do not** apply to AJCC
  - Underlying principles are similar
  - Detailed rules are **not** the same
  - AJCC clinical and pathologic classifications based on
    - Different points in time of a patient’s care
    - Specific criteria
  - Classifications not exactly same as CS eval codes
CS Rules NOT Used for AJCC

• Rootstock – this is foundation or base of a plant

• Graft – plant that you want to grow
  – It would not grow or survive on its own
  – This plant needs a strong foundation or base
  – It is grafted onto a rootstock which provides strong foundation

• Example on next slide is
  – Left - Jacaranda tree = AJCC
    • Tree is all AJCC, rootstock and entire plant, no grafts
  – Right - Royal Poinciana = Collaborative Stage
    • Tree is EOD & Summary Stage grafted onto AJCC rootstock

• Trees are very different – they are not the same
AJCC and CS Are Not The Same

AJCC is the rootstock and entire tree

CS is EOD & Summary Stage grafted onto the AJCC rootstock
Other Sources Not Used for AJCC Staging

• Guidelines from other sources **cannot** be used for assigning AJCC stage

• Other sources **not** used for assigning AJCC stage
  – MPH
  – CS
  – FORDS (only use allowable codes, do not use ambiguous terms or any rules for assigning AJCC TNM)
  – SEER Program Coding Manual
  – Any manual that is **not**
    • AJCC 7th edition Cancer Staging Manual or Handbook
    • AJCC 2nd edition Cancer Staging Atlas

• Rules are valid only for publication to which they belong
• May **NOT** be used to assign AJCC stage

• **ONLY** T, N, and M descriptions are from UICC

• Notes at top of table are from Collaborative Stage

• Registrar notes column in tables are from Summary Stage and Collaborative Stage

• SEER Program Coding and Staging Manual 2016 may **NOT** be used to assign AJCC stage
Ambiguous Terminology
Ambiguous Terminology

• AJCC does **NOT**
  – Define ambiguous terminology
  – Mandate how words should be interpreted

• How to interpret words for cancer involvement
  – Review clinician’s statements
  – Treatment choices may indicate clinician’s impression
  – Review and analysis of entire case
    • Physical exam
    • Medical history of all other diseases
    • Symptoms
    • Imaging
    • Lab tests
    • Diagnostic procedures
    • All other available information

• Judgment call based on all aspects of patient’s care
Ambiguous Terminology Example

• Lung case
  – CT chest reports mediastinal adenopathy
  – Patient scheduled for LUL lobectomy

• Are the mediastinal nodes involved with cancer?

• Imaging analysis
  – CXR are not sensitive and enlarged nodes may be involved
  – CT, MRI, PET are very sensitive, could be infection, inflammation, immune system reaction, or cancer

• Treatment analysis
  – NCCN guidelines indicate surgery is not the primary therapy for known involvement of mediastinal nodes (N2)

• Decision: mediastinal nodes are NOT involved
Ambiguous Terminology Example

• Duodenum case
  – CT abd/pelvis reports duodenal tumor with extensive inflammation, exudate and adherent to other loops of small bowel
  – Patient scheduled for resection of tumor in duodenum

• Does adherence mean other bowel involved with cancer?

• Imaging and treatment analysis
  – Exudate is fluid leaking from blood vessels due to inflammation
  – Inflammation causing adherence, not tumor, if extensive adherence they would not resect just local tumor and not do more treatment, either more surgery or chemotherapy

• Decision: other small bowel are NOT involved
Stage Classification
Based on Treatment
Stage Classification Based on Treatment

- **Surgical Treatment**
  - Clinical
  - Pathologic

- **Systemic and/or Radiation ONLY**
  - Clinical
  - Clinical (after systemic/radiation)

- **Neoadjuvant Therapy**
  - Clinical
  - Clinical (after systemic/radiation but before surgery)
  - Pathologic (after systemic/radiation AND surgery)

  - Can NEVER do pathologic after neoadjuvant therapy
  - Registrars do not have data field to record yc
Stage Classifications

- Clinical - c
  - Date of Diagnosis
    - Diagnostic Workup – phy exam, imaging, bx
  - Clinical - c
- Pathologic – p
  - Surgical Treatment
  - Pathology Report
    - Systemic or Radiation Therapy
    - Evaluation by imaging & physical exam
    - Surgical Treatment
    - Pathology Report
- Posttherapy - yc
- Posttherapy - yp
Common Questions
In Situ – Can Clinical Stage Be Assigned

• In situ stage must meet criteria for clinical classification

• If in situ cancer found incidentally during surgical resection
  – Assign pathologic in situ stage as pTis cN0 cM0 stage 0
  – Do NOT assign clinical stage, leave blank

• If no knowledge of cancer prior to resection may not assign clinical stage

• If no microscopic evidence of in situ cancer prior to resection may not assign clinical stage
  – Clinical stage T category of pTis must have microscopic proof
  – May not be assigned based on imaging alone
In Situ – Can Pathologic Stage Be Assigned

• In situ stage must meet criteria for pathologic classification

• Must have a surgical treatment resection
  – Resection must be according to chapter criteria
  – Not all surgical procedures are surgical treatment
  – If no resection, do **NOT** assign pathologic stage, leave blank

• Nodal resection is not required
  – Nodal resection not medically necessary
  – Rule is in compliance with medical practices

• Assign pathologic in situ stage as pTis cN0 cM0 stage 0
In Situ and Invasive

- **Clinical stage 0 – in situ**
  - Resection shows in situ tumor, pathologic stage 0
  - Resection shows no residual tumor, pathologic stage 0
  - Resection shows invasive tumor, pathologic stage I-IV

- **Clinical stage I – invasive**
  - Resection shows in situ tumor, pathologic stage I
  - Resection shows no residual tumor, pathologic stage I
  - Resection shows invasive tumor, pathologic stage I-IV
• Clinical staging includes
  – Digital rectal examination of prostate
  – Histologic or cytologic confirmation of prostate carcinoma

• Clinical T category
  – Based on DRE
  – Do NOT assign based on biopsy findings
  – Biopsies are only to confirm DRE

• Imaging information use
  – Must be documented by physician
  – Registrar cannot interpret and use imaging
Larynx

- No AJCC stage for sites without tumor location
  - C32.8 Overlapping lesion of larynx
  - C32.9 Larynx, NOS

- Use AJCC instruction for .8 and .9 – included in errata

- “Stage by location of tumor bulk or epicenter”
  - Must identify tumor location
    - Bulk of tumor or
    - Epicenter of tumor
  - Methods of assessment
    - Indirect mirror and direct endoscopic exams
    - Cross-sectional imaging
  - Use appropriate site of supraglottis, glottis or subglottis to stage
Information and Questions on AJCC Staging
AJCC Web site

- https://cancerstaging.org

- Cancer Staging Education Registrar menu includes
  - Timing is Everything – Stage Classifications
  - Critical Clarifications for Registrars
  - Disease Site Webinars
    - 5 sites: melanoma, lung, breast, prostate, colorectum
  - AJCC Curriculum for Registrars
    - 4 free self-study modules of increasing difficulty on staging rules
      - Each module consists of 7 lessons, including recorded webinar & quizzes
  - Presentations
    - Self-study or group lecture materials, including blank vs. X
AJCC Web site

- https://cancerstaging.org

- Cancer Staging Education **Physician menu** includes
  - Articles
    - 18 articles on AJCC 7th edition staging in various medical journals
  - Webinars
    - 14 free webinars on 7th edition staging rules and some disease sites

- Cancer Staging Education **General menu** includes
  - Staging Moments
    - 15 case-based presentations in cancer conference format to promote accurate staging with answers and rationales
CAnswer Forum

• Submit questions to AJCC Forum
  – Located within CAnswer Forum
  – Provides information for all
  – Allows tracking for educational purposes

• http://cancerbulletin.facs.org/forums/
Summary
Summary

• Discriminate between blank vs. X usage
  – Assign X according to AJCC rules

• Differentiate guidelines available for registrars

• Apply critical thinking when interpreting physician’s words
  – Do not use registry ambiguous terminology lists
  – Take into account available information

• Recognize appropriate stage classifications for each case
  – Treatment choices will identify eligible stage options

• Identify resources from AJCC
  – Information and guidance
  – Obtain answers to questions
Thank you

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