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
Key Points for Blank vs. X

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

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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

SEER*RSA

- 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

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

- Surgical Treatment
  - Clinical
  - Pathologic

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

- Neoadjuvant Therapy
  - Clinical
  - ypclinical (after systemic/radiation but before surgery)
  - ypypathologic (after systemic/radiation AND surgery)

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

- Pathologic – p
- Clinical - c
- 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

Prostate

- 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

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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

**AJCC Cancer Staging Manual and Atlas**

Order at http://cancerstaging.net

**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

• 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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