Purpose of Evaluation Field

• Document how the highest \( T, N \) or \( M \) category was established (clinical vs pathologic)
• Document treatment effect on tumor. Was pre-surgical treatment effective OR worse scenario after neoadjuvant treatment?

Best question to ask yourself when assigning Eval codes is: What did I base the \( T, N \) or \( M \) on?
Purpose of Evaluation Field

• Assign TNM data elements as either:
  – Clinical (c)
  – Pathologic (p)
  – Post neoadjuvant pathologic (yp)
  – Autopsy (a)

The AJCC TNM Classification

• First edition released in 1978
• AJCC 7th edition (current) effective for all cancer cases diagnosed 1/1/2010 and after
• One of several cancer staging systems used worldwide
• Most clinically useful staging system
• Maintained by the American Joint Committee on Cancer (AJCC) and the International Union Against Cancer (UICC)

Defining the TNM System: T

• T: Extent of primary tumor — sometimes includes size
• Relevant CS data elements:
  – CS Tumor Size
  – CS Extension (direct CS Extension of primary tumor and CS Extension within primary)
  – CS Tumor Size/Ext (method of Evaluating T)
  – Relevant Site Specific Factors
• Examples:
  • T for Colon schema based only on CS Extension
  • T for Kidney schema based on CS Tumor Size and CS Extension
  • T for Lung schema based on Tumor Size, Extension and Site Specific Factor 1
Defining the TNM System: N

- N: Involvement of regional CS Lymph Nodes
- Relevant CS data elements:
  - CS Lymph Nodes
  - CS Lymph Nodes Eval
  - Regional Nodes Positive
  - Regional Nodes Examined
  - Relevant Site Specific Factors
    - Example: For Lung, N is based on the Lymph node code
    - Example: For Colon, 1-3 positive CS Lymph Nodes are a N1,
      4+ CS Lymph Nodes are a N2
    - Example: For Pharyngeal Tonsil, the size of the largest positive
      lymph node will determine N1, N2(a, b, or c) or N3

Defining the TNM System: M

- M: Presence or absence of distant metastases
- Relevant CS data elements:
  - CS Mets at Dx
    - If there are Bone, Brain, Liver or Lung mets, the new CS Mets at Dx fields need to be ‘1’ (yes) as applicable
  - CS Mets Eval

THE EVAL CODES
Clinical Code 0 (c)

- Physical Exam
- Imaging (i.e. CT, MRI, PET)
- Other non-invasive methods of examining tissues

Evaluation Codes

- Clinical code 1 (c)
  - Scopes
  - Observations at surgery
    - i.e. Surgical exploration of liver during colon resection
  - Diagnostic biopsies
    - Do not use code 1 for FNA's or needle core biopsies that are histologic confirmation only

Evaluation Codes

- Scopes and the Evaluation codes
  - Performed to evaluate presenting symptoms
    - Patient presents with dysphasia. Endoscopy done to determine cause and malignancy found in EGJ junction (use Eval code 1 if no other workup)
  - Performed to confirm suspected malignancy
    - Patient noted to have lung mass on CT scan with extension to mediastinum, suspect carcinoma. Bronchoscopy done, which confirms small cell carcinoma. Extension based on CT scan. (Use Eval code 0)
  - Performed to evaluate extent of suspected malignancy
    - Patient noted to have esophageal mass on CT scan. Endoscopy done which shows mass in intrathoracic esophagus. Extension to bronchus noted. (Use Eval code 3 since this is a T4b, and is the highest T category)
Evaluation Codes

- Pathologic Code 3 (p)
  - Based on surgical resection (no or unknown prior neoadjuvant treatment)
  - OR
  - Based on biopsy that determines the highest applicable T, N or M category

- Clinical Code 5 (c)
  - Neoadjuvant treatment received
  - Clinical evidence unless pathologic evidence is more extensive than clinical

- Pathologic Code 6 (yp)
  - Neoadjuvant treatment received AND
  - Pathologic evidence at surgery is more extensive than clinical evidence before treatment
  - Neoadjuvant therapy given, pathologic evidence available, clinical evaluation prior to neoadjuvant therapy not available
Evaluation Codes

• Autopsy Code 2 (p)
  – Autopsy performed
  – Prior knowledge of malignancy (suspected OR diagnosed)

• Autopsy Code 8 (a)
  – Autopsy performed
  – Malignancy diagnosed at autopsy with no prior knowledge of malignancy (unsuspected OR undiagnosed)

Clinical Code 9 (c)

• Unknown
  – Unknown how T, N or M determined
  – Defaults to clinical (c)

CS TUMOR SIZE/EXT EVAL CODES
CS Tumor Size/Ext Eval

- Common table used for all schemas except:
  - 1 not applicable table (can only use code 9)
    - (AdnexaUterineOther, Brain, CNSOther, DigestiveOther, EndocrineOther, EyeOther, GenitalFemaleOther, GenitalMaleOther, HemeRetic, IllDefinedOther, IntracranialGland, KaposiSarcoma, Lymphoma, MelanomaSinusOther, MiddleEar, MyelomaPlasmaCellDisorder, PharynxOther, RespiratoryOther, SinusOther, Trachea, UrinaryOther)
  - 5 individual CS Tumor Size/Ext Eval Tables
    - 1) Bladder; 2)Lung; 3)Lymphoma; 4)Prostate 5) Includes the following schemas: AdrenalGland, LacrimalSac, GIST, Head & Neck Melanomas, LymphomaOcularAdnexa

The “Common Table” for CS Tumor Size/Ext Eval

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Does not meet criteria for ACC pathology staging</td>
</tr>
<tr>
<td>1</td>
<td>Does not meet criteria for ACC pathology staging</td>
</tr>
<tr>
<td>2</td>
<td>Needs criteria for ACC pathology staging</td>
</tr>
<tr>
<td>3</td>
<td>Tumor extension needs ACC pathology staging</td>
</tr>
</tbody>
</table>

- T based on farthest CS Extension or CS Tumor Size
  - Tumor size only
    - Example: T1 and T2 lesions in Breast
  - Extension only
    - Example: All T categories in Colon
  - Tumor size or CS Extension
    - Example: T3 lesions in Breast

- See CS Manual, Part I, Section 1, v02.03.02: Appendix 3: Schema Names, Site Codes, and Other Characteristics of CS Schemas, pgs. 196-100 for schemas where Tumor Size is a factor in determining T
Why are Tumor Size and Extension evaluated together?

In many sites, the CS Tumor Size and CS Extension are used together to determine T.
- Example: 2 cm tumor confined to Breast

Not all schemas use Tumor Size in determining T.

In those sites where TS is used, it is usually for localized lesions only.
- T1 and T2 lesions
- T3 lesions for some schemas (i.e. Breast & Lung)

Why are Tumor Size and Extension evaluated together?

Even in schemas where CS Tumor Size is used, a further CS Extension code can override CS Tumor Size.
- Examples:
  - Breast, 7 cm mass (T3) with invasion of chest wall (T4a)
  - Lung, 7 cm mass (T3) with SVC syndrome (T4)
  - Kidney, 6 cm mass (T2) with renal artery involvement (T3a)

It's very important to know where your highest T is coming from when CS Tumor Size and CS Extension both factor into T.

Clinical code 1

- No surgery of primary tumor
- Biopsy results in further (more extensive) information regarding CS Extension
- Many times a biopsy is done to confirm diagnosis and NOT evaluate CS Extension (use code 0 in this case)
  - Example: CT scan shows 6 cm kidney tumor, suspect renal cell carcinoma; biopsy confirms renal cell carcinoma. Eval code of 0 would be assigned since T would be based on CS Tumor Size from CT scan.
CS Tumor Size/Ext Eval

- When you have a T category based on pathologic evaluation and a T category based on clinical evaluation:
  - Assign the appropriate clinical Eval code when the clinical CS Extension maps to a higher T category
  - Assign the appropriate pathologic code when the pathologic and clinical CS Extension map to the same T category and there is no neoadjuvant therapy
  - Same principle applies when you have T subcategories (i.e. T1a, T1b, T1c)

Example (from discussion on previous slide)
- Bladder: Cystectomy shows direct CS Extension to the pelvic wall
  - Extension code 750
  - Maps to T4b
- CT Abd/Pelvis shows further contiguous CS Extension to the sigmoid colon
  - Extension code 801
  - Maps to T4b
- Assign CS Tumor Size/Ext Eval code of 3 even though the clinical CS Extension is a higher code. Both CS Extension codes map to the same T category

CS TUMOR SIZE/EXT EVAL: SCHEMA SPECIFIC TABLES
# The “Not Applicable” Table for CS Tumor Size/Ext Eval

**Note:** The staging basis for this scheme is blank because AJCC stage is not applicable.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Staging Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Not applicable for this scheme</td>
<td></td>
</tr>
</tbody>
</table>

---

## CS Tumor Size/Ext Eval Table for Bladder

- Additional note added stating that a TURBT (transurethral resection of bladder tumor) is CLINICAL and should be coded 1

- Codes and code definitions same as common table

```plaintext
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Does not meet criteria for AJCC pathologic staging</td>
</tr>
<tr>
<td>1</td>
<td>Does not meet criteria for AJCC pathologic staging</td>
</tr>
<tr>
<td>2</td>
<td>Meets criteria for AJCC pathologic staging</td>
</tr>
<tr>
<td>3</td>
<td>No surgical resection, but evidence derived from autopsy (tumor was suspected or diagnosed ante mortem)</td>
</tr>
<tr>
<td>4</td>
<td>Staging basis</td>
</tr>
</tbody>
</table>
```

---

**Bladder**

CS Tumor Size/Ext Eval

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Does not meet criteria for AJCC pathologic staging</td>
</tr>
<tr>
<td>1</td>
<td>Does not meet criteria for AJCC pathologic staging</td>
</tr>
<tr>
<td>2</td>
<td>Meets criteria for AJCC pathologic staging</td>
</tr>
<tr>
<td>3</td>
<td>No surgical resection, but evidence derived from autopsy (tumor was suspected or diagnosed ante mortem)</td>
</tr>
<tr>
<td>4</td>
<td>Staging basis</td>
</tr>
</tbody>
</table>
CS Tumor Size/Ext Eval Table for Lung

- AJCC 6th edition
  - Code 1 was mapped to pathologic

- AJCC 7th edition
  - Code 1 now maps to clinical
  - CS Tumor Size/Ext Eval table for Lung is the common table

CS Tumor Size/Ext Eval Table for Lung

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Stage 1</th>
<th>Stage 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Does not meet criteria for AJCC pathologic staging</td>
<td>T</td>
<td>T</td>
</tr>
<tr>
<td>1</td>
<td>Does not meet criteria for AJCC pathologic staging</td>
<td>T</td>
<td>T</td>
</tr>
<tr>
<td>2</td>
<td>Needs criteria for AJCC pathologic staging</td>
<td>T</td>
<td>T</td>
</tr>
</tbody>
</table>

I noticed that three factors are used to derive T in Lung. How do I determine the Eval code?

- Tumor Size, Extension and Site Specific Factor 1 (separate tumor nodules) determine T
- Most of the time CS Tumor Size/Ext Eval will be based on Tumor Size and Extension
- If you have separate tumor nodules and it “raises” the T value, then take Site Specific Factor 1 into account for assigning CS Tumor Size/Ext Eval
CS Tumor Size/Ext Eval Table for Lung

<table>
<thead>
<tr>
<th>CS Tumor Size/Ext (T1)</th>
<th>Site Specific Factor 1 000, 999</th>
<th>Site Specific Factor 1 010, 040</th>
<th>Site Specific Factor 020, 030</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1 (Eval based on CS Tumor Size/Ext)</td>
<td>T3 (Eval based on Site Specific Factor1)</td>
<td>T4 (Eval based on Site Specific Factor1)</td>
<td></td>
</tr>
<tr>
<td>T2 (Eval based on CS Tumor Size/Ext)</td>
<td>T3 (Eval based on Site Specific Factor1)</td>
<td>T4 (Eval based on Site Specific Factor1)</td>
<td></td>
</tr>
<tr>
<td>T3 (Eval based on CS Tumor Size/Ext)</td>
<td>T3 (Eval based on best info available)</td>
<td>T4 (Eval based on Site Specific Factor1)</td>
<td></td>
</tr>
<tr>
<td>T4 (Eval based on CS Tumor Size/Ext)</td>
<td>T4 (Eval based on best info available)</td>
<td>T4 (Eval based on best info available)</td>
<td></td>
</tr>
<tr>
<td>TX (Eval based on CS Tumor Size/Ext)</td>
<td>T3 (Eval based on Site Specific Factor1)</td>
<td>T4 (Eval based on Site Specific Factor1)</td>
<td></td>
</tr>
</tbody>
</table>

CS Tumor Size/Ext Eval Table for Lymphoma

- Code 0: Most lymphomas will have an Eval code of 0
- Code 2: Added to be consistent with remaining schemas
- Code 3: Staging laparotomy MUST be done to assign code
CS Tumor Size/Ext Eval Table for Lymphoma

• Only a Staging Laparotomy qualifies for a pathologic evaluation in Lymphoma
• Staging laparotomy:
  – Splenectomy
  – Abdominal exploration
  – Liver biopsy
  – Multiple LN biopsies

Why can’t I use a surgical evaluation code when I have a tonsillectomy done for a tonsillar lymphoma?

CS Tumor Size/Ext Eval Table for Prostate

• Code 0: Digital rectal examination (DRE), imaging examination, other non-invasive clinical evidence
• Code 1: Endoscopic examination, diagnostic biopsy (needle core biopsy), transurethral resection (TURP)

• REMEMBER: The CS Tumor Size/Ext Eval code for a TURP is a

CS Tumor Size/Ext Eval Table for Prostate

• Needle core biopsies are often done to confirm diagnosis of prostate cancer, not determine CS Extension
• Information from DRE will override a needle core biopsy, unless further CS Extension is confirmed from the biopsy

I frequently have needle core biopsies for prostate, which is included in Code 1. Do I use that information in the Eval code?
CS Tumor Size/Ext Eval Table for Prostate

But what about when I use CS Extension code 150, which states diagnosis is from needle core biopsy. Can I use Eval code 1 then?

• Use of CS Extension code 150 has the following conditions:
  – DRE is negative
  – Needle core biopsy done due to elevated PSA
  • Use Eval code 1

• Extension code 150 may also be used for “stated as T1c”
  – In this scenario, Eval code 0 would be used since you are basing your CS Extension code on a “stated as code.”

CS Tumor Size/Ext Eval Table for Prostate

• Prostate: CS Tumor Size/Ext Eval codes, cont.
  – Code 2: Positive biopsy reveals extraprostatic tissue involvement (CS Extension codes 410-700)
  – Code 3: Evidence derived from autopsy (tumor suspected)
  – Code 4: Prostatectomy performed without (or unknown) prior neoadjuvant treatment. Evaluation based on information acquired prior to treatment

• Remember: Pathologic code 3 is different for Lymphoma and Prostate
CS Tumor Size/Ext Eval Table for Specific Schemas

- New schema Eval tables
  - New chapter for AJCC 7th edition
  - New schemas for CSv2
  - Staged by new schema for AJCC 7th edition
  - Not staged for AJCC 6th edition (blank column)

- Applicable for the following schemas: Adrenal Gland, GIST, Lacrimal Sac and Melanomas of the Head and Neck

CS Tumor Size/Ext Eval Table for Specific Schemas

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Staging Based</th>
<th>Stage 1</th>
<th>Stage 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Does not meet criteria for AJCC pathologic staging</td>
<td>No surgical resection done</td>
<td>Evaluation based on clinical examination, imaging examination, or other diagnostic techniques, excluding surgical resection related exams. No adjuvant treatment</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Does not meet criteria for AJCC pathologic staging</td>
<td>No surgical resection done</td>
<td>Evaluation based on clinical examination, imaging examination, or other diagnostic techniques, including surgical resection related exams. No adjuvant treatment</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Adequate resection</td>
<td>Adequate resection done</td>
<td>Evaluation based on clinical examination, imaging examination, or other diagnostic techniques, including surgical resection related exams. Adjuvant treatment included in determination of stage</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Other criteria meets AJCC pathologic staging</td>
<td>Tumor is not measured or tumor size is not available; tumor was excised or determined prior to admission</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CS Tumor Size/Ext Eval Table for Other Schemas

- Multiple schemas use Site Specific Factor’s to determine the T category
- Review information for CS Tumor Size, CS Extension and the applicable Site Specific Factor to determine your T
- Eval code should be based on how your highest T category was determined
  - Conjunctiva (SSF1); MelanomaCiliaryBody (SSF2); MelanomaChoroid (SSF3); MelanomaConjunctiva (SSF2); MelanomaSkin (SSF1&2); Pleura (SSF1); Retinoblastoma (SSF1), Scrotum (SSF12); SkinEyelid (SSF6)
CS LYMPH NODES EVAL CODES

CS Lymph Nodes Eval

• Common table used for all schemas except:
  – 1 not applicable table (can only use code 9)
    • (AdnexaUterineOther, Brain, CNSOther, DigestiveOther, EndocrineOther, EyeOther, GenitalFemaleOther, GenitalMaleOther, HemeRetic, IllDefinedOther, IntracranialGland, KaposiSarcoma, Lymphoma, MelanomaSinusOther, MiddleEar, MyelomaPlasmaCellDisorder, PharynxOther, Placenta, RespiratoryOther, SinusOther, Trachea, UrinaryOther)
  – 2 individual CS Lymph Nodes Eval Tables
    • 1) Lung 2) Includes the following schemas: AdrenalGland, LacrimalSac, GISt, Head & Neck Melanomas, LymphomaOcularAdnexa

The “Common Table” for CS Lymph Nodes Eval

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Does not meet criteria A/J/C pathologic staging</td>
</tr>
<tr>
<td>1</td>
<td>Does not meet criteria A/J/C pathologic staging, based on an accepted one of the following criteria:</td>
</tr>
<tr>
<td>2</td>
<td>Does not meet criteria A/J/C pathologic staging, based on an accepted one of the following criteria:</td>
</tr>
<tr>
<td>3</td>
<td>Does not meet criteria A/J/C pathologic staging, based on an accepted one of the following criteria:</td>
</tr>
<tr>
<td>4</td>
<td>Does not meet criteria A/J/C pathologic staging, based on an accepted one of the following criteria:</td>
</tr>
<tr>
<td>5</td>
<td>Does not meet criteria A/J/C pathologic staging, based on an accepted one of the following criteria:</td>
</tr>
<tr>
<td>6</td>
<td>Does not meet criteria A/J/C pathologic staging, based on an accepted one of the following criteria:</td>
</tr>
<tr>
<td>7</td>
<td>Does not meet criteria A/J/C pathologic staging, based on an accepted one of the following criteria:</td>
</tr>
<tr>
<td>8</td>
<td>Does not meet criteria A/J/C pathologic staging, based on an accepted one of the following criteria:</td>
</tr>
<tr>
<td>9</td>
<td>Does not meet criteria A/J/C pathologic staging, based on an accepted one of the following criteria:</td>
</tr>
</tbody>
</table>
CS Lymph Nodes Eval

• Based on intent of procedure
• Intent can be diagnostic or treatment
• If clinical Evaluation is positive and pathologic Evaluation disproves this, assign appropriate pathologic Eval code
  – If neoadjuvant treatment given, assign clinical code
• When both clinical and pathologic Evaluation are negative, assign appropriate pathologic code
• Document the highest N code
  – May or may not be the farthest involved regional CS Lymph Nodes

CS Lymph Nodes Eval

• Clinical intent
  – Microscopic assessment (workup) of CS Lymph Nodes intended to help choose treatment plan
  – Tumor size and/or CS Extension is clinical and any resection of primary tumor does not meet criteria for pathologic T classification
  – Information obtained from a lymph node excisional or incisional biopsy is part of clinical staging
    • Example: Patient with hard lump in low neck. Endoscopic paratracheal lymph node biopsy confirms metastatic lung cancer. Patient treated with chemoradiation

CS Lymph Nodes Eval

• Pathologic intent
  – Lymph node procedure is therapeutic (treatment)
  
  AND
  – Resection of primary tumor meets qualifications for pathologic T classification
  – Microscopic confirmation of highest N category without surgical resection of primary tumor
CS Lymph Nodes Eval

• When you have a N category based on pathologic evaluation and a higher N category based on clinical evaluation:
  – Assign the appropriate clinical Eval code when the clinical lymph node code maps to a higher N category
  – Assign the appropriate pathologic code when the pathologic and clinical lymph node code map to the same N category
  – Same principle applies when you have N subcategories (i.e. N1a, N1b, N1c)

CS Lymph Nodes Eval

• Clinical code 1
  – Lymph node procedure is part of patient workup
  – Used to determine course of treatment
  – No resection of primary tumor
    • Example: Large breast tumor on mammography. Sentinel node biopsy. Enlarged sentinel lymph node negative for malignancy. Code CS Lymph nodes Eval as 1 because the sentinel node biopsy was done to determine what type of treatment the patient should have and patient did not have surgery

CS Lymph Nodes Eval

• Pathologic Code 3
  – Lymph node dissection part of surgical treatment
  – Positive FNA sufficient to use pathologic code 3 in some schemas (i.e. Prostate)
  – Microscopic assessment of highest N always pathologic
    • Example: FNA of 7 cm para-aortic lymph node positive for metastatic renal cell carcinoma. Assign Eval code 3 for pathologic since this will map to a N3, which is the highest N category for Kidney Parenchyma
CS LYMPH NODES EVAL:
SCHEMA SPECIFIC TABLES

The “Not Applicable” Table for CS Lymph Nodes Eval

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Stage</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not applicable to this schema</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CS Lymph Nodes Eval Table for Lung

- AJCC 6th edition
  - Code 1 was mapped to pathologic

- AJCC 7th edition
  - Code 1 now maps to clinical
  - CS Tumor Size/Ext Eval table for Lung is the common table
CS Lymph Nodes Eval Table for Lung

CS Lymph Nodes Eval

- Note: This item reflects the validity of the classification of the item CS Lymph Nodes eval according to diagnostic methods employed.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Stage B</th>
<th>Stage B 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Does not meet criteria for AJCC pathologic staging. No regional lymph nodes removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>1</td>
<td>Does not meet criteria for AJCC pathologic staging based on at least one of the following criteria: No regional lymph nodes removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.</td>
<td>C</td>
<td>P</td>
</tr>
<tr>
<td>7</td>
<td>Meets criteria for AJCC pathologic staging.</td>
<td>P</td>
<td>P</td>
</tr>
</tbody>
</table>

CS Lymph Nodes Eval Table for Specific Schemas

- New schema Eval tables
  - New chapter for AJCC 7th edition
  - New schemas for CSv2
  - Staged by new schema for AJCC 7th edition
  - Not staged for AJCC 6th edition (blank column)

- Applicable for the following schemas: Adrenal Gland, GIST, Lacrimal Sac and Melanomas of the Head and Neck

CS Lymph Nodes Eval Table for Specific Schemas

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Stage B</th>
<th>Stage B 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Does not meet criteria for AJCC pathologic staging. No regional lymph nodes removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>1</td>
<td>Does not meet criteria for AJCC pathologic staging based on at least one of the following criteria: No regional lymph nodes removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.</td>
<td>C</td>
<td>P</td>
</tr>
<tr>
<td>2</td>
<td>Does not meet criteria for AJCC pathologic staging. No regional lymph nodes removed for examination, histologic examination, or other non-invasive clinical evidence. No autopsy evidence used.</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>3</td>
<td>Does not meet criteria for AJCC pathologic staging based on at least one of the following criteria: No regional lymph nodes removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.</td>
<td>C</td>
<td>C</td>
</tr>
</tbody>
</table>
CS Lymph Nodes Eval and Site Specific Factors

- Multiple schemas have Site Specific Factor’s that request information on clinical CS Lymph Nodes
  - i.e. Head and Neck Sites, Colon, Merkel Cell, Small Intestine, Stomach, Rectum, Penis, Testis

- This is for clinical assessment only and is based on exam or imaging

- The results of these Site Specific Factors are included in the stage algorithm

CS Lymph Nodes Eval and Site Specific Factors

- Determining CS Lymph Nodes Eval:
  - The final N category code will be determined by the following:
    - Lymph Node code
    - Site Specific Factor code
  - Lymph node extra tables are provided for each schema that have these two factors determining N
  - In the event that the Site Specific Factor value “raises” the N category, your Eval code is based on how the Site Specific Factor was determined

CS METS EVAL CODES
CS Mets Eval

- Common table used for all schemas except:
  - 1 not applicable table (can only use code 9)
  - (Adnexa UterineOther, Brain, CNSOther, DigestiveOther, EndocrineOther, EyeOther, GenitalFemaleOther, GenitalMaleOther, HemeRetic, IllDefined Other, Intracranial gland, KaposiSarcoma, Lymphoma, MelanomaSinusOther, MiddleEar, MyelomaPlasmaCellDisorder, PharynxOther, RespiratoryOther, SinusOther, Trachea, UrinaryOther)
- 2 individual CS Mets Eval Tables
  - 1) Includes the following schemas: Colon, Prostate, Rectum, Testis; 2) Includes the following schemas: AdrenalGland, LacrimalSac, GIST, Head & Neck Melanomas, LymphomaOcularAdnexa

The “Common Table” for CS Mets Eval

- Concept different than T and N
- Assign Eval code based on best evidence in determining highest M, but not necessarily the highest mets code number
- Results of the procedure are used (positive vs negative), rather than type of procedure
  - i.e. Unlike CS Tumor Size/Ext Eval and CS Lymph Nodes Eval, a surgical procedure does not automatically give you a pathologic evaluation
CS Mets Eval

- pM0 no longer recognized since it is impossible to rule out all possible metastatic sites
- CS Mets Eval is NOT based on information furthest from primary site
  - Example: Chest x-ray negative and surgical observation during hemicolectomy show no liver metastasis. Code CS Mets Eval as 1

CS Mets Eval

- AJCC also states “a case where there are no symptoms or signs of metastases is classified as clinical M0”
  - History and physical is enough information to assign clinical mets as negative (Mets at Dx 00, CS Mets Eval 0)
  - Extensive imaging studies are not required

CS Mets Eval

- Coding Mets at Dx 00 vs 99 and how it relates to assigning Eval field
  - Mets at Dx can be coded based on physical exam and also if patient is treated as if they have no mets
  - In these scenarios, CS Mets at Dx would be 00 and Eval code would be 0 (based on clinical exam)
  - If code 99 is assigned for Mets at Dx, Eval code 0 may also be used if information from clinical exam is used
    - Remember: Mets at Dx code 99 will map to a cM0
• When Mets at Dx is 00 or 99, CS Mets Eval must be clinical
• Codes 0, 1, 5, 9

CS Mets Eval

• When you have CS Mets at Dx code based on pathologic (positive specimen) and a higher CS Mets at Dx code based on clinical:
  – Assign the appropriate clinical Eval code when the clinical CS Mets at Dx code maps to a higher M subcategory
  – Assign the appropriate pathologic code when the pathologic and clinical CS Mets at Dx code map to the same M category or subcategory
  – This applies when you have M subcategories (i.e. M1a, M1b, M1c), since there is only the M0 and M1 category

CS Mets Eval

• Clinical code 1
  – Endoscopic examinations
  – Diagnostic biopsies (including needle core or FNA)
  – Observations at surgery
    • Example: Abdominal exploration at time of colon resection. No mention of liver mets, along with no other clinical evidence of mets, enough information to assign Eval code 1
CS Mets Eval

- Pathologic: Code 3
  - Any positive microscopic confirmation
    - Example: FNA done for suspected pleural effusion, positive for non small cell carcinoma
  - Complete removal of metastatic site not required
    - Example: Liver biopsy done during colon resection, positive for metastatic adenocarcinoma. Eval code assigned is 3.
    - Maps to pM1

CS METS EVAL: SCHEMA SPECIFIC TABLES

The “Not Applicable” Table for CS Mets Eval

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Not Applicable for this schema</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CS Mets Eval Table for Specific Schemas

- The following sites: colon, prostate, rectum and testis have subcategories for Mets

- A new note has been added to clarify how to code the mets categories for these schemas

CS Mets Eval Table for Specific Schemas

- New schema Eval tables
  - New chapter for AJCC 7th edition
  - New schemas for CSV2
  - Staged by new schema for AJCC 7th edition
  - Not staged for AJCC 6th edition (blank column)

- Applicable for the following schemas: Adrenal Gland, GIST, Lacrimal Sac and Melanomas of the Head and Neck
FREQUENTLY ASKED QUESTIONS

Frequently Asked Questions

- **Answer: Yes**
  - For specific Eval fields that do not apply, code 9 for “not applicable” is the only code
  - Example: HemeRetic
  - Sometimes, there are Eval fields where one of the Eval fields is applicable and the other two are not
  - Example: Lymphoma
Frequently Asked Questions

• Answer: No
  – Different codes and/or code definitions used for some schemas
    • Example: Prostate
  – Different instructions used for some schemas
    • Example: Bladder
  – Difference between AJCC 6th and AJCC 7th edition
    • Example: Lung

Are the Eval codes and code descriptions the same for all applicable schemas?

Frequently Asked Questions

• Answer: Yes
  – Code 0: based on imaging or physical exam
  – Code 1: based on information other than imaging or physical exam, which includes scopes, diagnostic biopsies, or surgical exploration

Is there really a difference between clinical codes 0 and 1?

Frequently Asked Questions

• Answer: These schemas do not have an applicable AJCC 6th Edition stage
  – Eval codes for AJCC 6th edition blank
  – Eval codes applied for AJCC 7th edition only

I noticed when looking at some schemas that there is a AJCC 6th edition column that is blank for the Eval fields. What does this mean?
Frequently Asked Questions

Do I automatically assign code 9 (unknown) for my Eval field when the data item is coded unknown?

- Answer: No
  - Possible to have a clinical or pathologic workup that results in an unknown value
  - Use information available to determine best Eval code
  - If unknown based on no information, use code 9

Frequently Asked Questions

Are the codes hierarchal?

- Answer: Yes, but not in numerical order
  - Of the 8 Eval codes, 4 have specific criteria for use (2,5,6,8)
  - Code 9 is used when no information is available (clinical)
  - Determine if you have a clinical or pathologic evaluation

Frequently Asked Questions

I work in a Central Registry and have Death Certificate only cases. How do I code the Eval fields for those?

- Answer: 9
  - Code 9 for unknown/not applicable for all Eval fields when you have a death certificate only case
Frequently Asked Questions

• Answer: Code 0
  – Lymph nodes and Mets at Dx coded none based on localized lesion and standard treatment
  – Assign code 0 for clinical evaluation
  – See CS manual, Part I, Section I, I-4

How do I code the Eval field when CS Lymph Nodes and Mets are assigned none based on a localized lesion?

Frequently Asked Questions

• Answer: on best information available
  – If no information available, use code 9 for unknown
  • Example: Physician note: Patient is a T2N0M0, post lumpectomy/sentinel lymph node biopsy, now presents for adjuvant therapy.
  • Assign CS Tumor Size/Ext Eval code of 3 (for surgery), CS Lymph nodes Eval code 3 and CS Mets Eval code 0

How do I code an Eval field when I use a “stated as” code?

Frequently Asked Questions

• Depends on information available from pathology report
  – Example: Path report from surgery specimen
  • If no information available regarding specimen (surgical vs. biopsy), code 9 for unknown

How do I code the Eval fields when all I have is a pathology report?
Conclusion

• Clinical codes (c)
  – 0: Physical exam, imaging
  – 1: Scopes, surgical observation
  – 5: Neoadjuvant therapy given and clinical CS Extension equal to or greater than pathologic CS Extension
  – 9: Unknown

• Pathologic codes (p)
  – 2: Autopsy, diagnosed prior to death
  – 3: Surgical, or highest T, N or M category involved and confirmed by biopsy

• Autopsy code (a)
  – 8: Autopsy, diagnosed at autopsy upon death

• y Pathologic code (yp)
  – 6: Neoadjuvant therapy given and pathologic CS Extension greater than clinical or clinical CS Extension unknown

CAnswer Forum

• Submit questions to CS Forum
  – Located within the CAnswer Forum
  – Provides information for all
  – Allows tracking for educational purposes
  – Includes archives of Inquiry & Response System

• CS Forum: http://cancerbulletin.facs.org/forums/
• CS Web Site: www.cancerstaging.org/cstage