


Collecting Cancer Data: Uterus

2014-2015 NAACCR Webinar Series
February 5, 2015




Q&A

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

Reminder:

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



FABULOUS PRIZES








OVERVIEW

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KEY FACTS-PROJECTIONS

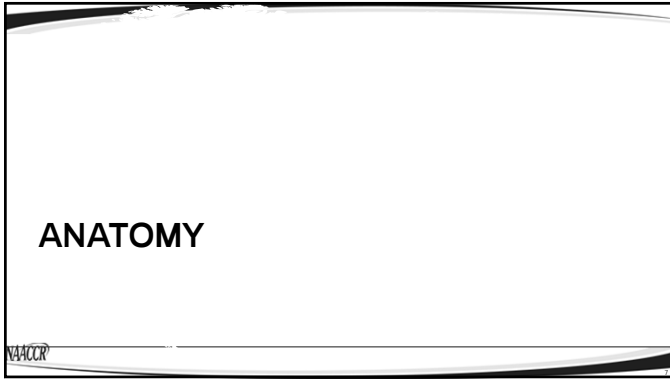
- Uterine Cervix
 - New cases: 12,900
 - Deaths: 4,100
- Uterine Corpus
 - New cases: 54,870
 - Deaths: 10,170
 - Cancer Facts & Figures 2015

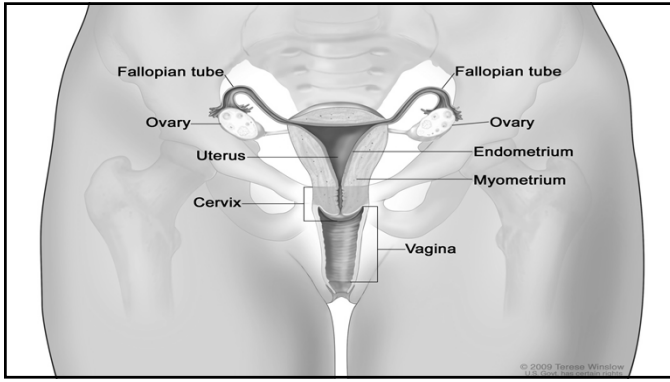
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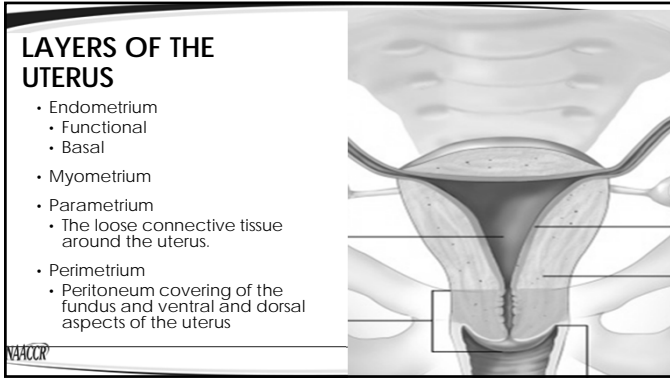
HUMAN PAPILLOMA VIRUS (HPV) INFECTION

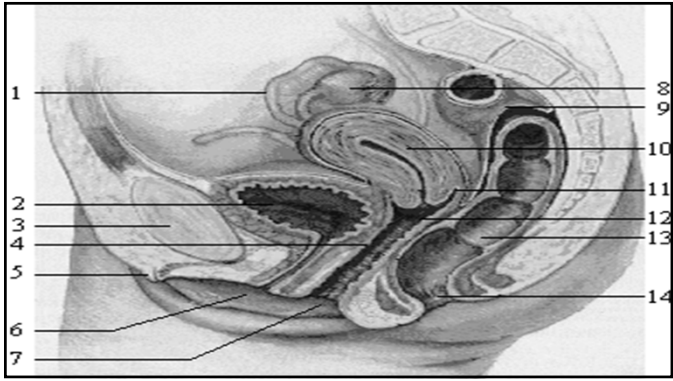
- Epidemiologic studies convincingly demonstrate that the major risk factor for development of preinvasive or invasive carcinoma of the cervix is HPV infection
 - About two-thirds of all cervical cancers are caused by HPV 16 and 18
 - Infection with HPV is common
 - Pap tests look for changes in cervical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

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CERVIX

- Ectocervix
- External os
- Endocervix
- Internal os

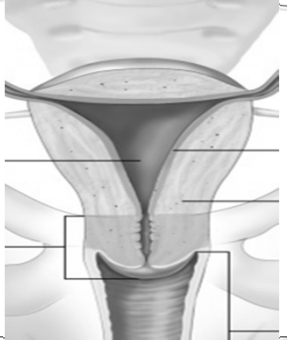
 A diagram showing the cervix and the upper part of the vagina. The cervix is the lower part of the uterus, and the vagina is the canal leading from the cervix to the outside of the body. The diagram is labeled with 'Cervix' and 'Vagina'.

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

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

HISTOLOGY-CERVIX


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



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CERVICAL ECTROPION

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



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HISTOLOGY- ENDOMETRIUM

Adenocarcinoma of the endometrium

- Type 1
 - Endometrioid adenocarcinoma grades 1&2 75-80%
- Type 2
 - Endometrioid adenocarcinoma grade 3
 - Papillary serous carcinoma 10%
 - Clear cell carcinoma 4%
 - Mucinous carcinoma 1%
 - Mixed 10%

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MP/H RULES-TABLE 2 OTHER SITES

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

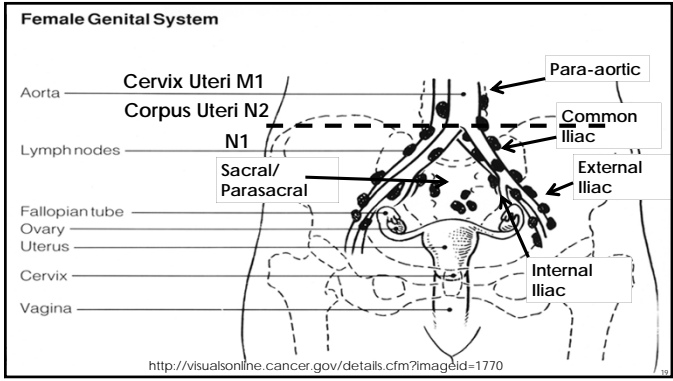
EXAMPLE

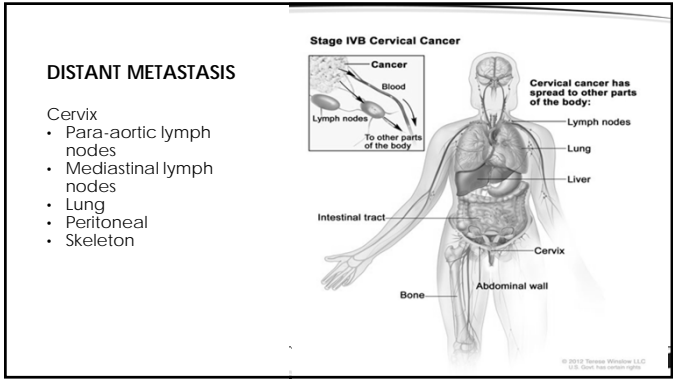
- A single tumor of the endometrium:
 - Endometrioid with clear cell differentiation.
- Rule H16 refers us to Table 2
 - Mixed cell adenocarcinoma 8323/3

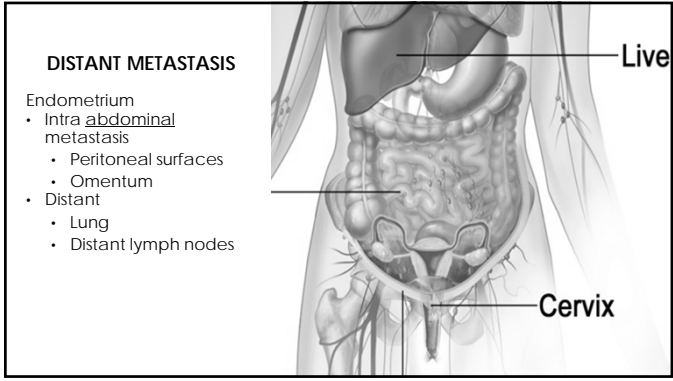
Slide Changed

HISTOLOGY

- Carcinosarcoma (CS Schema Corpus Carcinoma)
 - Mixed Mullerian
- Leiomyosarcoma (CS Schema Corpus Sarcoma)
 - Rhabdomyosarcoma
- Endometrial stromal sarcoma (CS Corpus Schema Sarcoma)
- Adenosarcoma (CS Schema Corpus Adenosarcoma)








STAGING: UTERUS




AJCC Cancer Stage

CERVIX UTERI: CHAPTER 35



AJCC CANCER STAGE: CERVIX UTERI

- ICD-O-3 Topography Codes
 - C53.0, C53.1, C53.8, C53.9
- ICD-O-3 Histology Code Ranges
 - 8000-8576
 - 8940-8950
 - 8980-8981



AJCC CANCER STAGE: CERVIX UTERI CLASSIFICATION

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

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AJCC CANCER STAGE: CERVIX UTERI CLASSIFICATION

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

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AJCC CANCER STAGE: CERVIX UTERI CLASSIFICATION

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

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**AJCC CANCER STAGE: CERVIX UTERI
T CATEGORY**

TNM	FIGO	Description
TX		Primary tumor cannot be assessed
T0		No evidence of primary tumor
Tis		Carcinoma in situ

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**AJCC CANCER STAGE: CERVIX UTERI
T CATEGORY**

TNM	FIGO	Description
T1	I	Confined to uterus (extension to corpus should be disregarded)
T1a	IA	Invasive carcinoma diagnosed only by microscopy; maximum depth of stromal invasion 5 mm & horizontal spread 7 mm or less
T1a1	IA1	Stromal invasion 3 mm or less in depth & 7 mm or less horizontal spread
T1a2	IA2	Stromal invasion more than 3 mm & not more than 5 mm with 7 mm or less horizontal spread

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**AJCC CANCER STAGE: CERVIX UTERI
T CATEGORY**

TNM	FIGO	Description
T1	I	Confined to uterus (extension to corpus should be disregarded)
T1b	IB	Clinically visible lesion confined to cervix or microscopic lesion greater than T1a/IA2
T1b1	IB1	Clinically visible lesion 4 cm or less in greatest dimension
T1b2	IB2	Clinically visible lesion more than 4 cm in greatest dimension

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**AJCC CANCER STAGE: CERVIX UTERI
T CATEGORY**

TNM	FIGO	Description
T2	II	Invades beyond uterus but not to pelvic wall or lower third of vagina
T2a	IIA	Without parametrial invasion
T2a1	IIA1	Clinically visible lesion 4 cm or less in greatest dimension
T2a2	IIA2	Clinically visible lesion more than 4 cm in greatest dimension
T2b	IIB	Tumor with parametrial invasion

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**AJCC CANCER STAGE: CERVIX UTERI
T CATEGORY**

TNM	FIGO	Description
T3	III	Extends to pelvic wall and/or involves lower third of vagina, and/or causes hydronephrosis or non-functioning kidney
T3a	IIIA	Involves lower third of vagina, no extension to pelvic wall
T3b	IIIB	Extends to pelvic wall and/or causes hydronephrosis or non-functioning kidney
T4	IVA	Invades mucosa of bladder or rectum and/or extends beyond true pelvis

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**AJCC CANCER STAGE: CERVIX UTERI
N CATEGORY**

TNM	FIGO	Description
NX		Regional lymph nodes cannot be assessed
N0		No regional lymph node metastasis
N1	IIIB	Regional lymph node metastasis

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**AJCC CANCER STAGE: CERVIX UTERI
M CATEGORY**

TNM	FIGO	Description
M0		No distant metastasis
M1	IVB	Distant metastasis

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AJCC CANCER STAGE: CERVIX UTERI

Group	T	N	M
Stage 0	Tis	N0	M0
Stage I	T1	N0	M0
Stage IA	T1a	N0	M0
Stage IA1	T1a1	N0	M0
Stage IA2	T1a2	N0	M0
Stage IB	T1b	N0	M0
Stage IB1	T1b1	N0	M0
Stage IB2	T1b2	N0	M0

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AJCC CANCER STAGE: CERVIX UTERI

Group	T	N	M
Stage II	T2	N0	M0
Stage IIA	T2a	N0	M0
Stage IIA1	T2a1	N0	M0
Stage IIA2	T2a2	N0	M0
Stage IIB	T2b	N0	M0

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AJCC CANCER STAGE: CERVIX UTERI

Group	T	N	M
Stage III	T3	N0	M0
Stage IIIA	T3a	N0	M0
Stage IIIB	T3b T1-3	Any N N1	M0 M0
Stage IVA	T4	Any N	M0
Stage IVB	Any T	Any N	M1

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POP QUIZ

- Clinical exam & colposcopy: Visible lesion of cervix, 2.5 cm; no lymphadenopathy.
- Chest x-ray: Normal.
- Curettage and cervical biopsy: Moderately differentiated squamous cell carcinoma of cervix with 1.5 mm depth of stromal invasion.
- Radical hysterectomy operative report: 2.5cm cervical tumor confined to cervix.
- Pathology report: 2.3 cm moderately differentiated squamous cell carcinoma with a depth of invasion of 6.0 mm.

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POP QUIZ

- What is the AJCC clinical stage?
- What is the AJCC pathologic stage?

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Summary Stage 2000
<http://seer.cancer.gov/tools/ssm/>

CERVIX UTERI




SUMMARY STAGE 2000: CERVIX UTERI

- 0 In situ
 - Noninvasive; intraepithelial
 - Preinvasive
 - Cancer in situ WITH endocervical gland involvement
 - CIN (cervical intraepithelial neoplasia) grade III



SUMMARY STAGE 2000: CERVIX UTERI

- 1 Localized only
 - Invasive cancer confined to cervix uteri
 - Minimal microscopic stromal invasion \leq 3 mm in depth and \leq 7 mm in horizontal spread
 - FIGO Stage IA1
 - Microinvasion; Tumor WITH invasive component $>$ 3 mm and \leq 5 mm in depth, taken from the base of the epithelium, and \leq 7 mm in horizontal spread
 - FIGO Stage IA2



SUMMARY STAGE 2000: CERVIX UTERI

- 1 Localized only
 - Invasive cancer confined to cervix uteri
 - Invasive cancer confined to cervix and tumor > 5 mm in depth and/or > 7 mm in horizontal spread
 - FIGO Stage IB
- FIGO Stage I not further specified
- Localized NOS:
 - Confined to cervix uteri
 - Confined to uterus NOS (except corpus uteri NOS)

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SUMMARY STAGE 2000: CERVIX UTERI

- 2 Regional by direct extension only
 - Extension to/involvement of: Corpus uteri, cul de sac (rectouterine pouch), upper 2/3 of vagina including fornices, vagina NOS, vaginal wall NOS
- FIGO Stage IIA
- Extension to:
 - Ligament(s): Broad, cardinal, uterosacral
 - Parametrium (paracervical soft tissue)
- FIGO Stage IIB

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SUMMARY STAGE 2000: CERVIX UTERI

- 2 Regional by direct extension only
 - Extension to: Bladder NOS excluding mucosa, bladder wall, lower 1/3 of vagina, rectal wall NOS, rectum NOS excluding mucosa, ureter intra- and extramural, vulva
- Bullous edema of bladder mucosa
- FIGO Stage IIIA

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SUMMARY STAGE 2000: CERVIX UTERI

- 2 Regional by direct extension only
 - Extension to: Fallopian tube(s), ovary(ies), pelvic wall(s), urethra
 - FIGO Stage IIIB
- Tumor causes hydronephrosis or nonfunctioning kidney
 - FIGO Stage IIIB
- FIGO Stage III NOS

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SUMMARY STAGE 2000: CERVIX UTERI

- 3 Regional lymph node(s) involved only
 - Iliac NOS: Common; external; internal (hypogastric) NOS – obturator
 - Paracervical
 - Parametrial
 - Pelvic NOS
 - Sacral NOS: Lateral (laterosacral); middle (promontorial) (Gerota's node); presacral; uterosacral
- Regional lymph node(s) NOS

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SUMMARY STAGE 2000: CERVIX UTERI

- 4 Regional by BOTH direct extension AND regional lymph node(s) involved
 - Codes (2) + (3)
- 5 Regional NOS
 - FIGO Stage III NOS

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SUMMARY STAGE 2000: CERVIX UTERI

- 7 Distant site(s)/node(s) involved
- Distant lymph node(s):
 - Aortic, NOS: Lateral (lumbar), para-aortic, periaortic
 - Inguinal
 - Mediastinal
 - Other distant lymph node(s)
- Extension to: Bladder mucosa (excluding bullous edema); rectal mucosa
- Further contiguous extension beyond true pelvis: Sigmoid colon; small intestine
- Metastasis
- FIGO Stage IV, IVA, IVB

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POP QUIZ

- Clinical exam & colposcopy: Visible lesion of cervix, 2.5 cm; no lymphadenopathy.
- Chest x-ray: Normal.
- Curettage and cervical biopsy: Moderately differentiated squamous cell carcinoma of cervix with 1.5 mm depth of stromal invasion.
- Radical hysterectomy operative report: 2.5cm cervical tumor confined to cervix.
- Pathology report: 2.3 cm cervical lesion, moderately differentiated squamous cell carcinoma, with a depth of invasion of 6.0 mm.

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POP QUIZ

- What is the code for Summary Stage 2000?
 - 0 In situ
 - 1 Localized only
 - 2 Regional by direct extension only
 - 3 Regional lymph node(s) involved only
 - 4 Regional by BOTH direct extension AND regional lymph node(s) involved
 - 5 Regional NOS
 - 7 Distant site(s)/node(s) involved
 - 9 Unknown if extension or metastasis

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Collaborative Stage Data Collection System
(CS) V0205

CERVIX UTERI




CS: CERVIX UTERI

- CS Tumor Size
 - Code the largest measurement of horizontal spread or surface diameter
- CS Extension
 - T category is based on CS Tumor Size for CS Extension codes 200-310, 380-450, and 550 ONLY
 - Derives T1b1, T1b2, T1bNOS, T1NOS, T2a1, T2a2, T2aNOS, T2NOS



SSF1: CERVIX UTERI

- FIGO stage
 - Code as documented in medical record
 - Do not try to code from T, N, M values
 - Assign code 987 for carcinoma in situ or CIN III
 - CS Extension = 000 or 010
 - FIGO Stage does not include Stage 0 (in situ) for cervix uteri
 - Assign code 999 if FIGO stage is unknown or not documented



CORPUS UTERI: CHAPTER 36

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AJCC CANCER STAGE: CORPUS UTERI

- ICD-O-3 Topography Codes
 - C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55.9
- ICD-O-3 Histology Code Ranges
 - 8000-8576
 - 8890-8898
 - 8930-8933
 - 8940-8950
 - 8980-8981

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AJCC CANCER STAGE: CORPUS UTERI

- 2 separate staging schemas
 - Uterine carcinomas
 - Includes carcinosarcoma
 - Uterine sarcomas
 - Leiomyosarcoma & endometrial stromal sarcoma
 - Adenosarcoma

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AJCC CANCER STAGE: CORPUS UTERI CLASSIFICATION

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

T CATEGORY UTERINE CARCINOMA

TNM	FIGO	Description
TX		Primary tumor cannot be assessed
T0		No evidence of primary tumor
Tis		Carcinoma in situ
T1	I	Confined to corpus uteri
T1a	IA	Limited to endometrium or invades less than 1/2 of myometrium
T1b	IB	Invades 1/2 or more of myometrium

T CATEGORY UTERINE CARCINOMA

TNM	FIGO	Description
T2	II	Invades stromal connective tissue of cervix but does not extend beyond uterus
T3a	IIIA	Involves serosa and or adnexa (direct extension or metastasis)
T3b	IIIB	Involves vagina (direct extension or metastasis) or parametrium
T4	IV	Invades bladder mucosa and/or bowel mucosa

**N CATEGORY
UTERINE CARCINOMA**

TNM	FIGO	Description
NX		Regional lymph nodes cannot be assessed
N0		No regional lymph node metastasis
N1	IIIC1	Regional lymph node metastasis to pelvic nodes
N2	IIIC2	Regional lymph node metastasis to para-aortic nodes with or without positive pelvic nodes

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**M CATEGORY
UTERINE CARCINOMA**

TNM	FIGO	Description
M0		No distant metastasis
M1	IVB	Distant metastasis

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**AJCC CANCER STAGE: CORPUS UTERI
CARCINOMAS***

Group	T	N	M
Stage 0	Tis	N0	M0
Stage I	T1	N0	M0
Stage IA	T1a	N0	M0
Stage IB	T1b	N0	M0
Stage II	T2	N0	M0

*Carcinosarcoma should be staged as carcinoma.

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AJCC CANCER STAGE: CORPUS UTERI CARCINOMAS

Group	T	N	M
Stage III	T3	N0	M0
Stage IIIA	T3a	N0	M0
Stage IIIB	T3b	N0	M0
Stage IIIC1	T1-T3	N1	M0
Stage IIIC2	T1-T3	N2	M0
Stage IVA	T4	Any N	M0
Stage IVB	Any T	Any N	M1

POP QUIZ

- Uterine biopsy: Endometrial adenocarcinoma
- CT scan pelvis/abdomen: Uterine mass, no lymphadenopathy, no organomegaly
- Hysterectomy, bilateral salpingo-oophorectomy, and pelvic node dissection: 3 cm endometrial adenocarcinoma, moderately differentiated, invading the pelvic sidewall; 0/6 pelvic nodes with metastasis; 0/6 para-aortic nodes with metastasis.

POP QUIZ

- What is the AJCC clinical stage?
- What is the AJCC pathologic stage?

**T CATEGORY
LEIOMYOSARCOMA & ENDOMETRIAL STROMAL
SARCOMA**

TNM	FIGO	Description
TX		Primary tumor cannot be assessed
T0		No evidence of primary tumor
T1	I	Limited to uterus
T1a	IA	Tumor 5 cm or less in greatest dimension
T1b	IB	Tumor more than 5 cm

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**T CATEGORY
LEIOMYOSARCOMA & ENDOMETRIAL STROMAL
SARCOMA**

TNM	FIGO	Description
T2	II	Extends beyond the uterus within the pelvis
T2a	IIA	Involves adnexa
T2b	IIB	Involves other pelvic tissues
T3	III	Infiltrates abdominal tissues
T3a	IIIA	One site
T3b	IIIB	More than one site
T4	IVA	Invades bladder or rectum

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**N CATEGORY
LEIOMYOSARCOMA & ENDOMETRIAL STROMAL
SARCOMA**

TNM	FIGO	Description
NX		Regional lymph nodes cannot be assessed
N0		No regional lymph node metastasis
N1	IIIC	Regional lymph node metastasis

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**M CATEGORY
LEIOMYOSARCOMA & ENDOMETRIAL STROMAL
SARCOMA**

TNM	FIGO	Description
M0		No distant metastasis
M1	IVB	Distant metastasis

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POP QUIZ

- Uterine biopsy: Endometrial stromal sarcoma
- Abdominal/pelvic CT scan: Large uterine mass with no lymphadenopathy
- Chest x-ray: Normal
- Total hysterectomy with bilateral salpingo-oophorectomy: Endometrial stromal sarcoma of the myometrium involving left adnexa, left ovary, and omentum.

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POP QUIZ

- What is the AJCC clinical stage?
- What is the AJCC pathologic stage?

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**T CATEGORY
ADENOSARCOMA**

TNM	FIGO	Description
TX		Primary tumor cannot be assessed
T0		No evidence of primary tumor
T1	I	Limited to uterus
T1a	IA	Limited to endometrium/endocervix
T1b	IB	Invades less than 1/2 of myometrium
T1c	IC	Invades more than 1/2 of myometrium

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**T CATEGORY
ADENOSARCOMA**

TNM	FIGO	Description
T2	II	Extends beyond the uterus within the pelvis
T2a	IIA	Involves adnexa
T2b	IIB	Involves other pelvic tissues
T3	III	Involves abdominal tissues
T3a	IIIA	One site
T3b	IIIB	More than one site
T4	IV	Invades bladder or rectum

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**N CATEGORY
ADENOSARCOMA**

TNM	FIGO	Description
NX		Regional lymph nodes cannot be assessed
N0		No regional lymph node metastasis
N1	IIIC	Regional lymph node metastasis

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**M CATEGORY
ADENOSARCOMA**

TNM	FIGO	Description
M0		No distant metastasis
M1	IVB	Distant metastasis

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**AJCC CANCER STAGE: CORPUS UTERI
UTERINE SARCOMAS**

Group	T	N	M
Stage I	T1	N0	M0
Stage IA	T1a	N0	M0
Stage IB	T1b	N0	M0
Stage IC	T1c	N0	M0
Stage II	T2	N0	M0

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**AJCC CANCER STAGE: CORPUS UTERI
UTERINE SARCOMAS**

Group	T	N	M
Stage IIIA	T3a	N0	M0
Stage IIIB	T3b	N0	M0
Stage IIIC	T1, T2, T3	N1	M0
Stage IVA	T4	Any N	M0
Stage IVB	Any T	Any N	M1

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Summary Stage 2000
<http://seer.cancer.gov/tools/ssm/>

CORPUS UTERI




SUMMARY STAGE 2000: CORPUS UTERI

- 0 In situ
 - Noninvasive; intraepithelial
 - Pre-invasive
 - FIGO Stage 0
- 1 Localized only
 - Confined to endometrium (stroma); FIGO Stage IA
 - Invasion of myometrium/serosa of corpus (tunica serosa); FIGO Stage IB; FIGO Stage IC
 - Localized NOS; FIGO Stage I not further specified



SUMMARY STAGE 2000: CORPUS UTERI

- Confined to endometrium
 - In situ
 - Tumor confined to columnar epithelium
 - Localized
 - Tumor penetrated basement membrane and invaded stroma (lamina propria)



SUMMARY STAGE 2000: CORPUS UTERI

- 2 Regional by direct extension only
 - Extension to/involvement of:
 - Cervix uteri NOS; FIGO Stage II NOS
 - Endocervical glandular involvement only; FIGO Stage IIA
 - Cervical stromal invasion; FIGO Stage IIB
 - Extension or metastasis within true pelvis:
 - Fallopian tube(s); ligament(s); broad, round, uterosacral; ovary(ies); parametrium; pelvic serosa; pelvic tunica serosa; ureter; vulva

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SUMMARY STAGE 2000: CORPUS UTERI

- 2 Regional by direct extension only
 - Cancer cells in ascites
 - Cancer cells in peritoneal washings
 - FIGO Stage IIIA
 - Extension or metastasis: Bladder NOS excluding mucosa; bladder wall; bowel wall NOS; rectum NOS excluding mucosa; vagina; pelvic walls
 - FIGO Stage IIIB

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SUMMARY STAGE 2000: CORPUS UTERI

- 3 Regional lymph node(s) involved only
 - Aortic NOS: Lateral (lumbar), para-aortic, periaortic
 - Iliac: Common, external, internal (hypogastric); obturator
 - Paracervical
 - Parametrial
 - Pelvic NOS
 - Sacral NOS: Lateral (laterosacral), middle (promontorial) (Gerota's node), presacral, uterosacral
 - FIGO Stage IIIC
 - Regional lymph node(s) NOS

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SUMMARY STAGE 2000: CORPUS UTERI

- 4 Regional by BOTH direct extension AND regional lymph node(s) involved
 - Codes (2) + (3)
- 5 Regional NOS
 - FIGO Stage III NOS

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SUMMARY STAGE 2000: CORPUS UTERI

- 7 Distant site(s)/node(s) involved
 - Distant lymph node(s):
 - Inguinal NOS:
 - Deep, NOS;
 - Node of Cloquet or Rosenmuller (highest deep inguinal)
 - Superficial inguinal (femoral)
 - Other distant lymph node(s)

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SUMMARY STAGE 2000: CORPUS UTERI

- 7 Distant site(s)/node(s) involved
 - Extension to:
 - Bladder mucosa (excluding bullous edema)
 - Bowel mucosa
 - FIGO Stage IVA
 - Further contiguous extension: Abdominal serosa (peritoneum); cul de sac (rectouterine pouch); sigmoid colon; small intestine
 - Metastasis
 - FIGO Stage IVB

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POP QUIZ

- Uterine biopsy: Endometrial stromal sarcoma
- Abdominal/pelvic CT scan: Large uterine mass with no lymphadenopathy
- Chest x-ray: Normal
- Total hysterectomy with bilateral salpingo-oophorectomy: Endometrial stromal sarcoma of the myometrium involving left adnexa, left ovary, and omentum.

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POP QUIZ

- What is the code for Summary Stage 2000?
 - 0 In situ
 - 1 Localized only
 - 2 Regional by direct extension only
 - 3 Regional lymph node(s) involved only
 - 4 Regional by BOTH direct extension AND regional lymph node(s) involved
 - 5 Regional NOS
 - 7 Distant site(s)/node(s) involved
 - 9 Unknown if extension or metastasis

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Collaborative Stage Data Collection System (CS) V0205

CORPUS UTERI

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**CORPUS UTERI SCHEMAS
CS V0205**

- CorpusAdenosarcoma*
 - ICD-O-3 Histology Code: 8933
- CorpusCarcinoma*
 - ICD-O-3 Histology Code Ranges: 8000-8790, 8950, 8951, 8980-8981, 9700-9701
- CorpusSarcoma*
 - ICD-O-3 Histology Code Ranges: 8800-8932, 8934-8941, 8959-8974, 8982-9136, 9141-9582

*ICD-O-3 Topography Codes: C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55.9

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SSF1 FIGO STAGE

- Code as documented in medical record
 - Do not try to code from T, N, M values
- Assign code 987 for carcinoma in situ
 - CS Extension = 000
 - FIGO Stage does not include Stage 0 (in situ) for corpus uteri
- Assign code 999 if FIGO stage is unknown or not documented

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SSF2 PERITONEAL CYTOLOGY

- Code results of cytology from peritoneal or pelvic washings
 - Negative, positive, or suspicious cytology
- Exam performed on
 - Ascites
 - Saline solution flooded in the pelvic & peritoneal cavities

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NUMBER OF NODES POSITIVE & EXAMINED

- SSF3: Number of Positive Pelvic Nodes
- SSF4: Number of Examined Pelvic Nodes
- SSF5: Number of Positive Para-aortic Nodes
- SSF6: Number of Examined Para-aortic Nodes

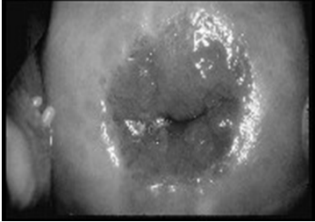
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DIAGNOSIS AND TREATMENT

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DIAGNOSTIC/STAGING PROCEDURES

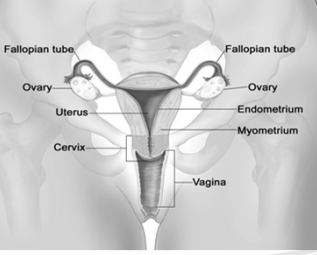
- Cervix
- PAP Smear
 - Not as effective with adenocarcinoma
- Biopsy
- Colposcopy
- Cone biopsy
- Imaging
 - MRI
 - CT
 - PET-CT



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DIAGNOSTIC/STAGING PROCEDURES

- Endometrium
 - Endometrial biopsy
 - Fractional dilation and curettage (D&C)
- Hysteroscopy
- Imaging
 - CT
 - MRI
 - CA 125



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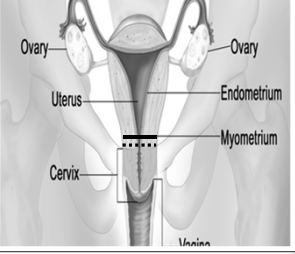
TREATMENT-CERVIX

- IA1
 - Fertility sparing
 - Cone biopsy with margins negative and negative LVSI
 - Active Surveillance
 - Cone biopsy with positive margins or positive LVSI
 - Radical trachelectomy and pelvic lymph node dissection
 - May also have para-aortic lymph node dissection
 - Non-fertility sparing
 - Negative LVSI-Simple hysterectomy
 - Positive LVSI-modified radical hysterectomy with pelvic lymph node dissection

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TRACHELECTOMY

- Removes the cervix and the upper part of the vagina but not the body of the uterus
- Preserves fertility



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SURGERY CODES

- 20 Local tumor excision, NOS
- 26 Excisional biopsy, NOS
- 27 Cone biopsy
- 24 Cone biopsy WITH gross excision of lesion
- 29 Trachelectomy; removal of cervical stump; cervicectomy

Any combination of 20, 24, 26, 27 or 29 WITH

- 21 Electrocautery
- 22 Cryosurgery
- 23 Laser ablation or excision
- 25 Dilatation and curettage; endocervical curettage (for in situ only)
- 28 Loop electrocautery excision procedure (LEEP)

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TREATMENT CERVIX

- IA2
 - Fertility sparing
 - Radical trachelectomy and pelvic lymph node dissection
 - May also be done for Stage IB1 if tumor is less than 2cm
 - Non-fertility sparing
 - Radical hysterectomy and bilateral pelvic lymph node dissection with (or without) para-aortic lymph node sampling
 - Pelvic Radiation with brachytherapy for medically inoperable patients or those that refuse surgery.

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TREATMENT-CERVIX

- IB and IIA
 - Non-fertility sparing
 - IB1 and 2A1-Radical hysterectomy and bilateral pelvic lymph node dissections with (or without) para aortic lymph node sampling
 - Definitive radiation and brachytherapy +/- concurrent cisplatin based chemotherapy
 - IB2 and IIA2-Concurrent chemoradiation
 - Definitive pelvic radiation
 - Concurrent cisplatin based chemotherapy and brachytherapy

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SENTINEL LYMPH NODE MAPPING

- A dye with a radiotracer is injected around the lesion
- The first nodes the dye travels to are the sentinel lymph nodes

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EXTERNAL BEAM RADIATION THERAPY (EBRT)

- The volume of EBRT should cover the gross disease, parametria, uterosacral ligaments, sufficient vaginal margin, presacral nodes, other nodal volumes at risk

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BRACHYTHERAPY

- Low dose rate (LDR)
- High dose rate (HDR)

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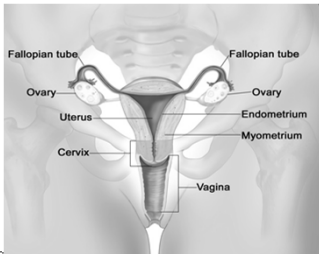

TREATMENT-CERVIX

- Advanced disease-Stage IIB through IVA
 - Radiation, cisplatin based chemotherapy and brachytherapy
- Metastatic disease
 - Chemotherapy and radiation



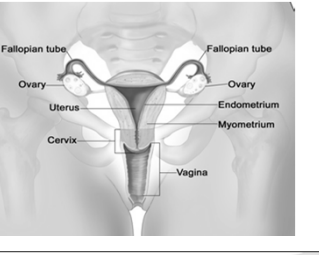

TREATMENT-ENDOMETRIUM

- Confined to the uterus
 - Total hysterectomy (with or without lymph node dissection)
- Cervical involvement
 - Radical hysterectomy
 - Neoadjuvant radiation
- Extrauterine disease
 - Hysterectomy and debulking
 - EBRT plus or minus vaginal brachytherapy
 - Chemotherapy

TREATMENT-ENDOMETRIUM

- Total hysterectomy/bilateral salpingo-oophorectomy
- Pelvic lymph node dissection
- Para-aortic lymph node dissection
 - To the level of the renal vessels
- Peritoneal lavage

SYSTEMIC THERAPY

- Chemotherapy
 - Cisplatin/doxorubicin plus or minus paclitaxel
- Hormone therapy
 - Continuous progestin base therapy for stage IA patients
 - Fertility sparing
 - Patient must meet specific criteria
 - Requires frequent monitoring
 - Hysterectomy should be completed after childbearing is complete

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QUESTIONS?

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COMING UP...

- Abstracting & Coding Boot Camp
 - 3/5/15
- Collecting Cancer Data: Stomach & Esophagus
 - 4/2/15

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