


**NAACCR Hospital Registry
Webinar Series**

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**Abstracting Upper
Gastrointestinal Tract Cancer
Incidence and Treatment Data**

Presented by:
Shannon Vann, CTR
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Upper GI Tract


- Mouth (will not cover today)
- Esophagus
- Stomach
- Small Intestine



Overview




Esophagus




Esophagus

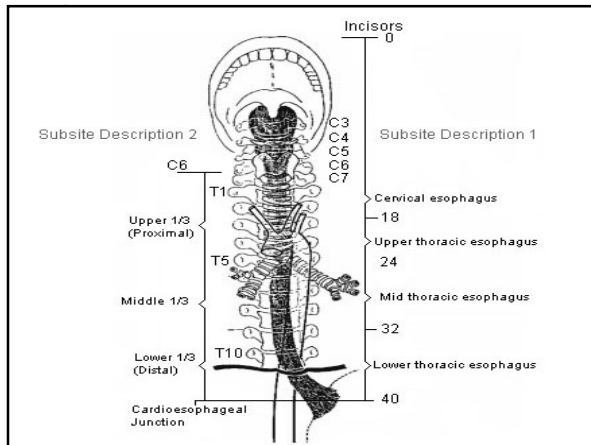
- Estimated new cases and deaths from esophageal cancer in the United States in 2008:
 - ◆ New cases: 16,470
 - ◆ Deaths: 14,280



ICD O 3 Topography

<ul style="list-style-type: none"> ■ Cervical esophagus (C15.0) ■ Thoracic esophagus (C15.1) <ul style="list-style-type: none"> ◆ Upper Thoracic ◆ Mid Thoracic ■ Abdominal esophagus (C15.2) <ul style="list-style-type: none"> ◆ Lower Thoracic 	<ul style="list-style-type: none"> ■ Upper 1/3 esophagus (C15.3) ■ Middle 1/3 esophagus (C15.4) ■ Lower 1/3 esophagus (C15.5)
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	<h3>Layers of the Esophageal Wall</h3> <ul style="list-style-type: none">■ Mucosa<ul style="list-style-type: none">◆ Surface epithelium, lamina propria, and muscularis mucosa■ Submucosa<ul style="list-style-type: none">◆ Connective tissue, blood vessels, and glands■ Muscularis (middle layer)<ul style="list-style-type: none">◆ Striated and Smooth muscle■ Adventitia<ul style="list-style-type: none">◆ Connective tissue that merges with connective tissue of surrounding structures■ No Serosa 
--	--

	<h3>Histology</h3> <ul style="list-style-type: none">■ Squamous Cell Carcinoma<ul style="list-style-type: none">◆ Typically found in the upper two thirds of the esophagus.■ Adenocarcinoma<ul style="list-style-type: none">◆ Usually forms in the lower third of the esophagus, near the stomach. 
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	<h3>Barrett's Esophagus</h3> <ul style="list-style-type: none">■ Repeated exposure to acidic stomach contents washing back (refluxing) through the lower esophageal sphincter may cause squamous cells to be replaced by glandular cells resembling those cells in the stomach. 
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GE Junction

- If more than 50% of the cancer involves the esophagus, the cancer is classified as esophageal.
- If more than 50% of the tumor is below the GE junction, it is classified as gastric in origin.

AJCC Staging Atlas 


GE Junction

- If the tumor is equally located above and below the GE junction, the histology determines the origin of the primary.
 - ◆ Squamous cell, small cell, and undifferentiated carcinomas are classified as esophagus.
 - ◆ Adenocarcinoma and signet ring cell carcinomas are classified as gastric.

AJCC Staging Atlas 


GE Junction

- If Barrett's esophagus is present, adenocarcinoma in both the gastric cardia and lower esophagus is most likely esophageal in origin.

AJCC Staging Atlas 


Stomach

Overview




Stomach Cancer

- Estimated new cases and deaths from stomach cancer in the United States in 2008:
 - ◆ New cases: 21,500
 - ◆ Deaths: 10,880




ICD 0 3 Topography

■ Cardia (C16.0) <ul style="list-style-type: none">◆ Gastroesophageal junction◆ Esophagogastric junction	■ Gastric Antrum (C16.3)
■ Fundus (C16.1)	■ Pylorus (C16.4)
■ Body of Stomach (C16.2)	■ Lesser Curvature (16.5)
	■ Greater Curvature (16.6)



Four Section of the Stomach

- Cardia
- Fundus
- Body
- Antrum




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Layers of the Stomach

- Mucosa
- Submucosa
- Muscularis
- Subserosa
- Serosa




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Histologies

- **Adenocarcinoma**
 - ◆ Signet Ring Cell Carcinoma
 - ◆ Papillary adenocarcinoma
 - ◆ Tubular Adenocarcinoma
 - ◆ Mucinous Adenocarcinoma




GIST

- **Gastrointestinal Stromal Tumors (GIST)**
 - ◆ Only malignant GIST's are reportable
 - ◆ Code to stomach if they arise in the stomach
 - Use Collaborative Stage Schema for Stomach.
 - Do not use AJCC staging




Small Intestine

Overview




Small Intestine

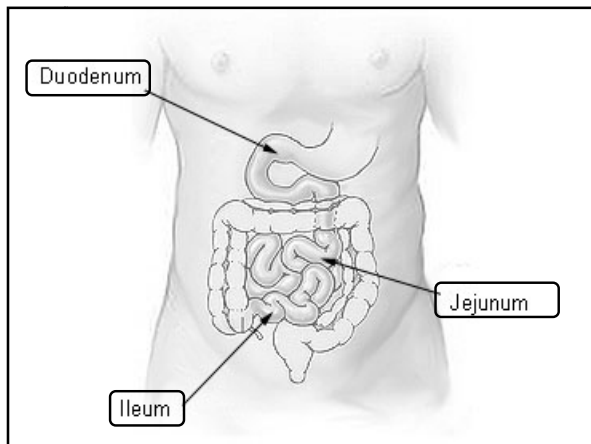
- **Estimated new cases and deaths from small intestine cancer in the United States in 2008:**
 - ◆ New cases: 6,110
 - ◆ Deaths: 1,110





Small Intestine


- **Small Intestine is approximately 7 meters in length (21 feet)**
 - ◆ **Duodenum**
 - ◆ 26 cm (9.84 in) in length
 - ◆ **Jejunum**
 - ◆ 2.5 m (8.2 ft)
 - ◆ **Ileum**
 - ◆ 3.5 m (11.5 ft)








	<h3>Histology</h3> <ul style="list-style-type: none">■ Adenocarcinoma<ul style="list-style-type: none">◆ Occur most frequently in the duodenum and jejunum.■ Carcinoid■ Sarcoma<ul style="list-style-type: none">◆ Leiomyosarcomas■ GIST 
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	<h3>Crohn's Disease</h3> <ul style="list-style-type: none">■ Inflammation of the digestive tract.■ Can affect any part of the digestive tract from the mouth to the anus, but usually involves the terminal part of the small intestine.■ Crohn's disease increases risk of cancer. 
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	<h3>Upper GI Diagnostic Tests</h3> 
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	<h3>Imaging</h3> <ul style="list-style-type: none">■ Upper GI Series (Barium Swallow)■ Computed tomography (CT or CAT) scan■ Magnetic resonance imaging (MRI)■ Positron emission tomography (PET) scan<ul style="list-style-type: none">◆ PET-CT◆ FDG-PET 
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	<h3>Endoscopy</h3> <ul style="list-style-type: none">■ Esophagogastroduodenoscopy (EGD)■ Endoscopic Ultrasound.■ Bronchoscopy■ Capsule Endoscopy 
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	<h3>2007 MPH Rules</h3> 
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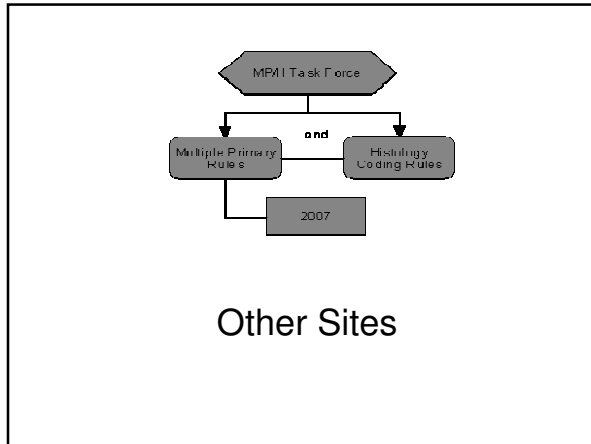


Table 2 Continued

Use this **two-page** table to select combination histology codes.

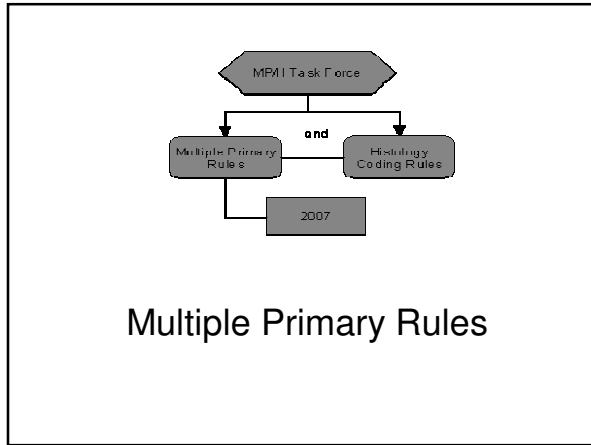
Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Small cell carcinoma	Large cell carcinoma	Combined small cell carcinoma	8045
	Adeno-carcinoma		
	Squamous cell carcinoma		
Squamous carcinoma	Basal cell carcinoma	Basosquamous carcinoma	8094
Islet cell	Exocrine	Mixed islet cell and exocrine adenocarcinoma (pancreas)	8154
Acinar	Endocrine		

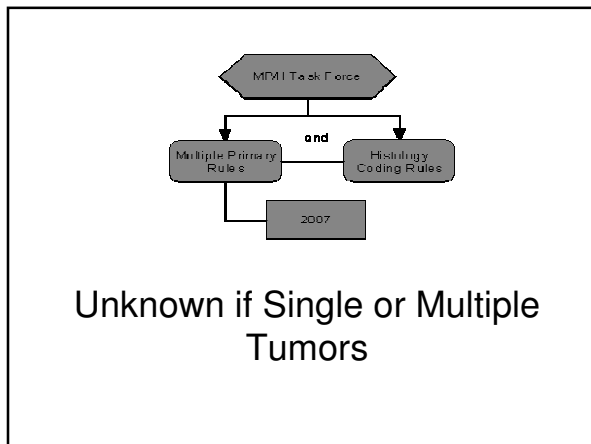
Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Hepatocellular carcinoma	Cholangio-carcinoma	Combined hepatocellular carcinoma and cholangiocarcinoma	8180
Adenocarcinoma	Carcinoid	Composite carcinoid	8244
Adenocarcinoma	Papillary	Adenocarcinoma with mixed subtypes	8255
	Clear cell		
	Mucinous (colloid)		
	Signet ring		
	Acinar	Adenocarcinoma combined with other types of carcinoma	

Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Gyn malignancies with two or more of the histologies in column 2	Clear cell Endometrioid Mucinous Papillary Serous Squamous Transitional (Brenner)	Mixed cell adenocarcinoma	8323
Papillary and Follicular		Papillary carcinoma, follicular variant	8340
Medullary	Follicular	Mixed medullary-follicular carcinoma	8346

Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Medullary	Papillary	Mixed medullary-papillary carcinoma	8347
Squamous carcinoma and Adenocarcinoma		Adeno-squamous carcinoma	8560
Any combination of histologies in Column 2	Myxoid Round cell Pleomorphic	Mixed liposarcoma	8855
Embryonal rhabdomyosarcoma	Alveolar rhabdomyosarcoma	Mixed type rhabdomyosarcoma	8902

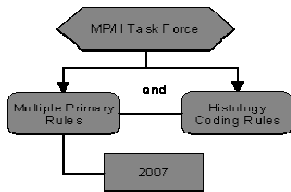
Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Teratoma	Embryonal carcinoma	Teratocarcinoma	9081
Teratoma and one or more of the histologies in Column 2	Seminoma Yolk sac tumor	Mixed germ cell tumor	9085
Choriocarcinoma	Teratoma Seminoma Embryonal	Choriocarcinoma combined with other germ cell elements	9101





Unknown if Single or Multiple Tumors

- Rule M1:
 - When it is not possible to determine if there is a single or multiple tumors, opt for a single tumor and abstract as a single primary.
 - Use this rule only after all sources of information have been exhausted.



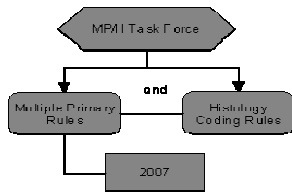
Single Tumor

Unknown if Single or Multiple Tumors

- Rule M1:
 - When it is not possible to determine if there is a single or multiple tumors, opt for a single tumor and abstract as a single primary.
 - Use this rule only after all sources of information have been exhausted.

Single Tumor

- M2
 - A single tumor is always a single primary no matter how large the tumor is or how many regional sites it may involve.



Multiple Tumors

Multiple Tumors

- Rule M3
 - Adenocarcinoma of the prostate is always a single primary.
- Rule M4
 - Retinoblastoma is always a single primary (unilateral or bilateral).
- Rule M5
 - Kaposi sarcoma (any site or sites) is always a single primary.
- Rule M6
 - Follicular and papillary tumors in the thyroid within 60 days of diagnosis are a single primary.
- Rule M7
 - Bilateral epithelial tumors (8000-8799) of the ovary within 60 days are a single primary.

Multiple Tumors

- Rule M8
 - Tumors on both sides (right and left) of a site listed in Table 1 are multiple primaries.
- Rule M9
 - Adenocarcinoma in adenomatous polyposis coli (familial polyposis) with one or more in situ or malignant polyps is a single primary.
 - *Note: Tumors may be present in a single or multiple segments of the colon, rectosigmoid, rectum.*
- Rule M10
 - Tumors diagnosed more than one (1) year apart are multiple primaries.

Multiple Tumors

- Rule M11
 - Tumors with ICD-O-3 topography codes that are different at the second (C~~X~~xx) and/or third characters (C~~x~~Xx) are multiple primaries.
 - Example 1:
 - A tumor in the cervical esophagus (C15.0) and a tumor fundus of the stomach (C16.1).
 - Multiple primaries.
 - Example 2:
 - A tumor in the jejunum (C17.1) and a tumor in the ileum (C17.2)
 - Move to the next rule.

Multiple Tumors

- Rule M12 Tumors with ICD-O-3 topography codes that differ only at the fourth character (Cxxx) and are in any one of the following primary sites are multiple primaries.
 - Anus and anal canal (C21_)
 - Bones, joints, and articular cartilage (C40_- C41_)
 - Peripheral nerves and autonomic nervous system (C47_)
 - Connective subcutaneous and other soft tissues (C49_)
 - Skin (C44_)

Multiple Tumors

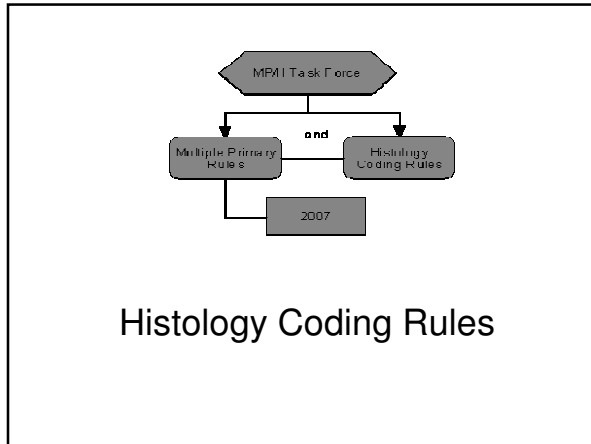
- Rule M13
 - A frank in situ or malignant adenocarcinoma and an in situ or malignant tumor in a polyp are a single primary.
- Rule M14
 - Multiple in situ and/or malignant polyps are a single primary.
 - *Note:* Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.
- Rule M15
 - An invasive tumor following an in situ tumor more than 60 days after diagnosis is a multiple primary.

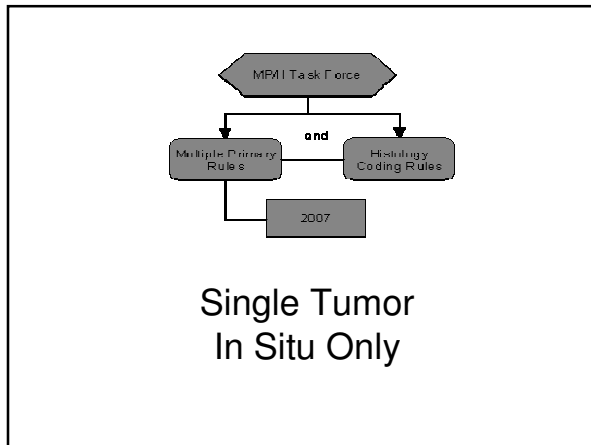
Multiple Tumors

- Rule M16 Abstract as a single primary when one tumor is:
 - Cancer/malignant neoplasm, NOS (8000) and another is a specific histology or
 - Carcinoma, NOS (8010) and another is a specific carcinoma or
 - Squamous cell carcinoma, NOS (8070) and another is specific squamous cell carcinoma or
 - Adenocarcinoma, NOS (8140) and another is a specific adenocarcinoma or
 - Melanoma, NOS (8720) and another is a specific melanoma
 - Sarcoma, NOS (8800) and another is a specific sarcoma

Multiple Tumors

- Rule M17
 - Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.
- Rule M18
 - Tumors that do not meet any of the above criteria are a single primary.





Single Tumor In Situ Only

- **Rule H1**
– Code the histology documented by the physician when the **pathology/cytology** report is **not available**.
- **Rule H2**
– Code the histology when only **one histologic type** is identified.

Single Tumor In Situ Only

- **Rule H3**

- Code:

- **8210** (adenocarcinoma in **adenomatous polyp**)
 - **8261** (adenocarcinoma in **villous adenoma**)
 - **8263** (adenocarcinoma in a **tubulovillous adenoma**)

- When there is any indication the tumor arose in a polyp.

Single Tumor In Situ Only

- **Rule H4**

- Code the most specific histologic term when the diagnosis is:

- Carcinoma in situ, NOS (8010) and a specific in situ carcinoma or
 - Squamous cell carcinoma in situ, NOS (8070) and a specific in situ squamous cell carcinoma or
 - Adenocarcinoma in situ, NOS (8140) and a specific in situ adenocarcinoma or
 - Melanoma in situ, NOS (8720) and a specific in situ melanoma

Single Tumor In Situ Only

- Specific histology may be identified as:

- Type
 - Subtype
 - Predominantly
 - With features of
 - Major
 - With ___ differentiation
 - Architecture
 - Pattern.

- The terms architecture and pattern are subtypes only for in situ cancer.

Single Tumor In Situ Only

- Rule H5
 - Code the appropriate combination/mixed code (Table 2) when there are multiple specific histologies or when there is a non-specific histology with multiple specific histologies
- Rule H6
 - Code the histology with the numerically higher ICD-O-3 code.

Single Invasive Tumor

- Rule H8
 - Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.
- Rule H9
 - Code the histology from a metastatic site when there is no pathology/cytology specimen from the primary site.
- Rule H10
 - Code 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is acinar (adeno)carcinoma.
- Rule H11
 - Code the histology when only one histologic type is identified

Single Invasive Tumor

- **Rule H12**
 - Code:
 - 8210 (adenocarcinoma in adenomatous polyp)
 - 8261 (adenocarcinoma in villous adenoma),
 - 8263 (adenocarcinoma in a tubulovillous adenoma)
- when there is any indication the tumor arose in a polyp

Single Invasive Tumor

- Rule H13
 - Code the most specific histologic term.
- Example:
 - Invasive poorly differentiated squamous cell carcinoma with basaloid features
 - Code to 8083/3, basaloid squamous cell carcinoma*
- Specific histology may be identified as type, subtype, predominantly, **with features of**, major, or with ___ differentiation

Single Invasive Tumor

- Rule H14
 - Code papillary carcinoma of the thyroid to papillary adenocarcinoma, NOS (8260).
- Rule H15
 - Code follicular and papillary carcinoma of the thyroid to papillary carcinoma, follicular variant (8340).

Single Invasive Tumor

- Rule H16
 - Code the appropriate combination/mixed code (Table 2) when there are multiple specific histologies or when there is a non-specific histology with multiple specific histologies
- *Example 1 (multiple specific histologies):*
 - Mucinous and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes)
- *Example 3 (non-specific with multiple specific histologies):*
 - Adenocarcinoma with papillary and signet ring cell features. Code 8255 (adenocarcinoma with mixed subtypes)

Single Invasive Tumor

- **Rule H17**
 - Code the histology with the **numerically higher** ICD-O-3 code.

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

- Rule H18
 - Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available
- Rule H19
 - Code the histology from a metastatic site when there is no pathology/cytology specimen from the primary site.

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

- Rule H20
 - Code 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is acinar (adeno)carcinoma.
- Rule H21
 - Code 8077/2 (Squamous intraepithelial neoplasia, grade III) for in situ squamous intraepithelial neoplasia grade III in sites such as the vulva (VIN III) vagina (VAIN III), or anus (AIN III).
- Rule H22
 - Code 8148/2 (Glandular intraepithelial neoplasia grade III) for in situ glandular intraepithelial neoplasia grade III in sites such as the pancreas (PAIN III).

**MULTIPLE TUMORS ABSTRACTED
AS A SINGLE PRIMARY**

- Rule H23
 - Code the histology when only one histologic type is identified
- Rule H24
 - Code the histology of the underlying tumor when there is extramammary Paget disease and an underlying tumor of the anus, perianal region, or vulva.
- Rule H25
 - Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma) when there is any indication the tumor may have arisen in a polyp

**MULTIPLE TUMORS ABSTRACTED
AS A SINGLE PRIMARY**

- Rule H26
 - Code papillary carcinoma of the thyroid to papillary adenocarcinoma, NOS (8260).
- Rule H27
 - Code follicular and papillary carcinoma of the thyroid to papillary carcinoma, follicular variant (8340).
- Rule H28
 - Code the single invasive histology for combinations of invasive and in situ. Ignore the in situ terms.

**MULTIPLE TUMORS ABSTRACTED
AS A SINGLE PRIMARY**

- Rule H29
 - Code the most specific histologic term.
 - Example:
 - Two tumors in the stomach. Biopsy of the first tumor shows adenocarcinoma. Biopsy of the second tumor shows signet ring cell carcinoma.
 - Code to signet ring cell carcinoma as it is a more specific type of adenocarcinoma.

**MULTIPLE TUMORS ABSTRACTED
AS A SINGLE PRIMARY**

- Rule H30
 - Code the appropriate combination/mixed code (Table 2) when there are multiple specific histologies or when there is a non-specific histology with multiple specific histologies
- Rule H31
 - Code the histology with the numerically higher ICD-O-3 code.

Questions?


Quiz

MP/H Task Force



The slide features a collection of logos for various organizations involved in cancer research and data collection. The logos include: NCI (National Cancer Institute), NPCR (National Program of Cancer Registries), Commission on Cancer, ajcc (American Joint Cancer Committee), National Cancer Institute, CDC (Centers for Disease Control and Prevention), National Cancer Institute of Canada, National Institutes of Health, and NAACCR (National Cancer Data Association).


Collaborative Stage



The slide is titled "Collaborative Stage" and features the NAACCR logo in the bottom right corner.

Intraluminal Extension

- Ignore intraluminal or lateral extension to adjacent segment(s):
 - ◆ Esophagus
 - ◆ Stomach
 - ◆ Small intestine




The slide is titled "Intraluminal Extension" and contains a bulleted list of instructions. The main bullet point is "Ignore intraluminal or lateral extension to adjacent segment(s):" followed by three sub-bullets: "Esophagus", "Stomach", and "Small intestine". The NAACCR logo is located in the bottom right corner.

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Esophagus





Tumor Size

- 000 No mass/tumor found
- 001-988 001 - 988 millimeters (code exact size in millimeters)
- 990 Microscopic focus or foci only, no size of focus given
- **998 Circumferential**
- 999 Unknown; size not stated
- Not documented in patient record



	<h3>CS Extension</h3>
	<p>Note: Ignore intraluminal extension to adjacent segment(s) of esophagus or to cardia of stomach and code depth of invasion or extra-esophageal spread as indicated.</p>
	


	<h3>CS Extension</h3>
	<ul style="list-style-type: none">■ 10 Invasive tumor confined to mucosa, NOS (including intramucosal, NOS).<ul style="list-style-type: none">◆ Epithelial layer◆ Lamina propria◆ Muscularis mucosa■ 11 Invades lamina propria■ 12 Invades muscularis mucosae■ 16 Invades submucosa
	

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Collaborative Stage

- 20 Muscularis propria invaded
- 30 Localized NOS
- 40 Adventitia and/or soft tissue invaded

Esophagus is described as "FIXED"




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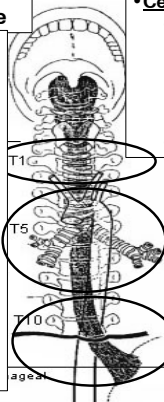
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60-Tumor invades adjacent structure

Intrathoracic, lower portion (abdominal) esophagus:

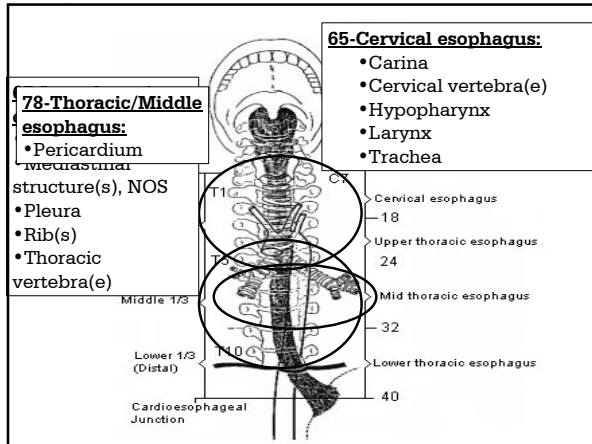
- Blood vessel(s):
 - Aorta
 - Gastric artery/vein
 - Vena cava
- Diaphragm, not fixed, or NOS
- Stomach, cardia (via serosa) bronchus
- Trachea



• Cervical esophagus:

- Blood vessel(s):
 - Carotid artery
 - Jugular vein
 - Subclavian artery
- Thyroid gland

- ↳ Cervical esophagus — 18
- ↳ Upper thoracic esophagus — 24
- ↳ Mid thoracic esophagus — 32
- ↳ Lower thoracic esophagus — 40



CS Extension


- 80-Further contiguous extension:
 - ◆ Cervical/upper esophagus:
 - ◆ Lung
 - ◆ Main stem bronchus
 - ◆ Pleura
 - ◆ Abdominal/lower esophagus:
 - ◆ Diaphragm fixed
- 95-No evidence of primary tumor
- 99- Unknown

CS Lymph Nodes

- Regional lymph nodes are different for the upper middle and lower esophagus.
- Regional lymph nodes for one subsite may be distant for another subsite.
 - ◆ Example: Involvement of cervical lymph nodes are considered distant metastasis for mid or intrathoracic esophageal primaries.


CS Lymph Nodes

- **Intrathoracic Esophagus**
 - ◆ Upper periesophageal
 - ◆ Subcarinal
 - ◆ Lower periesophageal



CS Lymph Nodes

- **Gastroesophageal Junction**
 - ◆ Lower esophageal (below the azygous vein)
 - ◆ Diaphragmatic
 - ◆ Pericardial
 - ◆ Left gastric
 - ◆ Celiac




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CS Mets at DX

■ **Common metastatic sites include**

- ◆ Liver
- ◆ Lung
- ◆ Pleura




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Stomach




Tumor Size

- 998
 - ◆ Diffuse
 - ◆ Widespread
 - ◆ 3/4's or more
 - ◆ Linitis plastica




**CS Extension
Polyp Codes**

- **Polyp Codes**
 - ◆ 05-(Adeno)carcinoma in a polyp, noninvasive
 - ◆ 13-Confined to head of polyp
Extension to stalk
 - ◆ 14-Confined to stalk of polyp
 - ◆ 15-Tumor in polyp, NOS
- **Remember to use the highest possible code that is not and NOS code**



CS Extension


- **35-Linitis Plastica**
 - ◆ Spreads to the muscles of the stomach wall and makes it thicker and more rigid.
 - ◆ Use only if additional information concerning extension is not available.



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CS Lymph Nodes

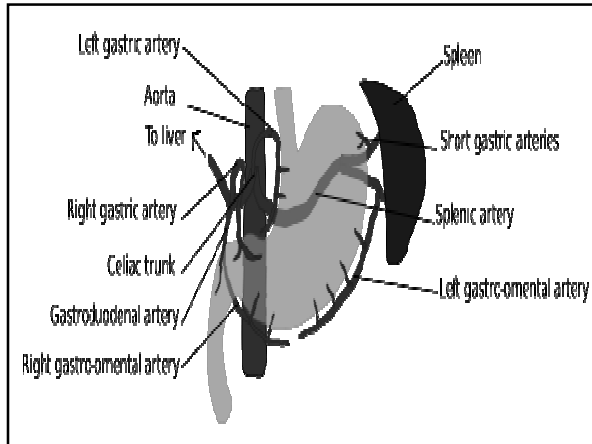
- **Note 1:**
 - ◆ Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.
- **Note 2:**
 - ◆ If information about named regional lymph nodes is available, use codes 10, 40, 42, or 50, rather than codes 60, 65, or 70



CS Lymph Nodes

- For codes 10-50 and 80 **ONLY:** when CS Regional Nodes Eval is 0, 1, 5, or 9, the N category is assigned from the Lymph Nodes Clinical Evaluation Table, using Reg LN Pos and CS Site-Specific Factor 1
- When CS Regional Nodes Eval is 2, 3, 6, 8, or not coded, the N category is determined from the Lymph Nodes Pathologic Evaluation Table using Reg LN Pos.





CS Mets at Dx


- 10 Distant lymph node(s)
- 40 Distant metastases except distant lymph node(s)
- 50 Distant lymph node(s) plus other distant metastases
- 99 Unknown if distant metastasis

Site Specific Factor 1


- **Clinical Assessment of Regional Lymph Nodes**
 - ◆ 000 Nodes not clinically evident
 - ◆ 100 Clinically N1
 - ◆ 200 Clinically N2
 - ◆ 300 Clinically N3
 - ◆ 400 Clinically positive regional nodes, NOS
 - ◆ 888 OBSOLETE - Not Applicable
 - ◆ 999 Unknown if nodes are clinically evident

Site Specific Factor 1
Clinical Assessment of Regional Lymph Nodes

- In the rare instance that the number of clinically positive nodes is stated but a clinical N category is not stated, code:
 - ◆ 1-6 nodes as 100 (N1)
 - ◆ 7-15 nodes as 200 (N2)
 - ◆ More than 15 nodes as 300 (N3).




Small Intestine



CS Extension


- The non-peritonealized perimuscular tissue for the following sites is part of the retroperitoneum:
 - ◆ Jejunum
 - ◆ Ileum
 - ◆ Mesentery
 - ◆ Duodenum in areas where serosa is lacking




	CS Extension
	<ul style="list-style-type: none">■ 45 Adjacent connective tissue<ul style="list-style-type: none">◆ Mesentery, including mesenteric fat, invaded less than or equal to 2 cm in depth or NOS.◆ Nonperitonealized perimuscular tissue invaded less than or equal to 2 cm in depth or NOS.◆ Retroperitoneum invaded less than or equal to 2 cm in depth or NOS.


	CS Extension
	<ul style="list-style-type: none">■ 67 For all small intestine sites:<ul style="list-style-type: none">◆ Abdominal wall◆ Mesentery invaded greater than 2 cm in depth◆ Non-peritonealized perimuscular tissue invaded greater than 2 cm in depth◆ Retroperitoneum invaded greater than 2 cm in depth


	CS Mets at Dx
	<ul style="list-style-type: none">■ 10 Distant lymph node(s), other than those listed in code 11 including:<ul style="list-style-type: none">◆ Celiac lymph node(s)◆ Distant lymph node(s), NOS■ 11 For jejunum and ileum primaries only:<ul style="list-style-type: none">◆ Pericholodochal (Common Bile Duct)◆ (For duodenal primary, see Lymph Nodes field)


	CS Mets at Dx
	<ul style="list-style-type: none">■ 40 Distant metastases except distant lymph node(s) (code 10)<ul style="list-style-type: none">◆ Distant metastasis, NOS◆ Carcinomatosis■ 50 Distant lymph node(s) plus other distant metastases
	


	Treatment
	


	Esophagus
	


	Surgery
	<ul style="list-style-type: none">■ 10 Local tumor destruction, NOS<ul style="list-style-type: none">◆ 11 Photodynamic therapy (PDT)◆ 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)◆ 13 Cryosurgery◆ 14 Laser■ No specimen sent to pathology from surgical events 10–14.
	


	Surgery
	<ul style="list-style-type: none">■ 20 Local tumor excision, NOS<ul style="list-style-type: none">◆ 26 Polypectomy◆ 27 Excisional biopsy■ Any combination of 20 or 26–27 WITH<ul style="list-style-type: none">◆ 21 Photodynamic therapy (PDT)◆ 22 Electrocautery◆ 23 Cryosurgery◆ 24 Laser ablation◆ 25 Laser excision◆ Specimen sent to pathology from surgical events 20–27.
	


	Endoscopic Mucosal Resection
	<ul style="list-style-type: none">■ A small cap is fitted on the end of the endoscope that has a small wire loop.■ The nodule is suctioned into the cap and the wire loop is closed while cautery is applied.■ This may be followed by photodynamic therapy.
	


	Surgery
	<ul style="list-style-type: none">■ 30 Partial esophagectomy■ 40 Total esophagectomy, NOS
	


	Surgery
	<ul style="list-style-type: none">■ Esophagectomy<ul style="list-style-type: none">◆ A trans-hiatal esophagectomy (THE) is performed on the neck and abdomen simultaneously.◆ A trans-thoracic esophagectomy (TTE) involves opening the thorax (chest).■ Minimally invasive esophagectomy
	


	Surgery
	<ul style="list-style-type: none">■ 50 Esophagectomy, NOS WITH laryngectomy and/or gastrectomy, NOS<ul style="list-style-type: none">◆ 51 WITH laryngectomy◆ 52 WITH gastrectomy, NOS◆ 53 Partial gastrectomy◆ 54 Total gastrectomy◆ 55 Combination of 51 WITH any of 52-54
	


	<h2>Radiation</h2> <ul style="list-style-type: none">■ Beam Radiation<ul style="list-style-type: none">◆ IMRT◆ 3D CRT■ Brachytherapy 
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	<h2>Systemic Therapy</h2> <ul style="list-style-type: none">■ Often used in combination with radiation therapy. 
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	<h2>NCCN Guidelines</h2> <ul style="list-style-type: none">■ NCCN Clinical Practice Guidelines in Oncology<ul style="list-style-type: none">◆ Esophagus<ul style="list-style-type: none">◆ http://www.nccn.org/professionals/physician_gls/PDF/esophageal.pdf 
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	<h2>Stomach</h2>
	


	<h2>Surgery</h2>
	<ul style="list-style-type: none">■ 30 Gastrectomy, NOS (partial, subtotal, hemi-)<ul style="list-style-type: none">◆ 31 Antrectomy, lower (distal-less than 40% of stomach)***◆ 32 Lower (distal) gastrectomy (partial, subtotal, hemi-)◆ 33 Upper (proximal) gastrectomy (partial, subtotal, hemi-)
	


	<h2>Surgery</h2>
	<ul style="list-style-type: none">■ Code 30 includes:<ul style="list-style-type: none">◆ Partial gastrectomy, including a sleeve resection of the stomach◆ Billroth I: anastomosis to duodenum (duodenostomy)◆ Billroth II: anastomosis to jejunum (jejunostomy)
	


	<h3>Surgery</h3> <ul style="list-style-type: none">■ 40 Near-total or total gastrectomy, NOS<ul style="list-style-type: none">◆ 41 Near-total gastrectomy◆ 42 Total gastrectomy <p>A total gastrectomy may follow a previous partial resection of the stomach.</p> 
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	<h3>Surgery</h3> <ul style="list-style-type: none">■ 50 Gastrectomy, NOS WITH removal of a portion of esophagus<ul style="list-style-type: none">◆ 51 Partial or subtotal gastrectomy◆ 52 Near total or total gastrectomy <p>Codes 50–52 are used for gastrectomy resection when only portions of esophagus are included in procedure</p> 
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	<h3>Surgery</h3> <ul style="list-style-type: none">■ 60 Gastrectomy with a resection in continuity with the resection of other organs, NOS<ul style="list-style-type: none">◆ 61 Partial or subtotal gastrectomy, in continuity with the resection of other organs◆ 62 Near total or total gastrectomy, in continuity with the resection of other organs.◆ 63 Radical gastrectomy, in continuity with the resection of other organs. <p>Codes 60–63 are used for gastrectomy resections with organs other than <i>esophagus</i>. Portions of esophagus may or may not be included in the resection.</p> 
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	<h3>Chemo/ Radiation</h3> <ul style="list-style-type: none">■ Chemotherapy alone■ Chemoradiation<ul style="list-style-type: none">◆ Preoperative◆ Postoperative■ Chemotherapy<ul style="list-style-type: none">◆ Perioperative◆ Preoperative◆ Postoperative■ Radiosensitizing chemotherapy 
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	<h3>NCCN Guidelines</h3> <ul style="list-style-type: none">■ NCCN Clinical Practice Guidelines in Oncology<ul style="list-style-type: none">◆ http://www.nccn.org/professionals/physician_gls/PDF/gastric.pdf 
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	<h3>Small Intestine</h3> 
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	<p>Standard treatment options</p> <ul style="list-style-type: none">■ For resectable primary disease:<ul style="list-style-type: none">◆ Radical surgical resection.■ For unresectable primary disease:<ul style="list-style-type: none">◆ Surgical bypass of obstructing lesion.◆ Palliative radiation therapy. <p style="text-align: right;"></p>
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	<p style="text-align: center;">Surgery</p> <ul style="list-style-type: none">■ Appendix B<ul style="list-style-type: none">◆ All other sites■ 30 Simple/partial surgical removal of primary site■ 40 Total surgical removal of primary site■ 60 Radical surgery<ul style="list-style-type: none">◆ Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs. <p style="text-align: right;"></p>
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	<p style="text-align: center;">Unresectable Disease</p> <ul style="list-style-type: none">■ For unresectable primary disease:<ul style="list-style-type: none">◆ Clinical trials evaluating methods to improve local control, such as the use of radiation therapy with radiosensitizers with or without systemic chemotherapy.■ For unresectable metastatic disease:<ul style="list-style-type: none">◆ Clinical trials evaluating the value of new anticancer drugs and biologicals (phase I and phase II studies). <p style="text-align: right;"></p>
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Questions?



Quiz



Thank You!

Our next Hospital Registry Webinar will be
*“Abstracting Other Digestive System Cancer
Incidence and Treatment Data”*

9/11/08

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