



NEW SITE-SPECIFIC FIELDS "REQUIRED FOR STAGING" AJCC 8TH ED.

	T0	T1	T2	T3	T4
N0	Stage I				
N1	Stage II				
N2	Stage IIIa				
N3	Stage IIIb				
M1	Stage IV				

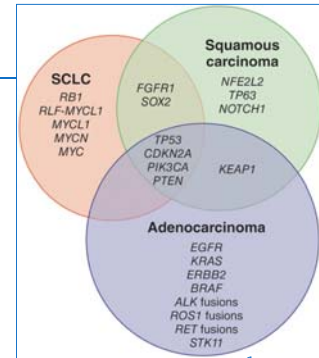


FCDS Annual Educational Conference

Orlando, Florida

July 28, 2017

Steven Peace, CTR



Outline

- 2018 Transition from CS SSFs to Individual Site-Specific Prognostic Factor Fields (SSFs)
- Locating SSFs in the AJCC Cancer Staging Manual, 8th edition
- Historical SSFs - Still Required for Staging - Moved into New Fields
- New Site Specific Fields - Shared Across Chapters – Moved into New Fields
- New Site Specific Prognostic Factor Fields - Required to Assign Stage Group
- Pending Site Specific Prognostic Factor Fields - Recommended for Clinical Care
- Using the Site Specific Fields Required for Staging to Assign Stage Group
- What if the Required SSF is missing? Can I still assign Stage Group?
- QC NOTE: Analytic Cases with No Attempt to Code SSFs Increasing in Frequency
- Prognostic Factors Manual & Training
- Questions



Tumor Marker or Genetic Alteration

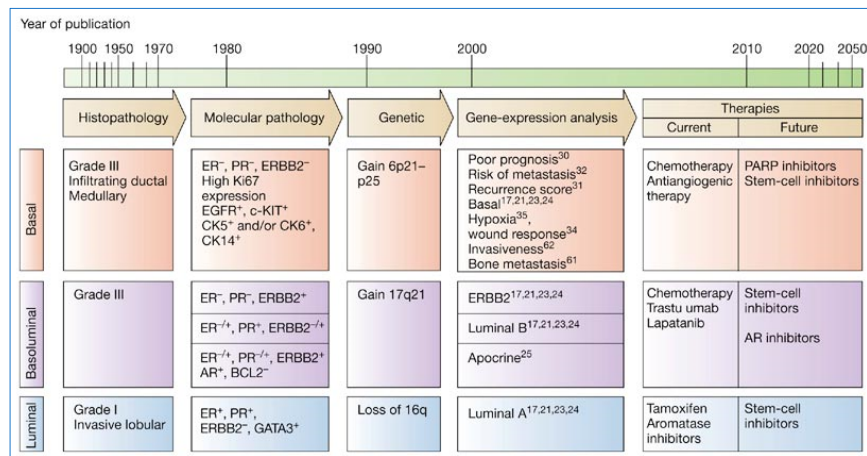
Tumor Marker

- Tumor Markers are indicators of cellular, biochemical, molecular or genetic alterations by which neoplasia can be recognized.
- Tumor markers detect the presence of tumor based on quantitative and/or qualitative measurements in blood or secretions found in cells, tissues or body fluids.
- These surrogate measures of the biology of the cancer provide insight in the clinical behavior of the tumor.
- Biochemical or immunologic counterparts of differentiation states of tumor.

Genetic Alteration

- Cancer is a multigene disease that arises as a result of mutational and epigenetic changes coupled with activation of complex signaling intra and extra cellular networks.
- Alterations in 3 Classes of Genes
 - ProtoOncogenes
 - Tumor Suppressor Genes
 - DNA Repair Genes
- Types of Mutations
 - Gene Rearrangement
 - Point Mutations
 - Gene Amplification
- Resultant effects on death mechanisms embedded within cells coupled with dysregulation of cell proliferation events.

Comparison of the histopathology, molecular pathology, genetic, and gene-expression analysis methods used to delineate breast cancer tumor subtypes and suggested current and future therapies in a historical context



Locating SSFs in AJCC Staging Manual, 8th ed.

Chapter Specific
Prognostic Factors
Section in Chapter

Registry Data
Collection Variables
Listed in Chapter

AJCC Cancer Staging Manual, 8 th Edition – Chapter Outline	
Chapter Summary	Summary of major changes and applicable disease <ul style="list-style-type: none"> • Cancers Staged Using This Staging System • Cancers Not Staged Using This Staging System • Summary of Changes • ICD-O-32 Topography Codes • WHO Histology Codes
Introduction	General information on the disease site, such as background, trends, and recent discoveries
Anatomy	<ul style="list-style-type: none"> • Primary Site(s) • Regional Lymph Nodes • Metastatic Sites
Rules for Classification	<ul style="list-style-type: none"> • Clinical <ul style="list-style-type: none"> ◦ Imaging ◦ Pathological
Prognostic Factors	Indication and discussion of non-TNM prognostic factors important in each disease <ul style="list-style-type: none"> • Prognostic Factors Required for Stage Grouping • Additional Factors Recommended for Clinical Care • Emerging Factors for Clinical Care (Web Only)
Risk Assessment Models	Prognostic and predictive models validated by the AJCC acceptance criteria for inclusion of risk models for individualized prognosis in the practice of precision medicine <ul style="list-style-type: none"> • Updates are available at www.cancerstaging.org
Recommendations for Clinical Trial Stratification	Recommended factors for partitioning patients entering a clinical trial (web only)
Definitions of AJCC TNM	<ul style="list-style-type: none"> • Definition of Primary Tumor (T) • Definition of Regional Lymph Node (N) • Definition of Distant Metastasis (M)
AJCC Prognostic Stage Groupings	Organization of T, N, M, and any additional categories into groups
Registry Data Collection Variables	Prognostic variable recommended for collection in cancer registries
Histologic Grade (G)	Grading system to be used
Histopathologic Type	Discussion or listing of histopathologic types
Survival Data	Survival data are the basis for anatomic stage and prognostic groups
Illustration	Additional figures illustrating anatomic extent of disease

Site-Specific Fields Required for Staging

- Each Chapter includes the Site-Specific Fields Required for Staging (if any)
 - You MUST also document ALL Site-Specific Field Values/Results in TEXT
 - You MUST look for these tests and results – they are really important!
 - Analytic Cases MUST include valid entries in these critical fields
 - Non-Analytic Cases SHOULD include valid entries as available
 - FCDS will monitor overuse of 999 default values
 - Include same tests as CS SSFs for some cancers
 - Instructions and Codes may differ from CS
 - Field Length and Location of Decimal
 - Site-Specific Fields Manual Pending
 - Other – age, LVI, LN +/-exam, T Size
- HER2, MSI, ER/PR, CA 125, CA 19-9, PSA, Gleason, B Symptoms, CEA, Ki-67 Index, Immuno-Phenotype, Mitotic Count, Specified Grade, CytoGenetics
-

Sample New SSFs - Required for Staging

Full Data Item Name: Esophagus and EGI, Squamous Cell (including adenosquamous), Tumor Location
Recommended NAACCR Data Item Name: Esop/EGJ Tumor Epicenter
Data Item Length: 1
Required for AJCC 8th Edition Staging: Yes
Source: New data item, submitted to UDS in 2016 and approved

16.1 Esophagus and EGI, Squamous Cell (including adenosquamous), Tumor Location

Note 1: Physician statement of the epicenter tumor location can be used to code this data item.
 • Physician statement of upper, middle, or lower takes precedence over any individual results or measurements.

Note 2: Location is defined by the position of the epicenter of the tumor in the esophagus. Information is most likely to be obtained from CT scan or operative notes.

Note 3: This information is used for pathologic staging of squamous cell carcinomas of the esophagus and esophagogastric junction.

Code	Description	AJCC ID
	Blank	All except 16.1
1	U: Upper (Cervical/Proximal esophagus to lower border of azygos vein)	
2	M: Middle (Lower border of azygos vein to lower border of inferior pulmonary vein)	
3	L: Lower (Lower border of inferior pulmonary vein to stomach, including EGI and proximal 2cm cardia of stomach)	
9	X: Esophagus, NOS Specific location not documented in medical record Specific location not assessed	

Full Data Item Name: Serum Albumin Pretreatment Level
Recommended NAACCR Data Item Name: Serum Alb PreTX Level
Data Item Length: 1
Required for AJCC 8th Edition Staging: Yes
Source: NEW, approved by UDS in 2016

82 Plasma Cell Myeloma Serum Albumin Pretreatment Level

Note 1: Physician statement of serum albumin ≥ 3.5 g/dL can be used to code this data item.
 • Use the cut points listed below regardless of the lab's reference range

Note 2: Elevated serum albumin is defined by ≥ 3.5 g/dL and is part of the staging criteria.

Note 3: Record this data item based on physician statement or blood test lab values at diagnosis (pretreatment). Do not use findings from a urine test.

Note 4: If the serum albumin level determined by available lab values differs from the physician statement of $<$ or ≥ 3.5 g/dL, the physician's statement takes precedence.

Code	Description	AJCC ID
	Blank	All except 82
1	Serum albumin < 3.5 g/dL	
2	Serum albumin ≥ 3.5 g/dL	
7	Test done, results not in chart	
9	Not documented in medical record Not tested for serum albumin, or unknown if assessed	

Historical SSFs - Still Required for Staging

Full Data Item Name: Estrogen Receptor (ER) Summary
Recommended NAACCR Data Item Name: ER Summary
Data Item Length: 1
Required for AJCC 8th Edition Staging: Yes
Source: Breast, SSF#1

48 Estrogen Receptor (ER) Summary

Code	Description
	Blank
0	Negative
1	Positive
2	Results cannot be determined (indeterminate)
7	Test done, results not in chart
9	Not documented in medical record Test not done, or unknown if done

Full Data Item Name: Progesterone Receptor Summary
Recommended NAACCR Data Item Name: PR Summary
Data Item Length: 1
Required for AJCC 8th Edition Staging: Yes
Source: Breast, SSF#2

48 Progesterone Receptor (PR) Summary

Code	Description
	Blank
0	PR results negative
1	PR results positive
2	PR results cannot be determined (indeterminate)
7	Test done, results not in chart
9	Not documented in medical record Test not done, or unknown if done

Full Data Item Name: Prostatic Specific Antigen (PSA) Lab Value
Recommended NAACCR Data Item Name: PSA Lab Value
Data Item Length: 6
Required for AJCC 8th Edition Staging: Yes
Source: Prostate, SSF#1

58 Prostatic Specific Antigen (PSA) Lab Value

Code	Description	AJCC ID
	Blank	All except 58
000.1	0.1 or less nanograms/milliliter (ng/ml) (Exact value to nearest tenth of ng/ml)	
000.2-9999.8	0.2 - 9999.8 ng/ml (Exact value to nearest tenth of ng/ml)	
9999.9	9999.9 ng/ml or greater	
9997	Test ordered, results not in chart	
9999	Not documented in medical record Test not done, or unknown if done	

Full Data Item Name: HER2 Overall Summary
Recommended NAACCR Data Item Name: HER2 Summary
Data Item Length: 1
Required for AJCC 8th Edition Staging: Yes
Source: Breast, SSF#15, Summary Results of Testing

48 HER2 Overall Summary

Code	Description	AJCC ID
	Blank	All except 48
0	Negative: Equivocal	
3	Positive	
5	Results cannot be determined (indeterminate)	
7	Test done, results not in chart	
9	Not documented in medical record Test not done, or unknown if done	

- New Fields
- New Instructions
- New Codes & Definitions
- Improved Abstractor Notes (*not displayed here*)
- New Field Format – Alphabetical and Numerical
- New Field Length – Where Is Your Decimal Point?

New SSFs - Shared Across Chapters

AJCC Grade Clinical AJCC Grade Pathologic	(16) Esophagus and Esophagogastric Junction (19) Appendix – Carcinoma (38) Bone (<i>appendicular skeleton, spine, and pelvis</i>) (40) Soft Tissue Sarcoma of the Head and Neck (41) Soft Tissue Sarcoma of the Trunk and Extremities (42) Soft Tissue Sarcoma of the Abdomen and Thoracic Visceral Organs (44) Soft Tissue Sarcoma of the Retroperitoneum (45) Soft Tissue Sarcoma – Unusual Histologies and Sites (48) Breast
AJCC GIST Mitotic Count Clinical	(43) Gastrointestinal Stromal Tumor
AJCC GIST Mitotic Count Pathologic	
AJCC Oropharyngeal p16	(10) HPV-Mediated (p16+) Oropharyngeal Cancer (11) Oropharynx (p16-) and Hypopharynx
Revised LVI	All

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New SSFs - Required to Assign Stage Group

AJCC Testis Serum Markers Clinical	(9) Testis
AJCC Testis Serum Markers Pathologic	(16) Esophagus and Esophagogastric Junction
AJCC Esophagus and EGJ Tumor Epicenter	(68) Retinoblastoma
AJCC Retinoblastoma Heritable Trait	C00.0-upper lip, C00.1-lower lip, C00.2-lip NOS. Cancers of the external lip are staged using AJCC chapter 7. Cancers of the vermilion border are staged using AJCC chapter 15.
Revised SSF25 (Lip/vermillion border)	Occult Head/Neck 1) patients with EBV-related cervical adenopathy are staged according to Chapter 9 (Nasopharynx); (2) patients with HPV-related cervical adenopathy are staged according to Chapter 10 (HPV-mediated oropharyngeal cancer [p16+]); (3) all other patients with EBV-unrelated and HPV-unrelated cervical adenopathy are staged according to Chapter 6
Revised SSF25 (cervical node unknown primary)	(79) Hodgkin and Non-Hodgkin Lymphomas
AJCC CLL/SLL Absolute Lymphocyte Count	(82) Multiple Myeloma and Plasma Cell Disorders
AJCC CLL/SLL Adenopathy	
AJCC CLL/SLL Organomegaly	
AJCC CLL/SLL Anemia	
AJCC CLL/SLL Thrombocytopenia	
AJCC MM/Plasma Cell Serum β 2-microglobulin	
AJCC MM/Plasma Cell Serum albumin	
AJCC MM/Plasma Cell LDH Level	
AJCC MM/Plasma Cell FISH Results	

AJCC Grade Clinical AJCC Grade Pathologic	(16) Esophagus and Esophagogastric Junction (19) Appendix – Carcinoma (38) Bone (<i>appendicular skeleton, spine, and pelvis</i>) (40) Soft Tissue Sarcoma of the Head and Neck (41) Soft Tissue Sarcoma of the Trunk and Extremities (42) Soft Tissue Sarcoma of the Abdomen and Thoracic Visceral Organs (44) Soft Tissue Sarcoma of the Retroperitoneum (45) Soft Tissue Sarcoma – Unusual Histologies and Sites (48) Breast
AJCC GIST Mitotic Count Clinical	(43) Gastrointestinal Stromal Tumor
AJCC GIST Mitotic Count Pathologic	
AJCC Oropharyngeal p16	(10) HPV-Mediated (p16+) Oropharyngeal Cancer (11) Oropharynx (p16-) and Hypopharynx
Revised LVI	All

New SSFs - Required to Assign Stage Group

Full Data Item Name: Esophagus and EGI, Squamous Cell (including adenosquamous), Tumor Location
Recommended NAACCR Data Item Name: Esop/EGI Tumor Epicenter
Data Item Length: 1
Required for AJCC 8th Edition Staging: Yes
Source: New data item, submitted to UDS in 2016 and approved

16.1 Esophagus and EGI, Squamous Cell (including adenosquamous), Tumor Location

Note 1: Physician statement of the epicenter tumor location can be used to code this data item.
 • Physician statement of upper, middle, or lower takes precedence over any individual results or measurements.

Note 2: Location is defined by the position of the epicenter of the tumor in the esophagus. Information is most likely to be obtained from CT scan or operative notes.

Note 3: This information is used for pathologic staging of squamous cell carcinomas of the esophagus and esophagogastric junction.

Code	Description	AJCC ID
	Blank	All except 16.1
1	U: Upper (Cervical/Proximal esophagus to lower border of azygos vein)	
2	M: Middle (Lower border of azygos vein to lower border of inferior pulmonary vein)	
3	L: Lower (Lower border of inferior pulmonary vein to stomach, including EGI and proximal 2cm cardia of stomach)	
9	X: Esophagus, NOS Specific location not documented in medical record Specific location not assessed	

Full Data Item Name: Serum Albumin Pretreatment Level
Recommended NAACCR Data Item Name: Serum Alb PreTX Level
Data Item Length: 1
Required for AJCC 8th Edition Staging: Yes
Source: NEW, approved by UDS in 2016

82 Plasma Cell Myeloma Serum Albumin Pretreatment Level

Note 1: Physician statement of serum albumin ≥ 3.5 g/dL can be used to code this data item.
 • Use the cut points listed below regardless of the lab's reference range

Note 2: Elevated serum albumin is defined by ≥ 3.5 g/dL and is part of the staging criteria.

Note 3: Record this data item based on physician statement or blood test lab values at diagnosis (pretreatment). Do not use findings from a urine test.

Note 4: If the serum albumin level determined by available lab values differs from the physician statement of $<$ or ≥ 3.5 g/dL, the physician's statement takes precedence.

Code	Description	AJCC ID
	Blank	All except 82
1	Serum albumin < 3.5 g/dL	
2	Serum albumin ≥ 3.5 g/dL	
7	Test done, results not in chart	
9	Not documented in medical record Not tested for serum albumin, or unknown if assessed	

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New SSFs - Required to Assign Stage Group

Full Data Item Name: Mitotic Rate GIST Clinical
Recommended NAACCR Data Item Name: Mitotic Rate GIST Clin
Data Item Length: 1
Required for AJCC 8th Edition Staging: Yes
Source: New data item, submitted to UDS in 2016 and approved

43 Mitotic Rate Gastrointestinal Tumor Clinical

Note 1: Record the mitotic rate as 1 (Low) or 2 (High) as indicated on the pathology report or CAP protocol.

- 1 (Low) is 5 or fewer mitoses per 5 mm², or per 50 HPF.
- 2 (High) is over 5 mitoses per 5 mm², or per 50 HPF

Note 2: Assume the denominator is 50 HPF or 5 square mm if not specified.

Note 3: If only one mitotic rate is available, and is assessed during the AJCC clinical staging timeframe, record this value for Mitotic Rate GIST Clinical. Mitotic Rate GIST Pathological will be coded 9.

Code	Description	AJCC ID
	Blank	All except 43.1, 43.2
1	L: Low (5 or fewer mitoses per 5 mm ² , or per 50 HPF)	
2	H: High (over 5 mitoses per 5 mm ² , or per 50 HPF)	
7	Test done, results not in chart	
9	Not documented in medical record Mitotic rate cannot be assessed or unknown if assessed	

Full Data Item Name: Mitotic Rate GIST Pathological
Recommended NAACCR Data Item Name: Mitotic Rate GIST Path
Data Item Length: 1
Required for AJCC 8th Edition Staging: Yes
Source: New data item, submitted to UDS in 2016 and approved

43 Mitotic Rate Gastrointestinal Tumor Pathological

Note 1: Record the mitotic rate as 1 (Low) or 2 (High) as indicated on the pathology report or CAP protocol.

- 1 (Low) is 5 or fewer mitoses per 5 mm², or per 50 HPF.
- 2 (High) is over 5 mitoses per 5 mm², or per 50 HPF

Note 2: Assume the denominator is 50 HPF or 5 square mm if not specified.

Note 3: If only one mitotic rate is available, and is assessed during the AJCC pathological staging timeframe, record this value for Mitotic Rate GIST Pathological. Mitotic Rate GIST Clinical will be coded 9.

Code	Description	AJCC ID
	Blank	All except 43.1, 43.2
1	L: Low (5 or fewer mitoses per 5 mm ² , or per 50 HPF)	
2	H: High (over 5 mitoses per 5 mm ² , or per 50 HPF)	
7	Test done, results not in chart	
9	Not documented in medical record Mitotic rate cannot be assessed or unknown if assessed	

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The "Complete List" of Required SS Fields

Schema Name	TNM/SS Required		
GISTPeritoneum	5,10	Penis	17
Testis	4,5,13,15,16	GISTAppendix	11
Melanomalris	4,25	GISTColon	11
Breast	3,4,5	GISTRectum	11
MerkelCellVulva	3,11	Vulva	11
MelanomaCiliaryBody	2,3,4,25	BileDuctsIntraHepat	10
MelanomaChoroid	2,3,4	GISTEsophagus	6
Appendix	2,11	GISTSmallIntestine	6
Scrotum	12,16	GISTStomach	6
Skin	12,16	SkinEyelid	6
Prostate	1,3,8,10	MerkelCellPenis	3
EsophagusGEJunction	1,25	MerkelCellScrotum	3
Nasopharynx	1,25	MerkelCellSkin	3
Peritoneum	1,25	Bladder	2
PharyngealTonsil	1,25	CarcinoidAppendix	2
Stomach	1,25	Colon	2
MelanomaSkin	1,2,3,4,7	CorpusAdenosarcoma	2
MelanomaConjunctiva	1,2	CorpusCarcinoma	2
BileDuctsDistal	25	CorpusSarcoma	2
BileDuctsPerihilar	25	Lymphoma	2
CysticDuct	25	LymphomaOcularAdnexa	2
LacrimalGland	25	NETColon	2
LacrimalSac	25	NETRectum	2
PeritoneumFemaleGen	25	Rectum	2

New Required For AJCC 8th Staging NEW Data Items

AJCC Grade Clinical	(16) Esophagus and Esophagoastric Junction
AJCC Grade Pathologic	(19) Appendix - Carcinoma
	(38) Bone (appendicular skeleton, spine, and pelvis)
	(40) Soft Tissue Sarcoma of the Head and Neck
	(41) Soft Tissue Sarcoma of the Trunk and Extremities
	(42) Soft Tissue Sarcoma of the Abdomen and Thoracic Visceral Organs
	(44) Soft Tissue Sarcoma of the Retroperitoneum
	(45) Soft Tissue Sarcoma - Unusual Histologies and Sites
	(48) Breast
AJCC GIST Mitotic Count Clinical	(43) Gastrointestinal Stromal Tumor
AJCC GIST Mitotic Count Pathologic	
AJCC Testis Serum Markers Clinical	(9) Testis
AJCC Testis Serum Markers Pathologic	
AJCC Oropharyngeal p16	(10) HPV-Mediated (p16+) Oropharyngeal Cancer
AJCC Esophagus and EGJ Tumor Epicenter	(11) Oropharynx (p16-) and Hypopharynx
AJCC Retinoblastoma Heritable Trait	(15) Esophagus and Esophagoastric Junction
Revised LVI	(68) Retinoblastoma
	All
Revised SSF25 (Lip/vermillion border)	C00.0-upper lip, C00.1-lower lip, C00.2-lip NOS. Cancers of the external lip are staged using AJCC chapter 7. Cancers of the vermillion border are staged using AJCC chapter 15.
Revised SSF25 (cervical node unknown primary)	Occult Head/Neck 1) patients with EBV-related cervical adenopathy are staged according to Chapter 9 (Nasopharynx); 2) patients with HPV-related cervical adenopathy are staged according to Chapter 10 (HPV-mediated oropharyngeal cancer (p16+)); 3) all other patients with EBV-unrelated and HPV-unrelated cervical adenopathy are staged according to Chapter 6
AJCC CLL/SLL Absolute Lymphocyte Count	
AJCC CLL/SLL Adenopathy	
AJCC CLL/SLL Organomegaly	(79) Hodgkin and Non-Hodgkin Lymphomas
AJCC CLL/SLL Anemia	
AJCC CLL/SLL Thrombocytopenia	
AJCC MM/Plasma Cell Serum β2-microglobulin	
AJCC MM/Plasma Cell Serum albumin	(82) Multiple Myeloma and Plasma Cell Disorders
AJCC MM/Plasma Cell LDH Level	
AJCC MM/Plasma Cell FISH Results	

Pending SSFs - Recommended for Clinical Care

Lifestyle Factors

- o Tobacco Use
- o Depression
- o Alcohol

Virus Exposures

- o P16/HPV
- o HIV
- o Hep B or Hep C

Overall Health Status

- o Comorbidity(s)
- o Overall Health
- o Performance Status
 - o Zubrod/ECOG
 - o Karnofsky

Other Anatomic Info

- o Location of Positive Lymph Node(s)
- o Size of Positive Node
- o Extranodal Extension
- o Perineural Invasion
- o Tumor Thickness
- o Depth of Invasion
- o Surgical Margins

- Clinically Relevant Site Specific Prognostic Variables are in the AJCC Staging Manual
- New Site Specific Fields not yet created to store these variables
- ALL are Pending Review
- None are Required in 2018
- None are Optional in 2018
- No Instructions or Codes – Yet.

“Complete List” of Clinically Relevant SSFs

Methylation f 6-Methylguanine-Methyltransferase (MGMT) Brain, SSF #4	NCCN International Prognostic Index (IPI) Lymphoma, SSF# 3
Chromosome 1p: Loss of Heterozygosity (LH) Brain, SSF #5	Alpha Fetoprotein (AFP) Pretreatment Interpretation Liver, SSF #1
Chromosome 19q: Loss of Heterozygosity (LH) Brain, SSF #6	Fibrosis Score (Ishak Score) Liver, SSF #2
IDH (Is citrate dehydrogenase) gene Brain, new	Creatinine Pretreatment Unit f Measure Liver, SSF #5
Lymph Nodes Head and Neck, Levels I-III Head and Neck (Cmmn SSF), SSF#3	Bilirubin Pretreatment Unit f Measure Liver, SSF #7
Lymph Nodes Head and Neck, Levels IV-V ad and Neck (Cmmn SSF), SSF#4	Tumor Growth Pattern Intrahepatic Bile Duct, SSF#10
Lymph Nodes Head and Neck, Levels VI-VII Head and Neck (Cmmn SSF), SSF#5	Chromosome 3 Status Uveal Melanomas, SSF #5
Lymph Nodes Head and Neck, other Head and Neck (Cmmn SSF), SSF#6	chrism 8q Status Uveal Melanomas, SSF #7
Carcinoembryonic Antigen (CEA) Pretreatment Lab Value Colon and Rectum, SSF #3	Extravascular Matrix Patterns, Lps Uveal Melanomas, SSF #11
Alpha Fetoprotein (AFP) Pretreatment Lab Value Liver, SSF #3	Separate Tumor Nodules Lung, SSF#1
Creatinine Pretreatment Lab Value Liver, SSF #4	Visceral Pleural Invasion Lung, SSF #2
International Normalized Ratio Prothrombin Time (INR) Liver, SSF #8	Pleura Effusion Pleura (Malignant Pleural Mesothelioma), SSF#1
Percent Necrosis Post Neoadjuvant Chemotherapy Bone, SSF #3	Carcinoembryonic Antigen (CEA) Pretreatment Interpretation, Colon and Rectum, SSF #1
Serum Lactate Dehydrogenase (LDH) Pretreatment Lab Value Melanoma Skin, SSF #5	Tumor Deposits, Colon and Rectum, SSF #4
Alpha Fetoprotein (AFP) Pre-orchietomy Lab Value Testis, SSF# 6	Perineural Invasion, Colon and Rectum, SSF #8
Human Chorionic Gonadotropin (hCG) Pre-orchietomy Lab Value Testis, SSF# 8	Estrogen Receptor, Percent Positive Range, Draft, Breast 8th edition, CAP guidelines
Alpha Fetoprotein (AFP) Post-orchietomy Lab Value Testis, SSF# 12	Estrogen Receptor, Total Allred Score, Draft, Breast 8th edition, CAP guidelines
Human Chorionic Gonadotropin (hCG) Post-Orchietomy Lab Value Testis, SSF# 14	Progesterone Receptor, Percent Positive Range, Draft, Breast 8th edition, CAP guidelines
Lymph Nodes, Axillary, Number of Positive Ipsilateral Level I-II Breast, SS# 3	Progesterone Receptor, Total Allred Score, Draft, Breast 8th edition, CAP guidelines
Response to Neoadjuvant Therapy Breast, SS# 21	Ki-67 (MIB-1), Draft, Breast 8th edition, CAP guidelines
Multigene Signature Method Breast, SSF# 22	Extranodal Extension: Head and Neck ENE (-) r ENE (+), Clinical, H&N SSF#8
Multigene Signature Results Breast, SSF# 23	Extranodal Extension: Head and Neck ENE (-) r ENE (+), Pathological, H&N SSF#9
HER2 IHC Summary Breast 8th edition, CAP guidelines	Primary Sclerosing Cholangitis (PSC), Intrahepatic Bile Duct, SSF#11
HER2 ISH Summary Breast 8th edition, CAP guidelines	Breslow tumor thickness, Melanoma Skin, SSF #1
Ki-67 (MIB-1) Breast 8th edition, CAP guidelines	Mitotic Rate Melanoma, Melanoma Skin, SSF #7
HIV Status Lymphoma, SSF# 1	Mitotic Cunt Uveal Melanoma, Uveal Melanomas, SSF #9

“Complete List” of Clinically Relevant SSFs

- o HER2 ISH Dual Probe Ratio, new Draft, Breast 8th edition, CAP guidelines
- o HER2 ISH Dual Probe Copy Number
- o HER2 ISH Single Probe Copy Number
- o Lymph Nodes Size of Metastasis, Head and Neck (Common SSF), SSF#1
- o Bilirubin Pretreatment Total Lab Value, Liver, SSF #6
- o Measured Basal Diameter, Uveal Melanomas, SSF #2
- o Measured Thickness, Uveal Melanomas, SSF #3
- o Extranodal Extension Clinical, Penis, SSF # 17
- o Extranodal Extension Pathological, Penis, SSF # 17
- o Microvessel Density, Uveal Melanomas, SSF #13
- o Adenoid Cystic Basaloid Pattern, Lacrimal Gland, SSF #6
- o Circumferential or Radial Resection Margin, Colon and Rectum, SSF #6
- o Oncotype Dx Recurrence Score-Invasive, Draft, Breast 8th edition, CAP guidelines
- o Oncotype Dx Recurrence Score-DCIS, Draft, Breast 8th edition, CAP guidelines
- o Oncotype Dx Risk Level-Invasive, Draft, Breast 8th edition, CAP guidelines
- o Oncotype Dx Risk Level-DCIS, Draft, Breast 8th edition, CAP guidelines
- o Isolated Tumor Cells (ITC) in Regional Lymph Node(s), Merkel Cell Skin, SSF #18
- o Profound Immune Suppression, Merkel Cell Skin, SSF #22
- o Microsatellite Instability, Colon and Rectum, SSF #7
- o KRAS, Colon and Rectum, SSF #9
- o Kidney Tumor Extension, Kidney, SSF#1
- o Major vein involvement, Kidney, SSF#2
- o Ipsilateral Adrenal Gland Involvement, Kidney, SSF#3
- o Sarcomatoid Features, Kidney, SSF#4
- o JAK2, Home Retix, SSF# 1

Manual to Include Complete Site-Specific Field Definitions, Instructions & Codes

Do Not Use Old Manuals for New Site Specific Field Definitions, Instructions, or Codes



2018 - New Manual for ALL New Site Specific Fields – Date TBA

Will Include All Required for Staging Fields

May Include Some Recommended for Clinical Care Fields

Definitions, Instructions, and Codes Included

Using Required SSFs to Assign Stage Group



Table 8. Examples of Revisions to Breast Cancer Staging Using Biomarkers and Oncotype DX

	T	N	M	G	HER2	ER	PR	SEVENTH EDITION ANATOMIC STAGE/PROGNOSTIC GROUP	EIGHTH EDITION PROGNOSTIC STAGE GROUP
Biomarkers									
1	0	0	1	-	-	-		IA	IAA
1	0	0	3	-	+	-		IA	IIA
3	1-2	0	1	+	+	+		IIIA	IB
Oncotype DX recurrence score < 11 for ER-positive tumors									
2	0	0	Any	-	+	Any		IIA	IB
1-2	1	0	Any	-	+	Any		IIA/IIIB	IB
0-2	2	0	1-2	+	+	+		IIIA	IB

Abbreviations: -, negative; D+, positive; ER, estrogen receptor; G, grade; HER2, human epidermal growth factor receptor 2; M, metastasis classification; N, lymph node classification; PR, progesterone receptor; T, tumor classification.

What if the Required SSF Info is Missing?

Recipe Includes
Ingredients AND Instructions

Coffee Cake with Strudel Topping

6 oz. flour	1 egg
2 tps. baking powder	¼ pint milk
¼ tsp. salt	2-4 tps. coffee extract, according to strength
2 oz. sugar	
3 oz. butter	

For the topping

2 oz. margarine	1 oz. dry breadcrumbs
2 oz. sugar	½ tsp. ground cinnamon
1 oz. flour	

Sieve dry ingredients and add sugar. Melt fat, add beaten egg and milk and stir into dry ingredients, adding coffee extract and mixing well. Put mixture into a prepared loaf tin and mix with strudel topping. To make this, cream fat and sugar and work remaining ingredients to form a dry mixture. Bake in moderately hot oven (400° F.) 35-40 minutes.

Cake will be fine without using baking power – right?
...
I am in a hurry– Can I bake the cake @ 500° for 15 min?



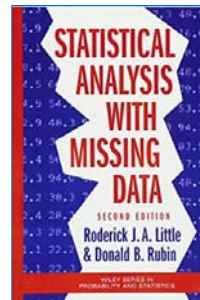
No Substitutions



Analytic Cases with No Attempt to Code SSFs



Default Value '999' or NOS = No Value
Use All Resources in Registrar Toolbox



Site-Specific Prognostic Factors Training

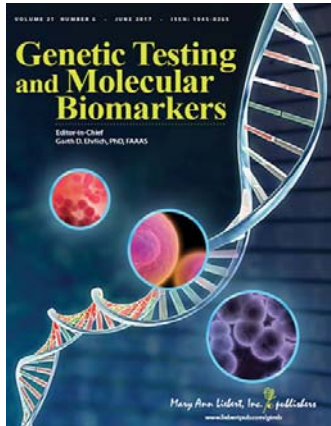


FCDS Prognostic Factors Webcast – 9/21/17

Date	Time Schedule 3 rd Thursday	Presentation Title
8/17/2017	1:00pm – 3:00pm	Convention Brief: 2017 FCDS Annual Meeting Highlights
9/21/2017	1:00pm – 3:00pm	Biomolecular and Genetic Tumor Profiles: Classification and Characteristics of Disease, Required SSFs, CAP Biomarker Checklists, and Targeting Treatment
10/19/2017	1:00pm – 3:00pm	Lymphoid & Myeloid Neoplasms: 2016 Revision of the WHO Classification & You
11/16/2017	1:00pm – 3:00pm	Lung Cancer: FCDS Audit Findings, Anatomy, Staging Using the AJCC 8th ed., SSF Req'd to Stage
December	N/A	No Webcast Scheduled
1/18/2018	1:00pm – 3:00pm	2018 MPH Rules: MPH Rule Updates for Solid Tumors and Introduction to the Solid Tumors Database
2/15/2018	1:00pm – 3:00pm	AJCC Cancer Staging Manual 8 th ed. and Summary Stage 2018



Resources



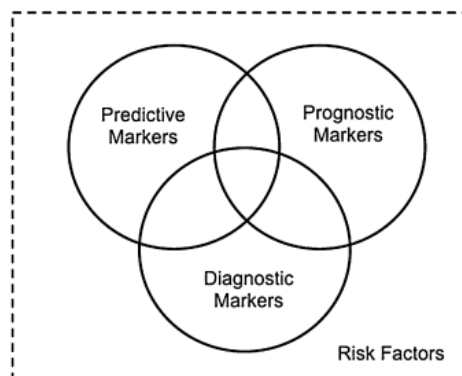
Genetic Testing and Molecular Biomarkers is the leading peer-reviewed journal covering all aspects of human genetic testing including molecular biomarkers. The Journal provides a forum for the development of new technology; the application of testing to decision making in an increasingly varied set of clinical situations; ethical, legal, social, and economic aspects of genetic testing; and issues concerning effective genetic counseling. This is the definitive resource for researchers, clinicians, and scientists who develop, perform, and interpret genetic tests and their results.

***Genetic Testing and Molecular Biomarkers* coverage includes:**

- Diagnosis across the life span
- Risk assessment
- Carrier detection in individuals, couples, and populations
- Novel methods and new instrumentation for genetic testing
- Results of molecular, biochemical, and cytogenetic testing
- Genetic counseling

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Questions



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