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

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

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
ANATOMY

LAYERS OF THE UTERUS

- Endometrium
- Functional
- Basal
- Myometrium
- Parametrium
- The loose connective tissue around the uterus
- Perimetrium
- Peritoneum covering of the fundus and ventral and dorsal aspects of the uterus
CERVIX

- Ectocervix
- External os
- Endocervix
- Internal os

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

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.

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%
**MP/H RULES - TABLE 2 OTHER SITES**

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

**EXAMPLE**

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

**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)
DISTANT METASTASIS

Cervix
- Para-aortic lymph nodes
- Mediastinal lymph nodes
- Lung
- Peritoneal
- Skeleton

DISTANT METASTASIS

Endometrium
- Intra-abdominal metastasis
- Peritoneal surfaces
- Omentum
- Distant
- Lung
- Distant lymph nodes

http://visualsonline.cancer.gov/details.cfm?imageid=1770
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

AJCC CANCER STAGE: CERVIX UTERI CLASSIFICATION

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

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
AJCC CANCER STAGE: CERVIX UTERI
T CATEGORY

<table>
<thead>
<tr>
<th>TNM</th>
<th>FIGO</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>TX</td>
<td></td>
<td>Primary tumor cannot be assessed</td>
</tr>
<tr>
<td>T0</td>
<td></td>
<td>No evidence of primary tumor</td>
</tr>
<tr>
<td>Tis</td>
<td></td>
<td>Carcinoma in situ</td>
</tr>
</tbody>
</table>

AJCC CANCER STAGE: CERVIX UTERI
T CATEGORY

<table>
<thead>
<tr>
<th>TNM</th>
<th>FIGO</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1a</td>
<td>IA</td>
<td>Invasive carcinoma diagnosed only by microscopy; maximum depth of stromal invasion 5 mm &amp; horizontal spread 7 mm or less</td>
</tr>
<tr>
<td>T1a1</td>
<td>IA1</td>
<td>Stromal invasion 3 mm or less in depth &amp; 7 mm or less horizontal spread</td>
</tr>
<tr>
<td>T1a2</td>
<td>IA2</td>
<td>Stromal invasion more than 3 mm &amp; not more than 5 mm with 7 mm or less horizontal spread</td>
</tr>
</tbody>
</table>

AJCC CANCER STAGE: CERVIX UTERI
T CATEGORY

<table>
<thead>
<tr>
<th>TNM</th>
<th>FIGO</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1b</td>
<td>IB</td>
<td>Clinically visible lesion confined to cervix or microscopic lesion greater than T1a/IA2</td>
</tr>
<tr>
<td>T1b1</td>
<td>IB1</td>
<td>Clinically visible lesion 4 cm or less in greatest dimension</td>
</tr>
<tr>
<td>T1b2</td>
<td>IB2</td>
<td>Clinically visible lesion more than 4 cm in greatest dimension</td>
</tr>
</tbody>
</table>
### AJCC Cancer Stage: Cervix Uteri

#### T Category

<table>
<thead>
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<th>TNM</th>
<th>FIGO</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>T2</td>
<td>IIA</td>
<td>Tumor with parametrial invasion</td>
</tr>
<tr>
<td>T2a</td>
<td>IIA1</td>
<td>Clinically visible lesion 4 cm or less in greatest dimension</td>
</tr>
<tr>
<td>T2a2</td>
<td>IIA2</td>
<td>Clinically visible lesion more than 4 cm in greatest dimension</td>
</tr>
<tr>
<td>T2b</td>
<td>IIB</td>
<td>Without parametrial invasion</td>
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</table>

#### AJCC Cancer Stage: Cervix Uteri

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

#### AJCC Cancer Stage: Cervix Uteri

<table>
<thead>
<tr>
<th>TNM</th>
<th>FIGO</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NX</td>
<td>Regional lymph nodes cannot be assessed</td>
<td></td>
</tr>
<tr>
<td>N0</td>
<td>No regional lymph node metastasis</td>
<td></td>
</tr>
<tr>
<td>N1</td>
<td>IIB</td>
<td>Regional lymph node metastasis</td>
</tr>
<tr>
<td>Stage</td>
<td>T</td>
<td>N</td>
</tr>
<tr>
<td>---------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Stage 0</td>
<td>Tis</td>
<td>N0</td>
</tr>
<tr>
<td>Stage I</td>
<td>T1</td>
<td>N0</td>
</tr>
<tr>
<td>Stage IA</td>
<td>Ta</td>
<td>N0</td>
</tr>
<tr>
<td>Stage IA1</td>
<td>Ta1</td>
<td>N0</td>
</tr>
<tr>
<td>Stage IA2</td>
<td>Ta2</td>
<td>N0</td>
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<td>Stage IB1</td>
<td>Tb1</td>
<td>N0</td>
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<tr>
<td>Stage IB2</td>
<td>Tb2</td>
<td>N0</td>
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**AJCC CANCER STAGE: CERVIX UTERI**

<table>
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<th>T</th>
<th>N</th>
<th>M</th>
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</thead>
<tbody>
<tr>
<td>Stage III</td>
<td>T3a</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IIIA</td>
<td>T3a</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IIIB</td>
<td>T3b, Ti-3</td>
<td>Any N</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IVA</td>
<td>T4</td>
<td>Any N</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IVB</td>
<td>Any T</td>
<td>Any N</td>
<td>M1</td>
</tr>
</tbody>
</table>

**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: 2.5 cm cervical tumor confined to cervix.
- Pathology report: 2.3 cm moderately differentiated squamous cell carcinoma with a depth of invasion of 6.0 mm.

**POP QUIZ**

- What is the AJCC clinical stage?
- What is the AJCC pathologic stage?
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 ≤ 3 mm in depth and ≤ 7 mm in horizontal spread
    - FIGO Stage IA1
    - Microinvasion; Tumor WITH invasive component > 3 mm and ≤ 5 mm in depth, taken from the base of the epithelium, and ≤ 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)

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

3. **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**

- Localized NOS:
  - Confined to cervix uteri
  - Confined to uterus NOS (except corpus uteri NOS)

- Regional NOS:
  - 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

- Regional NOS:
  - 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
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

- 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

- 4 Regional by BOTH direct extension AND regional lymph node(s) involved
  - Codes (2) + (3)

- 5 Regional NOS
  - FIGO Stage III NOS
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

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: 2.5 cm 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.

POP QUIZ

- What is the code for Summary Stage 2000?
  a. 0 In situ
  b. 1 Localized only
  c. 2 Regional by direct extension only
  d. 3 Regional lymph node(s) involved only
  e. 4 Regional by BOTH direct extension AND regional lymph node(s) involved
  f. 5 Regional NOS
  g. 7 Distant site(s)/node(s) involved
  h. 9 Unknown if extension or metastasis
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 967 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

FIGO Stage does not include Stage 0 (in situ) for cervix uteri
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

AJCC CANCER STAGE: CORPUS UTERI

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

<table>
<thead>
<tr>
<th>TNM</th>
<th>FIGO</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T0</td>
<td>0</td>
<td>No evidence of primary tumor</td>
</tr>
<tr>
<td>Tis</td>
<td>0</td>
<td>Carcinoma in situ</td>
</tr>
<tr>
<td>T1</td>
<td>I</td>
<td>Confined to corpus uteri</td>
</tr>
<tr>
<td>T1a</td>
<td>IA</td>
<td>Limited to endometrium or invades less than ½ of myometrium</td>
</tr>
<tr>
<td>T1b</td>
<td>IB</td>
<td>Invades ½ or more of myometrium</td>
</tr>
<tr>
<td>T2</td>
<td>II</td>
<td>Invades stromal connective tissue of cervix but does not extend beyond uterus</td>
</tr>
<tr>
<td>T3a</td>
<td>IIIA</td>
<td>Involves serosa and or adnexa (direct extension or metastasis)</td>
</tr>
<tr>
<td>T3b</td>
<td>IIIB</td>
<td>Involves vagina (direct extension or metastasis) or parametrium</td>
</tr>
<tr>
<td>T4</td>
<td>IV</td>
<td>Invades bladder mucosa and/or bowel mucosa</td>
</tr>
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</table>
### N CATEGORY UTERINE CARCINOMA

<table>
<thead>
<tr>
<th>TNM</th>
<th>FIGO Description</th>
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</thead>
<tbody>
<tr>
<td>NX</td>
<td>Regional lymph nodes cannot be assessed</td>
</tr>
<tr>
<td>N0</td>
<td>No regional lymph node metastasis</td>
</tr>
<tr>
<td>N1</td>
<td>IIIC1 Regional lymph node metastasis to pelvic nodes</td>
</tr>
<tr>
<td>N2</td>
<td>IIIC2 Regional lymph node metastasis to para-aortic nodes with or without positive pelvic nodes</td>
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### M CATEGORY UTERINE CARCINOMA

<table>
<thead>
<tr>
<th>TNM</th>
<th>FIGO Description</th>
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<tbody>
<tr>
<td>M0</td>
<td>No distant metastasis</td>
</tr>
<tr>
<td>M1</td>
<td>IVB Distant metastasis</td>
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### AJCC CANCER STAGE: CORPUS UTERI CARCINOMAS*

<table>
<thead>
<tr>
<th>Group</th>
<th>T</th>
<th>N</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 0</td>
<td>Tis</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>Stage I</td>
<td>T1</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IA</td>
<td>T1a</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IB</td>
<td>T1b</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>Stage II</td>
<td>T2</td>
<td>N0</td>
<td>M0</td>
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*Carcinosarcoma should be staged as carcinoma.
AJCC CANCER STAGE: CORPUS UTERI CARCINOMAS

<table>
<thead>
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<th>Group</th>
<th>T</th>
<th>N</th>
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<tbody>
<tr>
<td>Stage III</td>
<td>T3</td>
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<td>M0</td>
</tr>
<tr>
<td>Stage IIIA</td>
<td>T3a</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IIIB</td>
<td>T3b</td>
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<td>M0</td>
</tr>
<tr>
<td>Stage IIIC1</td>
<td>T1-T3</td>
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<td>M0</td>
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<tr>
<td>Stage IIIC2</td>
<td>T1-T3</td>
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<td>M0</td>
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<td>T4</td>
<td>Any N</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IVB</td>
<td>Any T</td>
<td>Any N</td>
<td>M1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>TNM</th>
<th>RGO</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>T0</td>
<td>No evidence of primary tumor</td>
<td></td>
</tr>
<tr>
<td>T1</td>
<td>Limited to uterus</td>
<td></td>
</tr>
<tr>
<td>T1a</td>
<td>IA</td>
<td>Tumor 5 cm or less in greatest dimension</td>
</tr>
<tr>
<td>T1b</td>
<td>IB</td>
<td>Tumor more than 5 cm</td>
</tr>
<tr>
<td>T2</td>
<td>II</td>
<td>Extends beyond the uterus within the pelvis</td>
</tr>
<tr>
<td>T2a</td>
<td>IIA</td>
<td>Involves adnexa</td>
</tr>
<tr>
<td>T2b</td>
<td>IIB</td>
<td>Involves other pelvic tissues</td>
</tr>
<tr>
<td>T3</td>
<td>III</td>
<td>Infiltrates abdominal tissues</td>
</tr>
<tr>
<td>T3a</td>
<td>IIIA</td>
<td>One site</td>
</tr>
<tr>
<td>T3b</td>
<td>IIIB</td>
<td>More than one site</td>
</tr>
<tr>
<td>T4</td>
<td>IVA</td>
<td>Invades bladder or rectum</td>
</tr>
</tbody>
</table>

# N CATEGORY
## LEIOMYOSARCOMA & ENDOMETRIAL STROMAL SARCOMA

<table>
<thead>
<tr>
<th>TNM</th>
<th>RGO</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NX</td>
<td>Regional lymph nodes cannot be assessed</td>
<td></td>
</tr>
<tr>
<td>N0</td>
<td>No regional lymph node metastasis</td>
<td></td>
</tr>
<tr>
<td>N1</td>
<td>IIC</td>
<td>Regional lymph node metastasis</td>
</tr>
</tbody>
</table>
**M CATEGORY**

**LEIOMYOSARCOMA & ENDOMETRIAL STROMAL SARCOMA**

<table>
<thead>
<tr>
<th>TNM</th>
<th>FIGO</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0</td>
<td></td>
<td>No distant metastasis</td>
</tr>
<tr>
<td>M1</td>
<td>IVB</td>
<td>Distant metastasis</td>
</tr>
</tbody>
</table>

---

**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.

---

**POP QUIZ**

- What is the AJCC clinical stage?
- What is the AJCC pathologic stage?
<table>
<thead>
<tr>
<th>TNM</th>
<th>FIGO Description</th>
<th>ADENOSARCOMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>Limited to uterus</td>
<td>T1a IA Limited to endometrium/endocervix</td>
</tr>
<tr>
<td>T1a</td>
<td>1A Limited to endometrium/endocervix</td>
<td>T1b IB Invades less than ½ of myometrium</td>
</tr>
<tr>
<td>T1b</td>
<td>1B Invades less than ½ of myometrium</td>
<td>T1c IC Invades more than ½ of myometrium</td>
</tr>
<tr>
<td>T2</td>
<td>Extends beyond the uterus within the pelvis</td>
<td>T2a IA Involves adnexa</td>
</tr>
<tr>
<td>T2a</td>
<td>IA Involves adnexa</td>
<td>T2b IB Involves other pelvic tissues</td>
</tr>
<tr>
<td>T2b</td>
<td>IB Involves other pelvic tissues</td>
<td>T3 III Involves abdominal tissues</td>
</tr>
<tr>
<td>T3</td>
<td>III Involves abdominal tissues</td>
<td>T3a IIIA One site</td>
</tr>
<tr>
<td>T3a</td>
<td>IIIA One site</td>
<td>T3b IIIB More than one site</td>
</tr>
<tr>
<td>T3b</td>
<td>IIIB More than one site</td>
<td>T4 IV Invades bladder or rectum</td>
</tr>
<tr>
<td>T4</td>
<td>IV Invades bladder or rectum</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TNM</th>
<th>FIGO Description</th>
<th>ADENOSARCOMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>NX</td>
<td>Regional lymph nodes cannot be assessed</td>
<td>N0 No regional lymph node metastasis</td>
</tr>
<tr>
<td>N0</td>
<td>No regional lymph node metastasis</td>
<td>N1 IIIC Regional lymph node metastasis</td>
</tr>
</tbody>
</table>
### M Category

<table>
<thead>
<tr>
<th>TNM</th>
<th>FIGO</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0</td>
<td></td>
<td>No distant metastasis</td>
</tr>
<tr>
<td>M1</td>
<td>IVB</td>
<td>Distant metastasis</td>
</tr>
</tbody>
</table>

### AJCC Cancer Stage: Corpus Uteri Uterine Sarcomas

<table>
<thead>
<tr>
<th>Group</th>
<th>T</th>
<th>N</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage I</td>
<td>T1</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IA</td>
<td>T1a</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IB</td>
<td>T1b</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IC</td>
<td>T1c</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>Stage II</td>
<td>T2</td>
<td>N0</td>
<td>M0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>T</th>
<th>N</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage IIIA</td>
<td>T3a</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IIIIB</td>
<td>T3b</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IIIC</td>
<td>T1, T2, T3</td>
<td>N1</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IVA</td>
<td>T4</td>
<td>Any N</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IVB</td>
<td>Any T</td>
<td>Any N</td>
<td>M1</td>
</tr>
</tbody>
</table>
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 tunic; ureter; vulva

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

SUMMARY STAGE 2000: CORPUS UTERI

- 3 Regional lymph node(s) involved only
  - Aortic NOS: Lateral (lumbar), para-aortic, peraortic
  - 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
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

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)

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
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.

POP QUIZ
• What is the code for Summary Stage 2000?
  a. 0 In situ
  b. 1 Localized only
  c. 2 Regional by direct extension only
  d. 3 Regional lymph node(s) involved only
  e. 4 Regional by BOTH direct extension AND regional lymph node(s) involved
  f. 5 Regional NOS
  g. 7 Distant site(s)/node(s) involved
  h. 9 Unknown if extension or metastasis

Collaborative Stage Data Collection System (CS) V0205

CORPUS UTERI
CORPUS UTERI SCHEMAS  
CS V0205

- Corpus Adenosarcoma
  - ICD-O-3 Histology Code: 8933
- Corpus Carcinoma
  - ICD-O-3 Histology Code Ranges: 8000-8790, 8950, 8951, 8980-8981, 9700-9701
- Corpus Sarcoma
  - 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

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

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
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

DIAGNOSIS AND TREATMENT

DIAGNOSTIC/STAGING PROCEDURES

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

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

TREATMENT - CERVIX

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

TRACHELECTOMY

- Removes the cervix and the upper part of the vagina but not the body of the uterus
- Preserves fertility
**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 electrosurgery excision procedure (LEEP)

**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.

**• IB and II A**
- 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 2A2-Concurrent chemoradiation
  - Definitive pelvic radiation
  - Concurrent cisplatin based chemotherapy and brachytherapy

**• IB and II A**
- 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 2A2-Concurrent chemoradiation
  - Definitive pelvic radiation
  - Concurrent cisplatin based chemotherapy and brachytherapy
**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

**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

**Brachytherapy**

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

- 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

QUESTIONS?

COMING UP...

- Abstracting & Coding Boot Camp
  - 3/5/15
- Collecting Cancer Data: Stomach & Esophagus
  - 4/2/15
AND THE WINNERS ARE.....

CE CERTIFICATE QUIZ/ SURVEY

- Phrase

- Link