Lung

NAACCR 2018-2019 WEBINAR SERIES

Q&A

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

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

Guest Speaker
Wilson Apollo, Radiation Therapist and CTR
Agenda

Review of 3 scenarios
- Solid Tumor Rules
- Staging
  - AJCC
  - SEER Summary Stage
  - EOD
- Radiation

Solid Tumor Rules
Scenario 1

Single Tumor
◦ M2-Single tumor is single primary

Histology
◦ 3 cm invasive adenocarcinoma, micropapillary predominant (50%), papillary (30%) & acinar (20%)
◦ Adenocarcinoma 8140
◦ Micropapillary predominant adenocarcinoma 8265
◦ Papillary adenocarcinoma 8260
◦ Acinar adenocarcinoma 8551
◦ H13 – Adenocarcinoma with mixed subtypes 8255
◦ See table 2

Scenario 2

Single tumor
◦ M2-Single Tumor is single primary

Histology
◦ Cytopathology, FNA, RUL Lung= Suspect adenocarcinoma.
◦ Clinically staged by MD as T1b, N0, M0.
◦ Rule H3-Code the histology when only one histology is present.
◦ Adenocarcinoma 8140
Scenario 3

Single tumor
- M2-Single Tumor is single primary

Histology
- 6/5/18 Core biopsy: Adenocarcinoma with mucinous features.
  - 8140 Adenocarcinoma
- 6/19/18 Wedge resection: Moderately differentiated invasive mucinous adenocarcinoma
  - 8253 Mucinous adenocarcinoma

Staging

AJCC
SUMMARY STAGE
EOD
SSDI
## Resources

### SEER RSA
- Includes all data items in the SEER RSA
- Includes link to SEER Manual
  - [https://staging.seer.cancer.gov/eod_public/list/1.4/](https://staging.seer.cancer.gov/eod_public/list/1.4/)

### SSDI PAGE
- Includes SSDI’s and Grade
- Includes SSDI and Grade Manual
  - [https://apps.naaccr.org/ssdi/list/](https://apps.naaccr.org/ssdi/list/)

### SOLID TUMOR MANUAL
- Manuals
- Training
  - NAACCR
  - NCRA
    - [http://www.cancerregistryeducation.org/seer](http://www.cancerregistryeducation.org/seer)

### AJCC CANCER STAGING MANUAL
- Manuals
  - Hard copy or Kindle version available
  - [https://cancerstaging.org/references-tools/deskreferences/Pages/default.aspx](https://cancerstaging.org/references-tools/deskreferences/Pages/default.aspx)
Scenario 1 - Staging Summary

Tumor Size 3cm
  ◦ Pre-treatment 3cm
  ◦ Post-surgery 3cm

Extension
  ◦ Pre-treatment - Confined to lung
  ◦ Post-Surgery - Confined to lung

Lymph Nodes - Negative
  ◦ Pre-treatment - negative
  ◦ Post-surgery - negative
  00/04

Distant Metastasis - negative

Tumor Size

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Scenario 1

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**Summary Stage/EOD**

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### SSDI-Separate Tumor Nodules

**INTRAPULMONARY METASTASIS**
- AJCC-T3, T4, or M1
- AJCC T Suffix-_Blank_
- SSDI Separate Tumor Nodules-1

**MULTIFOCAL/ GROUND GLASS FEATURES**
- AJCC-T value based on size of largest tumor
- AJCC T suffix-(m)
- SSDI Separate Tumor Nodules-0

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### SSDI-Visceral and Parietal Pleural Invasion

**PL0** - Tumor that is surrounded by lung parenchyma or invades superficially into the pleural connective tissue beneath the elastic layer but falls short of completely traversing the elastic layer of the pleura.

**PL1** - Tumor that extends through the elastic layer.

**PL2** - Tumor that extends to the surface of the visceral pleura.

**PL3** - Tumor that extends to the parietal pleura or chest wall.
Pop Quiz
What would be assigned to the following scenarios?

A. A 1.5cm tumor invades into visceral pleura, but not through elastic membrane.
   0-PL0 (T1b)

B. 1.5cm tumor invades through elastic layer to the surface of the visceral pleura.
   2-PL2 (T2a)

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Scenario 2-Staging Summary

Grade
- Pre-treatment
- Post-surgery

Tumor Size 2.6cm
- Pre-treatment 3cm
- Post-surgery-No Surgery

Extension
- Pre-treatment-Confined to lung
- Post-surgery-No surgery

Lymph Nodes-Negative
- Pre-treatment - negative
- Post-surgery – no lymph nodes removed

Distant Metastasis
- Bilateral pleural effusion secondary to chronic heart failure
- No other indications of metastasis
- Physician assigned M0
**Tumor Size**

- **Data Item**: Tumor Size Clinical
- **Value**
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**Scenario 2**

- **Tumor Size 1.5cm**
  - Pre-treatment
    - 4/2/18 3.2cm (CT)
    - 4/6/18 2.4cm (PET/CT)
    - 6/1/18 1.2cm (CT)
    - 6/5/18 1.1 (core bx)
  - Post-surgery-1.5

- **Extension**
  - Pre-Treatment-confined to lung

- **Lymph Nodes-Negative**
  - Pre-treatment - negative
  - Post-surgery - negative 00/06

- **Distant Metastasis**
  - Bilateral pleural effusion most likely due to chronic heart failure
  - No other indications of metastasis
  - Physician assigned M0

**Scenario 3-Staging Summary**

- **Tumor Size 1.5cm**
  - Pre-treatment
  - 4/2/18 3.2cm (CT)
  - 4/6/18 2.4cm (PET/CT)
  - 6/1/18 1.2cm (CT)
  - 6/5/18 1.1 (core bx)
  - Post-surgery-1.5

- **Extension**
  - Pre-Treatment-confined to lung

- **Lymph Nodes-Negative**
  - Pre-treatment - negative
  - Post-surgery - negative 00/06

- **Distant Metastasis**
  - Bilateral pleural effusion most likely due to chronic heart failure
  - No other indications of metastasis
  - Physician assigned M0
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Scenario 3

Pop quiz 1

A patient presents for CT and is found to have 2cm mass in the left upper lung.
- The tumor had a ground glass/lepidic pattern.
- No solid features identified
- No indication of extension beyond the lung or metastasis.

A core biopsy was negative for malignancy.
Pop quiz 1 (cont)

The patient went on to have a wedge resection.

- Pathology:
  - 2cm tumor comprised of adenocarcinoma in situ arising in a predominately lepidic pattern with 3 areas of microinvasive adenocarcinoma. The largest area of invasion measured 4.5mm.

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Pop quiz 2

A patient presents for CT and is found to have .9cm mass in the periphery of the left upper lung.

- No indication of invasion beyond the lung
- No enlarged lymph nodes.

A core biopsy was positive for adenocarcinoma.
Pop quiz 2 (cont)

The patient went on to have a wedge resection.
- 1.1 cm poorly differentiated adenocarcinoma with invasion into the visceral pleura (PL1).
- Six hilar lymph nodes negative for metastasis.

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Questions?
The Role of Radiation Therapy in the Management of Lung Cancer

WILSON APOLLO, MS, CTR, RTT

Fabulous Prize Winners
Coming UP...

Collecting Cancer Data: Pharynx  
• 11/01/2018

Collecting Cancer Data: Breast  
• 12/06/2018

CE Certificate Quiz/Survey

Phrase

Link  
◦ https://www.surveygizmo.com/s3/4599130/Lung-2018