



Agenda

- Overview
- Collaborative Stage
- Treatment




OVERVIEW



Key Facts

- Cervix
 - New cases: 12,170
 - Deaths: 4,220
- Cervical cancer is decreasing in the U.S.
- Cervical cancer is increasing in developing countries



Key Facts

- Endometrial carcinoma estimated 2012 cases in the U.S.
 - New cases: 47,130
 - Deaths: 8,010

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Key Facts

5 year Relative Survival Rates (%) by Stage at Diagnosis, 2001-2007

| | Local | Regional | Distant |
|----------------|-------|----------|---------|
| Uterine Cervix | 91 | 57 | 19 |
| Uterine Corpus | 96 | 67 | 16 |

Source: Howlander N, Krapcho M, Neyman N, et al. (eds). SEER Cancer Statistics Review, 1975-2008, National Cancer Institute, Bethesda, MD, www.seer.cancer.gov/csr/1975_2008/, 2011.

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Risk Factors

- Cervical carcinoma
 - HPV
 - Smoking
 - Immunosuppression
 - Chlamydia infection
 - Diet
 - Birth control pills

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Human Papilloma Virus (HPV) Infection

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

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Risk Factors

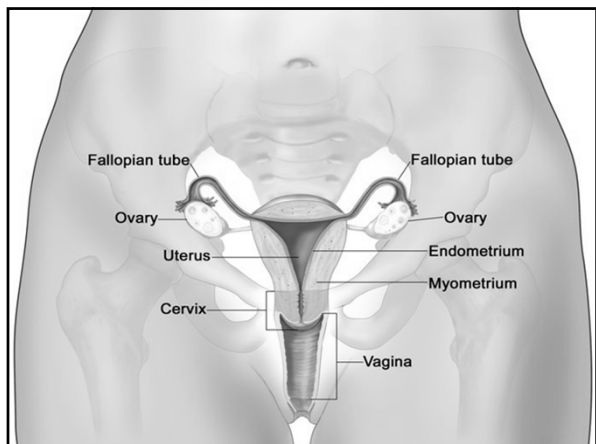
- Endometrial carcinoma
 - Post menopausal estrogen therapy (unopposed)
 - Obesity
 - High-fat diet
 - Early menarche and late menopause

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Symptoms

- Cervix
 - Often asymptomatic
 - Screening
 - HPV Vaccine
- Endometrium
 - Abnormal vaginal bleeding (most often in postmenopausal period)

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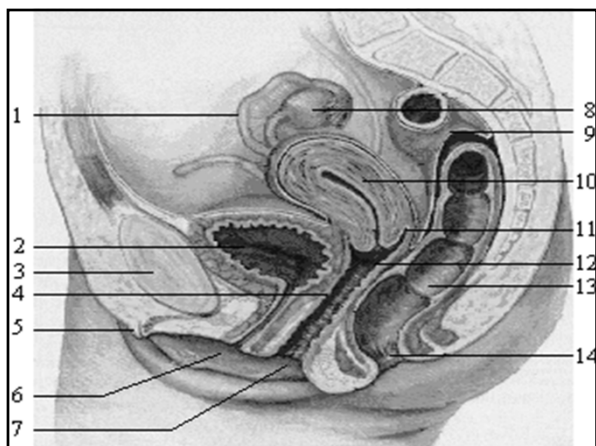


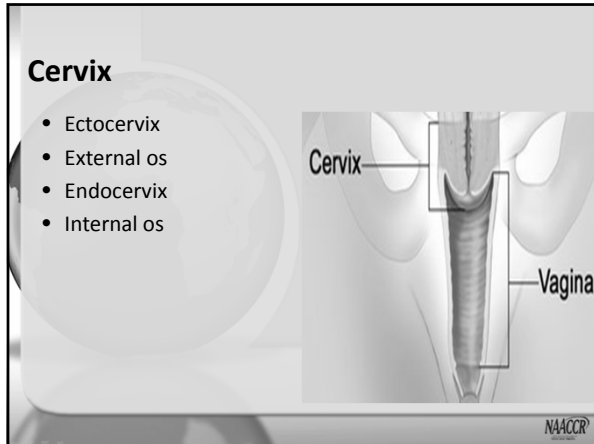
Layers of the Uterus

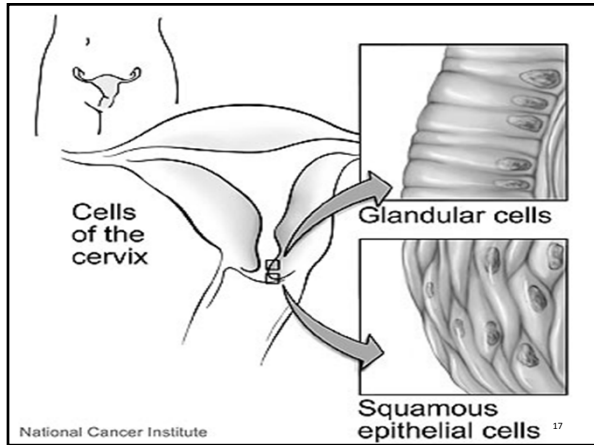
- Endometrium
 - Functional
 - Basal
- Myometrium
- Parametrium
 - The loose connective tissue around the uterus.
- Perimetrium
 - Peritoneum covering of the fundus and ventral and dorsal aspects of the uterus

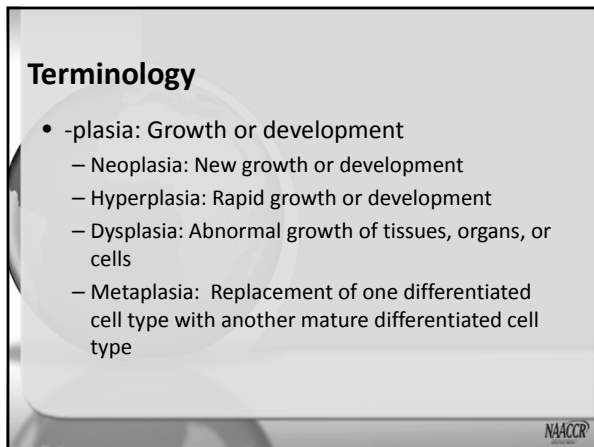
Fallopian tube Fallopian tube
Ovary Ovary
Uterus Endometrium
Cervix Myometrium

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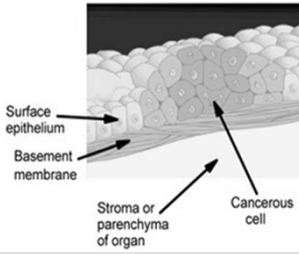






Cancer Histology of the Cervix

- Cervical Intraepithelial Neoplasia (CIN) I, II, III
- Carcinoma In Situ of the Cervix
 - Bowen's disease
 - Stage 0
 - CIN grade III
 - Confined to epithelium
 - Intraepidermal
 - Intraepithelial
 - Noninfiltrating
 - Noninvasive
 - No stromal involvement



The diagram illustrates the histology of the cervix. It shows a cross-section of the surface epithelium, which is a layer of cells. Below this layer is the basement membrane, a thin barrier. Underneath the basement membrane is the stroma or parenchyma of the organ. A cancerous cell is shown as an abnormal cell within the epithelium, above the basement membrane.

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Carcinoma In Situ of the Cervix, CIN, and the Bethesda System

- Pre-invasive cervical neoplasia
 - Diagnostic terminology has changed over time
 - Four tiered system of dysplasia and carcinoma in situ
 - Three tiered system of CIN
 - Two tiered Bethesda System with high and low grade squamous intraepithelial lesions
 - In the past registries collected carcinoma in situ of the cervix, but differed on which terms were synonymous.

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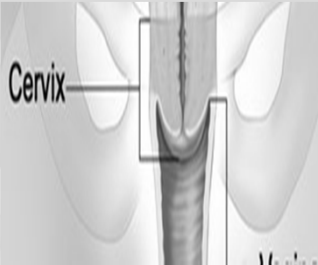
Carcinoma In Situ of the Cervix, CIN, and the Bethesda System

- 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.

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Histology-Cervix

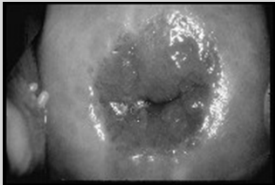
- Columnar Epithelium
 - Adenocarcinoma
- Squamous Epithelium
 - Squamous cell carcinoma
- Squamo-columnar junction
 - Original
 - New



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Cervical Ectropion

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



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Histology

Adenocarcinoma of the endometrium

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

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MP/H Rules-Table 2 Other Sites

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

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Example

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

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Histology

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

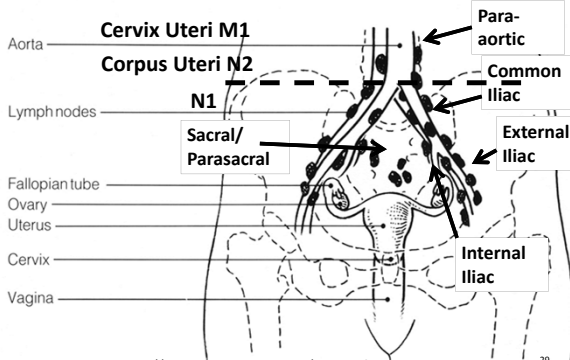
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FIGO Grade


- Is not the same as FIGO Stage
 - Grade 1: <5% of the tumor is solid
 - Grade 2: 5-50% of the tumor is solid
 - Grade 3: >50% of the tumor is solid
- Do not convert FIGO Grade to Histologic Grade/Differentiation



Female Genital System



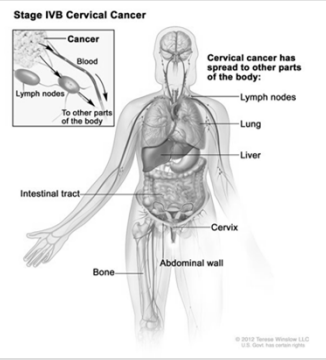

<http://visualsonline.cancer.gov/details.cfm?imageid=1770>



Distant Metastasis

Cervix

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

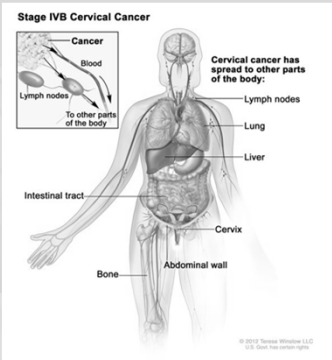



Metastasis
Endometrium
Regional

- Intrabdominal metastasis
 - Peritoneal surfaces
 - Omentum

Distant

- Lung
- Distant lymph nodes



Stage IVB Cervical Cancer

Cervical cancer has spread to other parts of the body:


- Lymph nodes
- Lung
- Liver
- Cervix
- Abdominal wall
- Bone

Intestinal tract


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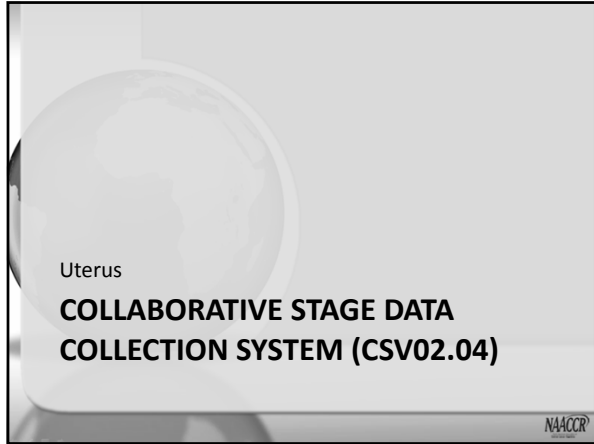
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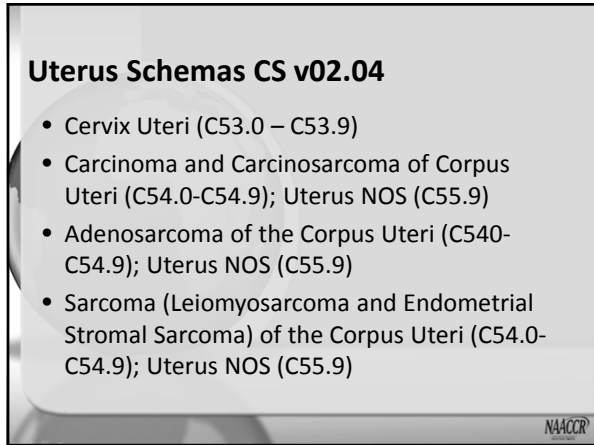
QUESTIONS?

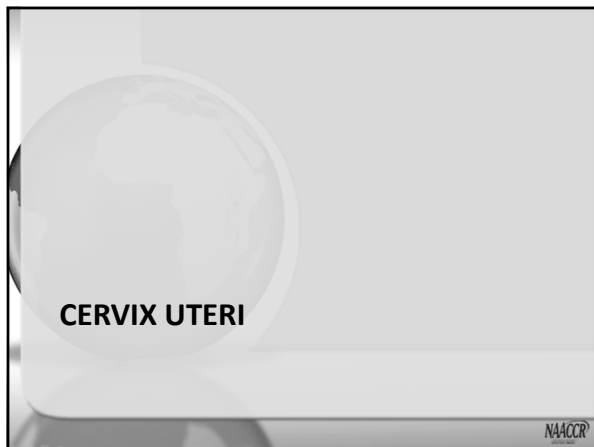


QUIZ 1









CS Extension: Cervix Uteri

- Record code with extension detail when both extension detail and FIGO stage are stated
- FIGO stage IIIB based on tumor extension AND regional node involvement; FIGO stage IV based on tumor extension AND metastasis
 - Code FIGO stage IIIB or IV in CS extension if based on tumor extension
- Macroscopically visible lesions T1b FIGO stage IB even with superficial invasion
- Code involvement of anterior or posterior septum as involvement of the vaginal wall

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CS Extension: Cervix Uteri

- Codes 000-010: In situ; CIN III
- Codes 110-390: Confined to uterus
- Codes 400-550: Invasion beyond uterus but not to pelvic wall or to lower third of vagina
- Codes 605-690: Extension to pelvic wall and/or involves lower third of vagina, and/or causes hydronephrosis or nonfunctioning kidney
- Codes 700-860: Invades mucosa of bladder or rectum, and/or extends beyond true pelvis

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Pop Quiz

- Villoglandular adenocarcinoma of endocervix involving entire endocervix invasive to a depth of 3 mm. 5 cm tumor grossly extends into corpus uteri involving posterior endometrium and also has myometrial invasion. Large right ovarian tumor with metastatic endocervical adenocarcinoma with surface involvement. FIGO stage IB2.

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Pop Quiz

- What is the code for CS Extension?
 - 110: Minimal microscopic stromal invasion < or = to 3 mm in depth and < than or = to 7 mm in horizontal spread
 - 220: FIGO Stage IB2
 - 350: Corpus uteri NOS with no other information on extension
 - 360: 350 + 110
 - 380: 350 + (200 or 250)
 - 390: 350 + (300 or 310)

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CS Lymph Nodes: Cervix Uteri

- Code involvement of regional nodes
- FIGO stage IIIB
 - Based on tumor extension AND regional node involvement
 - Code statement of FIGO stage IIIB based on lymph node involvement in CS Lymph Nodes
 - Code statement of FIGO stage IIIB with no other information on tumor extension or regional node involvement in CS Lymph Nodes

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CS Mets at DX: Cervix Uteri

- Record code with metastasis detail when both metastasis detail and FIGO stage are stated
- FIGO stage IV
 - Based on tumor extension AND metastasis
 - Code statement of FIGO stage IV based on metastasis in CS Mets at DX
 - Code statement of FIGO stage IV with no other information on tumor extension or metastasis in CS Mets at DX

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FIGO Stage

- Federation of Gynecology and Obstetrics (FIGO) stage
 - Collected for all gynecologic sites
 - Adapted in AJCC staging
 - Definitions vary from primary to primary
 - In situ stage no longer included for vulva, vagina, **cervix, corpus (all histologies)**, ovary, fallopian tube, placenta, or peritoneum

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SSF1: Cervix Uteri

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

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Status & Assessment of Lymph Nodes

- Involvement of regional and distant nodes is prognostic factor for gynecologic sites
- Lymph node status
 - Positive
 - Negative
 - Not assessed
- Lymph node assessment
 - Clinical
 - Radiography, imaging
 - Incisional biopsy, fine needle aspiration
 - Lymphadenectomy

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Status & Assessment of Lymph Nodes
Cervix Uteri

- SSF2: Pelvic Nodal Status
- SSF3: Assessment Method Pelvic Nodal Status
- SSF4: Para-aortic Nodal Status
- SSF5: Assessment Method Para-aortic Nodal Status
- SSF6: Mediastinal Nodal Status
- SSF7: Assessment Method Mediastinal Nodal Status
- SSF8: Scalene Nodal Status
- SSF9: Assessment Method Scalene Nodal Status

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**CARCINOMA & CARCINOSARCOMA
OF CORPUS UTERI**

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**CS Extension: Carcinoma &
Carcinosarcoma of Corpus Uteri**

- Record code with extension detail when both extension detail and FIGO stage are stated
- FIGO stage
 - IIIA & IIIB are extension
 - IIIC is regional node involvement
 - IVA is extension
 - IVB is metastasis
- Positive cytology is not an element in CS Extension codes for corpus uteri carcinoma
 - Code cytology results in SSF2

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CS Extension: Carcinoma & Carcinosarcoma of Corpus Uteri

- Code 000: In situ
- Codes 100-400: Confined to corpus uteri
- Codes 500-525: Invades stromal connective tissue of cervix but does not extend beyond uterus
- Codes 540-680: Extension or metastasis to serosa and/or adnexa or vagina; parametrial involvement
- Codes 715-820: Invades bladder mucosa and/or bowel mucosa

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Pop Quiz

- Endometrial biopsy: Endometrioid adenocarcinoma.
- Total Abdominal Hysterectomy Bilateral Salpingo-oophorectomy (TAHBSO): No residual tumor.

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Pop Quiz

- What is the code for CS Extension?
 - 100: Invasive cancer confined to corpus uteri
 - 110: Confined to endometrium (stroma)
 - 400: Localized NOS
 - 999: Unknown
- What is the code for CS TS/Ext Eval?
 - 1: Biopsy
 - 3: Surgical resection

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CS Lymph Nodes: Carcinoma & Carcinosarcoma of Corpus Uteri

- Code involvement of regional nodes
- Record code with lymph node detail when both lymph node detail and FIGO stage are stated
- Assume nodes negative if surgery performed and lymph nodes not mentioned
- Assume nodes negative if adnexa palpated and lymph nodes not mentioned

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CS Mets at DX: Carcinoma & Carcinosarcoma of Corpus Uteri

- Metastasis to adnexa, parametria, serosa, vagina, pelvic wall, bladder, and rectum coded in CS Extension
- Record code with metastasis detail when both metastasis detail and FIGO stage are stated
- FIGO stage IVB is based on metastasis

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SSF1: Carcinoma & Carcinosarcoma of Corpus Uteri

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

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SSF2: Carcinoma & Carcinosarcoma of Corpus Uteri

- Peritoneal cytology
 - Searches for malignant cells in pelvic & peritoneal cavities
 - Code results of peritoneal or pelvic washings
 - Exam of ascites or of saline solution flooded in the pelvic & peritoneal cavities
 - Code negative, positive, or suspicious cytology
 - Assign code 998 if known that peritoneal/pelvic cytology not done
 - Assign code 999 if unknown if peritoneal/pelvic cytology performed




Pop Quiz

- Path report: Endometrial adenocarcinoma invading outer half of myometrium. Peritoneal washings were not evaluated but pelvic washings are positive for adenocarcinoma with features consistent with the endometrial lesion.




Pop Quiz

- What is the code for SSF2 (peritoneal cytology)?
 - 000: Negative
 - 010: Positive, malignant cells positive
 - 998: Test not done
 - 999: Unknown




Number of Nodes Positive & Examined

- Involvement of regional and distant nodes is prognostic factor for gynecologic sites
- Follow coding instructions for Regional Nodes Positive and Regional Nodes Examined




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



SSF7: Carcinoma & Carcinosarcoma of Corpus Uteri

- Percentage of Non-Endometrioid Cell Type in Mixed Histology Tumors
 - Corresponds to FIGO grade of endometrial cancer
 - Code the percentage of non-squamous or non-morular solid growth pattern
 - Assign code 999 if grade is not based on growth pattern or if not specified



Pop Quiz

- Final path diagnosis: Endometrioid adenocarcinoma, FIGO grade I: 5% or less non-squamous solid growth”
- What is the code for SSF?
 - 001: 5% or less of a non-squamous or non-morular solid growth pattern (Grade 1)
 - 987: Not applicable: Not an adenocarcinoma morphology
 - 999: Unknown

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SSF8: Carcinoma & Carcinosarcoma of Corpus Uteri

- Omentectomy
 - Code whether or not omentectomy performed in 1st course surgery
 - Includes partial omentectomy but not biopsy
 - Code 998 if surgery not performed.

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ADENOSARCOMA OF CORPUS UTERI

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CS Extension: Adenosarcoma of Corpus Uteri

- Record code with extension detail when both extension detail and FIGO stage are stated
- FIGO stage IV based on tumor extension AND metastasis
 - Code FIGO IV in CS extension if based on tumor extension
- Positive cytology is not an element in CS Extension codes for corpus uteri

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CS Extension: Adenosarcoma of the Corpus Uteri

- Code 000: In situ
- Codes 100-500: Limited to uterus
- Codes 550-683: Extends beyond uterus within pelvis
- Codes 688-699: Involves abdominal tissues
- Codes 705-730: Invades bladder or rectum

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CS Lymph Nodes: Adenosarcoma of Corpus Uteri

- Code involvement of regional nodes
- Record code with lymph node detail when both lymph node detail and FIGO stage are stated
- Assume nodes negative if surgery performed and lymph nodes not mentioned
- Assume nodes negative if adnexa palpated and lymph nodes not mentioned

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CS Mets at DX: Adenosarcoma of Corpus Uteri

- Record code with metastasis detail when both metastasis detail and FIGO stage are stated
- FIGO stage IV based on tumor extension AND metastasis
 - Code FIGO stage IV in CS Mets at DX if based on metastasis or if no statement that FIGO stage IV is based on extension




SSF1: Adenosarcoma of Corpus Uteri

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




SSF2: Adenosarcoma of Corpus Uteri

- Peritoneal cytology
 - Searches for malignant cells in pelvic & peritoneal cavities
 - Code results of peritoneal or pelvic washings
 - Exam of ascites or of saline solution flooded in the pelvic & peritoneal cavities
 - Code negative, positive, or suspicious cytology
 - Assign code 998 if known that peritoneal/pelvic cytology not done
 - Assign code 999 if unknown if peritoneal/pelvic cytology performed




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




SSF7: Adenosarcoma of Corpus Uteri

- Percentage of Non-Endometrioid Cell Type in Mixed Histology Tumors
 - Assign code 987 (Not applicable: Not an adenocarcinoma morphology)



SSF8: Adenosarcoma of Corpus Uteri

- Omentectomy
 - Code whether or not omentectomy performed in 1st course surgery
 - Includes partial omentectomy but not biopsy
 - Code 998 if surgery not performed.



SARCOMA (LEIOMYOSARCOMA & ENDOMETRIAL STROMAL SARCOMA) OF CORPUS UTERI

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CS Extension: Sarcoma of Corpus Uteri

- Record code with extension detail when both extension detail and FIGO stage are stated
- FIGO stage IV based on tumor extension AND metastasis
 - Code FIGO IV in CS extension if based on tumor extension
- Positive cytology is not an element in CS Extension codes for corpus uteri

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CS Extension: Sarcoma of the Corpus Uteri

- Code 000: In situ
- Codes 100-540: Limited to uterus
- Codes 550-683: Extends beyond uterus within pelvis
- Codes 688-699: Infiltrates abdominal tissues
- Codes 705-730: Invades bladder or rectum

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CS Lymph Nodes: Sarcoma of Corpus Uteri

- Code involvement of regional nodes
- Record code with lymph node detail when both lymph node detail and FIGO stage are stated
- Assume nodes negative if surgery performed and lymph nodes not mentioned
- Assume nodes negative if adnexa palpated and lymph nodes not mentioned




CS Mets at DX: Sarcoma of Corpus Uteri

- Record code with metastasis detail when both metastasis detail and FIGO stage are stated
- FIGO stage IV based on tumor extension AND metastasis
 - Code FIGO stage IV in CS Mets at DX if based on metastasis




SSF1: Sarcoma of Corpus Uteri

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




SSF2: Sarcoma of Corpus Uteri

- Peritoneal cytology
 - Searches for malignant cells in pelvic & peritoneal cavities
 - Code results of peritoneal or pelvic washings
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Number of Nodes Positive & Examined

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




SSF7: Sarcoma of Corpus Uteri

- Percentage of Non-Endometrioid Cell Type in Mixed Histology Tumors
 - Assign code 987 (Not applicable: Not an adenocarcinoma morphology)




SSF8: Sarcoma of Corpus Uteri


- Omentectomy
 - Code whether or not omentectomy performed in 1st course surgery
 - Includes partial omentectomy but not biopsy
 - Code 998 if surgery not performed.

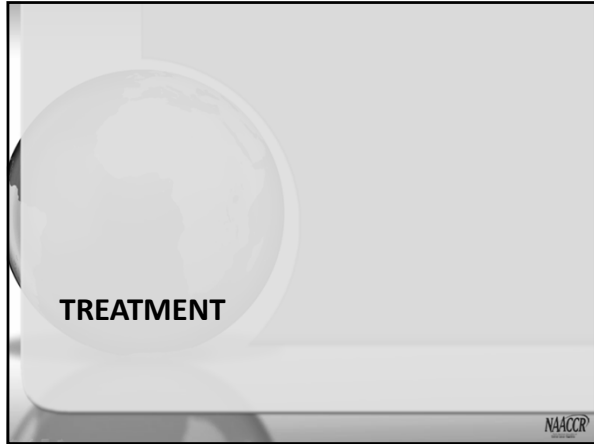


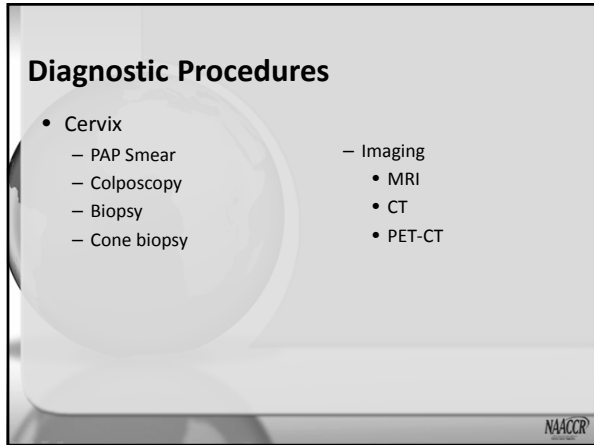
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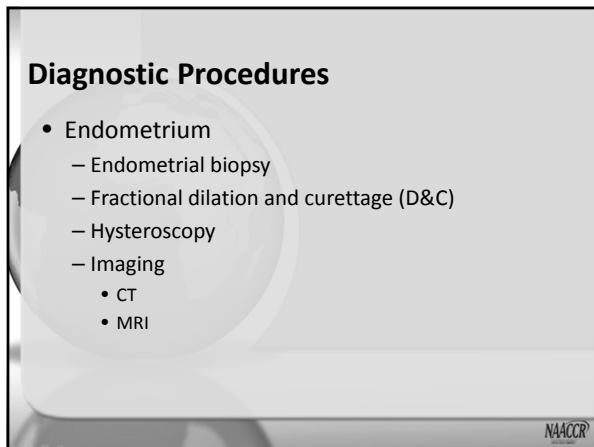


QUIZ 2



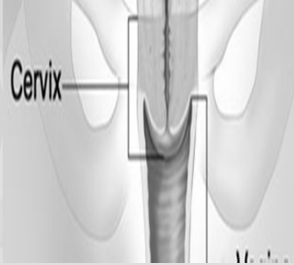






Treatment-Cervix

- Early-Stage
 - IA1-IIA2
- Advanced Disease
 - IIB-IVA



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Treatment-Cervix

- Surgery
 - Primary treatment for lower stage disease and small lesions
 - Clinically visible tumors less than 4cm
 - Radical hysterectomy or radical trachelectomy
 - Pelvic lymph node dissection

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Question

- Patient with cervix primary with parametrial extension underwent BSO only. (Uterus was left in place for planned brachytherapy).
 - Would it be correct to code the BSO as Surgery Other Reg Site and code Surgery Primary Site 00?
 - If not, how should this surgery be coded?

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Answer

- Assuming cervix was not removed, your coding scenario is correct - Surgical Procedure of Primary Site would be 00, and BSO as Surgical Procedure Other REGIONAL Sites.

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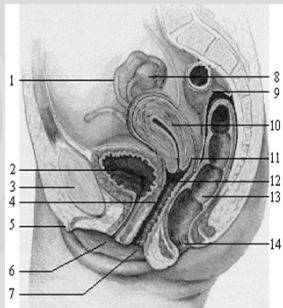
Treatment-Cervix

- Chemo-radiation
 - Usually platinum based (Cisplatin) chemotherapy
 - External Beam Radiation
 - IMRT or 3D Conformal
 - Brachytherapy

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External Beam Radiation Therapy (EBRT)

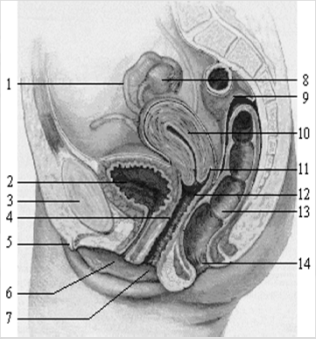
- The volume of EBRT should cover the gross disease, parametria, uterosacral ligaments, sufficient vaginal margin, presacral nodes, other nodal volumes at risk



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Brachytherapy

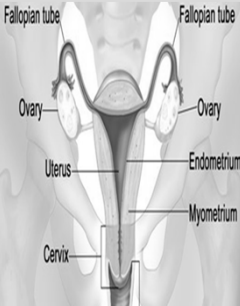
- Low dose rate (LDR)
- High dose rate (HDR)



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Treatment-Endometrium

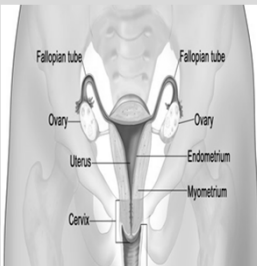
- Confined to the uterus
 - Total hysterectomy
- Cervical involvement
 - Radical hysterectomy
 - Neoadjuvant radiation
- Extruterine disease
 - Hysterectomy and debulking
 - EBRT plus or minus vaginal brachytherapy
 - Chemotherapy



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Treatment-Endometrium

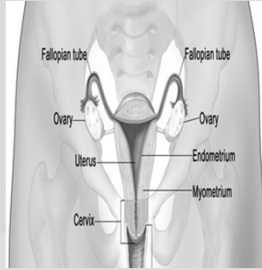
- Total hysterectomy/bilateral salpingo-oophorectomy
 - Pelvic lymph node dissection
 - Para-aortic lymph node dissection
 - To the level of the renal vessels
 - Peritoneal lavage



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Total Hysterectomy

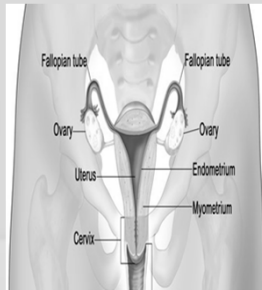
- Commonly referred to as simple hysterectomy.
- This hysterectomy removes the uterine corpus and cervix, but does not require mobilization of the ureter or removal of the parametria.



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Modified Radical Hysterectomy

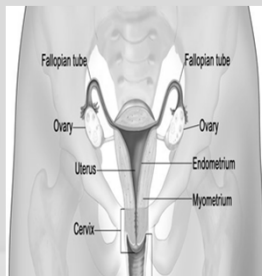
- Removes corpus, cervix and 1-2 cm of the upper vagina, with preservation of the vascular supply to the ureter.
- Removes the central portion of the parametrial tissues and pelvic and para-aortic lymph nodes.



NAACCR®

Extended Hysterectomy

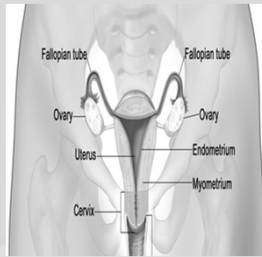
- Removes corpus, cervix and 1-2 cm of the upper vagina, with preservation of the vascular supply to the ureter and bladder.
- Extensive removal of the parametrial tissue and pelvic and para-aortic lymph nodes.



NAACCR®

Radical hysterectomy

- Removes corpus, cervix, and 2- to 3-cm portion of the upper vagina. Removes as much parametrial tissue as possible.
- Removes the pelvic and para-aortic lymph nodes.



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Peritoneal Lavage

- Malignant cells have been identified in ~10% of presumed localized endometrial primaries
 - A procedure in which a salt-water solution is used to wash the peritoneal cavity and then is removed to check for cancer cells

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Debulking

- All visible metastasis are removed from the abdominal and pelvic cavity

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Question

- How would omentectomy be coded for the following scenario?
 - TAH-BSO and omentectomy is performed for stage IA endometrial carcinoma. No mention that the surgeon suspected omental involvement, and the pathology exam confirmed no tumor in the omentum.
- Would the omentectomy be considered a staging procedure, or would it be coded as surgery of other regional/distant site?

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Answer

- The omentectomy is elective in this range of codes, so the code is based on the actual extent of the resection en-bloc, and whether the parametria, ureter, vessels, and ligaments were preserved or sacrificed.
 - Please review the description of few types of hysterectomy that are different by amount of additional tissue removed.
 - CAnswer Forum
 - <http://cancerbulletin.facs.org/forums/showthread.php?5294-quot-Staging-Omentectomy-quot-for-uterine-primaries&highlight=omentectomy>

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Systemic Therapy

- Chemotherapy
 - Cisplatin/doxorubicin plus or minus paclitaxel
- Hormone therapy
 - Sometimes used for metastatic or recurrent endometrioid primaries and select uterine sarcomas
 - Progestational agents
 - Tamoxifen
 - Aromatase inhibitors

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