

Staging Practice - Answers



1

Case 1 – Case Vignette

HISTORY: 65 year old black male admitted with intermittent microscopic hematuria . History of prostate cancer. History of 1ppd smoker x 45yrs.

CT CHEST: no abnormalities noted

CT ABDOMEN: negative

CYSTOSCOPY: 2 papillary projections identified, one along the right lateral wall, the other in the trigone area of the bladder. TURBT was performed.

PATHOLOGY: Bladder biopsy (TURBT) – low grade papillary urothelial carcinoma (no mention of invasion)

FINAL DX: Papillary urothelial carcinoma of bladder, low grade. Repeat cystoscopy in 3 months.

2

NOTE: FCDS will reinforce the AJCC Instruction regarding use of “blank” versus “X”
 However, for practical purposes “X” and “blank” will be treated as equal values.

Case 1 – Answer & Rationale

Practice Case #1			
C67.9 – Bladder, NOS (multiple tumors in bladder)			
8130/22 – Papillary Urothelial Carcinoma Low Grade = non-invasive urothelial carcinoma, low grade			
Clinical TNM AJCC Stage Group	cTblankNOM0	c0a	Low Grade Papillary Tumor = Ta when no mention of invasion or specimen demonstrates no invasion. CANNOT HAVE A CLINICAL IN-SITU “T” CATEGORY. BUT...CAN HAVE <u>cStageGroup</u> In-Situ (c0a or c0is). N based on negative CT Abdomen MX not allowed, M0 based on negative CT scans <i>NOTE: N or M blank is not valid because of imaging done. If imaging has not been performed in this case, then N can be blank but not M, M still is M0</i>
Pathologic TNM AJCC Stage Group	pTa10M0	p0a	The T category for non-invasive (Ta, Tis) urothelial cancers is coded under Pathologic not Clinical. BUT c0is Stage Group is coded under <u>cStageGroup</u> . Do not assign 0a/Qis Stage Group without cystectomy. The AJCC TNM Manual states that pathologic staging for bladder is based on histologic review of radical or partial cystectomy specimen. TURBT not a cystectomy. No pathologic assessment criteria met for N or M - so these should be blank. <i>X will be allowed but blank is best answer</i>
SEER Summary Stage 2000		0 Insitu	Both Ta and Tis are assigned SS2000 Stage = 0 for non-invasive disease
SSFs			SSF1 - WHO Grade - 010 SSF2 - Size Met LN - 000 SSF3 - Extranodal Ext - 000

3

In Situ Neoplasm

- CIS definition
 - Has not involved any structures in primary organ that
 - Allows tumor cells to spread to regional nodes or distant sites
- CIS exception to stage group guidelines
 - Clinical stage
 - pTis cN0 cM0 clinical stage 0
 - Pathologic stage
 - pTis cN0 cM0 pathologic stage 0
- Caution for pathologic stage
 - Cannot use CIS rule in isolation
 - Must also meet pathologic stage resection criteria
 - Avoids sampling error when resection might show invasion
 - Example: TURB

4 Copyright © 2015 AJCC. All Rights Reserved



4

Case 2 – Case Vignette

HISTORY: 77 year-old female with painless hematuria and clotting. TURBT PTA indicated multiple high grade urothelial carcinomas largest showing muscle invasion to at least the T2 level. Admitted for radical cystectomy following 4 cycles neoadjuvant chemotherapy (gemcitabine, cisplatin)

PRE-OP CT CHEST/ABD/PELVIS: few small (<1cm) nonspecific hilar lymph nodes noted in chest. Abdomen and pelvis – 3.2cm lesion in right posterior bladder wall highly suspicious for bladder cancer. 2.5cm right obturator node suspicious for metastatic carcinoma. Exam otherwise negative.

PROCEDURE: Radical cystectomy with TAH/BSO and bilateral pelvic lymph node dissection, ileal conduit diversion

PATHOLOGY: High grade (grade 3 of 3) urothelial carcinoma with squamous differentiation. PSA/PAP negative, CK7+, CK20+, 34betaE12+. Main tumor mass invades lamina propria deep into muscularis propria. Bilateral obturator and iliac nodes all negative for mets (0/11)

FINAL DX: High grade urothelial carcinoma of bladder s/p neoadjuvant chemotherapy. Radical cystectomy with ileal conduit this admission.

5

NOTE: FCDS will reinforce the AJCC Instruction regarding use of “blank” versus “X”

However, for practical purposes “X” and “blank” will be treated as equal values.

Case 2 – Answer & Rationale

Practice Case #2			
C67.9 – Bladder, NOS (multiple tumors in bladder)			
8120/34 – Urothelial Carcinoma, invasive – (do not code squamous differentiation per MPH) – high grade			
Clinical TNM AJCC Stage Group	cT2N1M0	<u>clV</u>	T based on pre-surgical and pre-chemotherapy (clinical) statement of muscle invasion (T2) N based on imaging 2.5cm obturator LN <i>NOTE: the hilar lymph nodes in chest are subclinical in size (<2cm) classified not involved.</i> MX not allowed M0 based on negative CT chest and abdomen
Pathologic TNM AJCC Stage Group	ypT2bNOMblank	<u>ypII</u>	yp classification - cystectomy AFTER neoadjuvant chemotherapy -- T2b based on resected specimen and primary tumor extension deep into muscularis propria (even after chemo), nodes were negative post-chemo Clinically no systemic disease BUT cannot enter <u>pM</u> unless proven by cytology, bx or resection of mets so M is left blank
SEER Summary Stage 2000		3 <u>Reg</u> LN only	Notice the wide variation for the staging classifications across staging systems - indicating need to exercise caution and take your time assigning stage in all cases and always reference your manuals – don't just guess or assume stage
SSFs			SSF1 - WHO Grade - 020 SSF2 - Size Met LN - 025 SSF3 - Extranodal Ext-030 (no mention extranodal)

6

Case 3 – Case Vignette

HISTORY: 61 yr old man, lifelong smoker, with frequent and urgent urinary symptoms and microscopic hematuria noted on routine exam.

CT ABDOMEN: Negative

CT CHEST: Negative

CYSTOSCOPY: Flat urothelial carcinoma diffuse involvement of bladder - multiple biopsies with fulguration and administration Intravesical BCG

PATHOLOGY: flat urothelial carcinoma, high grade, diffuse - Tis

TREATMENT: TURBT with Intravesical BCG (now and for next 6 weeks)

NOTE: FCDS will reinforce the AJCC Instruction regarding use of “blank” versus “X”
However, for practical purposes “X” and “blank” will be treated as equal values.

Case 3 – Answer & Rationale

Practice Case #3			
C67.8 – Bladder, Overlapping (diffuse involvement of bladder)			
8120/24 – Flat Urothelial Carcinoma High Grade = Insitu urothelial carcinoma, high grade			
Clinical TNM AJCC Stage Group	cTblankN0M0	c0is	Flat Urothelial Neoplasm = Tis when no mention of invasion or specimen demonstrates no invasion. CANNOT HAVE A CLINICAL IN-SITU “T” CATEGORY. BUT...CAN HAVE <u>cStageGroup</u> In-Situ (c0a or c0is). N based on negative CT Abdomen MX not allowed, M0 based on negative CT scans NOTE: N or M blank is not valid because of imaging done. If imaging was not performed then N can be blank but not M, M would still be M0
Pathologic TNM AJCC Stage Group	pTis0M0	p0is	The T category for non-invasive (Ta, Tis) urothelial cancers is coded under Pathologic not Clinical – c0IS Stage Group is coded under <u>cStageGroup</u> . Do not assign 0A/OIS Stage Group without cystectomy. The AJCC TNM Manual states that pathologic staging for bladder is based on histologic review of radical or partial cystectomy specimen. TURBT not a cystectomy. No pathologic assessment criteria met for T or N or M - so all should be blank. X will be allowed but blank is best answer
SEER Summary Stage 2000		0 Insitu	Both Ta and Tis are assigned S52000 Stage = 0 for Insitu disease
SSFs			SSF1 - WHO Grade - 020 SSF2 - Size Met LN - 000 SSF3 - Extranodal Ext - 000

In Situ Neoplasm

- CIS definition
 - Has not involved any structures in primary organ that
 - Allows tumor cells to spread to regional nodes or distant sites
- CIS exception to stage group guidelines
 - Clinical stage
 - pTis cN0 cM0 clinical stage 0
 - Pathologic stage
 - pTis cN0 cM0 pathologic stage 0
- Caution for pathologic stage
 - Cannot use CIS rule in isolation
 - Must also meet pathologic stage resection criteria
 - Avoids sampling error when resection might show invasion
 - Example: TURB

4 Copyright © 2015 AJCC All Rights Reserved



9

Case 4 – Case Vignette

HISTORY: 57 year old white male with elevated PSA seen as outpatient for TRUS/Biopsy. Recent PSA is 5.62ng/ml. DRE without abnormality.

TRUS/BX: adenocarcinoma, Gleason 3+3=6, both right and left lobes with evidence of tumor on 12 core needle biopsy, 7 of 12 cores positive

PLAN: Active surveillance. Repeat PSA in 6-12 months.

10

NOTE: FCDS will reinforce the AJCC Instruction regarding use of “blank” versus “X”

However, for practical purposes “X” and “blank” will be treated as equal values.

Case 4 – Answer & Rationale

Practice Case #4			
C61.9 – Prostate			
8140/31 – Adenocarcinoma, NOS – Gleason 6 = Grade 1			
Clinical TNM AJCC Stage Group	cT1cNblankM0 (cT1cNXM0)	I	T based on needle bx for elevated PSA and no clinical evidence of tumor on DRE (NOTE: Tumor found in one or both lobes by needle biopsy, but not palpable or reliably visible by imaging is classified as T1c) N based on no imaging done/not assessed MX not allowed so M0 unless otherwise indicated. Stage Group I (T1c, PSA<10, Gleason <7)
Pathologic TNM AJCC Stage Group	<u>pTblankNblankMblank</u> (pTXNXMX)	blank or 99	Pathologic staging is based on histologic review of radical prostatectomy specimen. TRUS/BX is not a prostatectomy - No prostatectomy performed for T1c neoplasm. No pathologic assessment criteria met for T or N or M - so all should be blank. X will be allowed but blank is best answer
SEER Summary Stage 2000		1 Localized	Tumor confined to prostate gland
SSFs			SSF1 - PSA Value - 056 (watch your decimal point) SSF2 - PSA Interpret - 010 SSF7 - Gleason (BX) - 033 SSF8 - Gleason Score BX - 006 SSF9 - Gleason (radical) - 998 SSF10 - Gleason Score (radical) - 998 SSF11 - Tertiary (radical) - 998 SSF12 - Cores Positive - 007 SSF13 - Cores Exam - 012

11

Case 5 – Case Vignette

HISTORY: 55 yr old white male, non-smoker, with elevated PSA and recurring prostatitis with minimal response to multiple course of antibiotics. DRE shows enlarged prostate with firm nodule in left lateral lobe of prostate. No other clinical symptoms or complaints. Admitted for treatment evaluation.

PSA: 10.3 ng/mL

CT CHEST: Negative

BONE SCAN: Abnormal uptake L4-L5 concerning for metastatic disease

PLAIN FILM XRAY L-SPINE: no evidence for osseous mets

TRUS-GUIDED BX PROSTATE: adenocarcinoma, Gleason 4+4=8, 9 of 12 cores positive

RADICAL RETROPUBIC PROSTATECTOMY WITH LYMPH NODE SAMPLING: moderately differentiated adenocarcinoma Gleason 4+4=8 with microscopic involvement of bladder neck. Negative surgical resection margins. 3 inguinal lymph nodes sampled, all negative

12

NOTE: FCDS will reinforce the AJCC Instruction regarding use of “blank” versus “X”

However, for practical purposes “X” and “blank” will be treated as equal values.

Case 5 – Answer & Rationale

Practice Case #5			
C61.9 – Prostate			
8140/33 – Adenocarcinoma, NOS – Gleason 8 = Grade 3			
Clinical TNM AJCC Stage Group	cT2NblankM0	IIB	T based on palpable nodule in lateral lobe (cannot assess if more or less than half of lobe) on DRE N based on no imaging done/not assessed MX not allowed assign M0 unless otherwise indicated (osseous mets ruled out on plain film). Stage Group IIB (T2, any PSA, Gleason 8 or >)
Pathologic TNM AJCC Stage Group	pT3aNOMblank	III	T based on radical prostatectomy specimen showing involvement of bladder neck, nodes negative. Cannot enter pM unless proven by cytology, bx or resection of mets so M is left blank. Stage Group III (T3a, any PSA, any Gleason)
SEER Summary Stage 2000		2 regional direct extension	Direct Extension due to bladder neck involved. <i>(NOTE: Do not use the TNM or other references listed in SS2000 as they are based on TNM 5th ed - bladder neck used to be T4 and is now T3a)</i>
SSFs			SSF1 - PSA Value - 103 (watch your decimal point) SSF2 - PSA Interpret - 010 SSF7 - Gleason (BX) - 044 SSF8 - Gleason Score BX - 008 SSF9 - Gleason (radical) - 044 SSF10 - Gleason Score (radical) - 008 SSF11 - Tertiary (radical) - 999 SSF12 - Cores Positive - 009 SSF13 - Cores Exam - 012

13

Case 6 – Case Vignette

HISTORY: 76 year old Hispanic male with multiple medical problems including diabetes, hypertension and COPD with slowly rising PSA seen now in active surveillance. TRUS/BX 2 Years Ago showed Gleason 3+4=7 adenocarcinoma of the prostate. Patient elected watchful waiting at that time. Most recent PSA is 8.2ng/ml. DRE without abnormality.

PLAN: Continue active surveillance. Repeat PSA in 6-12 months.

14

NOTE: FCDS will reinforce the AJCC Instruction regarding use of “blank” versus “X”
 However, for practical purposes “X” and “blank” will be treated as equal values.

Case 6 – Answer & Rationale

Practice Case #6			
C61.9 – Prostate			
8140/31 – Adenocarcinoma, NOS – Gleason 7 = Grade 2			
Clinical TNM AJCC Stage Group	cT1cNblankM0 (cT1cNXM0)	IIA	T based on needle bx for elevated PSA and no clinical evidence of tumor on DRE N based on no imaging done/not assessed MX not allowed. M0 unless otherwise indicated. Stage Group IIA (T1c, PSA<10, Gleason 7)
Pathologic TNM AJCC Stage Group	pTblankNblankMblank (pTXNXMX)	blank or 99	Pathologic staging is based on histologic review of radical prostatectomy specimen. TRUS/BX is not a prostatectomy - No prostatectomy performed for T1c neoplasm. No pathologic assessment criteria met for T or N or M - so all should be blank. <i>X will be allowed but blank is best answer</i>
SEER Summary Stage 2000		1 Localized	Tumor confined to prostate gland
SSFs			SSF1 - PSA Value - 999 (not available from dx) SSF2 - PSA Interpret - 999 SSF7 - Gleason (BX) - 034 SSF8 - Gleason Score BX - 007 SSF9 - Gleason (radical) - 998 SSF10 - Gleason Score (radical) - 998 SSF11 - Tertiary (radical) - 998 SSF12 - Cores Positive - 009 SSF13 - Cores Exam - 999