

Cancer PROGRAMS
QUALITY PROGRAMS of the AMERICAN COLLEGE OF SURGEONS

AJCC
American Joint Committee on Cancer
Validating science. Improving patient care.

**Webinar Series:
Better Data, Better Quality,
Better Outcomes**
January 27, 2020

American College of Surgeons
Improving Quality. Right Results. Better Outcomes.
100 years

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Webinar Logistics

- All participants are muted during the webinar
- Questions – including technical issues you may be experiencing – should be submitted through the question pane
- Questions will be answered as time permits; additional questions and answers will be posted on the website
- Please complete the post-webinar evaluation you will receive via email
- Recorded content will be posted in the ACS Learning Management System following the live presentation

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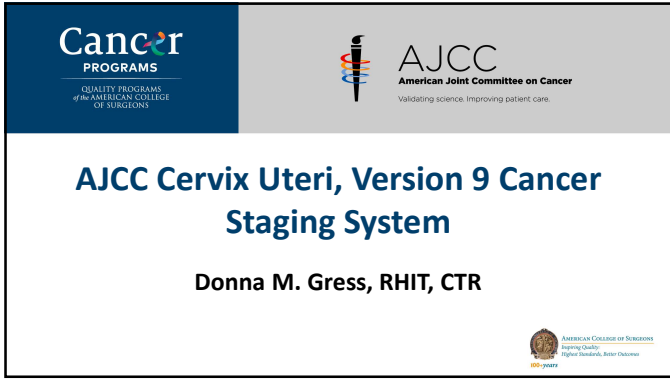
Presenter

Donna M. Gress, RHIT, CTR
Manager, Cancer Staging and Registry Operations
AJCC and Cancer Programs

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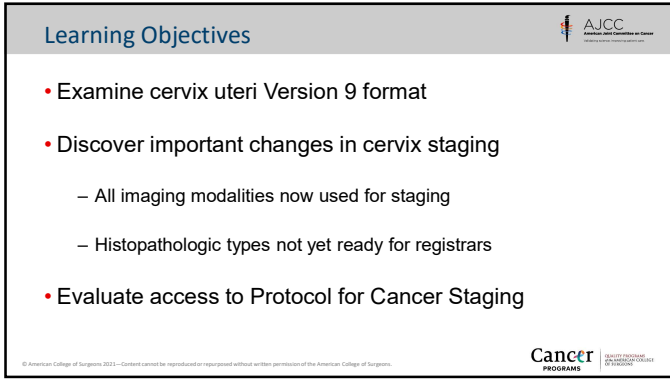
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AJCC Cervix Uteri, Version 9 Cancer Staging System

Donna M. Gress, RHIT, CTR

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Learning Objectives

- Examine cervix uteri Version 9 format
- Discover important changes in cervix staging
 - All imaging modalities now used for staging
 - Histopathologic types not yet ready for registrars
- Evaluate access to Protocol for Cancer Staging

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Version 9 Format

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AJCC Protocol Format



Protocol for Cancer Staging Documentation: Cervix Uteri

ACS:AJCC:Protocol.CervixUteri.2021.v09.00.00
Required Use Date: January 1, 2021

New AJCC protocol format has three key pieces

1. Synoptic staging report format
2. Explanatory notes
3. Supplemental information

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Protocol Format

- AJCC updated to protocol format
 - **Same information** as previous AJCC chapters
 - **Synoptic** provides important info for managing physician to document
 - **Explanatory notes** provide guidance
 - **Supplemental** information available
- Why change
 - Easier for users to **find what they need ... just when they need it**
 - Users wanted synoptic report format
 - Synoptic proven to **increase accurate and complete** documentation

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Using Protocol Format

- Synoptic staging report format
 - Provides all of the key information registrars need
 - Includes new items
 - Modalities used for staging
 - Clinical staging and workup
 - Pathological staging and workup
- Explanatory notes
 - Provide the **same details** found in previous AJCC chapters
 - Includes **images** for primary site, nodal map, and T N M categories
- Supplemental information includes general staging rules

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Protocol Format Explored

- Plans being made for webinar and articles
 - Explore protocol format
 - Provide greater detail
 - Discuss rationale
 - Address needs for physician using this format
 - Help registrars become familiar with content

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AJCC and FIGO




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AJCC and FIGO

- AJCC & FIGO now in sync
- FIGO updated cervix staging in January 2019
 - Errors were identified in the publication
- FIGO Corrigendum – October 2019
 - <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1002/ijgo.12969>

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NEW - Clinical Staging and Workup

- Simplified algorithm of workup for clinical stage
 - Type of diagnostic workup such as exam, imaging, and labs
 - Description of information provided
 - Specific contribution to TNM categories
- Provides guidance to physicians
- Helps registrars understand
 - Why certain exams, procedures, imaging is ordered
 - How it contributes to staging and which TNM category is affected

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NEW - Clinical Staging and Workup

DIAGNOSTIC WORKUP	DESCRIPTION	SPECIFIC CONTRIBUTION TO TNM CATEGORY
Clinical exam		T1, T2
Imaging		T1, T2, M1, N1, T1 and N1 are involved
Labs	Immunohistochemistry (IHC), microscopy	Histopathological classification

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NEW – Pathological Staging and Workup

- Simplified algorithm of workup for pathological stage
 - Starts with specific TNM category
 - Lists specimen
 - Describes how **pathologist** uses information to assign category
 - Describes how **managing physician** uses info to assign category
 - Provides some key staging rules
- Provides guidance to pathologists and managing physicians
- Helps registrars understand
 - How it contributes to staging and which TNM category is affected
 - Provides some key rules

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NEW – Pathological Staging and Workup

CATEGORY	SPECIMEN	PATHOLOGIST	MANAGING PHYSICIAN (Stage Documented by Cancer Registry)
General Information		<ul style="list-style-type: none"> • Assignment of pTNM categories are based on surgical resection specimen, as well as intraoperative findings, biopsy procedures and clinical evaluation up to the point of definitive surgical treatment, if available • All other surgical procedure specimens use cTNM. For example, biopsy of a positive regional lymph node without surgical resection of the primary carcinoma is classified as cN1 	<ul style="list-style-type: none"> • Assignment of pTNM categories for the patient requires use of information from all biopsy procedures performed during the clinical evaluation up to and including definitive surgical treatment • Requires information from clinical assessment or imaging studies or interoperative findings to assign pTNM categories (may not change pTNM, but must be considered)
pTX		Not for use by pathologist; assigned only by managing physician	May assign if unable to determine pT category after surgical resection
oTN		No tumor found in specimen and noவர்	No tumor found in specimen and noவர்

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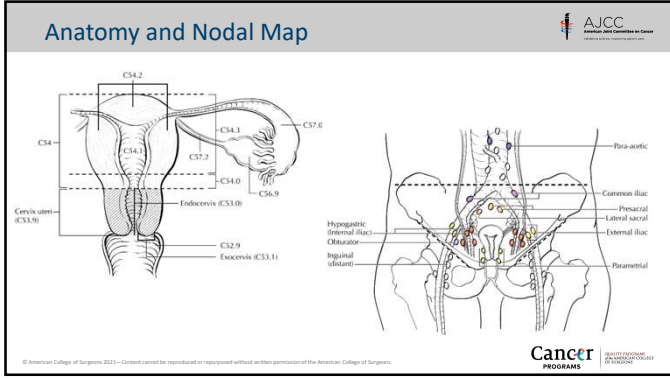
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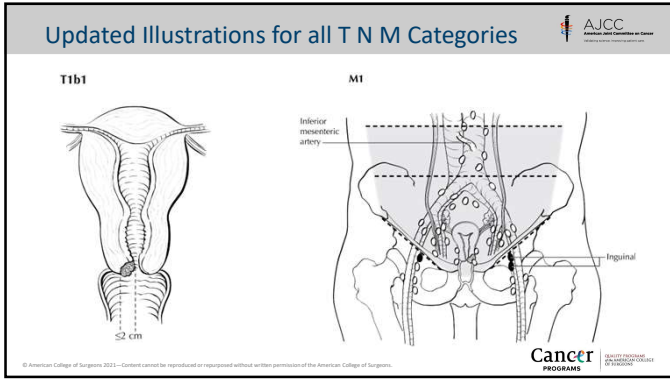
Updated Illustrations

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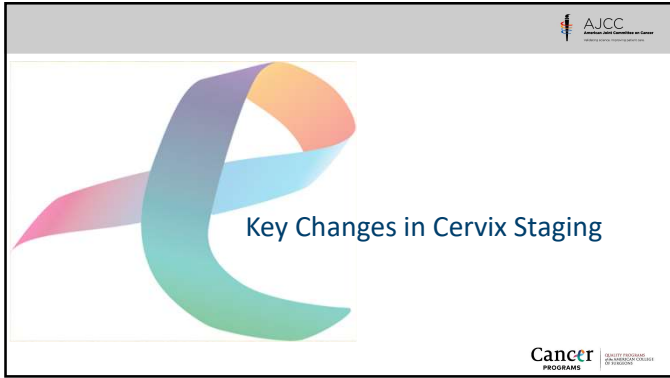
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Major Changes

- **All** imaging modalities **allowed for staging**, including
 - CT
 - MRI
 - PET or PET/CT or PET/MRI
 - US - recommended worldwide
 - Roentgenography of lungs and skeleton – recommended worldwide
- Allowed for **all staging classifications**
 - Clinical
 - Pathological
 - Posttherapy Clinical and Posttherapy Pathological

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Major Changes

- Differentiate between **HPV-associated** and **HPV-independent**
 - HPV-independent ca generally has poorer prognosis
 - AJCC Version 9 histology list has **separate codes for each**
 - p16 will be coming soon as data item to collect
- Registrars do **not yet** have access to these changes
 - Histology list using new WHO blue book terminology and codes
 - Should be updated for 2022 after NAACCR approvals
 - p16 data item for SSDI
 - Underwent mandatory field testing Nov 1, 2020 – Jan 4, 2021
 - Evaluation of field testing and approvals by NAACCR in coming months
 - Should be implemented in 2022

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T Category – Key Comparisons Version 9 to 8th

Version 9	Unchanged	Changes from 8th
T1a, T1a1, T1a2	Diagnosed by microscopy, Stromal invasion depth	Horizontal spread removed
T1b, T1b1, T1b2, T1b3	Depth > stage IA	Clinically visible lesion removed per FIGO
T1b1		>5mm stromal invasion depth, ≤2cm dimension
T1b2		>2cm and ≤4cm dimension
T1b3		New category >4cm dimension

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T Category – Key Comparisons Version 9 to 8th

Version 9	Unchanged	Changes from 8th
T2a	Clarified involvement includes upper 2/3 vagina	
T2a1, T2a2		Clinically visible lesion removed per FIGO
T2b	Clarified involvement not up to pelvic wall	
T3	Term changed from pelvic sidewall to pelvic wall	
T4	Term changed from beyond true pelvis to adjacent organs	Biopsy proven added to involved mucosa of bladder or rectum

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N Category – Key Comparisons Version 9 to 8th

Version 9	Unchanged	Changes from 8th
N0(+)	Clarified ITCs also include single cells or clusters of cells ≤200 cells in single node cross section	
N1		Generic any regional node involvement removed Changed to specified nodal involvement

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N Category – Key Comparisons Version 9 to 8th

Version 9	Unchanged	Changes from 8th
N1		Pelvic nodes only
N1mi		Micro-metastasis
N1a		Macro-metastasis
N2		Para-aortic nodes with or without positive pelvic nodes
N2mi		Micro-metastasis
N2a		Macro-metastasis

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M Category – Key Comparisons Version 9 to 8th

Version 9	Unchanged	Changes from 8th
M1	Clarifies inguinal nodes are distant, but no longer mentions obvious distant nodes (supraclavicular and mediastinal)	
	Peritoneal spread now stated as intraperitoneal disease	
	Specifies exclusions: pelvic & para-aortic regional nodes, vagina	
cM1, pM1		Specifies difference, pM1 is microscopic confirmation

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Prognostic Stage Groups

- Nodal status *now* plays role in stage groups
 - 8th edition every stage group included Any N
 - Positive nodes had no effect on stage groups
 - N1 for TX-T3 M0 is stage IIIC1

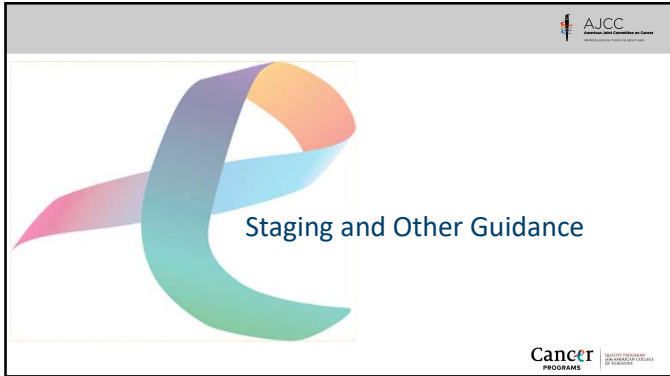
TX, T0, T1-3	N1	M0	IIIC1
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 - N2 for TX-T3 M0 is stage IIIC2

TX, T0, T1-3	N2	M0	IIIC2
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 - Any N only used with

T4	Any N	M0	IIVB
Any T	Any N	M1	IIVB

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Clinical Classification

- Imaging by **all** modalities incorporated into clinical staging
 - Includes CT, MRI, PET
 - Not all are necessary, physician selects appropriate test
- Lymph node status
 - Assessed by imaging or surgical means (FNA, bx, sentinel node)
 - Remember to **use appropriate N category suffix (f) or (sn)**
 - Isolated tumor cells (ITCs) are **not** considered nodal mets
 - Important nodal information in SSDIs
 - Anatomic location of nodes: pelvic and/or para-aortic
 - Method of assessment: radiologic or pathologic

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Pathological Classification

- Surgical resection requirements
 - Ca not visible and confined to cervix:
 - Cervical excision (cone, loop electrosurgical excision procedure (LEEP)
 - Not sufficient – cervical bx or endocervical curettage
 - All other cancers:
 - Radical trachelectomy, simple or radical hysterectomy
- Node bx, sentinel node, lymphadenectomy for pN category
 - Imaging added once at least 1 node with microscopic assessment
 - Remember to **use appropriate N category suffix (f) or (sn)**
 - Isolated tumor cells (ITCs) are **not** considered nodal mets
 - Nodal information in SSDIs
- Perineural invasion in parametrium qualifies as pT2b

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Posttherapy Classifications

- Posttherapy Clinical staging
 - ycT, ycN, c/pM
- Posttherapy Pathological staging
 - ypT, ypN, c/pM
- Remember, M category **identical** across all staging
 - Identical for c, p, yc, and yp
 - cM0, cM1, pM1

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Imaging

- “Note I: Imaging” provides
 - Information on preferred modality
 - Explains what is seen on different types of imaging
 - Guidance to interpret findings: primary site, nodes, mets
- Helpful to registrar in gaining general knowledge
 - Understand what tests are ordered
 - Awareness of accuracy and known concerns
 - Insight into how physicians use imaging in assigning stage

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Additional Factors Recommended for Clinical Care

- Tumor size
 - Size may be radiographic and/or pathologic
 - Pathologic measurement takes priority over radiographic
- Lymph node mets
 - Discussion of micro & macro categories for future data analysis
 - Micro is N1mi, N2mi
 - Macro is N1a, N2a
- p16
 - p16 IHC overexpression is good surrogate of HPV-associated tumor
 - HPV-related more favorable prognosis than HPV-independent

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Histologic Grade

- Grading encouraged for squamous and usual type adenoca
- Grading is G1, G2, G3
 - Squamous grading is degree of differentiation
 - Adenoca grading incorporates architecture and nuclear features
- Special cases
 - Endometrioid uses same system as endometrioid of uterine corpus
 - Aggressive subtypes are not graded or regarded as grade 3
 - Including clear cell ca, carcinosarcoma, neuroendocrine ca
 - Rare subtypes of adenoca, like adenoid basal, are GX


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Histology: Carcinoma & Sarcoma




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Cervix Histologies




- Carcinomas and carcinosarcomas in protocol
 - AJCC Version 9 uses WHO Blue Book histologies
 - WHO Blue Book finalized too late for NAACCR comm review
 - WHO updated histologies not available to registrars
- Histologies for staging
 - Registrars will use 8th edition histologies for staging in 2021
 - CAP protocol will use AJCC Version 9 and WHO histologies
- Registrars use of new codes depends on NAACCR Comm
 - Plans are for updated cervix histologies in 2022




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Cervix Sarcoma



- Moving cervix sarcoma from STS to **corpus uteri sarcoma**
- Cervix sarcoma
 - Will use corpus uteri **leiomyosarcoma**
 - T category is better aligned
 - Histology list in corpus uteri sarcoma appropriate for cervix sarcoma
 - SSDIs are all appropriate for cervix sarcoma
- Necessary registry changes are being made by NAACCR
 - Software changes are in the works
 - Histology lists are being made
 - Expect updates for 2022



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Access to Version 9 Protocol




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Access to Version 9 Cervix Uteri Protocol




- Kindle ebook on Amazon
 - Free software to enable reading on PC, MAC, tablet, and phone
 - Individual ownership of content, not to be shared
- Facility may purchase Kindle ebook for staff
 - Group purchase allowed
 - Purchaser emails links for users to download AJCC ebook
- Other vendors for institutional access
 - There are vendors who supply ebooks to hospital libraries
 - Some EHR companies include content in their software

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FAQ

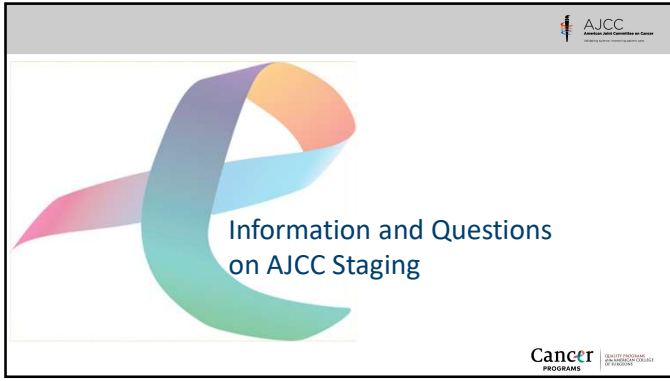


- AJCC has FAQ document on website
 - Covers most common questions
 - Provides information and options for institutional purchases
- Additional questions should be directed to ajcc@facs.org

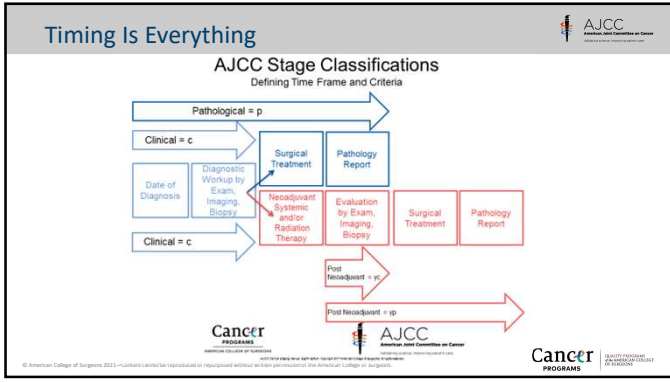
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AJCC Web site

- <https://cancerstaging.org>
- <https://www.facs.org/quality-programs/cancer/ajcc>
- General information
 - Education
 - Articles
 - Updates
- For Registrars
 - Webinars with free CE hrs
 - Critical Clarifications
 - Staging Moments

The slide includes two book covers: "AJCC Cancer Staging Manual" (8th edition) and "AJCC Cancer Staging System". Logos for Cancer Programs and AJCC are at the bottom.

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CAnswer Forum

- Submit questions to AJCC Forum
 - Version 9 Forum
 - 8th Edition Forum
 - Located within CAnswer Forum
 - Provides information for all
 - Allows tracking for educational purposes
- <http://cancerbulletin.facs.org/forums/>

CAnswer FORUM
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Summary

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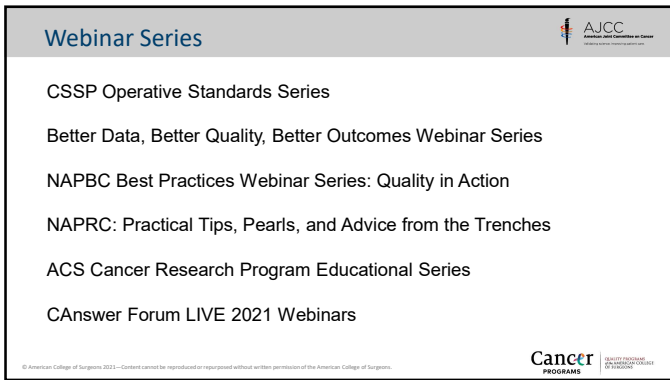
- Understand rationale for cervix uteri Version 9 format
- Highlighted important changes in cervix staging
 - All imaging modalities now used for staging
 - Histopathologic types not yet ready for registrars
- Guidance on access to Protocol for Cancer Staging

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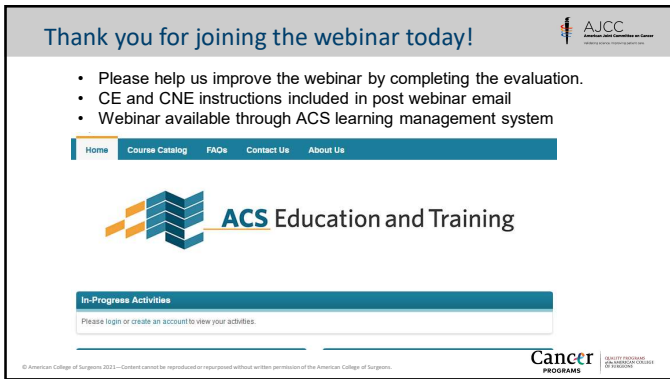
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