


**Do Not Use Registry
Ambiguous Terminology
for AJCC Staging**

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**Do Not Use
Registry Ambiguous Terminology**



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AJCC Does Not Use

- AJCC Harmonization Summit - September 2015
 - Large multidisciplinary group of physicians
 - Reviewed AJCC "Principles of Cancer Staging"
- Asked to consider registry ambiguous terminology list for AJCC staging
- AJCC physicians did **NOT** endorse use of ambiguous terminology
 - Cited variability in physician use of terms
 - Often in conflict with physician documentation and treatment
- AJCC does **NOT**
 - Define ambiguous terminology
 - Mandate how words should be interpreted

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Determining Cancer Involvement

- How to interpret words for cancer involvement
 - Review managing physician's/clinician's statements
 - Treatment choices may indicate managing physician's/clinician's impression
- Review and analysis of entire case
 - Physical exam
 - Medical history of all other diseases
 - Symptoms
 - Imaging
 - Lab tests
 - Diagnostic procedures
 - All other available information
- Managing phy judgment call based on all aspects of patient's care

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Ambiguous Terminology Example

- Lung case
 - CT chest reports mediastinal adenopathy
 - Patient scheduled for LUL lobectomy
- Are mediastinal nodes involved with cancer?
- Imaging analysis
 - CXR not sensitive and enlarged nodes may be involved
 - CT, MRI, PET very sensitive, could be infection, inflammation, immune system reaction, or cancer
- Treatment analysis
 - NCCN guidelines: surgery not treatment for mediastinal node involvement (cN2)
- Decision: mediastinal nodes **NOT** involved

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Ambiguous Terminology Example

- Duodenum case
 - CT abd/pelvis - duodenal tumor with extensive inflammation, exudate and adherent to other loops of small bowel
 - Patient scheduled for resection of tumor in duodenum
- Does adherence mean other bowel involved with cancer?
- Imaging and treatment analysis
 - Exudate is fluid leaking from blood vessels due to inflammation
 - Inflammation causing adherence, not tumor
 - If extensive tumor adherence would not just resect local tumor, need more extensive surgery or chemotherapy
- Decision: other small bowel **NOT** involved

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Ambiguous Terminology Example


- Rectum case
 - MRI pelvis - tumor 8cm from anal verge, suggests stranding in perirectal fat, no mesorectal nodes
 - Patient scheduled for neoadjuvant therapy
- Does suggests disqualify perirectal fat being involved with cancer?
- Imaging and treatment analysis
 - Fat stranding can indicate infection, trauma, or cancer involvement
 - Fat stranding is common way to describe rectal cancer involvement
 - Treatment guidelines for cT3 (perirectal fat) is neoadjuvant therapy, whereas cT1-T2 with cN0 would have surgical resection
- Decision: perirectal fat **IS** involved

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Summary



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Summary

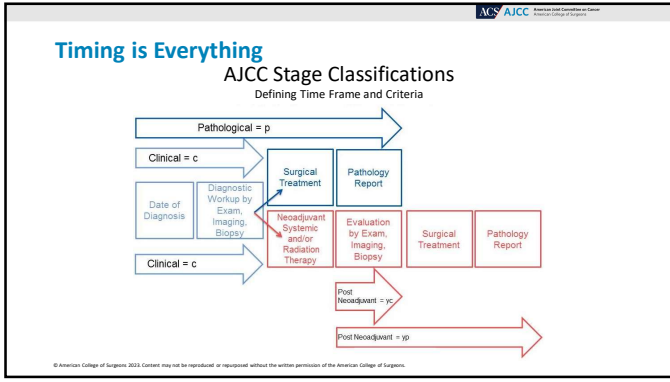
- Apply critical thinking when interpreting physician's words
 - Do **not** use registry ambiguous terminology lists
 - Take into account all available information
- Identify non-registry resources
 - Information from national treatment guidelines
- Obtain answers to questions before making assumptions based on single words

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Information and Questions on AJCC Staging

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AJCC Web Site


- <https://cancerstaging.org>
- <https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/>
- General information
 - Overview
 - Version 9
 - Cancer Staging Systems
 - AJCC 8th edition Chapter 1: Principles of Cancer Staging
 - Cancer Staging Education
 - FAQ & Resources

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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/>





ACS CAnswer
CAnswer Forum
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Developed through generous support from the American Cancer Society

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Thank You

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