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**Webinar Series:  
Better Data, Better Quality,  
Better Outcomes**  
December 16, 2020

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\*\*\*\*\*TEST WEBINAR Cancer Care Delays\*\*\*\*\*

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**Presenter**

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

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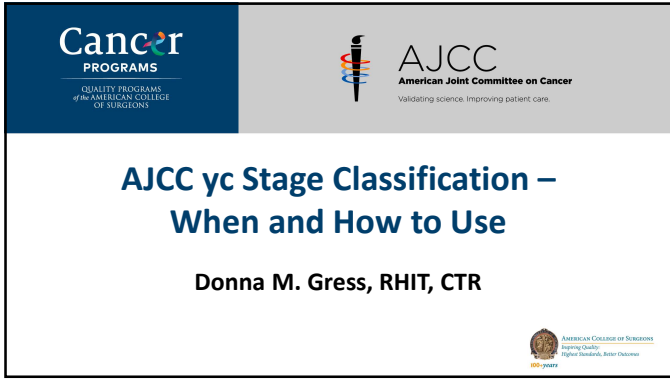
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**AJCC yc Stage Classification –  
When and How to Use**

**Donna M. Gress, RHIT, CTR**

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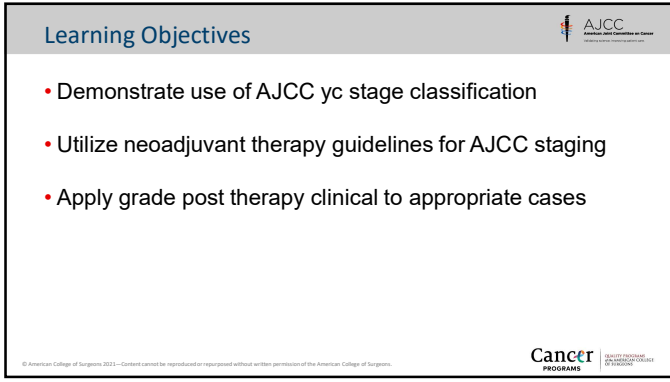
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**Learning Objectives**

- Demonstrate use of AJCC yc stage classification
- Utilize neoadjuvant therapy guidelines for AJCC staging
- Apply grade post therapy clinical to appropriate cases

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**Posttherapy yc Staging**

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### 3 Types of Neoadjuvant Therapy Patients

Initial treatment	Response to neoadjuvant	Further planned treatment	AJCC staging	% in Data
Neoadjuvant	Good	Surgical resection	yp	100%
Neoadjuvant	No response	Surgery canceled	yc	0% Missing piece
Neoadjuvant	Excellent response	No surgery needed	yc	0% Missing piece

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### Neoadjuvant Therapy with No Surgery

- Significant issue causing incomplete data analysis
  - 20% estimated neoadjuvant **no surgery** across all disease sites
  - 90% of anal neoadjuvant cases do **not** have surgery
- Neoadjuvant therapy gaining in popularity, some examples
  - Head & Neck
  - Esophagus/Stomach
  - Rectum
  - Neuroendocrine
  - Soft tissue sarcoma
  - Melanoma
  - Breast
  - GYN sites
  - Adrenal

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### Missing Piece – Only Part of the Story

- Missing piece of neoadjuvant with surgery canceled
  - Skewed picture of patient outcomes
  - Could lead to erroneous conclusions about neoadjuvant success
  - Affects many patient populations
- Critical to capture data on missing piece
  - Cannot keep telling just part of the story
  - Complete story must be told to evaluate **all** treatment results
- Treatment completeness **quality** issue

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### Posttherapy Clinical yc Staging

- CoC collecting yc staging in 2021
- Why is yc stage necessary?
  - Shows patient treatment plan **initially included surgery**
  - Treatment plan **changed** due to “good” or “poor” response
  - Shows **exact** level of response compared to clinical stage
- Examples showing level of response

No Response			Exceptional Response		
cT3	cN1	cM0	cT3	cN1	cM0
ycT4	ycN1	cM0	ycT0	ycN0	cM0

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### Timing Is Everything

#### AJCC Stage Classifications

Defining Time Frame and Criteria

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### Registry Cases & Applicable AJCC Stage

Case #	Treatment	AJCC Stage Classifications			
		Clinical c	Pathological p	Posttherapy yc	Posttherapy yp
1	Surgery	X	X		
2	Neoadjuvant & surgery	X			X
3	Neoadjuvant, surgery canceled	X		X	
4	Systemic/radiation only	X			

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**Registry Cases & Applicable AJCC Stage**

- Registrar never assigns >2 AJCC stage classifications
  - Only ask for yc when yp cannot be assigned
  - Provides assessment of response, which is
    - Difference between cTNM and ycTNM
- Without yc, cannot distinguish between Rx
  - Different treatment for cases 3 & 4 (previous slide)
  - 3. Neoadjuvant therapy with surgery canceled
  - 4. Systemic/Radiation therapy only, no surgery planned

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**Lack of Response is Not Progression**

- No response to neoadjuvant is not considered progression
- If patient does *not* respond to neoadjuvant therapy
  - Tumor cells continue to divide and grow
  - As they had been since day cancer cells started
  - Causes tumor to expand and invade additional tissue and nodes
- Assign posttherapy stage indicating further involvement
  - cT3, now posttherapy clinical ycT4
  - cN0, now posttherapy clinical ycN2

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**Progression**

- Tumor doesn't "freeze" once identified



*caught in imaging light*



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**Progression**

- Physician states **progression** as tumor growing despite Rx
- Tumor is **not** like deer in headlights or burglar in spotlight
  - Doesn't freeze & stop growing minute spotted on imaging
  - Cells continue to divide & grow until something kills cells
- If tumor did grow and progress
  - Not considered progression in the sense staging not assigned
- Progression to stop staging
  - Considered as huge shift and major explosion of tumor burden

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**Case Scenario**

- Pancreatic T2 4cm tumor with no nodal involvement
  - Received neoadjuvant chemoradiation
  - Tumor is 3cm on imaging, no nodal involvement
  - Planned pancreaticoduodenectomy surgery aborted when liver nodule found on exploration, biopsy shows mets
  - Physician states liver mets probably present at initial staging but occult (too small for imaging to detect)
- What is the correct stage?
  - ypT2 ypN0 pM1
  - ycT2 ycN0 pM1
  - patient has progression so no staging
  - cT2 cN0 pM1

Write down your choice – correct answer will be revealed later

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**When yc Staging Must Be Used**

- yc assigned when
  - Treatment plan is neoadjuvant followed by surgery
  - But surgery canceled
- Examples of yc must be used
  - Patient **doesn't respond** to neoadjuvant, surgery is canceled
  - Patient **responds so well**, surgery no longer indicated
- yc includes:
  - Evaluation by physical exam, imaging, biopsy, and any diagnostic procedures

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**yc Posttherapy Stage Q&A**

**1. yc posttherapy staging includes the following information**

- a. Evaluation by physical exam only
- b. Evaluation by physical exam and imaging only
- c. Evaluation by physical exam, imaging, biopsy, and any diagnostic procedures
- d. None of the above

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**yc Posttherapy Stage Q&A**

**1. yc posttherapy staging includes the following information**

- **c. Evaluation by physical exam, imaging, biopsy, and any diagnostic procedures**
  - Criteria for yc posttherapy clinical staging includes
    - Physical exam, imaging, diagnostic procedures including surgical exploration, and
    - Biopsies of primary site, nodes, or distant metastasis
  - yc criteria same as clinical staging, but at different point in time in patient's care
    - Time frame after initial primary systemic and/or radiation therapy
    - Without subsequent surgical resection or before planned surgical resection
  - AJCC stage classification graphic on website: yc eval by exam, imaging, biopsy

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**yc Posttherapy Stage Q&A**

**2. yc posttherapy staging may be used in which of the following cases**

- a. Patient's initial treatment is surgery followed by chemotherapy
- b. Patient has neoadjuvant chemotherapy but the tumor grows larger and surgery is canceled
- c. Patient has one injection of Lupron prior to prostatectomy
- d. Patient has 1 week of tamoxifen prior to lumpectomy

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**yc Posttherapy Stage Q&A**

**2. yc posttherapy staging may be used in which of the following cases**

- **b. Patient has neoadjuvant chemotherapy but the tumor grows larger and surgery is canceled**
  - Patient had initial neoadjuvant treatment with planned subsequent surgery
    - If surgery canceled because cancer did not respond to neoadjuvant treatment
    - yc posttherapy clinical staging assigned
  - Not responding to neoadjuvant indicates
    - Cancer stayed same or grew larger/more involved
    - Not considered progression
  - If initial treatment is surgery, case does not meet criteria for posttherapy staging
  - One injection or one week of hormone therapy is not considered treatment
    - These short courses are given for variable (often as a surrogate of response) and
    - Often unconventional reasons and are not considered treatment

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**yc Posttherapy Stage Q&A**

**3. Scenarios where yc posttherapy staging must be documented include all of the following except**

- a. Patient doesn't respond to neoadjuvant treatment and tumor is more extensive, surgery is canceled
- b. Patient responds so well that surgery is not performed or is no longer indicated
- c. Treatment plan initially included neoadjuvant therapy and surgery, but surgery canceled
- d. Initial surgical resection followed by chemotherapy, then additional surgical resection

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**yc Posttherapy Stage Q&A**

**3. Scenarios where yc posttherapy staging must be documented include all of the following except**

- **d. Initial surgical resection followed by chemotherapy, then additional surgical resection**
  - If initial treatment surgical resection, does not meet criteria for posttherapy
  - Assign yc staging when
    - Initial neoadjuvant with planned subsequent surgery, and
    - Surgery canceled
      - Canceled because cancer did not respond to neoadjuvant
      - Canceled because cancer responds so well to the neoadjuvant
      - Canceled without reason being documented

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**yc Posttherapy Stage Q&A**

**4. Neoadjuvant therapy for yc posttherapy staging should meet following criteria**

- a. Any chemo/hormone/immunotherapy drug and any dosage for any length of time
- b. Short course given to test treatment effect, such as few days or weeks of tamoxifen
- c. Follows national treatment guidelines
- d. Chemo/hormone/immunotherapy drugs given for unconventional reasons

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**yc Posttherapy Stage Q&A**

**4. Neoadjuvant therapy for yc posttherapy staging should meet following criteria**

- **c. Follows national treatment guidelines**
  - Systemic therapy (chemo/hormone/immunotherapy) must be provided
    - By dosage and time frame that meets standard national treatment guidelines to be considered course of treatment
    - These drug guidelines have been proven to have treatment effect on patient when followed
  - Providing drug in any dosage for any length of time does not make it treatment
    - Just because drug is on list identified as being chemo-/hormone-/immuno-therapy does not make it treatment for a cancer patient
  - Short course of tamoxifen may be given
    - To see if the cells will react to drug as surrogate of tumor response, and
    - To predict whether should be given for standard 5-10 years as treatment after surgery
  - Some drugs given for unconventional reasons prior to surgery
    - Physician experts along with national treatment guidelines have made it clear
      - Drugs are not being given to treat cancer and
      - Do not provide treatment to the patient

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**yc Posttherapy Stage Q&A**

**5. yc posttherapy staging may not be assigned when**

- a. Surgical diagnostic procedures on STORE surgery code list are performed initially
- b. Tumor grows larger or more extensive, and/or nodal involvement worsens
- c. Chemo or hormone drugs are changed during treatment
- d. Surgical treatment procedures on STORE surgery code list are performed initially

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**yc Posttherapy Stage Q&A**

5. yc posttherapy staging may not be assigned when

- d. Surgical treatment procedures on STORE surgery code list are performed initially
  - Surgical treatment must not be initial treatment to qualify for posttherapy staging
    - STORE surgery codes include both diagnostic procedures and surgical treatment for cancer
  - Surgical diagnostic procedures may be performed initially
    - Part of diagnostic workup to choose treatment plan
    - Patient eligible for posttherapy staging if treatment chosen is neoadjuvant therapy
  - Even if cancer does not respond to neoadjuvant therapy
    - Indicated by more primary site or nodal involvement
    - Case may still be assigned yc posttherapy staging
  - Changing chemo or hormone drugs during treatment may occur
    - Due to various reasons such as adverse reactions or changing menopausal status
    - Does not change overall treatment plan
    - Case may be assigned yc posttherapy staging

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**No yc Stage Group...Yet**

- There are no yc stage groups for any disease site yet, but
  - T, N, and M that registrars document is Absolutely **critical** for advancement of patient care, and Will help to develop stage groups in future



T, N, M are our puzzle pieces

**Need all puzzle pieces:**  
Doing puzzles during shelter in place  
What if a piece is missing?  
You can't complete the picture

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**Additional Case Scenarios – Surgery Canceled**

- Excellent response - no residual
  - Rectal cT3 node negative
  - Treated with neoadjuvant chemoradiation
  - Six weeks after completion of treatment, no residual tumor on endoscopy
- ycT0 ycN0 cM0
  - yp posttherapy pathological staging criteria
    - Includes surgical resection after neoadjuvant therapy
    - Patient did not have a surgical resection
  - Clinical stage is cT3 cN0 cM0
  - yc posttherapy clinical stage is ycT0 ycN0 cM0
  - Comparing clinical and yc stage indicates patient had clinical complete response (cCR)

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**Additional Case Scenarios – Surgery Canceled** 

- Excellent response - no residual
  - Anal T3 tumor with no nodal involvement
  - Undergoes neoadjuvant chemoradiation
  - Evaluation by imaging and physical exam shows no evidence of disease
- ycT0 ycN0 cM0
  - yc posttherapy clinical stage is ycT0 ycN0 cM0
    - No residual disease evident on physical exam or imaging in primary/nodes
  - yc posttherapy clinical stage N category
    - Never cN0, clinical N category never used in assigning the ycN category
    - Nodes must be reassessed after neoadjuvant to determine ycN category
  - yp posttherapy pathological staging criteria
    - Includes surgical resection after neoadjuvant therapy
    - Patient did not have surgical resection

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**Additional Case Scenarios – Surgery Canceled** 

- No response – no change in primary
  - Breast cT3 cN2a receives neoadjuvant systemic therapy
  - No response in breast tumor now has supraclavicular nodal involvement, N3c
  - Tumor inoperable
- ycT3 ycN3c cM0
  - yc posttherapy clinical stage is ycT3 ycN3c cM0
    - Breast tumor remained same as clinical stage, ycT3
    - Nodal involvement expanded from axillary to supraclavicular nodes, ycN3c
    - No mets for cM0
  - yc posttherapy clinical stage N category
    - Clinical N category not used in assigning ycN category, cannot use cN2a
    - Nodes must be reassessed after neoadjuvant to determine ycN category
    - Reassessment showed additional involvement of supraclavicular, ycN3c
  - Do not change clinical stage N category
    - Nodal involvement at time of diagnosis was axillary only, cN2a
    - Nodal involvement after neoadjuvant never changes original clinical stage

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**Additional Case Scenarios – Surgery Canceled** 

- No response – more involvement
  - Esophageal cT2 tumor with two left gastric nodes
  - Received neoadjuvant chemoradiation
  - Imaging showed tumor extending into adventitia with five nodes involved
- ycT3 ycN2 cM0
  - yp posttherapy pathological staging criteria
    - Includes surgical resection after neoadjuvant therapy
    - Patient did not have surgical resection
  - Clinical stage is cT2 cN1 cM0
  - yc posttherapy clinical stage is ycT3 ycN2 cM0
  - Not considered progression
    - Patient did not respond to neoadjuvant chemoradiation
    - Therefore tumor cells continued to divide and grow
    - Just as had been doing since day cancer cells started
    - Caused tumor to expand and invade additional tissue and nodes

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**Answer to Case Scenario**

- **ycT2 ycN0 pM1**
- Correct yc posttherapy clinical stage ycT2 ycN0 pM1
  - Tumor decreased from 4cm to 3cm, but remains T2 category
  - Still no nodal involvement for ycN0
  - Liver metastases microscopically proven for pM1
- yp staging criteria includes surgical treatment resection
  - Surgeon's evaluation/exploration prior to beginning resection identified liver mets
  - Surgical resection not performed
- Not considered progression
  - Patient did not respond to neoadjuvant chemoradiation, therefore
  - Tumor cells continued to divide and grow as they had been since cancer started
  - Resulted in tumor cells breaking away and depositing in liver as mets
  - Physician states liver mets probably present at initial staging but occult
- Clinical stage M category not pM1
  - Mets not microscopically proven during diagnostic workup

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**Neoadjuvant Therapy**

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**Neoadjuvant Therapy for Posttherapy Staging**

- Neoadjuvant therapy for posttherapy yc and yp staging should meet **national treatment guidelines**
- Systemic therapy (chemo/hormone/immunotherapy) must
  - Be provided by **dosage and time frame**
  - Meeting standard national treatment guidelines
  - To be considered course of **treatment**
- Drug guidelines have been **proven to have treatment effect** on patients when followed

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**Neoadjuvant Therapy for Posttherapy Staging**

- Providing drug in any dosage for any length of time does **not** make it treatment
  - Just because drug is on list identified as being chemo-/hormone-/immuno-therapy does **not** make it treatment for cancer patient
- Short course of tamoxifen **not** treatment
  - Given to see if cells react to drug as surrogate of tumor response
  - Predicts if given for standard 5-10 years as treatment after surgery
- Drugs given for unconventional reasons prior to surgery
  - Physician experts and national treatment guidelines make it clear
  - These drugs **not** given to treat cancer and
  - Do **not** provide treatment to patient

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**Not All Meds Meet Neoadjuvant Criteria**

- A few med doses isn't treatment
  - AJCC physician experts state no treatment effect on tumor
  - NCCN guidelines establish treatment regimen
  - Do **not** assign posttherapy staging
- Analogy
  - 10 day antibiotic course, comprised of 3 pills per day
  - Take 1 pill on first day and never take any more
  - Equivalent to tamoxifen for 7 days, when full course is ~180 days
  - 7 day pre-op tamoxifen is **not** for treatment
  - Won't act like treatment any more than 1 antibiotic pill when 30 needed to finish course and kill infection

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**Changing Drugs Doesn't Stop Neoadjuvant**

- Changing chemo drug class
  - Does **not** stop neoadjuvant treatment plan
  - Must assign AJCC posttherapy stage
- Analogy
  - Penicillin antibiotic for infection
  - Allergic reaction, or no change, or even gets worse
  - Penicillin antibiotic family is beta-lactams, many meds in family
  - Physician tries **different** drug family
    - Penicillin doesn't work, don't try other drugs in penicillin family
    - 4 classes of antibiotics, physician picks one of other families

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**Prostate**

- **No** neoadjuvant therapy
  - **No** neoadjuvant therapy outside of clinical trials
    - Neoadjuvant ADT short term (4-6 months) treatment
    - Neoadjuvant ADT long term (2-3 years) treatment
  - Lupron shot prior to surgery **not** neoadjuvant treatment for staging
    - Given to treat symptoms, not the cancer
  - Rule for staging, not for registry treatment fields

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**Breast**

- **Neoadjuvant therapy**
  - **Must** meet standard guidelines, such as NCCN or ASCO
  - Usually 4-6 cycles of chemo, sometimes more
  - Usually 4-6 months of endocrine therapy, may be up to 1 year
    - Neoadjuvant endocrine therapy **alone** considered for ER+ based on
      - Comorbidities
      - Low-risk luminal biology
  - Short course endocrine therapy does **NOT** qualify
    - Clinical trials using imaging assessment pre & post 2-4 weeks of Rx
    - Few days before surgery to assess cell effect in resected specimen
    - Early response may be surrogate for long-term endocrine benefit
  - Rule for staging, not for registry treatment data items

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**Scenario – Corpus Uteri**

- Medroxyprogesterone before surgery for endometrial cancer
  - 3/1 biopsy showed adenocarcinoma
  - 3/25-5/18 medroxyprogesterone followed by 5/18 surgical resection
  - Oncology: no mention neoadjuvant treatment, assign pathological stage
  - SEER Rx: Drug lessens tumor burden allowing for surgical treatment. If given prior to surgical treatment, code as neo-adjuvant therapy.
  - Is staging based on whether tumor responded to drug
- Case is **NOT** neoadjuvant therapy, must be **pathological staging**
  - NCCN guidelines: **not** neoadjuvant
    - Used as systemic therapy or non-standard primary treatment
  - Medroxyprogesterone is hormone used to control abnormal bleeding
    - Requests for further info revealed surgeon note on heavy bleeding
  - **Response** to drug is **not** deciding factor for neoadjuvant
  - Even if drug coded as treatment, will not change AJCC staging

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**No Pandemic Exceptions**

- Few months is **not** neoadjuvant even in pandemic
- If cases were actually planned neoadjuvant therapy
  - Would finish entire course systemic therapy
  - Would not take to surgery early, as soon as pandemic allowed
- Do not confuse bridge therapy cases with true neoadjuvant
- AJCC: stage as pathological (p)

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**No Pandemic Exceptions**

- Do not want to confuse posttherapy staging
  - Only include cases with neoadjuvant therapy meeting guidelines
- **Pathological staging** must be analyzed carefully
  - During this pandemic time frame
  - Understand if **bridge therapy** given and analyze effects
- Ability to analyze this unique data based on
  - Date systemic therapy started (follow registry rules) and
  - Date surgery performed, supplemented by
  - STORE data item for pandemic treatment delay

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**Grade Post Therapy Clinical and Grade Post Therapy Pathological**

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**Grade Post Therapy Clinical**

- Grade Post Therapy Clin (yc)
  - Time frame: after neoadjuvant therapy
  - Criteria: primary tumor biopsy
  - Same time frame and criteria as AJCC yc stage classification
- Grade not always available
  - Microscopic assessment depends on primary site
  - Biopsy not always necessary
  - Don't be concerned if you code yc grade as unknown
- Grade uses recommended grading system in AJCC

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**Grade Post Therapy yc and yp**

- Grade Post Therapy Path (yp)
  - Includes information from grade post therapy clin (yc)
  - Same rules as grade pathological includes grade clinical info
- Grade rules follow AJCC stage classification rules
- Remember the graphic “Timing is Everything”
  - Shows the overlap between yc and yp
  - Similar to overlap between c and p

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**Grade – Based on AJCC Stage Rules**

- Post Therapy Clin Grade: workup after neoadjuvant therapy
- Post Therapy Path Grade:
  - Post therapy clinical stage info + resected specimen path report
  - Remember post therapy pathological stage (yp) = yc stage + op findings + resected specimen path report
  - Example
    - yc stage G2 + path specimen G1 = G2 yp grade
    - yp grade is for **patient**, not grade based on one specimen
- Post therapy path grade: all post-Rx bx + resected specimen

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Posttherapy yp Staging



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**Neoadjuvant Must Be Initial Therapy**



- Scenario
  - Patient had lumpectomy with node dissection, path report staged pT3 N3a
  - Followed by full course chemo
  - Proceed with total mastectomy, path report staged ypT1c NX
- Case is NOT neoadjuvant
  - Neoadjuvant must be *initial* therapy
  - Initial surgical treatment followed by adjuvant therapy and further resection
  - Only clinical and pathological staging, no stage classification after mastectomy
- Never both p (initial surgery) and yp (initial neoadjuvant) – **contradictory**
- Pathologist and their pathology report
  - May not know treatment plan, only sees cancer cells affected by drugs
  - Cannot stage patient, report just one piece of pathological staging
  - Provides helpful info to managing physician
  - Only managing phy knows full story to stage patient



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**Classification Depends on Rx Sequence**



- Pathological or posttherapy classification
  - Patient **never** eligible for both p and yp classifications
  - Depends on treatment **sequence**
  - Sometimes say "first" treatment, not meaning first vs. subsequent
  - Refers to **order** of treatment modalities

Pathological Rx Sequence	Posttherapy Rx Sequence
1. Surgical resection Assign p stage	1. Neoadjuvant systemic/radiation therapy Assign yc stage
2. Adjuvant systemic/radiation therapy	2. Surgical resection Assign yp stage



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**Procedures Don't Preclude Neoadjuvant**

- Surgery codes for procedures
  - Procedures are not treatment
  - Doesn't **disqualify** neoadjuvant therapy & posttherapy yp staging
- Examples of procedure vs. treatment

Site	Diagnostic Workup Procedures	Surgical Treatment
Bladder	TURB	Cystectomy
Rectal	Excisional biopsy	Transabdominal resection

- Must assign posttherapy yp stage

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**Posttherapy Classification Assignment**

- Posttherapy classification assigned **regardless** of response
- Always assign ypT ypN cM
  - Does **NOT** depend on response to treatment
  - Even if pt responds completely, no evidence of tumor
  - Even if pt has partial response, tumor or nodes shrink
  - Even if pt did not respond, tumor/nodes stayed the same
  - Even if pt did not respond, tumor/nodes grew while on treatment
    - Not considered progression that stops staging
    - Not considered progression that makes surgery subsequent treatment

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**Staging Issues in 2018 Data**

- In 2018 rectal cancer data received in NCDB
  - TNM in posttherapy path (yp) data items
  - Stage group in **Path (p)** data item in 40% of cases!
  - **This is wrong**
  - TNM & Group belong to **same** stage classification
- T & N suffix not being used
  - Especially N suffix not utilized, some sites had **no N suffixes**
  - T suffix: (m)
  - N suffixes: (f) and (sn)
  - Software should place next to T and N category to help you

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**Article on Neoadjuvant Therapy Staging**

- Current and Future Cancer Staging After Neoadjuvant Treatment for Solid Tumors
  - Article on neoadjuvant therapy staging, yc and yp
  - Published in CA: A Cancer Journal for Clinicians
  - Online November 6, 2020
  - Free access to everyone
  - Discuss at Ca Conf (tumor board) or Ca Committee
  - <http://doi.org/10.3322/caac.21640>

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**Information and Questions on AJCC Staging**

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**AJCC Web site**

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



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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/>



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**Summary**

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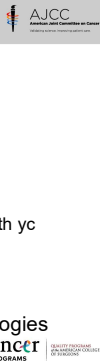
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**Summary**

- Guidance on determining what is neoadjuvant therapy
  - Using national treatment guidelines
  - Drugs must be of dosage and duration for treatment
- Highlighted posttherapy staging
  - yp staging usage including no response
  - Critical importance of yc staging system and its use
  - Provide missing data on neoadjuvant therapy outcomes with yc
  - Understanding progression
- Annual updates for AJCC Version 9
- Demonstrated staging issues through examples & analogies

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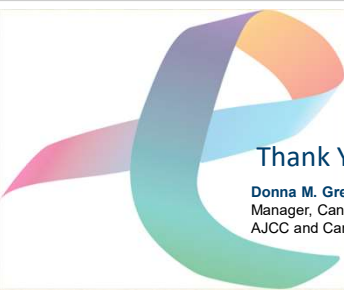
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**Thank You**  
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**Webinar Series**

- CSSP Operative Standards Series
- Better Data, Better Quality, Better Outcomes Webinar Series
- NAPBC Best Practices Webinar Series: Quality in Action
- NAPRC: Practical Tips, Pearls, and Advice from the Trenches
- ACS Cancer Research Program Educational Series
- CAnswer Forum LIVE 2021 Webinars

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