

Transition to Direct Coding of Stage

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Direct Coding Timeline

	2014 cases	2015 cases	2016 cases
SEER Summary Stage	-----	Required	Required
TNM	As available	Required, CoC hospitals only	Required
CS and Derived Stage	Required	Required	Some factors may be coded

Sources for Education

- MCR website:
 - NAACCR Recordings, esp. 10/2/14
- AJCC website
 - Registrars Guide to Chapter 1 AJCC – self study
 - AJCC Curriculum for Registrars – coming 2015
- SEER Educate
 - TNM 7th Ed – 14 site modules
- SEER Summary 2000 Manual – 15 page intro
- NCRA website

Explaining Blanks and X, Ambiguous Terminology and Support for AJCC Staging

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AJCC
American Joint Committee on Cancer

Validating science. Improving patient care.

Overview

- Provide guidance to cancer registrars on key topics
 - Blank vs. X in registry data fields
 - Ambiguous terminology
 - Stage classification to use based on treatment provided
 - Guidelines from other sources
 - Information and questions on AJCC staging



Learning Objectives

- Recognize difference in definitions of blank and X
- Demonstrate correct usage of blank and X
- Employ critical thinking to terminology used
- Analyze physician terminology intent by multiple methods
- Determine stage classifications to apply by treatment choice
- Utilize appropriate guidelines
- Identify resources for AJCC staging



Registry Data Fields – Blank vs. X



Completing Registry Data Fields

- Registry data fields seen on software screen
 - CLINICAL T N M Stage Group
 - PATHOLOGIC T N M Stage Group
- Use appropriate c or p data fields
 - Based on what is needed to assign stage correctly
 - Follows AJCC staging rules
- Do NOT use just elements in that one line
- Match stage assigned by physician
 - According to AJCC rules



Blank vs. X

- AJCC defines X for T and N categories
 - Cannot be assessed
- Cannot use X for other situations
 - No surgical resection is NOT pTX pNX pM blank Stage 99
- Blank should be used when
 - No information is available in chart
 - Cannot be assigned a valid AJCC value
 - Patient not eligible for pathologic stage



Registry Data Fields - Examples

- Patient had bowel obstruction and went directly to surgery where colon cancer was found
- Physician assigned pathologic stage
 - pT4a pN2a cM0 Stage III C
- cT blank cN blank cM0 Stage group blank or 99
- pT4a pN2a pM blank Stage group 3C
- Cannot assign clinical stage, cancer not known prior to definitive treatment
 - AJCC is stage group blank, but CoC requires non-blank value for clinical stage
- pM is blank because appropriate M is cM0



Registry Data Fields - Examples

- Patient had CT chest with LLL tumor and mediastinal nodes, mediastinotomy removed 4 nodes confirming N3 disease, concurrent chemoradiation will be given
- Physician assigned clinical stage
 - T2a N3 M0 Stage IIIB (implied c, same as cT2a cN3 cM0)
- cT2a cN3 cM0 Stage group 3B
- pT blank pN blank pM blank Stage group blank
- Biopsy of nodes is part of staging workup, cN
- Cannot assign pathologic stage, no resection of primary
 - Not stage 99, implies criteria met but information unknown



Registry Data Fields - Examples

- Clinical stage of insitu cancer of breast, with total mastectomy and no nodal resection
- cT blank cN0 cM0 Stage group 0
- pTis pN blank pM blank Stage group 0
- Can assign clinical and pathologic stage
 - Rules state in situ assigned pTis cN0 cM0 for clinical and pathologic
 - pTis for clinical stage means cT is left blank
 - Rules state both clinical and pathologic stage 0
 - Rule put in place because nodes are usually not resected for in situ cancers
 - Meets breast criteria for pathologic classification



Registry Data Fields - Examples

- Clinical stage of insitu cancer of bladder with TURB and no cystectomy
- cT blank cN0 cM0 Stage group 0
- pTis pN blank pM blank Stage group blank
- Cannot assign pathologic stage
 - Bladder criteria of cystectomy has not been met
 - Common to not find invasive tumor on TURB
 - Do not use stage group 99, pathologic stage criteria not met
 - 99 implies criteria met but information unknown
 - Rules state that in situ assigned pTis cN0 cM0



Registry Data Fields - Examples

- Diagnostic workup includes biopsy of bone showing mets from breast ca, no breast resection
- cT1 cN1 cM blank Stage Group 4
- pTblank pNblank pM1 Stage Group 4

- pM1 for clinical stage, biopsy was during workup
- pM1 is both clinical and pathologic stage IV according to AJCC rules
 - Case with pM1 may be grouped as clinical and pathologic stage IV regardless of c or p status of T and N



CoC FORDS Values – Blank, X, 99

- T, N, and M data fields
 - Values allowed by FORDS
 - Further explanations from AJCC
 - Blank indicates
 - No information in medical record
 - Do not know if any assessment was performed
 - Criteria not met for this stage classification so each category (T,N,M) is blank
 - X indicates not assessed
 - T cannot be assessed
 - N cannot be assessed
 - Does not apply to M, if patient was examined it can be assigned
 - Criteria met for this stage classification so each category is valid value or X
 - 88 indicates not applicable, not defined by AJCC



CoC FORDS Values – Blank, X, 99

- Stage group data fields
 - Values allowed by FORDS
 - Further explanations from AJCC

 - Blank indicates
 - No information in medical record or
 - Criteria not met for pathologic staging
 - CoC does not allow blank for clinical staging

 - 99 indicates unknown, not defined by AJCC
 - 99 indicates T or N are unknown, and stage cannot be assigned
 - 99 indicates T, N, or M are not specific enough to assign stage
 - Example: T2 assigned when T2a or T2b needed to assign stage
 - CoC mandates non-blank for clinical stage group, use 99
 - Do not use 99 if pathologic staging criteria not met, use blank

 - 88 indicates not applicable, not defined by AJCC



Key Points for Blank & X

Does patient meet criteria for that stage classification?

- Yes – patient meets classification criteria
 - If physician could not assess T and/or N for the patient, and
 - Definitive information for T and N not in chart
 - Use TX and/or NX
- Yes – patient meets classification criteria
 - No information about diagnostic workup or resection pathology in chart
 - Do not use X
 - Implies physician did not assess or have info on patient's T and/or N
 - Use blank
 - Indicates registrar could not find information in chart



Key Points for Blank & X

Does patient meet criteria for that stage classification?

- No – patient does NOT meet classification criteria
 - Do NOT use X
 - Indicates patient eligible for staging
 - Implies physician did not assess or have info on patient's T and/or N
 - Must use blanks
 - Indicates patient did not meet classification criteria



Key Points for Blank & X

- X can only be used according to AJCC definitions
- Must use blanks if AJCC criteria for X is not met

- Remember MX does NOT exist

- Assigning cM0 only requires patient to have had H&P
 - Does not mean registrar must find H&P on chart
 - If physician suspects mets
 - It will be mentioned
 - Treatment plan will be different



Ambiguous Terminology



Ambiguous Terminology

- AJCC does NOT
 - Define ambiguous terminology
 - Mandate how words should be interpreted
- How to interpret words for cancer involvement
 - Review clinician's statements
 - Treatment choices may indicate 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
- Judgment call based on all aspects of patient's care



Ambiguous Terminology Example

- Lung case
 - CT chest reports mediastinal adenopathy
 - Patient scheduled for LUL lobectomy
- Are the mediastinal nodes involved with cancer?
- Imaging analysis
 - CXR are not sensitive and enlarged nodes may be involved
 - CT, MRI, PET are very sensitive, could be infection, inflammation, immune system reaction, or cancer
- Treatment analysis
 - NCCN guidelines indicate surgery is not the primary therapy for known involvement of mediastinal nodes (N2)
- Decision: mediastinal nodes are NOT involved



Ambiguous Terminology Example

- Duodenum case
 - CT abd/pelvis reports 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 adherence they would not resect just local tumor and not do more treatment, either more surgery or chemotherapy
- Decision: other small bowel are NOT involved



Stage Classification Based on Treatment



Stage Classification Based on Treatment

- Surgical Treatment
 - Clinical
 - Pathologic

- Systemic and/or Radiation ONLY
 - Clinical

- Neoadjuvant Therapy
 - Clinical
 - yclinical (after systemic/radiation but before surgery)
 - ypathologic (after systemic/radiation AND surgery)

 - Can NEVER do pathologic after neoadjuvant therapy
 - Registrars do not have data field to record yc



Guidelines from Other Sources



CS Rules NOT Used for AJCC

- CS rules **do not** apply to AJCC
 - Underlying principles are similar
 - Detailed rules are **not** the same



CS Rules NOT Used for AJCC

- CS rules **do not** apply to AJCC
 - AJCC Clinical and pathologic based on
 - Different points in time
 - Specific criteria
 - Not exactly same as CS eval codes



CS Rules NOT Used for AJCC

- Rootstock – this is foundation or base of a plant
- Graft – plant that you want to grow
 - It would not grow or survive on its own
 - This plant needs a strong foundation or base
 - It is grafted onto a rootstock which provides strong foundation
- Example on next slide is
 - Left - Jacaranda tree = AJCC
 - Tree is all AJCC, rootstock and entire plant, no grafts
 - Right - Royal Poinciana = Collaborative Stage
 - Tree is EOD & Summary Stage grafted onto AJCC rootstock
- Trees are very different – they are not the same



AJCC and CS Are Not The Same



AJCC is
the rootstock
and entire tree



CS is EOD & Summary
Stage grafted onto the
AJCC rootstock



Other Sources Not Used for AJCC Staging

- Guidelines from other sources **cannot** be used for assigning AJCC stage
- Other sources **not** used for assigning AJCC stage
 - MPH
 - CS
 - FORDS (only use allowable codes, do not use ambiguous terms or any rules for assigning AJCC TNM)
 - SEER Program Coding Manual
 - Any manual that is **not**
 - AJCC 7th edition Cancer Staging Manual or Handbook
 - AJCC 2nd edition Cancer Staging Atlas
- Rules are valid only for publication to which they belong



Information and Questions on AJCC Staging

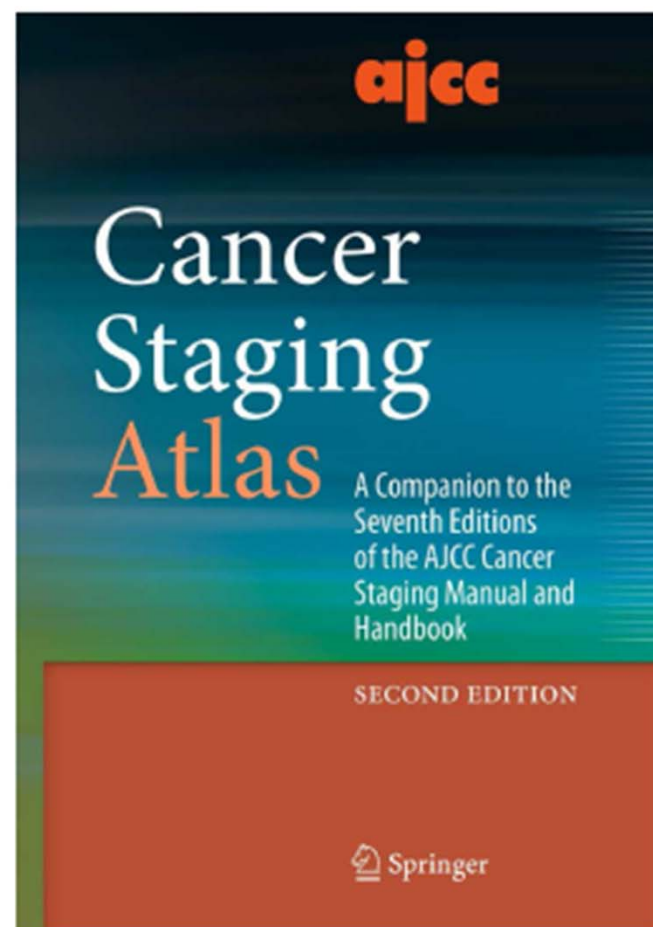
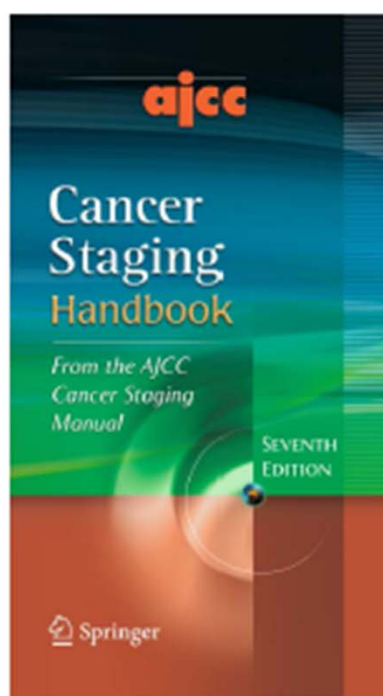
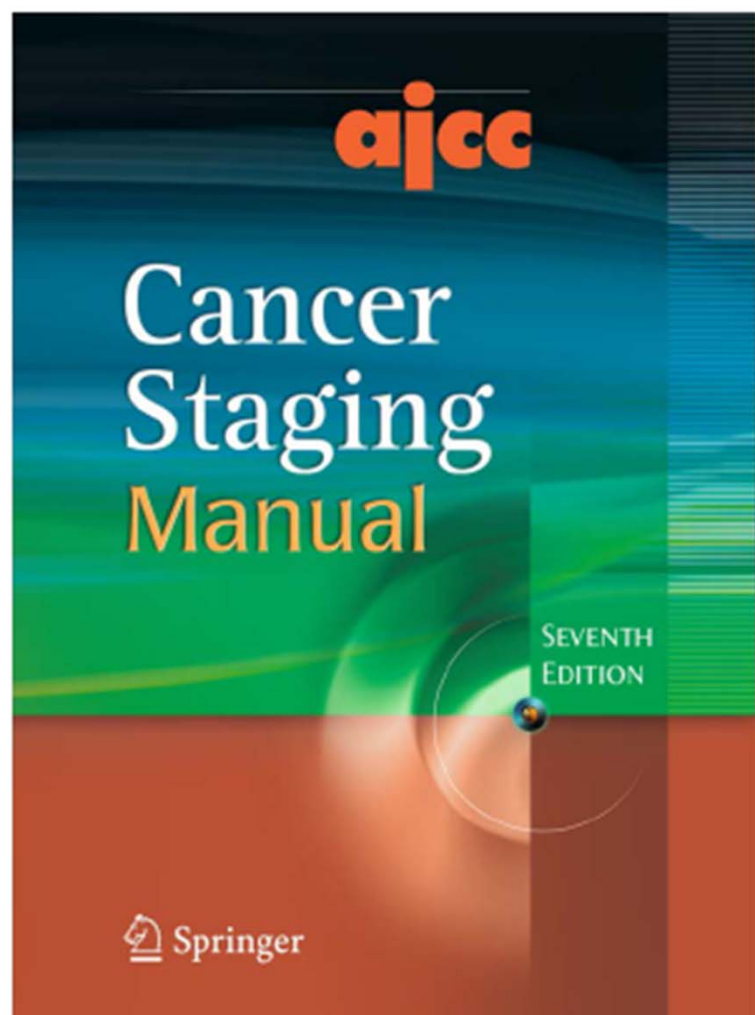


AJCC Web site

- <https://cancerstaging.org>
- Cancer Staging Education menu includes
 - Articles
 - 18 articles on AJCC staging in various medical journals
 - Resources
 - Staging Moments – 15 case-based presentations in cancer conference format to promote accurate staging with answers and rationales
 - Webinars
 - 14 free webinars on staging rules and some disease sites
- Watch for education plans and content in the future



AJCC Cancer Staging Manual and Atlas



Order at
<http://cancerstaging.net>



CAnswer Forum

- Submit questions to AJCC Forum
 - Located within CAnswer Forum
 - Provides information for all
 - Allows tracking for educational purposes

- <http://cancerbulletin.facs.org/forums/>



Summary



Summary

- Discriminate between blank and X usage
 - Assign X according to AJCC rules
- Apply critical thinking when interpreting physician's words
 - Do not use registry ambiguous terminology lists
 - Take into account available information
- Recognize appropriate stage classifications for each case
 - Treatment choices will identify eligible stage options
- Differentiate guidelines available for registrars
- Identify resources
 - Information and guidance
 - Obtain answers to questions



Thank you

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Questions?

MCR

Help Line

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