2008 Data Changes

Collaborative Stage

Version 01.04.00

Evaluation Fields

2008 Data Changes  California
Cancer Registry
Collaborative Stage Evaluation Fields
Collaborative Stage Evaluation Fields

- Required by SEER beginning with cases diagnosed January 1, 2008 forward
- ACoS facilities have been collecting the CS Eval fields with the implementation of Collaborative Stage in 2004
- New data items for the non-ACoS facility cancer registrar
- Not visually edited at this time
Collaborative Stage Evaluation Fields

Non-ACoS Cancer Registrars are encouraged to review the AJCC Cancer Staging Manual 6th Edition to better understand the relationship between Collaborative Stage and TNM staging.
Evaluation Fields

Reminder!
This presentation is for Standard Tables Only
Evaluation Fields

- **Purpose:** Code how Tumor Size, Extension, Nodes, Mets were determined
  - Associated with each field
  - Identifies cases with pre-operative treatment
  - Explains why and when clinical information was used in place of pathologic
  - Allows for mixed staging
    - *Examples:* pT3 cN0 cM0
      - cTX pN1 cM0
Evaluation Fields

- **General Structure**
  - 0  Clinical only
  - 1  Endoscopic exam, diagnostic bx including FNA
  - 2  Autopsy (known/suspected dx)
  - 3  Pathology (meets criteria for pathologic T)
  - 5  Pre-op treatment, clinical eval
  - 6  Pre-op treatment, pathological eval
  - 8  Autopsy (dx not suspected)
  - 9  Unknown, not assessed
Evaluation Fields

- Some schema have site specific evaluation fields

  Example: Colon has specific codes for CS Mets at Dx

- Some schema require the use of 9’s in the evaluation fields

  Example: Kaposi Sarcoma of all sites
### Tumor Size Required for AJCC Staging – Table 4, p 16 CS Manual

<table>
<thead>
<tr>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lip &amp; Oral Cavity</td>
</tr>
<tr>
<td>Pharynx</td>
</tr>
<tr>
<td>Major Salivary Glands</td>
</tr>
<tr>
<td>Thyroid</td>
</tr>
<tr>
<td>Anal Canal</td>
</tr>
<tr>
<td>Liver (incl Intrahepatic Bile Ducts)</td>
</tr>
<tr>
<td>Exocrine Pancreas</td>
</tr>
<tr>
<td>Lung</td>
</tr>
<tr>
<td>Bone</td>
</tr>
<tr>
<td>Soft Tissue Sarcoma</td>
</tr>
<tr>
<td>Carcinoma of the Skin</td>
</tr>
<tr>
<td>Carcinoma of the Eyelid</td>
</tr>
<tr>
<td>Breast</td>
</tr>
<tr>
<td>Vulva</td>
</tr>
<tr>
<td>Cervix Uteri</td>
</tr>
<tr>
<td>Kidney</td>
</tr>
<tr>
<td>Carcinoma of the Conjunctiva</td>
</tr>
<tr>
<td>Malignant Melanoma of the Uvea</td>
</tr>
<tr>
<td>Carcinoma of the Lacrimal Gland</td>
</tr>
<tr>
<td>Sarcoma of the Orbit</td>
</tr>
</tbody>
</table>

*Note: for the above sites, use the method that derived the largest tumor size for coding TS/Ext Eval field. However, if CS extension corresponds to a T code greater than T1-T3, then extension rather than tumor size is used for determining the TS/Ext Eval.*
# Extension Required for AJCC Staging- Table 5, p 17 CS Manual

<table>
<thead>
<tr>
<th>Pharynx</th>
<th>Corpus uteri</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larynx</td>
<td>Ovary</td>
</tr>
<tr>
<td>Nasal Cavity &amp; Parnasal Sinuses</td>
<td>Fallopian Tube</td>
</tr>
<tr>
<td>Esophagus</td>
<td>Gestational trophoblastic tumor</td>
</tr>
<tr>
<td>Stomach</td>
<td>Penis</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>Prostate</td>
</tr>
<tr>
<td>Colon and Rectum</td>
<td>Testis</td>
</tr>
<tr>
<td>Gallbladder</td>
<td>Renal Pelvis &amp; Ureter</td>
</tr>
<tr>
<td>Extrahepatic bile ducts</td>
<td>Urinary Bladder</td>
</tr>
<tr>
<td>Ampulla of Vater</td>
<td>Urethra</td>
</tr>
<tr>
<td>Pleural mesothelioma</td>
<td>Malignant Melanoma of the Conjunctiva</td>
</tr>
<tr>
<td>Melanoma of the Skin</td>
<td>Melanoma of the Uvea</td>
</tr>
<tr>
<td>Vagina</td>
<td>Retinoblastoma</td>
</tr>
<tr>
<td></td>
<td>Lymphoid neoplasms (Mycosis Fungoides, Malignant Lymphoma)</td>
</tr>
</tbody>
</table>

*Note: for the above sites, use the method that determined the furthest extension for coding TS/Ext Eval field*
<table>
<thead>
<tr>
<th>Other pharynx</th>
<th>Other Endocrine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other digestive</td>
<td>Other eye</td>
</tr>
<tr>
<td>Middle Ear</td>
<td>Melanoma of Other Eye</td>
</tr>
<tr>
<td>Other sinus</td>
<td>Kaposi sarcoma</td>
</tr>
<tr>
<td>Trachea</td>
<td>Hematopoietic, Reticuloendothelial</td>
</tr>
<tr>
<td>Other respiratory</td>
<td>Immunoproliferative &amp;</td>
</tr>
<tr>
<td>Myeloproliferative</td>
<td>Neoplasms</td>
</tr>
<tr>
<td>Other adnexa</td>
<td>Other Ill-defined &amp; Unknown</td>
</tr>
<tr>
<td>Other female genital</td>
<td>Primary Sites</td>
</tr>
<tr>
<td>Other male genital</td>
<td>Other Ill-defined &amp; Unknown</td>
</tr>
<tr>
<td>Other urinary</td>
<td>Primary Sites</td>
</tr>
<tr>
<td>Brain</td>
<td>Other Ill-defined &amp; Unknown</td>
</tr>
<tr>
<td>Other CNS</td>
<td>Other Ill-defined &amp; Unknown</td>
</tr>
</tbody>
</table>

Note: for the above sites, TNM is not applicable – Code ALL eval fields to 9
CS Tumor Size/ Extension Evaluation
CS Tumor Size/Ext Eval

- Records how the codes for CS Tumor Size and CS Extension were determined
- Describes the staging basis for the "T" category in the TNM system
CS Tumor Size/Ext Eval

- Select the code that documents the report or procedure from which the information about the farthest extension or size of the primary tumor was obtained.
- This may or may not be the numerically highest Eval code.
Example: FNA biopsy (Code 1) confirms prostate carcinoma. CT scan of pelvis (Code 0) shows tumor extension through the prostatic capsule into adjacent connective tissues.

Code CS Tumor Size/Eval to 0 because the CT scan showed more extensive tumor than the biopsy.
CS Tumor Size/Ext Eval

For primary sites/histologies where tumor size is not a factor in determining the T category (see Table 5 in the General Instructions), code CS Tumor Size/Ext Eval on the basis of the CS extension field only.
CS Tumor Size/Ext Eval

For primary sites where both tumor size and extension determine the T category (see Table 4 in the General Instructions), select the code that best explains how the information in the CS Tumor Size and CS Extension were determined.
CS Tumor Size/Ext Eval

If there is a difference between the derived category for the tumor size and the CS extension, select the evaluation code that reflects how the worse or higher category was determined.
Example: Tumor size for a breast cancer biopsy is 020 (maps to T1). There is ulceration of the skin (extension code 51, maps to T4)

Code CS Tumor Size/Ext Eval field to 0, physical examination, because the ulceration information from the physical examination results in a higher T category.
CS Tumor Size/Ext Eval

- If the patient did not have surgery, use code 0, 1, or 9

Example: Chest x-ray shows an isolated 4 cm tumor in the RUL. Patient opts for radiation therapy.

Code to 0. Staging algorithm would identify information as clinical.
Example: Colon cancer with colonoscopy and biopsy confirming cancer.

Code to 1. Staging algorithm would identify information as clinical. The biopsy does not meet criteria for pathologic staging.
CS Tumor Size/Ext Eval

Example: Endoscopies for cervix and bladder would be coded as 1 and the staging algorithm would identify the information as clinical.

Exception: Lung cancer with mediastinoscopy showing direct extension into mediastinum. Code to 1. Staging algorithm would identify information as pathologic because mediastinoscopy is defined as a pathologic procedure in TNM.
CS Tumor Size/Ext Eval

- If the patient had surgery followed by other treatment(s), use code 3 or 9

- If the size or extension of the tumor determined prior to treatment was the basis for neoadjuvant therapy, use code 5
CS Tumor Size/Ext Eval

- If the size or extension of the tumor was greater after presurgical treatment than before, use code 6. This will rarely be used.

- If the patient had an autopsy, use code 2 if the diagnosis was known or suspected prior to death. Use code 8 if the malignancy was not known or suspected prior to death.
CS Tumor Size/Ext Eval

- For sites and histologies for which no TNM schema has been defined, such as brain or Kaposi sarcoma, this field is always coded 9, Not Applicable. See Table 6 in the General Instructions.
CS Tumor Size/Ext Eval

- For any sites and histologies not listed in Table 6, code to the value that best reflects the diagnostic methods used, whether or not a stage is actually calculated for an individual case.

- Do not use code 9 when a case has a histology that is excluded from staging but the site does have a TNM schema defined. For example, a sarcoma of the breast. In those cases, use code 9 only when the nature of the diagnostic methods is actually unknown.
CS Tumor Size/Ext Eval

- Codes 0-3 are oriented to the AJCC staging basis.
- Code 0 includes imaging studies such as standard radiography and special radiographic projections and other non-invasive methods of examining tissues.
- For most schemas, Code 3 is considered pathologic.
CS Tumor Size/Ext Eval

This field should be coded based on how the information was obtained, even if the information in the related field is unknown.

For example, if it is not possible to determine the tumor size and the extension is coded to 99, the registrar still knows what procedures were used to try to determine those fields. Just because the tumor size is coded 999, the Eval field does not have to be coded to 9.
CS Regional Lymph Nodes Evaluation
CS Reg Nodes
Eval

Records how the code for the item “CS Lymph Nodes” was determined, based on the diagnosis methods.
Select the CS Reg Nodes Eval code that documents the report or procedure from which the information about the farthest involved regional lymph nodes was obtained.

This may not be the numerically highest Eval code.
Example: Modified radical neck dissection for hypopharyngeal ca shows one lower jugular node involved (CS Reg LN code 10, Eval Code 3). PE shows hard matted scalene (transverse cervical) node presumed to contain metastasis (CS Reg LN code 32, Eval Code 0).

**Code Eval as 0 since the scalene node involvement was determined clinically rather than by tissue examination.**
CS Reg Nodes Eval

- For sites and histologies for which no TNM schema has been defined, such as brain or Kaposi sarcoma, this field is always coded 9, Not Applicable. (See Table 6 in the General Instructions)

- For any sites and histologies not listed in Table 6, code to the value that best reflects the diagnostic methods used, whether or not a stage is actually calculated for an individual case.
Do not use code 9 when a case has a histology that is excluded from staging but the site does have a TNM schema, for example, a sarcoma of the breast. For those cases, use code 9 only when the nature of the diagnostic methods is actually unknown.
If there were no lymph node(s) removed, use code 0, 1, or 9.

Example: Lung cancer with CT scan or MRI showing involved contralateral mediastinal nodes.

Code Eval as 0. Staging algorithm would identify information as clinical.
If the patient had surgical removal of lymph node(s) followed by other treatment(s), use code 3 or 9.

If the patient receives preoperative (neoadjuvant) systemic therapy or radiation therapy, the clinical status of lymph nodes take priority (code 5).
If the size, number or extension of regional lymph node involvement determined prior to treatment was the basis for neoadjuvant therapy, use code 5. However, if the more extensive tumor is found during lymph node examination after neoadjuvant therapy, use code 6.
CS Reg Nodes Eval

- If the patient had an autopsy, use code 2 if the diagnosis was known or suspected prior to death. Use code 8 if the malignancy was not known or suspected prior to death.
CS Reg Nodes Eval

- Code 0 includes imaging studies such as standard radiography and special radiographic projections and other non-invasive methods of examining tissues.
- Codes 0-3 are oriented to the AJCC staging basis.
- Code 3 is considered pathologic staging across all sites.
CS Reg Nodes Eval

This field should be coded based on how the information was obtained, even if the information in the related field is unknown.

For example, if it is not possible to determine the regional lymph nodes, the CS lymph node field is to 99, the registrar still knows what procedures were used to try to determine this field. Just because the CS lymph nodes 99, the Eval field does not have to be coded to 9.
CS Metastasis Evaluation
CS Mets Eval

Records how the code for “CS Mets at Dx” was determined based on diagnostic methods.
CS Mets Eval

- The code can be used to assign a “c” or “p” to the M category.

- The goal is to assign the Eval code that indicates the best evidence used to determine the M category.
CS Mets Eval

- If M0 will be derived, then choose an eval code that will derive a “c” staging basis.

- There is no pM0, because it is impossible to pathologically disprove all possible sites of metastasis.
CS Mets Eval

Example: Cecum carcinoma with negative chest X-ray and negative liver biopsy.

Code Eval to 1 which maps to the “c” staging basis.
CS Mets Eval

If MX will be derived (i.e. CS Mets coded 99), then choose a Eval code that will derive a “c” staging basis.
CS Mets Eval

Example: Cecum carcinoma abstracted from a pathology or biopsy report only, no clinical or surgical information available.

CS Mets at DX coded 99 which will map to MX. Eval is coded 9, which maps to “c” staging basis.
CS Mets Eval

Example: Lung cancer diagnosed by imaging. Patient has behavior changes, and brain imaging cannot rule out metastases. Patient is not a surgical candidate.

CS Mets at DX is coded 99 which maps to MX. Eval is coded 0 (imaging), which maps to “c” staging basis.
CS Mets Eval

If M1 will be derived and there are no subcategories of M1 (M1a, M1b), then determine if there was any pathological evidence for M1. If so, then select an Eval code that will derive a “p” staging basis.

If there was only clinical evidence, select an Eval code that will derive a “c” staging basis.
CS Mets Eval

Example: Cecum carcinoma with negative chest X-ray and positive liver biopsy. CS Mets at Dx is coded 40 which maps to M1, and there are no subcategories for M for the colon schema.

Eval is coded 3 which maps to the “p” staging basis.
CS Mets Eval

Cecum carcinoma with positive chest X-ray and negative liver biopsy. CS Mets at DX is coded 40, which maps to M1, and there are no subcategories for M for the colon schema.

Eval is coded to 0, which maps to the “c” staging basis.
CS Mets Eval

If a specific subcategory of M1 will be derived (M1a, M1b), determine if there was any pathological evidence for the subcategory. If so, select an Eval code that will derive a “p” staging basis.

If there was only clinical evidence, select an Eval code that will derive a “c” staging basis.
CS Mets Eval

Example: Prostate carcinoma with, positive biopsy of aortic lymph node, positive bone and brain imaging. CS Mets at DX is coded 55( positive distant node, bone, and brain), which maps to M1c.
CS Mets Eval

There is no pathological evidence for the M1c (positive brain imaging).

Eval coded to 0 (imaging), which maps to the “c” staging basis.
CS Mets Eval

Example: Prostate carcinoma with positive biopsy of the aortic lymph node, negative brain and bone scans. CS Mets at DX is coded 12 (distant lymph node) which maps to M1a.

Eval is coded to 3, which maps to the “p” staging basis.
CS Mets Eval

- For sites and histologies for which no TNM schema has been defined, such as brain or Kaposi sarcoma, this field is always coded 9, Not Applicable. (See Table 6 in the General Instructions)

- For any sites and histologies not listed in Table 6, code to the value that best reflects the diagnostic methods used, whether or not a stage is actually calculated for an individual case.
If the patient receives preoperative (neoadjuvant) systemic therapy or radiation therapy, the clinical status of metastases at diagnosis takes precedence (code 5), unless the pathologic evidence is more extensive (code 6).
CS Mets Eval

- Code 0 includes imaging studies such as standard radiography and special radiographic projections and other non-invasive methods of examining tissues.
- Code 1 includes endoscopy and observations at surgery.
- AJCC does not recognize a pathologic M0 category.
Thank You!

2008 Data Changes  California
Cancer Registry
Material for this Presentation

CEU Information

- CEU hours have been applied for through NCRA.
- Complete the quiz posted on the CCR website under Registrar Resources
- E-mail quiz to Katheryne Vance at kvance@ccr.ca.gov
Questions?

- All questions should be submitted to your regional registry.
I hear and I forget. I see and I remember. I do and I understand.

~ Confucius