

GYN Cancer – the Major Sites

Ovary, Fallopian Tube, Primary Peritoneal
Corpus Carcinoma and Carcinosarcoma
Corpus Sarcoma
Cervix

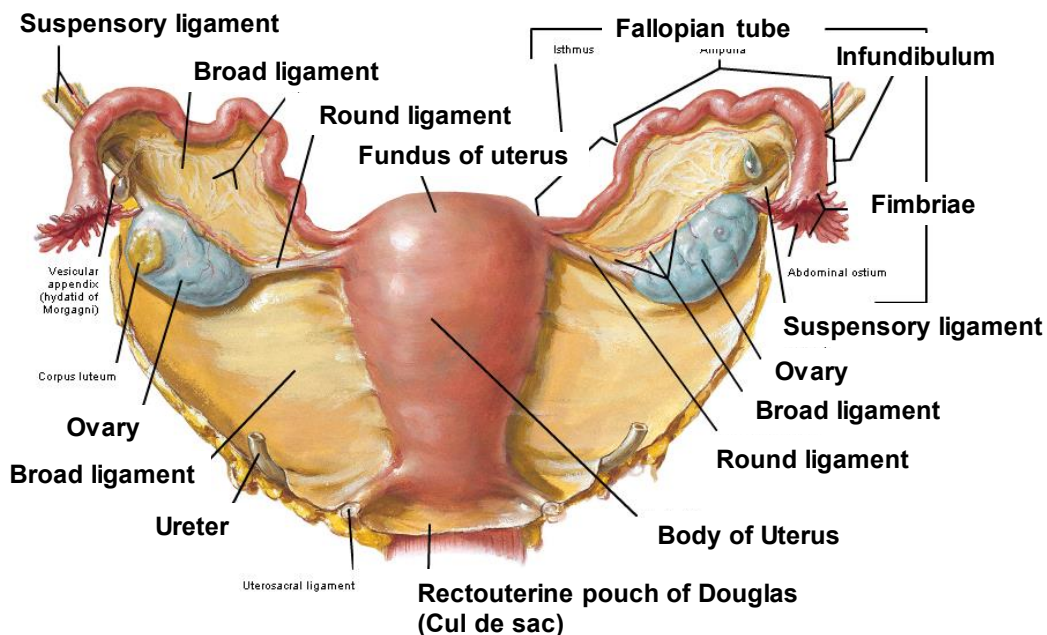
Reminder: Use 2007 MP/H General Instructions and
“Other Sites” Rules through 12/31/2020 diagnoses



1

Uterus and Adnexa

Posterior View

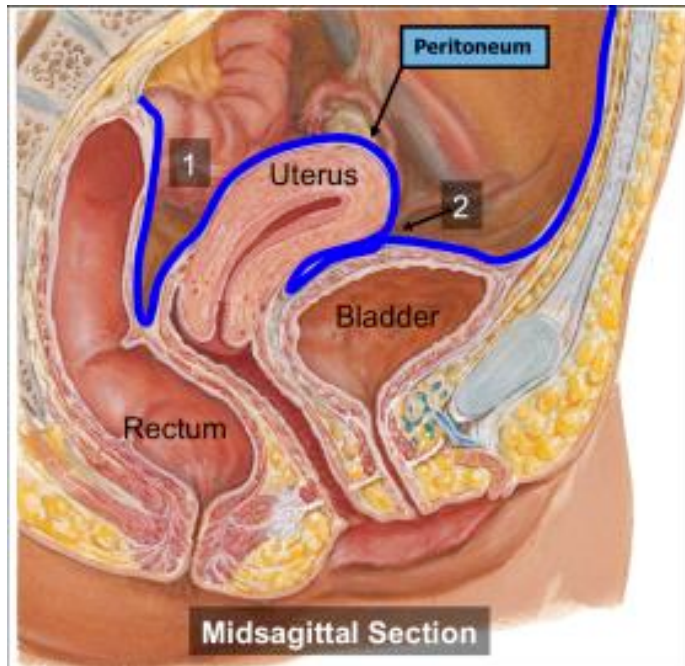


Adapted from Netter. Atlas of Human Anatomy

F. Netter M.D.
© 1989

2

Peritoneum of the Female Pelvis

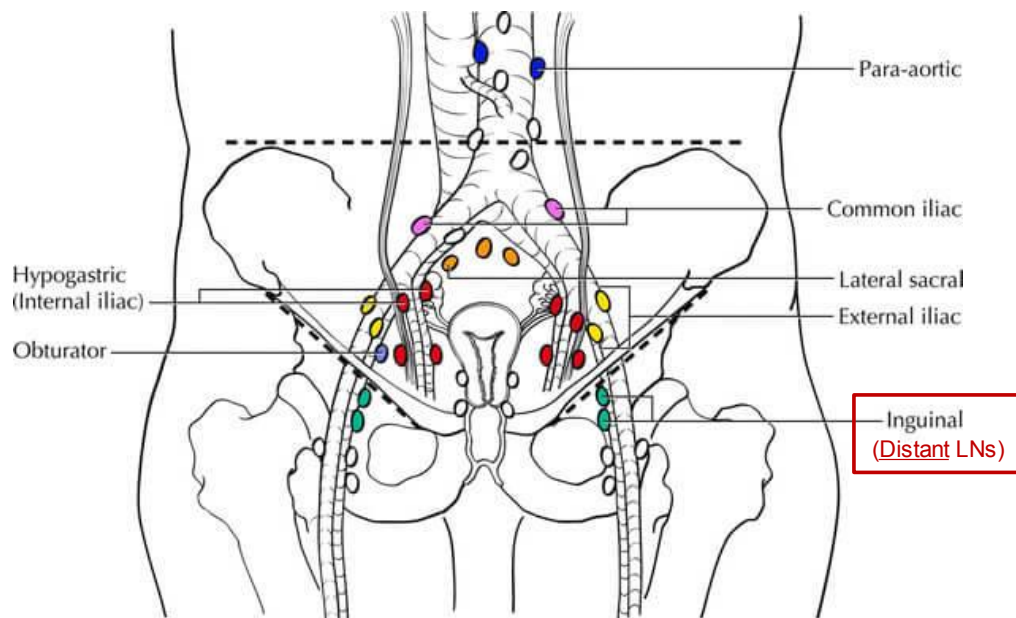


<https://www.studyblue.com/notes/n/female-pelvic-anatomy/deck/17930724>

3

RLNs - Ovary, FT, PP, Corpus, Cervix

Retroperitoneal and Intra-abdominal LNs included for Ovary, FT, and PP



<https://epomedicine.com/medical-students/tnm-figo-staging-ovarian-carcinoma-simplified/>

4

Sub-diaphragmatic - PP only

Routes of Lymph Flow



6



OVARY, FALLOPIAN TUBE, PRIMARY PERITONEAL

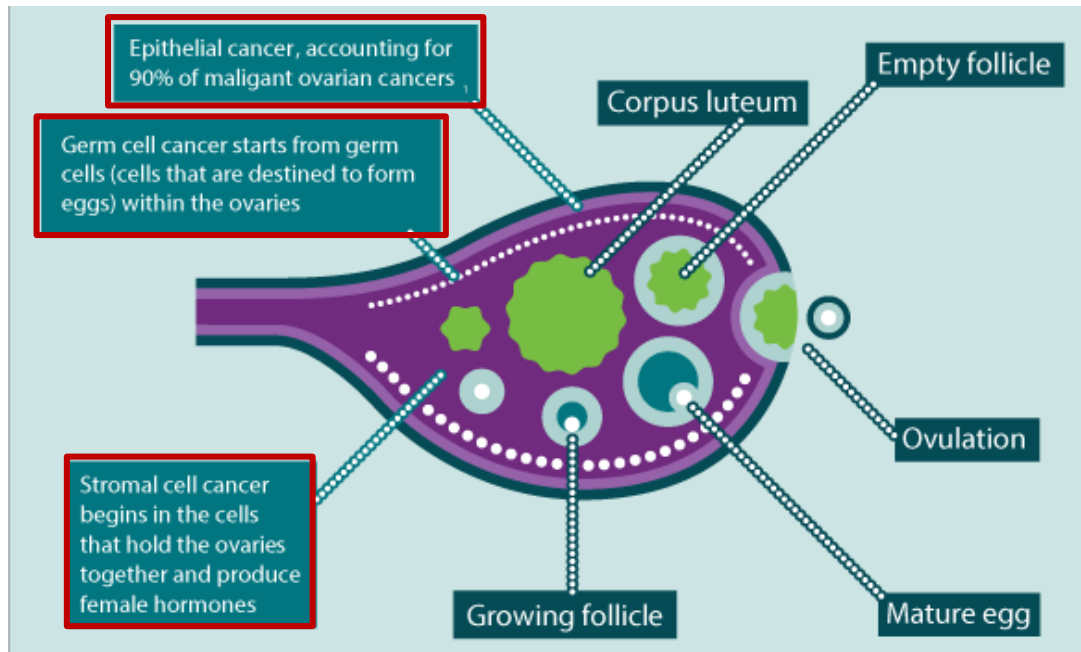
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Ovarian Cancer by the Numbers

- 2.5% of all female cancers
- 22,530 estimated new cases for 2019
- 5th most common cause of cancer death (ovary + fallopian tube + primary peritoneal)
 - Accounts for 5% of deaths from cancer
 - Death rate declined by 2% each year from 2007-2016
 - 59% of cases are advanced at time of dx
- Majority are HGSC

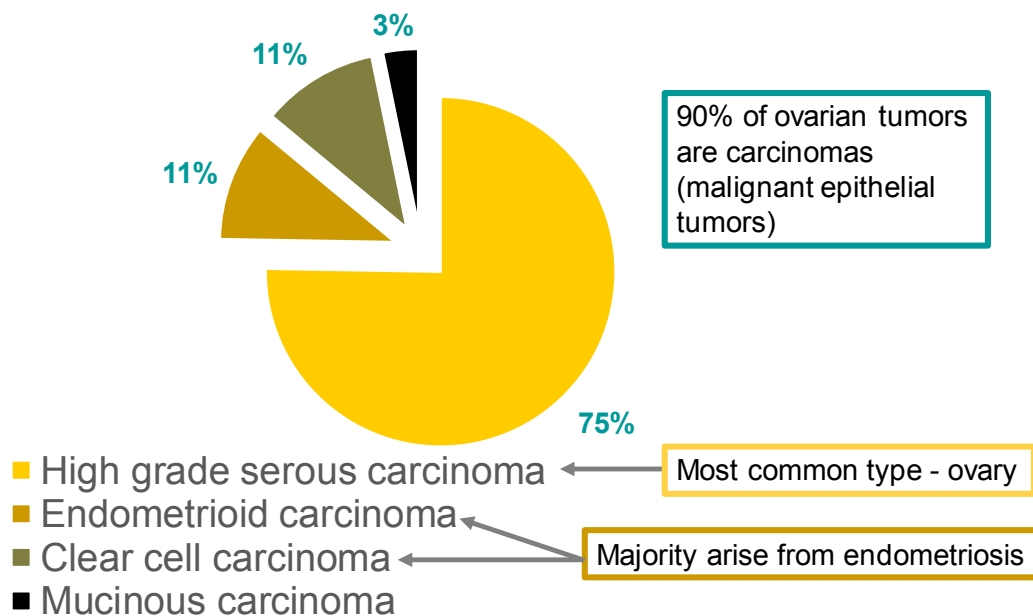
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Ovarian Tumor Origins



9

Ovarian Histologies



10

Krukenberg Tumor: Mets TO the Ovary not FROM

- Mets from other primary, usually GI tract
- Seen around menopause or younger
- Direct vs lymphatic spread
- Usually signet ring cell adenocarcinoma
- 80% bilateral ovaries
- Median survival 14 months

11

Staging – Based on FIGO

AJCC
SS2018



12

The International Federation of Gynecology and Obstetrics (FIGO)

- Organization representing over 100 professional societies of obstetricians and gynecologists
- Mission- to improve women's health and advance the science and practice of obstetrics and gynecology
- First meeting – 1954, Geneva Switzerland
- Professor Hubert de Watteville (1907-1984) – “founding father” of FIGO
- FIGO Committee for Gynecologic Oncology responsible for staging for female reproductive organs –
 - FIGO Cancer report – 2012, 2015, 2018
 - Document presenting state of the art management of GYN cancers

13

FIGO Staging

FIGO Staging

- Similar to TNM Stage Group
 - No individual T, N, M or prognostic factors
 - Not separated into clinical or pathologic
 - Adapted into TNM format by UICC and AJCC
 - Periodic updates (most recent 2014 for ovary)
- NOT the same as FIGO grading

*** Ovary, peritoneum and fallopian tube cancers all treated same clinically, so a single staging system for ovary, peritoneal and fallopian tube cancer outlined by FIGO in 2014.*

14

Ovary, FT, PP – FIGO Staging

I	Stage I: Tumor confined to ovaries
IA	Tumor limited to one ovary, (capsule intact) or FT; no tumor on surface; no malignant washings
IB	Tumor involves both ovaries (capsule intact) or FT; no tumor on surface; no malignant washings
IC	Tumor limited to one or both ovaries 1C1 Surgical spill 1C2 Capsule rupture before surgery or tumor on ovarian surface 1C3 Malignant cells in ascites or peritoneal washings
II	Tumor involves 1 or both ovaries with pelvic extension (below pelvic brim) or primary peritoneal cancer
IIA	Extension and/or implants on uterus and/or FT
IIB	Extension to other pelvic intraperitoneal tissues

FIGO stages AJCC “T” description N0 M0

15

Ovary, FT, PP – FIGO Staging

III	Stage III: Tumor involves 1 or both ovaries with cytologically or histologically confirmed spread to the peritoneum outside the pelvis and/or mets to retroperitoneal LN
IIIA	Positive retroperitoneal LN and/or microscopic mets beyond pelvis
IIIA1	Positive retroperitoneal LN only
	IIIA1(i) Metastasis ≤ 10 mm
	IIIA1 (ii) Metastasis > 10 mm
IIIA2	Microscopic , extrapelvic (above the brim) peritoneal involvement $\pm$ positive retroperitoneal LN
IIIB	Macroscopic , extrapelvic, peritoneal mets ≤ 2 cm $\pm$ positive retroperitoneal LN. Includes extension to capsule liver/spleen
IIIC	Macroscopic , extrapelvic, peritoneal mets > 2 cm $\pm$ positive retroperitoneal LN. Includes extension to capsule liver/spleen

16

Ovary, FT, PP – FIGO Staging

IV	Distant mets excluding peritoneal mets
IVA	Pleural effusion with positive cytology
IVB	Hepatic and/or splenic parenchymal mets, mets to extra-abdominal organs (including inguinal LN and LN outside of the abdominal cavity)

FIGO stages AJCC description M1

17

Summary Stage 2018

- ❑ Ovary & primary peritoneum in one chapter
- ❑ Fallopian tube separate chapter
- ❑ Based on FIGO staging
 - ❑ Essentially the same descriptions in both chapters since it's based on FIGO staging

18

Summary Stage Descriptions (C48 & C56, C57)

- 0 – In situ (NOT FIGO description)
- 1 – Local FIGO IA to IC1
- 2 – Regional Direct Extension
 - IC2 (rupture) to IIIA (microscopic peritoneal implants beyond pelvis)
- 3 – Regional LN
- 4 – Regional by BOTH 2 + 3
- 7 – Distant FIGO III NOS & IV
 - IIIB and higher (macroscopic implants beyond pelvis)

19

SS2018 Ovary, PP, and FT

SS18	0			1						2		
FIGO Stage					IA	IB	IC1	IC*	I*, IC*	II	IC2	IC3
	In situ: noninvasive, intraepithelial	Limited to tubal / ovarian mucosa	Preinvasive	Localized only (localized, NOS)	Limited to one FT / ovary (capsule intact)	Limited to both FTs / ovaries (capsule intact)	Limited to both FTs/ ovaries WITH surgical spill	Limited to one or both FTs, NOS	Limited to one or both ovary(ies), NOS	Localized primary peritoneal cancer (Primary sites C481, C482, C488)	Limited to one or both ovaries WITH capsule ruptured before surgery OR tumor on ovarian surface	Malignant cells in ascites or peritoneal washings WITH or WITHOUT capsule rupture
Ovary	X	X	X	X	X	X	X		X		X	X
PP	X		X	X						X	X	X
FT	X	X	X	X	X	X	X	X	X		X	X

* Excludes IC2 and IC3

20

SS2018 Ovary, PP, and FT

SS18	2																				
FIGO Stage	IIA					IIB												II		IIIA	
						Extension to or implants on:															
	Adnexa	Corpus uteri	Fallopian tube	Ovary(ies)	Uterus, NOS	Adjacent peritoneum	Broad ligament, ipsilateral	Bladder	Bladder serosa	Cul de sac (rectouterine pouch)	Ligament(s): (broad, ovarian, round, suspensory)	Mesosalpinx, ipsilateral	Mesovarium	Parametrium	Rectosigmoid	Rectum	Sigmoid colon (including sigmoid mesentery)	Ureter (pelvic portion)	Confined to pelvis	Tumor involves one or both FTs / ovaries W/ pelvic extension, NOS (below pelvic brim)	Microscopic peritoneal implants beyond pelvis (includes peritoneal surface and liver capsule)
Ovary	X		X		X	X		X	X	X	X		X	X	X	X	X	X	X	X	X
PP	X		X		X	X		X	X	X	X		X	X	X	X	X	X	X	X	X
FT	X	X		X	X	X	X			X		X			X		X		X	X	X

21

SS2018 Ovary, PP, and FT: Code 3

Regional LNs Only

- Aortic, NOS
 - Lateral (lumbar)
 - Para-aortic
 - Periaortic
- Iliac, NOS
 - Common
 - External
 - Internal (hypogastric, obturator, NOS)
- Intra-abdominal
 - Lateral sacral (laterosacral)
 - Pelvic, NOS
 - Retroperitoneal, NOS
 - Subdiaphragmatic (primary peritoneal carcinoma)
- Regional LN(s), NOS
 - LN(s), NOS

22

SS2018 Ovary, PP, and FT: Code 7

FIGO Stage		III B	IIIC	III, NOS	IVA	IVB		IVB	IV	
Same descriptions for both chapters (Ovary + PP and FT)										
	Distant site(s) (including further contiguous extension)									
	Macroscopic peritoneal implants beyond pelvis ≤ 2 cm in diameter									
	Includes peritoneal surface of liver (spleen?)									
	Macroscopic peritoneal implants beyond pelvis > 2 cm in diameter									
	Includes tumor extension to liver and spleen W/O parenchymal involvement									
	One or both FTs or ovaries involved OR primary peritoneal cancer WITH microscopic confirmed peritoneal metastasis outside of the pelvis									
	Peritoneal implants, NOS									
	Pleural effusion with (+) cytology									
	Extra-abdominal organs									
	Liver parenchymal									
	Spleen parenchymal									
	Transmural involvement of intestine									
	FIGO Stage IV [NOS]									
	Distant lymph node(s), NOS									
	Inguinal									
	Distant metastasis, NOS									
	Carcinomatosis (involvement of multiple parenchymal organs OR diffuse involvement of multiple non-abdominal organs)									
	Distant metastasis W/ or W/O distant LN(s)									

23

AJCC 8TH EDITION

Prior Editions

- 1st Edition – 1977
- 2nd Edition- 1983
- 3rd Edition- 1988
- 4th Edition- 1992
- 5th Edition- 1997
- 6th Edition- 2002
- 7th Edition- 2009

Average – 5.7 years
between AJCC updates

AJCC staging of
ovary, fallopian tube
and primary peritoneal
cancers mirrors FIGO
staging...

FIGO most recently
updated in **2014**, so
7th edition of AJCC
was not able to
incorporate 2014
changes

24

Rules for AJCC Classification

Clinical

- Not commonly possible
- Biopsy of omental mass ≥ 2 cm showing mets adequate to stage IIIC

Pathological

- Usually surgical/pathological staging done
 - Surgery & biopsy of all sites of involvement
 - Op note & path should describe location and size of mets tumors

25

Ovary, FT, and PP – AJCC Staging

Modified from FIGO staging

T: Based on laterality, positive ascites, other involvement; includes all tumor (contiguous and non-contiguous) in the pelvis and abdomen

N: N0 includes ITC designation; N1 categories based on size of LN mets (≤ 10 mm or > 10 mm)

M: Distant metastases are outside the abdominal and pelvic cavities (lung, pleura, bone); mostly hematogenous

Can be used for reportable-by-agreement benign and borderline ovarian tumors

26

Extra-ovarian Peritoneal

Resembles ovarian in symptoms, treatment, outcome

May develop in 5% of women who've had oophorectomy

7-20% of epithelial ovarian may actually be peritoneal primaries

May be related to BRCA1 or BRCA2

May be included in clinical trials with Ovarian

Per AJCC, T3 or higher

Synonyms

Extraovarian peritoneal serous papillary carcinoma

Serous surface papillary carcinoma

Multiple focal extraovarian serous carcinoma

Primary peritoneal papillary serous adenocarcinoma

Serous surface carcinoma of the peritoneum

Papillary serous carcinoma of the peritoneum

Peritoneal papillary carcinoma

27

Ovary vs Peritoneum (per SINQ)

If it is not clear where the tumor originated, use the following criteria to distinguish ovarian primaries from peritoneal primaries.

Probably ovarian when described as:

Bulky mass or omental caking

Probably peritoneal primary when described as:

Seeding, studding, salting

Unless

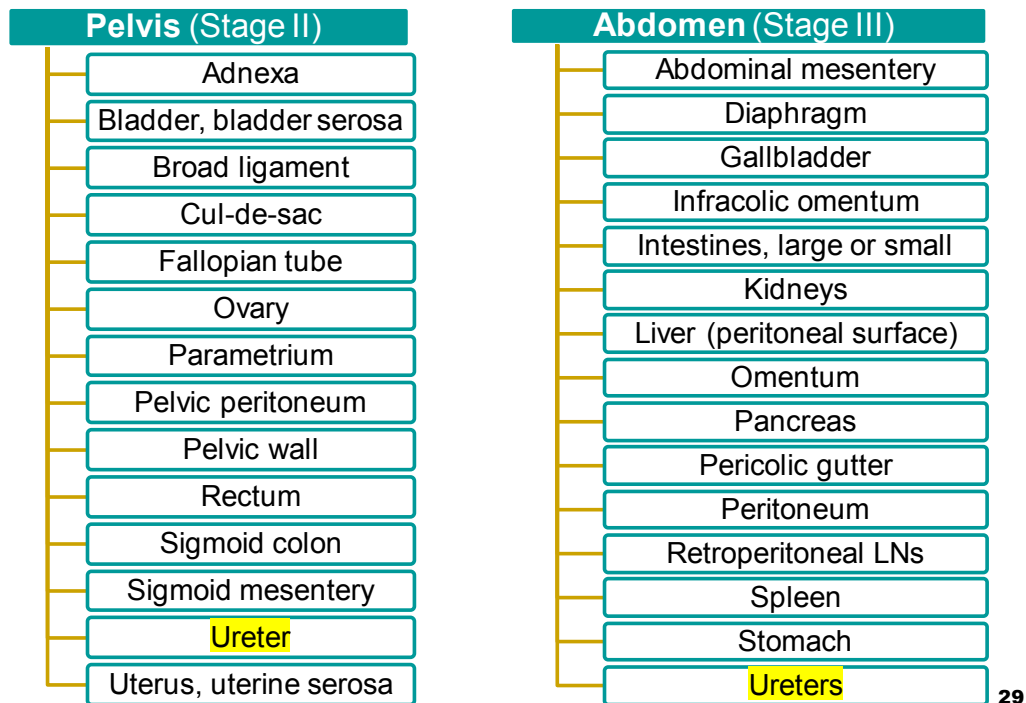
Ovaries have been previously removed

Ovaries are not involved (negative)

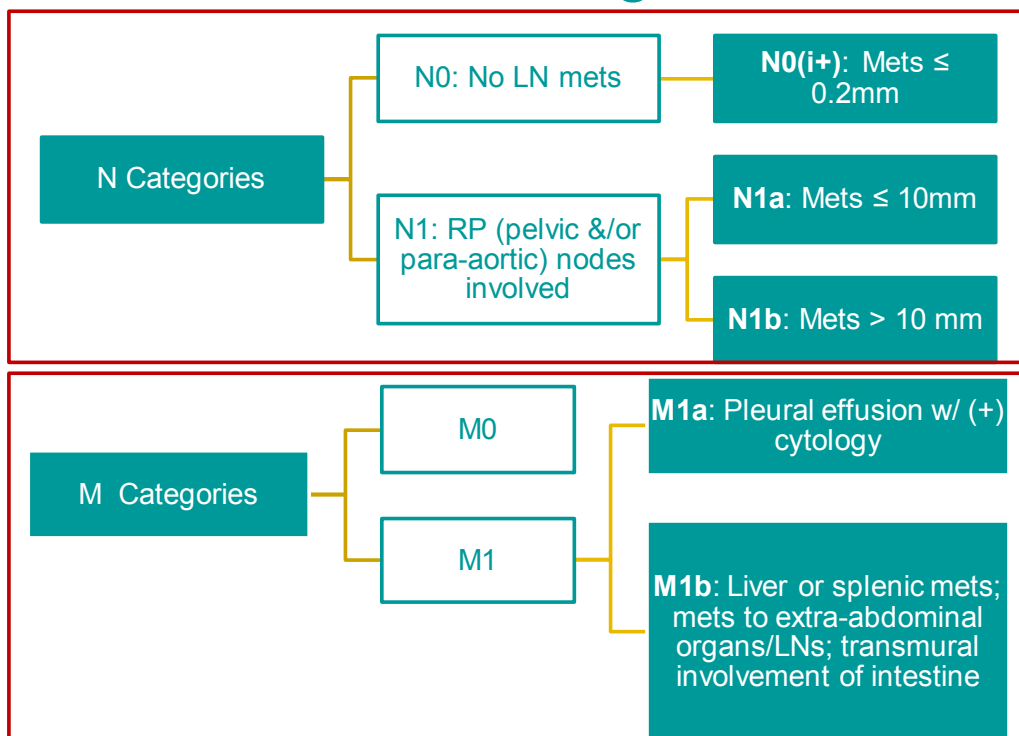
Ovaries have no area of involvement > 5mm

28

What's in the... (from UCSF & CS)



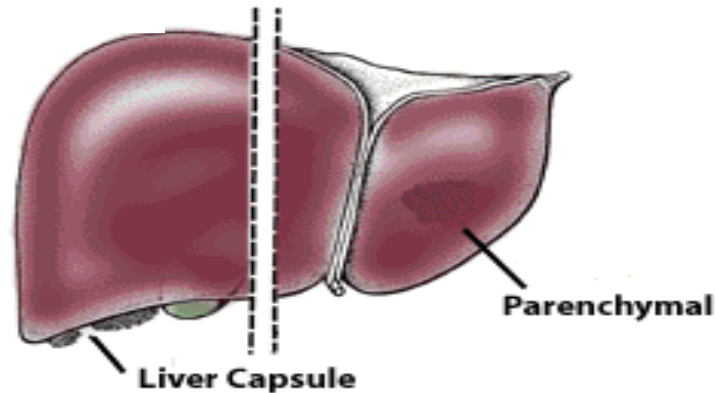
AJCC N and M Categories



Liver Involvement

T3 Tumor on capsule or surface of liver (FIGO III)

M1 Metastasis inside liver (parenchymal) (FIGO IV)



Source: UICC *TNM-interactive*, Wiley-Liss, 1998

31

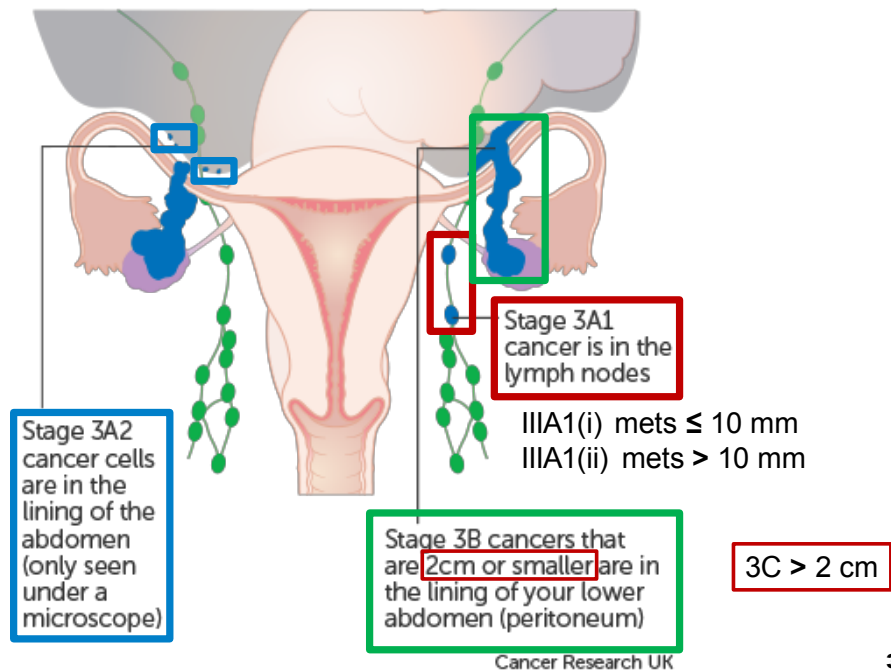
AJCC Prognostic Stage Groups Ovary, FT, PP

T	NX	N0	N1	N1a	N1b	M1	M1a	M1b
T1		I	IIIA1	IIIA1i	IIIA1ii	IV	IVA	IVB
T1a		IA	IIIA1	IIIA1i	IIIA1ii	IV	IVA	IVB
T1b		IB	IIIA1	IIIA1i	IIIA1ii	IV	IVA	IVB
T2		II	IIIA1	IIIA1i	IIIA1ii	IV	IVA	IVB
T2a		IIA	IIIA1	IIIA1i	IIIA1ii	IV	IVA	IVB
T2b		IIB	IIIA1	IIIA1i	IIIA1ii	IV	IVA	IVB
T3a	IIIA2	IIIA2	IIIA2	IIIA2	IIIA2	IV	IVA	IVB
T3b	IIIB	IIIB	IIIB	IIIB	IIIB	IV	IVA	IVB
T3c	IIIC	IIIC	IIIC	IIIC	IIIC	IV	IVA	IVB

NOTES: No T4; If T3 any N, at least Stage III

32

FIGO Stages 3A1, 3A2, 3B (& 3C)



33

SSDI & Grade Fields

Ovary, FT, Primary Peritoneum



34

Grade ID Table 15

Ovary, FT, Primary Peritoneum

CODE	Grade Description	
1	G1: Well differentiated	If nuclear grade is documented
2	G2: Moderately differentiated	
3	G3: Poorly diff, undiff, anaplastic	
B	GB: Borderline Tumor (if reportable-by-agreement cases)	Immature teratomas & serous CA
L	Low grade	
H	High grade	
9	Unknown; can't assess	

CAP: Clear cell carcinomas, borderline epithelial neoplasms, carcinosarcomas, all other malignant sex-cord stromal and germ cell tumors are not graded.

35

SSDI FIGO Stage

Code	FIGO Stage	Code	FIGO Stage	Code	FIGO Stage
01	I	30	III	97	Carcinoma in situ (noninvasive)
02	IA	31	IIIA	98	N/A; Info not collected
05	IB	32	IIIA1		
08	IC	33	IIIA1i		
09	IC1	34	IIIA1ii	99	Not documented in med record FIGO not stated
10	IC2	35	IIIA2		
11	IC3	36	IIIB		
20	II	37	IIIC	FIGO Stage IC3 per Med Onc	
21	IIA	40	IV		
24	IIB	41	IVA		
		42	IVB		

36

SSDI CA-125 Pretreatment Interpretation

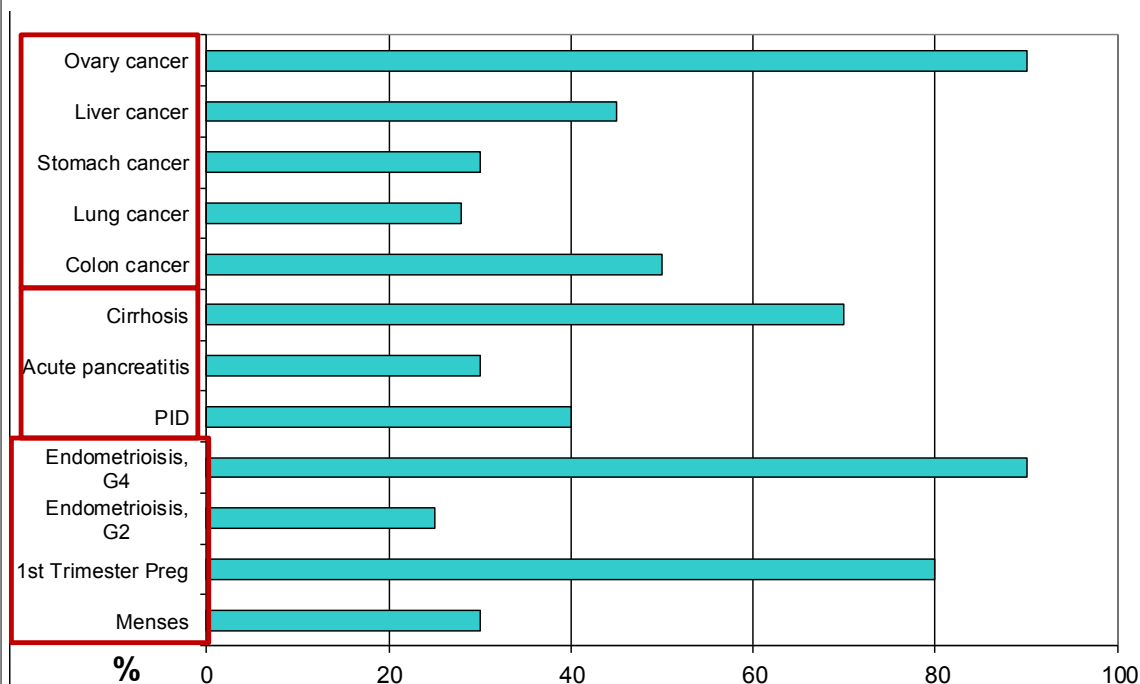
CA-125: 78 (Elevated; reference range < 35 U/mL)

- MD statement can be used if no other info
- Record CA125 from blood or serum only (NOT fluid from chest or abdominal cavity)
- CA125 prior to tx only
- Typical reference ranges are 0 to ≤ 35 U/ml
- Code 9 if no statement of CA125 +/-elev, -/wnl AND lab value w/normal range not documented

Code	Description
0	Negative/normal; WNL
1	Positive/elevated
2	Stated as borderline; unk whether + or neg
7	Test ordered, results not in chart
8	N/A; info not collected for this case
9	Not documented in med record; CA-125 not assessed or unk if assessed

37

Causes of Elevated CA-125



38

SSDI: Residual Tumor Volume Post Cytoreduction

- Surgery = debulking or cytoreduction
 - Doesn't matter if neoadjuvant chemo
- Physician should record presence or absence of residual disease by size of largest visible lesion

TAH/BSO, omentectomy, bilateral PLND,
peritoneal bxs, pelvic washings

39

SSDI: Residual Tumor Volume Codes

Code	Description
00	No gross Residual Tumor Nodules RTN(s)
	Size of RTNs
10	≤ 1 cm
20	≤ 1 cm
30	> 1 cm
40	> 1 cm
90	Macroscopic/No size stated
91	Macroscopic/No size stated
92	Optimal debulking/No RTN size stated
93	Optimal debulking/No RTN size stated
97	No cytoreductive surgery performed
98	N/A; Info not collected for this case
99	Not documented in patient record; Residual tumor status after debulking not assessed or unk if assessed



Corpus Uteri

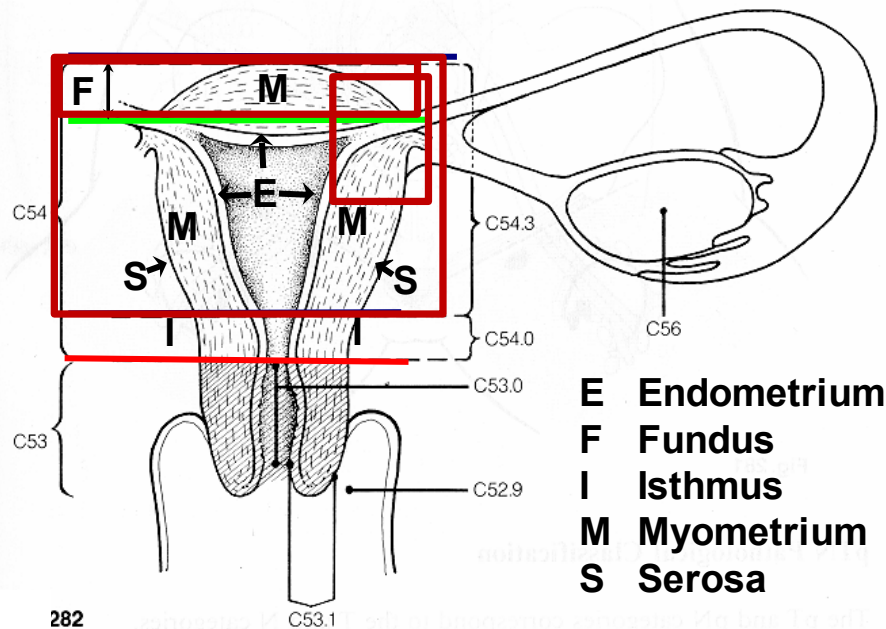


41

Uterine Cancer by the Numbers

- 4% of all female cancers
- 4th most common female cancer
- 6th most common cause of cancer deaths
 - Deaths increased by 2% each year for black and white women
- Most common GYN malignancy
 - >90% uterine cancers are endometrial
 - ~61,880 new cases expected in 2019
 - >67% of cases are dx'd at early stages

Anatomy of Uterus—Corpus Features



Source: TNM Atlas, 3rd ed. 2nd rev., by B. Spiessl et al. Springer Verlag 1992.

43

Corpus Staging Systems – Carcinoma & Carcinosarcoma Histologies – Chap 53

8013 Large cell
 neuroendocrine
 8020 Undifferentiated
 8041 Small cell
 neuroendocrine
 8240 Carcinoid
 8263 Endometrioid,
 villoglandular
 8310 Clear cell
 8323 Mixed cell adeno
 8380 Endometrioid
 8382 Endometrioid, secretory
 8441 Serous
 8480 Mucinous
 8570 Endometrioid, sq. diff
 8980 Carcinosarcoma

8000 Neoplasm, malignant
 8010 Carcinoma, NOS
 8070 Squamous cell NOS
 8140 Adenoca NOS
 8255 Adenoca w/mixed
 subtypes
 8460 Papillary serous
 cystadenoca
 8461 Serous surface papillary
 8560 Adenosquamous
 8950 Muellerian mixed tumor

Added 2018: These histo not
 ideal; collectors may use if
 not enough info in medical
 record to document more
 specific dx

44

Coding issues

- Leiomyosarcoma - (Code to C542 – **myometrium** - per SINQ)
- Endometrial adenocarcinoma (8140) ≠ endometrioid adenocarcinoma (8380)
- Malignant mixed Mullerian tumor (8950) aka [**Carcinosarcoma**, NOS = **preferred** term & code (8980/3)]
 - Aka sarcomatoid carcinoma, MMMT, metaplastic carcinoma
 - Mix of epithelial & stromal components

45

Staging Uterus Tumors Based on FIGO Staging

AJCC
SS2018



46

Uterus Carcinoma/Carcinosarcoma FIGO Staging

I	Stage I: Tumor confined to corpus uteri
IA	No invasion of or < 50% of myometrium invasion
IB	Invasion ≥ 50% myometrium
II	Tumor invades cervical stroma but does not extend beyond uterus
III	Local and/or regional spread of tumor
IIIA	Tumor invades serosa of corpus uteri and/or adnexa
IIIB	Vaginal and/or parametrial involvement
IIIC1	Positive pelvic LN
IIIC2	Positive para-aortic LN w/ or w/o pelvic LN
IV	Tumor invades bladder/bowel mucosa and/or distant mets
IVA	Tumor invasion of bladder and/or bowel mucosa
IVB	Distant mets including intra-abdominal and/or inguinal LN

47

Leiomyosarcoma or Endometrial Stromal Sarcoma & Adenosarcoma FIGO Staging

I	Tumor limited to uterus	
IA	≤ 5 cm	<i>Limited to endometrium/endocervix</i>
IB	> 5 cm	<i>Invasion ≤ 50% myometrium</i>
IC		<i>Invasion > 50% myometrial invasion</i>
II	Tumor extends to pelvis	
IIA	Adnexal involvement (ovary, FT, ligaments that hold uterus)	
IIB	Tumor extends to extrauterine pelvic tissue	
III	Tumor invades abdominal tissues	
IIIA	One site	
IIIB	> One site	
IIIC	Mets to pelvic and/or para-aortic LN	
IVA	Tumor invasion of bladder and/or rectum	
IVB	Distant mets	

SEER Summary 2018

Carcinoma, Carcinosarcoma	Sarcoma, Adenosarcoma
0 In situ	• <u>No in situ</u>
1 Local (FIGO I)	1 Local (FIGO I)
2 Regional direct extension (FIGO II, III)	2 Regional direct extension (FIGO II)
3 Regional LN	3 Regional LN
4 Regional extension & LN	4 Regional extension & LN
7 Distant (FIGO IV)	7 Distant (FIGO III or IV)

49

SS2018: Corpus Carcinoma, Carcinosarcoma, Adenosarcoma, and Sarcoma

SS2018		0	1												
		In situ, intraepithelial, noninvasive, preinvasive	Localized only (localized, NOS)	FIGO Stage IA	Confined to endometrium or endocervix (Glandular, stromal, or both)	FIGO Stage IB	Invasion of inner 1/2 of myometrium	Tumor invades < 1/2 of myometrium	FIGO Stage IC	Invasion of outer 1/2 of myometrium	Tumor invades ≥ 1/2 of myometrium	FIGO Stage I [NOS]	Invasion of myometrium, NOS	Invasive cancer confined to corpus uteri	Tunica serosa of the visceral peritoneum (serosa covering the corpus)
C + CS	X	X	X		X	X	X		X	X		X	X	X	
AS + S		X	X	X	X	X	X	X	X	X	X	X	X	X	X

C = Carcinoma; **CS** = Carcinosarcoma; **AS** = Adenosarcoma; **S** = Sarcoma

50

SS2018: Corpus Carcinoma, Carcinosarcoma, Adenosarcoma, and Sarcoma – Code 2

[illegible]

53 = Corpus Carcinoma and Carcinosarcoma; 54 – Adenosarcoma and Sarcoma

53 and 54 refer to AJCC Chapter numbers.

51

SS2018: Corpus Carcinoma, Carcinosarcoma, Adenosarcoma, and Sarcoma – Code 3 Regional LNs Only

- Aortic, NOS
 - Lateral (lumbar)
 - Para-aortic
 - Periaortic
- Iliac, NOS
 - External
 - Internal (hypogastric, obturator, NOS)
- Pelvic, NOS
- Paracervical
- Parametrial
- Sacral
 - Lateral sacral (laterosacral)
 - Middle (promontorial) (Gerota's node)
 - Presacral
 - Uterosacral
- Regional LN(s), NOS
 - LN(s), NOS

SS2018: Corpus Carcinoma, Carcinosarcoma, Adenosarcoma, and Sarcoma – Code 7

FIGO Stage	53	54	IVA				IVA		X	IVB	X																
			Abdominal serosa (visceral or parietal peritoneum of abdomen)	Bladder mucosa (excluding bullous edema)	Bowel mucosa	Cul de sac (rectouterine pouch or Pouch of Douglas)	FIGO Stage IIIA, IIIB, III [NOS]	Abdominal serosa (visceral or parietal peritoneum of abdomen)	Infiltration of abdominal tissues	Sigmoid colon	Small intestine	Other abdominal structures	FIGO State IVA, IVB, IV [NOS]	FIGO Stage IVB	Bone	Intraperitoneal disease	Liver	Lung	FIGO Stage IV [NOS]	Distant lymph node(s), NOS	Deep inguinal, NOS	Node of Cloquet or Rosenmuller (highest deep inguinal)	Inguinal, NOS	Superficial inguinal (femoral)	Distant metastasis, NOS	Carcinomatosis	Distant metastasis W/ or W/O/ distant LN(s)
53		X	X	X	X	X				X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	
54		X				X	X	X	X	X	X	X	X						X	X	X	X	X	X	X	X	

53

Rules for AJCC Classification

Clinical

- Done prior to RT or chemo

cN0 may be used in the **pN** field with **pT** per AJCC chapter exceptions (Ch 53 & 54)

Pathological

- Usually surgical/ pathological staging is done
- Depth of myometrial invasion with thickness of myometrium needed
- Sentinel LN may be done

54

Corpus Uteri LN Differences in AJCC

	Carcinoma, Carcinosarcoma	Sarcoma (Leio, ESS, Adenosarcoma)
N	Criteria	
N1 FIGO IIIC1	Pelvic LN	Regional LN
N1mi	Mets > 0.2mm but ≤ 2.0 mm	For any type of uterine cancer, N0(i+) means Isolated tumor cells in regional LN, size ≤ 0.2mm
N1a	Mets > 2.0 mm diameter	
N2 FIGO IIIC2	Para-aortic LN w/ or w/o pelvic LN	
N2mi	Mets > 0.2mm but ≤ 2.0 mm	
N2a	Mets > 2.0 mm diameter	

55

Corpus Prognostic Stage Groups Carcinoma/Carcinosarcoma

T	N0	N1	N1mi	N1A	N2	N2mi	M1
T1	I	IIIC1	IIIC1	IIIC1	IIIC2	IIIC2	IVB
T1a	IA	IIIC1	IIIC1	IIIC1	IIIC2	IIIC2	IVB
T1b	IB	IIIC1	IIIC1	IIIC1	IIIC2	IIIC2	IVB
T2	II	IIIC1	IIIC1	IIIC1	IIIC2	IIIC2	IVB
T3	III	IIIC1	IIIC1	IIIC1	IIIC2	IIIC2	IVB
T3a	IIIA	IIIC1	IIIC1	IIIC1	IIIC2	IIIC2	IVB
T3b	IIIB	IIIC1	IIIC1	IIIC1	IIIC2	IIIC2	IVB
T4	IVA	IVA	IVA	IVA	IVA	IVA	IVB

Stage 0 (pTis) eliminated

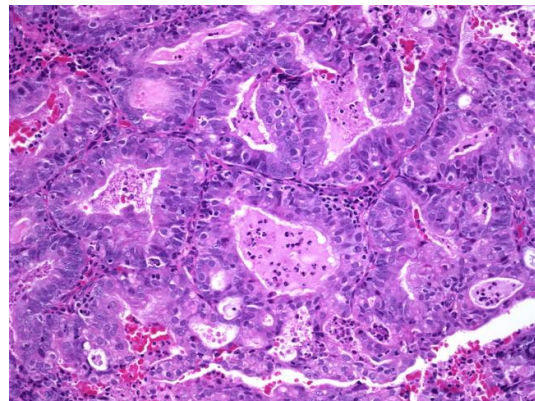
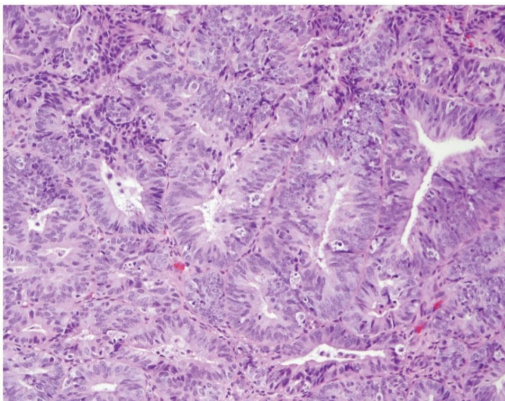
56

Grade & SSDI



57

Endometrioid Carcinoma



FIGO Grade :

G1: Less than 5% of a nonsquamous or nonmorular solid growth pattern

G2: 6%-50% of a nonsquamous or nonmorular solid growth pattern

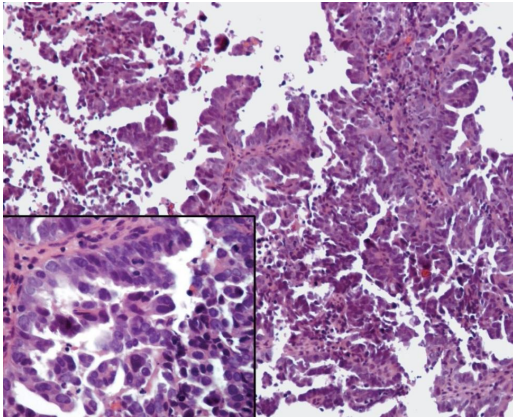
G3: greater than 50% of a nonsquamous or nonmorular solid growth pattern

**Used for Endometrioid histotypes only*

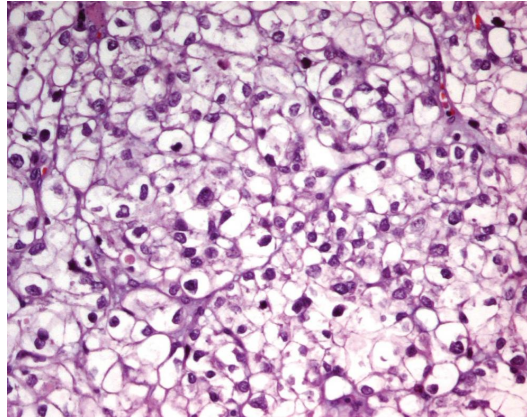
58

Serous CA and Clear Cell CA

Serous carcinoma



Clear cell carcinoma



59

Grade ID Table 13: Carcinoma/ Carcinosarcoma & Sarcoma

CODE	Grade Description
1	G1, FIGO G1, Well differentiated
2	G2, FIGO G2, Moderately differentiated
3	G3, FIGO G3, Poorly diff, undiff, anaplastic
9	Unknown, can't assess

60

Grade ID Table 14: Corpus Adenosarcoma

CODE	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly diff, undiff, anaplastic
L	Low grade
H	High grade
S	Sarcomatous overgrowth
9	Unknown; can't assess

61

Corpus SSDI FIGO Stage

Code	Description	Code	Description
01	FIGO Stage I	97	Carcinoma in situ (noninvasive)
02	FIGO Stage IA	98	N/A; Info not collected
05	FIGO Stage IB	99	Not documented in pt. record; FIGO not/unknown if assessed
08#	FIGO Stage IC		
20	FIGO Stage II		
21*	FIGO Stage IIA		
24*	FIGO Stage IIB		
30	FIGO Stage III		
31	FIGO Stage IIIA		
36	FIGO Stage IIIB		
37	FIGO Stage IIIC		
38^	FIGO Stage IIIC1		
39^	FIGO Stage IIIC2		
40	FIGO Stage IV		
41	FIGO Stage IVA		
42	FIGO Stage IVB		

Coding Instructions:

- Take highest FIGO stage documented
- Don't self-assign from TNM
- If stage group does not specify it is FIGO, assume it is FIGO

ONLY for Adenosarcoma

* N/A to Carcinoma/Carcinosarcoma

^ ONLY for Carcinoma/Carcinosarcoma

62

Corpus SSDI: # Positive Pelvic LN

- Can use MD statement if no other info available
- Based on **microscopic examination** of LNs
- Record # positive pelvic LNs (exclude ITCs)

Code	Description
00	All pelvic nodes examined are negative
01 – 99	1 – 99 pelvic nodes positive (code exact number)
X1	≥ 100 pelvic nodes positive
X2	Positive pelvic nodes identified, number unknown
X6	Positive aspiration or core biopsy of pelvic LN
X8	N/A; Info not collected for this case
X9	Not documented in patient record; pelvic LN not assessed or unknown if assessed

63

Corpus SSDI: # Examined Pelvic

- Can use MD statement if no other info available
- Based on **microscopic examination** of LNs
- Record # examined pelvic LNs

Code	Description
00	No pelvic nodes examined
01 – 99	1 – 99 pelvic nodes examined (code exact number)
X1	≥ 100 pelvic nodes examined
X2	Pelvic nodes examined, number unknown
X6	No pelvic LN removed but aspiration or core biopsy of pelvic LN only
X8	N/A; Info not collected for this case
X9	Not documented in patient record; pelvic LN not assessed or unknown if assessed

64

SSDI: # Positive Para-aortic LN

- Can use MD statement if no other info available
- Based on microscopic examination of LNs
- Record # positive para-aortic LNs (exclude ITCs)

Code	Description
00	All para-aortic nodes examined are negative
01 – 99	1 – 99 para-aortic LN positive (code exact number)
X1	≥ 100 para-aortic nodes positive
X2	Positive para-aortic LN identified, number unknown
X6	Positive aspiration or core biopsy of para-aortic LN
X8	N/A; Info not collected for this case
X9	Not documented in patient record; para-aortic LN not assessed or unknown if assessed

65

SSDI: # Examined Para-Aortic LN

- Can use MD statement if no other info available
- Based on microscopic examination of LNs
- Record # examined para-aortic LNs

Code	Description
00	No para-aortic nodes examined
01 – 99	1 – 99 para-aortic LN examined (code exact number)
X1	≥ 100 para-aortic nodes examined
X2	Para-aortic nodes examined, number unknown
X6	No para-aortic LN removed but aspiration or core biopsy of para-aortic LN only
X8	N/A; Info not collected for this case
X9	Not documented in patient record; para-aortic LN not assessed or unknown if assessed

66

Broken Logic Edit Issue

- No pelvic (or para-aortic) LN examined.
 - # positive pelvic (para-aortic) LNs = X9
 - # examined = 00
- Edit only gives an issue with the # of pelvic LN exam 00.

NAACCR v18 - Missouri			Mon
Record: 1) Accession Number/Seq: 201900114/00 ♦ Topography: C541 ♦ Histology: 83803 ♦ Diagnosis Year: 2019			
Number of Positive/Examined Pelvic Nodes, Corpus (NAACCR) [N3066]			
E: Number of Positive Pelvic Nodes: 00 conflicts with Number of Examined Pelvic Nodes: 00			
Number of Positive Pelvic Nodes #3902	(Start Pos: 1807)	Value: [00]	
Number of Examined Pelvic Nodes #3900	(Start Pos: 1811)	Value: [00]	
Schema ID #3800	(Start Pos: 1726)	Value: [00530]	
Date of Diagnosis #390	(Start Pos: 544)	Value: [20190124]	

The abstract does **NOT** have 00 in # positive pelvic LNs. X9 is entered there!

67

SSDI: Peritoneal Cytology* (Path Report)

Code	Description
0	Peritoneal cytology/washing negative for malignancy
1	Peritoneal cytology/washing atypical and/or suspicious
2	Peritoneal cytology/washing malignant (+ malignancy)
3	Unsatisfactory/nondiagnostic
7	Test ordered, results not in chart
8	N/A; Info not collected for this case
9	Not documented in patient record; peritoneal cytology not assessed or unknown if assessed

* aka peritoneal ascitic fluid, peritoneal washing, pelvic washing; may be ascites on PE or fluid introduced into cavity and then removed by suction

68

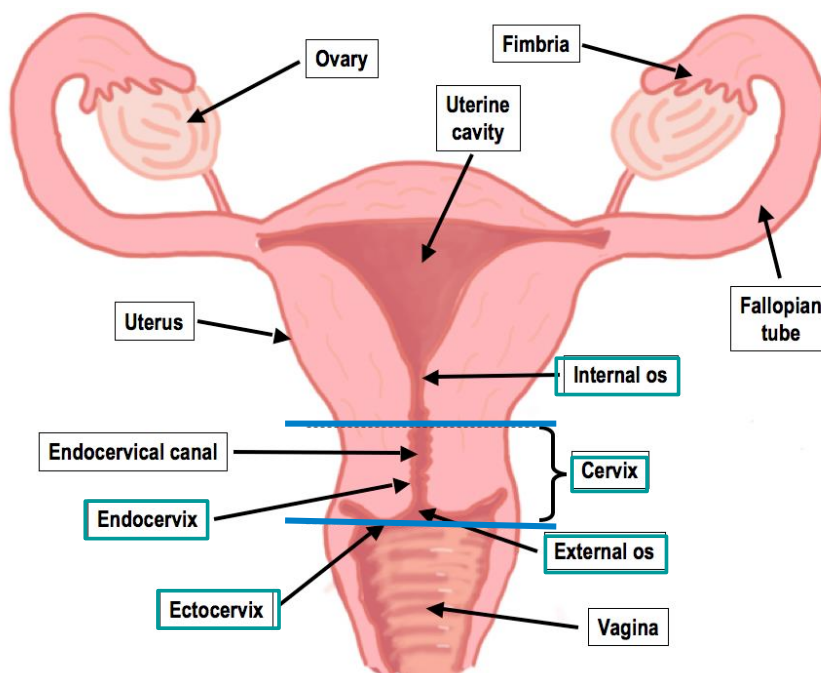


Cervix Uteri



69

Anatomy of Uterine Cervix



70

Cervix Grade & SSDI



71

Reportability of Cervix Cases

- NOT Required
 - Carcinoma in situ of cervix (8010/2)
 - Cervical intraepithelial neoplasia (CIN III 8077/2) or squamous intraepithelial neoplasia (SIN III 8077/2)
 - STORE (p. 15): SIN III (8077/2) is a “special instance” of intraepithelial neoplasia grade III
 - SEER Manual (p. 7): sequence all in situ cervix cases in the 60-88 range, regardless of dx year
- REQUIRED
 - **Invasive** carcinoma of the cervix

72

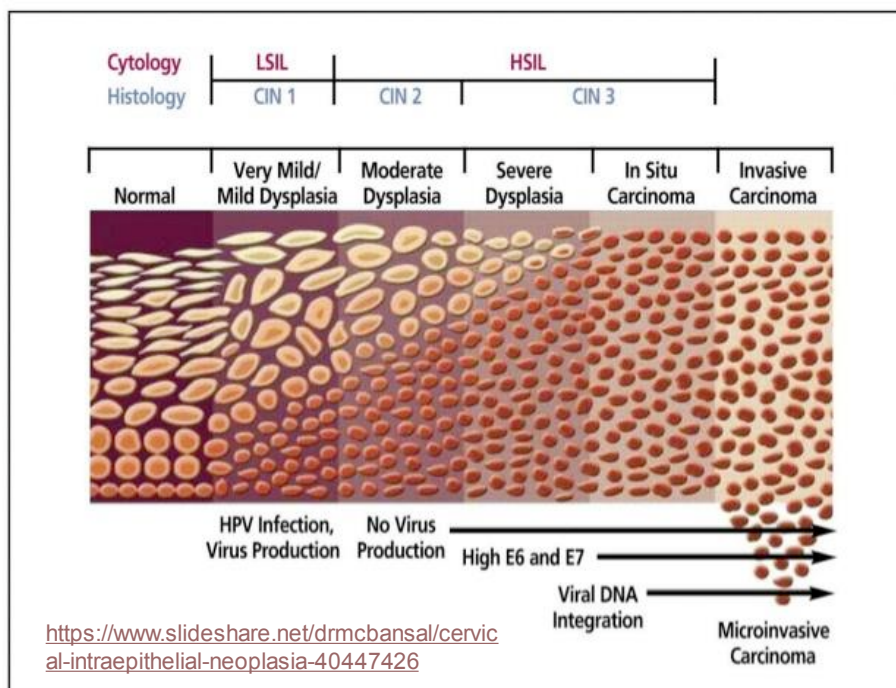
Grade ID Table 01

CODE	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated, undiff, anaplastic
9	Unknown, can't assess

69% Squamous cancer
25% Adenocarcinoma

73

CIN Grade ≠ Histologic Grade



Grade refers to the thickness occupied by the undifferentiated cells

74

Staging Cervix Tumors Based on FIGO Staging

AJCC
SS2018



75

GYN Measures

10 mm
0 1 2
Centimeters (cm)



1 mm



2 mm

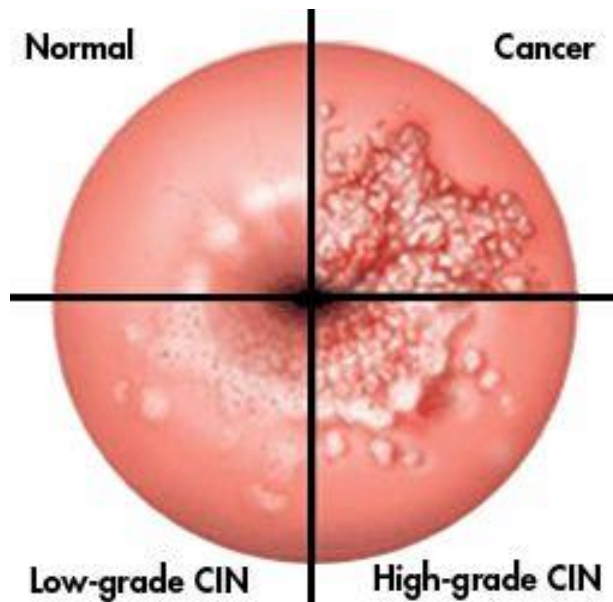


5 mm

Millimeters (mm)

© 2008 Teresa Winslow

GYN View



77

Cervix Carcinoma FIGO Staging 2015

I	Limited to cervix
IA	Invasive CA identified only microscopically (Gross lesions with superficial invasion are stage IB).
IA1	Microscopic disease: stromal invasion ≤ 3 mm, ≤ 7 mm width
IA2	Microscopic disease: stromal invasion > 3 mm and ≤ 5 mm, ≤ 7 mm width
IB	Clinical lesions confined to cervix, or preclinical lesions $>$ stage IA
IB1	Clinical lesions ≤ 4 cm in size
IB2	Clinical lesions > 4 cm in size
II	Carcinoma extends beyond uterus, but not onto pelvic wall or to lower third of vagina
IIA	Involvement of up to upper 2/3 of vagina; no obvious parametrial involvement
IIA1	Clinical lesions ≤ 4 cm in size
IIA2	Clinical lesions > 4 cm in size
IIB	Obvious parametrial involvement but not onto pelvic sidewall

Cervix Carcinoma FIGO Staging 2015

III	Carcinoma extended onto pelvic sidewall. On rectal exam, there is no cancer-free space between the tumor and pelvic sidewall and/or tumor involves lower third of vagina. All cases of hydronephrosis or nonfunctioning kidney should be included unless they are known to be due to other causes
IIIA	Involvement of lower third of vagina, but no extension onto pelvic sidewall
IIIB	Extension onto pelvic sidewall and/or causing hydronephrosis/nonfunctioning kidney
IV	Carcinoma has extended beyond the true pelvis or has clinically involved the mucosa of the bladder and/or rectum or spread to distant organs
IVA	Spread to adjacent pelvic organs, i.e. tumor invading the mucosa of the bladder and/or rectum and extending beyond true pelvis
IVB	Spread to distant organs

79

SEER Summary 2018

- 0 In situ (not in FIGO)
- 1 Local (FIGO I – A & B)
- 2 Regional direct extension (FIGO II, III)
- 3 Regional LN
- 4 Regional extension & LN
- 7 Distant (FIGO IV)

SS2018 Cervix: Codes 0 and 1

SS2018	0				1				
FIGO Stage					IA1	IA2	IA NOS	IB	I NOS
	In situ, intraepithelial, noninvasive	Cancer in situ WITH endocervical gland involvement	Cervical intraepithelial neoplasia (CIN) Grade III	Preinvasive	Localized only (localized, NOS)	Measured stromal invasion ≤ 3.0 mm and ≤ 7.0 mm in horizontal spread	Measured stromal invasion 3.1 mm to 5.0 mm with a horizontal spread of ≤ 7.0 mm	Measured stromal invasion ≤ 5.0 mm measured from the base of the epithelium AND horizontal spread of ≤ 7.0 mm	FIGO Stage IB Clinically visible lesion (macroscopic), including superficial invasion Confined to cervix uteri or uterus, NOS, except corpus uteri, NOS (Not clinically visible or unknown if clinically visible)

81

SS2018 Cervix– Code 2 Regional Extension

SS2018		2 - Regional by Direct Extension																						
FIGO Stage	IIA, IIB, II [NOS]						IIIA					IIIB	III NOS											
	Confined to corpus uteri, size, depth and horizontal spread unknown	Corpus uteri, NOS	Cul de sac (rectouterine pouch)	Invasion beyond uterus, NOS	Ligament(s) (broad, cardinal, uterosacral)	Parametrial (paracervical soft tissue) invasion	Upper 2/3 rd of vagina including fornices	Vagina, NOS	Vaginal wall, NOS	Bladder wall	Bladder, NOS excluding mucosa	Bullous edema of bladder mucosa	Lower 1/3 rd of vagina	Rectal wall	Rectum, NOS excluding mucosa	Ureter, intra- and extramural	Vagina, lower third (not extending to pelvic wall)	Vulva	Described clinically as frozen pelvis	Hydronephrosis or nonfunctioning kidney	Pelvic wall(s)	Fallopian tube(s)	Ovary(ies)	Urethra

82

SS2018 Cervix– Code 3 Regional LNs Only

- Aortic, NOS
 - Lateral aortic
 - Para-aortic
 - Periaortic
- Iliac, NOS
 - External
 - Internal (hypogastric, obturator, NOS)
- Paracervical
- Parametrial
- Pelvic, NOS
- Sacral, NOS
 - Lateral (laterosacral)
 - Middle (promontorial) (Gerota's node)
 - Presacral
 - Uterosacral
- Regional LN(s), NOS
 - LN(s), NOS

83

SS2018 Cervix– Code 7 Distant

- Distant site(s) (including further contiguous extension)
 - Bladder mucosa
 - Rectal mucosa
 - Sigmoid colon
 - Small intestine
 - FIGO Stage IVA, IVB, IV [NOS]
- Distant lymph node(s), NOS
 - Inguinal
 - Mediastinal
 - Scalene
 - Supraclavicular
- Distant metastasis, NOS
 - Carcinomatosis
 - Distant metastasis W/ or W/O distant lymph node(s)

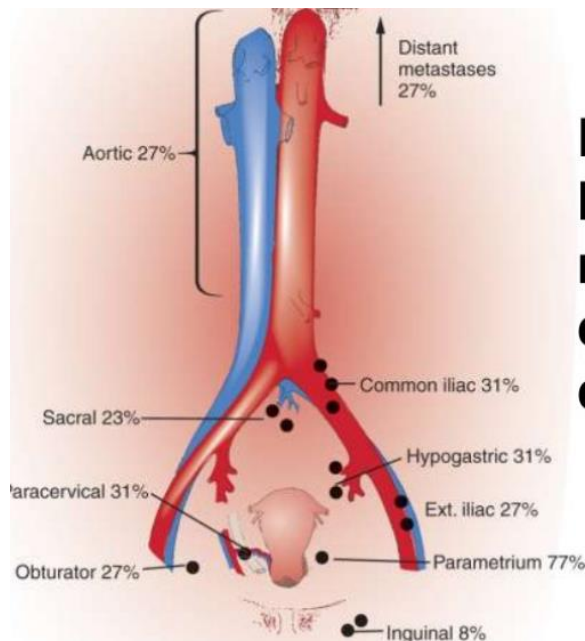
84

What's Different About Cervix TNM?

- Modified from FIGO staging
 - Primarily clinical staging for international comparisons
 - Stage **IA based on colposcopy** (microscopic)
 - Stage **IB based on PE** (macroscopic)
- Pathological staging better done with **AJCC** – adds LN information
- T: based on **depth** and **horizontal spread** of lesion, extension beyond uterus
 - Imaging (MRI, CT, PET) is not used for clinical staging (CXR & IVP are ok)
- N and M: standard

85

Regional LN = N1 (all of them)



Frequency of lymph node metastases in cervical carcinoma.

Cervix Prognostic Stage Groups

T	1	1a	1a1	1a2	1b	1b1	1b2	2	2a	2a1	2a2	2b	3	3a	3b	4
Any N	I	IA	IA1	IA2	IB	1B1	1B2	II	IIA	IIA1	IIA2	IIB	III	IIIA	IIIB	IVA
M1	IVB	IVB	IVB	IVB	IVB	IVB	IVB	IVB	IVB	IVB	IVB	IVB	IVB	IVB	IVB	IVB

Any N = NX, N0, and N1

87

Cervix SSDI: FIGO Stage

Code	FIGO Stage	Code	FIGO Stage	Code	FIGO Stage
01	I	20	II	97	Carcinoma in situ (noninvasive)
02	IA	21	IIA		
03	IA1	22	IIA1	98	N/A; Info not collected
04	IA2	23	IIA2		
05	IB	24	IIB	99	Not documented in med record FIGO not stated
06	IB1	30	III		
07	IB2	31	IIIA		
		36	IIIB		
		40	IV		
		41	IVA		
		42	IVB		

88

SSDI: LN Status Femoral-Inguinal, Para-Aortic, Pelvic

- Can use MD statement if no other info available
- Assign highest applicable code (1-7) when LNs are (+)
- If nodal station is in area being imaged, biopsied, or in the surgical field and no mention of involvement, assume that specific nodal station is (-)
- Assign code 9 when no imaging, bx, or surgical work up

89

Cervix SSDI: LN Status Femoral-Inguinal, Para-Aortic and Pelvic

Code	Description
0	Negative femoral-inguinal, para-aortic and pelvic LN
1	Positive femoral-inguinal LN
2	Positive para-aortic LN
3	Positive pelvic LN
4	Positive femoral-inguinal and para-aortic LN
5	Positive femoral-inguinal and pelvic LN
6	Positive para-aortic and pelvic LN
7	Positive para-aortic, pelvic, and femoral-inguinal LN
8	N/A; Info not collected for this case
9	Not documented in patient record; Femoral-inguinal, para-aortic and pelvic LN not assessed or unk if assessed

90

Cervix SSDI: LN Distant - Mediastinal, Scalene

- Can use MD statement if no other info available
- Assign highest applicable code (1-3) when LNs are (+)
- If nodal station is in area being imaged, biopsied, or in the surgical field and no mention of involvement, assume that specific nodal station is (-)
- Assign code 9 when no relevant info from imaging, bx, or surgical work up

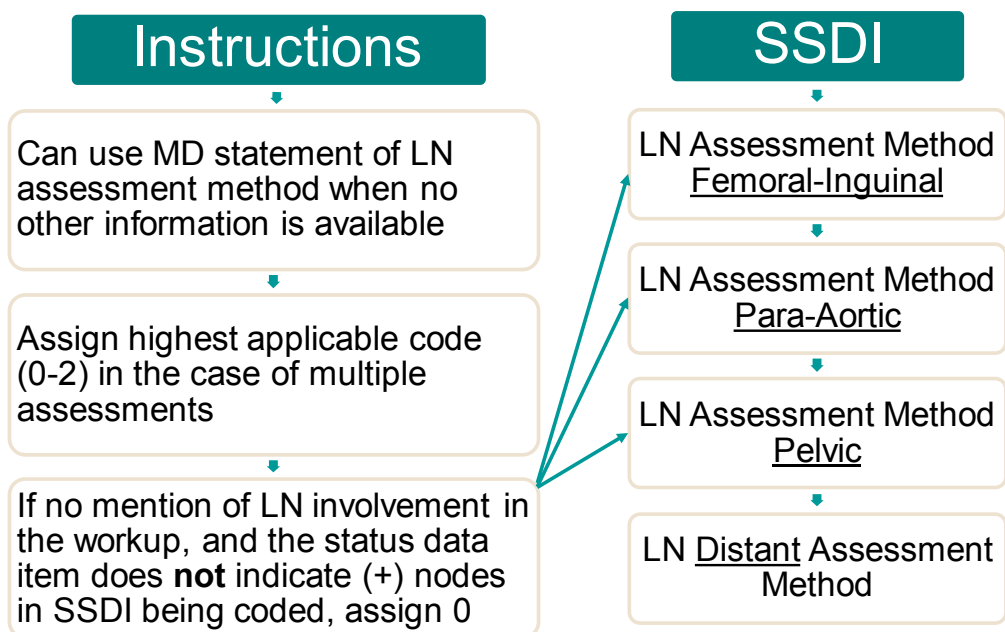
91

Cervix SSDI: LN Distant - Mediastinal, Scalene

Code	Description
0	Negative mediastinal and scalene LN
1	Positive mediastinal LN
2	Positive scalene LN
3	Positive mediastinal and scalene LN
8	N/A; Info not collected for this case
9	Not documented in patient record; mediastinal and scalene LN not assessed or unk if assessed

92

LN Assessment Method – 4 SSDIs: Same Instructions/Codes for all



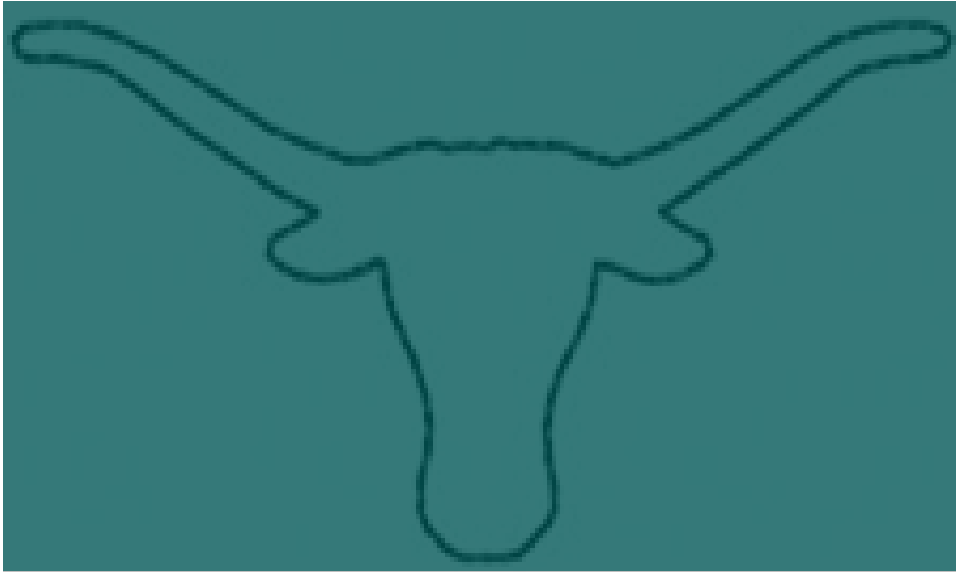
93

Cervix SSDI: LN Assessment Method

Code	Description
0	Radiography, imaging (Ultrasound, CT, MRI, PET) Physical exam only
1	Incisional biopsy; FNA
2	Lymphadenectomy. Excisional biopsy or resection w/microscopic confirmation
7	RLN assessed, unknown assessment method
8	N/A; Info not collected for this case
9	Not documented in patient record; regional LN not assessed or unk if assessed

94

The End



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