SEER Summary Stage

pennsylvania
DEPARTMENT OF HEALTH

Timeline

2015 Dx Yr

- AJCC collected from CoC facilities and large hospitals for NPCR
- Consolidation not required
- Directly coded SS 2000 required for NPCR
- CSv2 in use

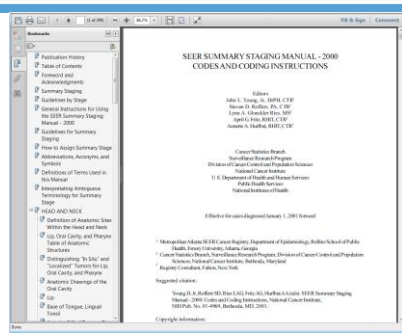
2016 Dx Yr

- Directly coded AJCC (7th Ed) for NPCR
- Directly coded SS 2000 for NPCR
- CSv2 no longer accepted

2017 Dx Yr

- Directly coded AJCC (8th Ed) for NPCR
- Directly coded SS 2000 for NPCR
- When a manual is available for SS2016 and training can be completed NPCR will switch to SS2016

SEER Summary Stage 2000

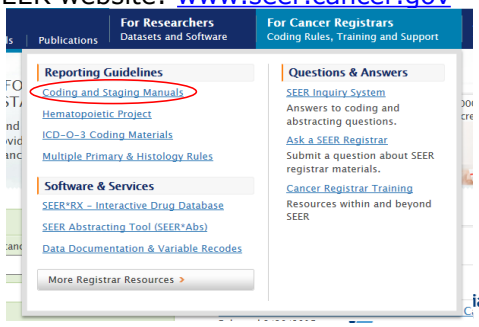

SEER SUMMARY STAGING MANUAL - 2000
CODES AND CODING INSTRUCTIONS

http://seer.cancer.gov/tools/ssm/SSSM2000-122012.pdf

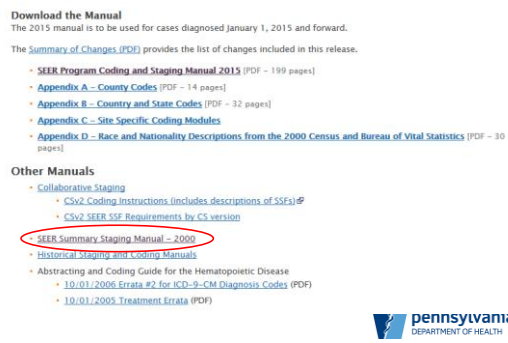
pennsylvania
DEPARTMENT OF HEALTH

Finding the Manual

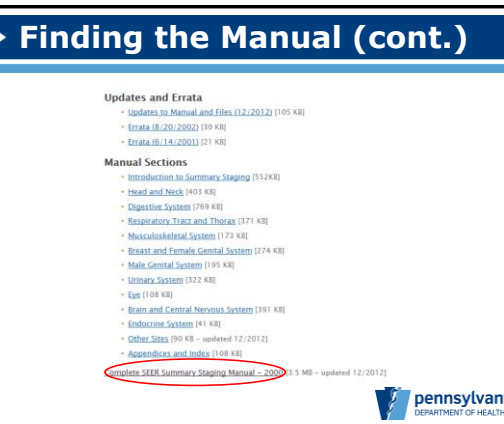
SEER website: www.seer.cancer.gov



Finding the Manual (cont.)



Finding the Manual (cont.)



What is SEER Summary Staging?

- Most basic method of staging
- Describes how far cancer has spread from its point of origin
- Uses all information in medical record
  - Combination of **clinical** and **pathological** documentation

Diagnosis Date	SEER Summary Stage Edition
On or after 1/1/2001	2000
Prior to 1/1/2001	1977

pennsylvania DEPARTMENT OF HEALTH

Finding the Information

- Pathology Reports
- Scopes and Manipulative Procedures
- Cytology Reports
- X-rays and Imaging Studies
- Bone Marrow Biopsies
- Laboratory Reports
- History and Physical
- Operative Reports
- Autopsy Reports
- Treatment
- Consult Reports
- Cancer Conferences
- Discharge Summary
- Physician office's records/letters
- Admitting Notes

pennsylvania DEPARTMENT OF HEALTH

SEER Summary Staging

- Five general categories
  - In situ
  - Local
  - Regional
  - Distant
  - Unknown
- Applies to all sites and histologies
  - Unless otherwise noted

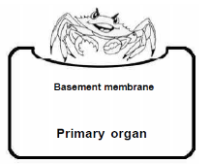
pennsylvania DEPARTMENT OF HEALTH

Stage Definitions

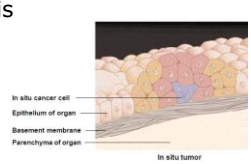
pennsylvania DEPARTMENT OF HEALTH

In Situ (code = 0)

- Has not penetrated basement membrane
- No invasion present
- Can only be diagnosed microscopically
- Term "micro-invasion" is considered localized



In situ Stage



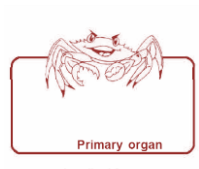
In situ tumor

In Situ Synonyms

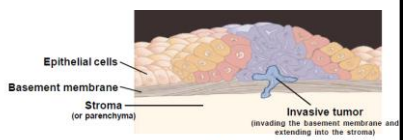
Adenocarcinoma in an adenomatous polyp with no invasion of stalk	Lobular neoplasia, grade III (LN3) Lobular, non-infiltrating
Bowen's disease	Non-infiltrating
Clark's level 1 for melanoma (limited to epithelium)	Noninvasive No stromal involvement
Comedocarcinoma, non-infiltrating	Papillary (non-infiltrating or intraductal)
Confined to epithelium	Precancerous melanosis
Hutchinson's melanotic freckle, NOS	Pre-invasive
Intracystic, noninfiltrating	Queyrat's erythroplasia
Intraductal	Stage 0
Intraepidermal, NOS Intraepithelial, NOS	Vaginal epithelial neoplasia, grade 3 (VAIN III)
Involvement up to but not including the basement membrane	Vulvar epithelial neoplasia, grade 3 (VIN III)
Lentigo maligna	

Localized (code = 1)

- Limited to the organ of origin
- Infiltration past basement membrane
- Terms that mean "local"
  - Microinvasion
  - Lymphatic invasion
  - Vascular invasion
  - Multifocal



Localized Stage

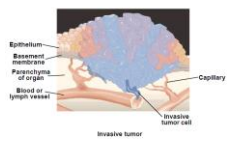


Localized tumor

Regional (code = 2-5)

- Extension beyond the limits of the organ of origin
- **2 – Direct extension**
  - Invasion through entire wall of organ and/or adjacent tissues
- **3 – Regional lymph nodes**
  - Invasion through walls of lymphatics
  - Cells can travel to nearby lymph nodes
- **4 – Both direct extension and lymph node involvement**
- **5 – Regional, NOS**

Regional Stages
A. Direct extension
B. To regional lymph nodes
C. Combination of A and B



Invasive tumor

Regional Lymph Nodes

Appendix III – Lymph Node Synonyms

3 Ipsilateral regional lymph node(s) involved only

REGIONAL Lymph Nodes

Axillary, NOS:
Level I (low) (superficial), NOS [adjacent to tail of breast]:
Anterior (pectoral)
Lateral (brachial)
Posterior (subscapular)
Level II (mid-level) (central), NOS:
Interpectoral (Rotter's)
Level III (high) (deep), NOS:
Apical (subclavian)
Axillary vein
Infraclavicular ***+** (subclavicular)
Internal mammary (parasternal)
Intramammary
Nodule(s) in axillary fat

Regional lymph node(s), NOS

lvania
OF HEALTH

Regional Lymph Nodes

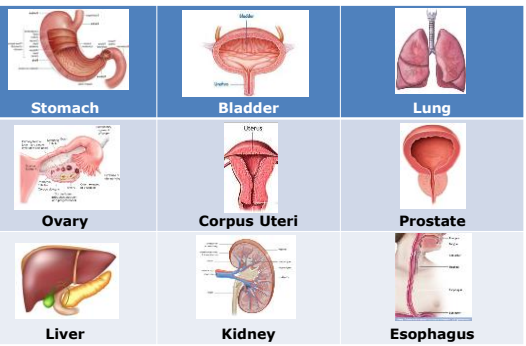
TUMOR	INVOLVEMENT
SOLID TUMORS	• Fixed • Matted • Mass in mediastinum, retroperitoneum, and/or mesentery
LUNG	• Enlarged • Lymphadenopathy
LYMPHOMAS	Any mention of lymph nodes

TUMOR	NO INVOLVEMENT
ANY TUMOR	• Palpable • Visible • Swelling • Shotty • without clinical or path statement
ANY TUMOR (except lung)	• Enlarged • Lymphadenopathy

Homolateral = ipsilateral
Unidentified nodes resected with primary site = Regional Lymph Nodes, NOS

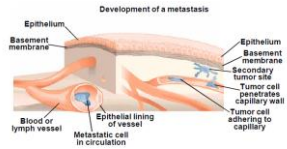
pennsylvania DEPARTMENT OF HEALTH

Inaccessible Lymph Nodes



Distant (code = 7)

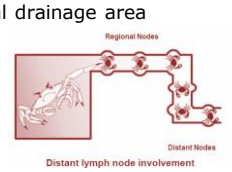
- Tumor cells have broken away from primary tumor
  - Travel to other parts of the body
  - Begin to grow in new location
- Other terms: remote, diffuse, disseminated, metastatic, secondary disease
- No continuous trail of tumor cells between primary and distant site



pennsylvania DEPARTMENT OF HEALTH

Methods of Distant Spread

- Extension from primary organ beyond adjacent tissue into the next organ
  - Ex. Lung ➔ pleura ➔ bone/nerve
- Distant lymph nodes
  - Travel through lymph channels beyond regional drainage area

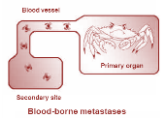


Distant lymph node involvement

pennsylvania DEPARTMENT OF HEALTH

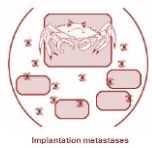
Methods of Distant Spread

- Blood-borne metastasis
  - Invasion of blood vessels within primary tumor



Blood-borne metastases

- Implantation metastasis
  - Spread through fluids in a body cavity


Implantation metastases

pennsylvania DEPARTMENT OF HEALTH

Unknown (code = 9)

- Sufficient evidence unavailable to assign stage
  - Patient expires before work up is completed
  - Patient refuses diagnostic/treatment procedure
  - Limited workup die to patient's age
- Primary site is unknown
- Use sparingly

pennsylvania DEPARTMENT OF HEALTH

Not Applicable (code =8)

- Added in 2003
- Benign brain and CNS tumors only
  - Never used for malignant disease
- Not in SS2000 Manual

pennsylvania DEPARTMENT OF HEALTH

General Guidelines

pennsylvania DEPARTMENT OF HEALTH

Timing Rule

All information through completion of surgery (first course of treatment)

OR

Within four months of diagnosis in the absence of disease progression

pennsylvania DEPARTMENT OF HEALTH

Timing Rule Example

Would you use all this information to determine stage?

NO

2/10/15	**Prostate biopsy – consistent with adenocarcinoma grade 3**
3/1/15	**Bone scan – negative**
3/15/15	**Radiation to prostate**
7/1/15	**Patient complaining of hip pain**
7/4/15	**Bone scan – metastatic disease from prostate cancer**

Evidence of progression/metastatic disease

pennsylvania DEPARTMENT OF HEALTH

General Guidelines

1. Based on combined clinical and pathological assessment
2. Include all information available through completion of surgeries
   - See timing rule
3. Radiotherapy, chemo, hormonal therapy, or immunotherapy can be included
   - As long as within the specified time frame

pennsylvania DEPARTMENT OF HEALTH

General Guidelines

4. Exclude metastasis after diagnosis
5. Clinical information can change the stage
   - Unless operative/pathology information disproves clinical information
6. All schemes apply to all histologies
   - Exception – lymphomas and Kaposi sarcoma
7. Use autopsy reports

pennsylvania DEPARTMENT OF HEALTH

General Guidelines

8. Unknown primary = code 9
9. TNM characteristics can be used
   - Described only in terms of TNM
   - Documentation in medical record takes priority
10. Site specific guidelines take precedence over general guidelines

pennsylvania DEPARTMENT OF HEALTH

Consider Involvement

adherent	extension to	induration	overstep
apparent	features of	infringe	presumed
appears to	fixation	into	probable
comparable with	fixed	intrude	protruding into
compatible with	impending perforation	invasion to, into, onto, out onto	suspected
consistent with	impinging upon	matted (LN only)	suspicious
contiguous/ continuous with	imposing on	most likely	to
encroaching upon	incipient invasion	onto	up to

pennsylvania DEPARTMENT OF HEALTH

Do Not Consider Involvement

abuts	entrapped	rule out
approaching	equivocal	suggests
approximates	extension to without invasion/involvement	very close to
attached	kissing	worrisome
cannot be excluded/ruled out	matted (except LN)	
effacing	possible	
encased	questionable	
encompassed	reaching	

pennsylvania DEPARTMENT OF HEALTH

Elimination of Categories

pennsylvania DEPARTMENT OF HEALTH

In Situ

- Carcinomas and melanomas
  - Anything else cannot be in situ
- **NOT** in situ
  - Evidence of invasion, nodal involvement, metastatic spread
    - Even if pathologist states "in situ"
  - In situ **with microinvasion** ≠ in situ

pennsylvania DEPARTMENT OF HEALTH

Distant

- Hematopoietic diseases considered distant at time of diagnosis
- Key terms on operative report
  - Seeding
  - Implants
  - Liver nodules
  - Other indications of metastases

pennsylvania DEPARTMENT OF HEALTH

Localized

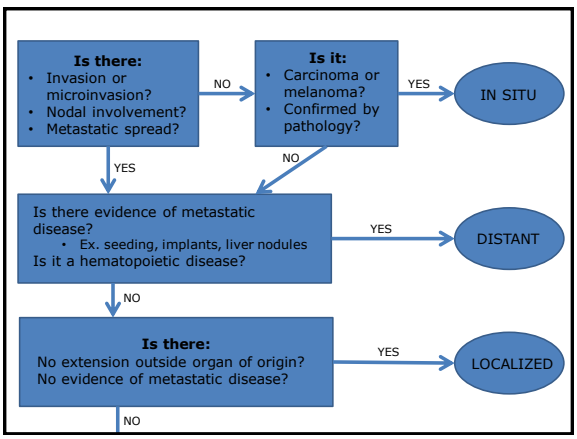
- Cancer located within organ of origin
- Does not extend beyond outer limits of organ
- No evidence of metastases
- Lymphatic and blood vessel invasion
  - Potential for malignant cells to metastasize
  - Do not necessarily indicate spread beyond primary organ
  - Must be definite evidence of tumor at distant sites

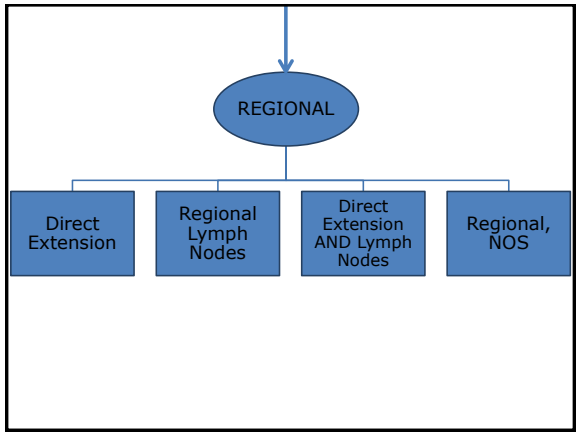
pennsylvania DEPARTMENT OF HEALTH

Regional

- Ruled out in situ, local, and distant categories
- Carcinomas
  - Lymph node involvement = regional
- Assume ipsilateral unless stated to be bilateral or contralateral
  - All tissues, structures, and lymph nodes

pennsylvania DEPARTMENT OF HEALTH





Unknown

- When to assign:
  - Not enough information in record
  - Primary site is unknown
- Examine all available information before assigning
- Unknown stages may be eliminated from analysis studies

pennsylvania DEPARTMENT OF HEALTH

Assigning Summary Stage

1. Where did the cancer start?
2. Where did the cancer go?
3. How did the cancer get to the other organ or structure?
4. What are the stage and correct code for this cancer?

pennsylvania DEPARTMENT OF HEALTH

Things to Remember

- Read the first section carefully
- Use the anatomy illustrations
- Pathology has precedence over operative report
  - When there are disagreements concerning excised tissue
- Operative/pathology report has precedence over clinical information
  - When operative or pathology report disproves clinical information
- Ambiguous terms – p.15
  - Print out or save a copy

pennsylvania DEPARTMENT OF HEALTH

Staging Exercises

pennsylvania DEPARTMENT OF HEALTH

Case Scenario 1

PE	Lungs clear. Heart regular. Abdomen soft, nontender, w/ no evidence of masses. DRE within normal limits
6/25	**Chest x-ray:** normal
6/27	**Colonoscopy:** fungating lesion involving 75% circumference of bowel, mid-transverse colon
6/30	**Transverse colectomy:** mod differentiated mucinous adenocarcinoma with transmural extension to serosa and mets 3/10 mesocolic LNs. Lymphovascular invasion present. Tumor size 4.5 cm. Liver biopsy benign

4 – Regional by BOTH direct extension AND regional lymph nodes involved

pennsylvania DEPARTMENT OF HEALTH

Case Scenario 2

8/27	**CT abdomen:** pleural based mass in low left chest **CT chest:** 4.0 cm pleural based mass anteriorly in left lung base. Second 2 cm mass in rt upper lobe.
Surgery	Pulmonary status insufficient to withstand any open procedure
9/4	**CT guided needle biopsy left lower lobe:** consistent with mixed adenocarcinoma and undifferentiated small cell carcinoma

7 – Distant site(s)/nodes involved

pennsylvania DEPARTMENT OF HEALTH

Case Scenario 3

PE	2 x 1.5 cm hard mass in right breast. Matted axillary lymph nodes approximately 3 cm in diameter. No lymphadenopathy
6/15	**Chest x-ray:** normal **Bone scan:** no evidence of metastases
6/22	**Multiple core bxs:** ductal carcinoma in UOQ only; right axillary – metastatic ductal carcinoma
10/03	**Simple mastectomy and axillary dissection:** 0.8 x 1.0 cm mod diff ductal carcinoma UOQ right breast. 5 mm residual metastatic ductal carcinoma in fibrous scarring, right axilla

3 – Ipsilateral regional lymph nodes involved only

nsylvania DEPARTMENT OF HEALTH

Case Scenario 4

PE	**Rectal exam:** prostate 3+ enlarged, nontender. No nodularity or induration
7/1	**Chest x-ray:** unremarkable
7/10	**Cystoscopy and transurethreal resection of prostate:** Grade II (Gleason 2 + 2 = 4) adenocarcinoma present in 5 of 20 chips from TURP specimen

1 – Localized

pennsylvania DEPARTMENT OF HEALTH

Questions?

Christina Lisella
clisella@pa.gov
1-800-272-1850, ext. 4

pennsylvania
DEPARTMENT OF HEALTH