



Tumor Talk: Testicular Cancer

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Quality Auditor/Educator-Cancer Registry

Contact

➤ Do you know a Cancer Registry Executive that needs help with:

❖ Staffing Support for

- Abstracting & Reporting
- Follow up
- Case Finding
- Survey Readiness or Operational Assessment
- Cancer Registry Outsourcing Business Case
- Auditing / Education

➤ Do you know a CTR professional that is looking for:

- A new career opportunity
- Supplementing their current income
- Flexibility of working from home



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Format of these Presentations

- Present a Scenario
- Ask a Question
- Wait for response from audience.
 - ❖ The responses are anonymous.
 - ❖ Please answer quickly.
 - ❖ It doesn't matter if you answer wrong, no one will know it was you!

Objectives

- Discuss the nuances and complexity of assigning the correct codes in various case scenarios.
- Highlight areas where registrars struggle abstracting.
- Identify various resources available to the cancer registrar and how to apply that knowledge when abstracting.
- Discussion on tips for more efficient abstracting.

Minimum Resources Required to Abstract

- 2023, 2022 or previous Implementation Guidelines <https://www.naaccr.org/implementation-guidelines/>
- Solid Tumor Rules <https://seer.cancer.gov/tools/solidtumor/>
- Hematopoietic and Lymphoid Neoplasm Database <https://seer.cancer.gov/seertools/hemelymph/>
- Hematopoietic and Lymphoid Neoplasm Coding Manual https://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules.pdf
- NAACCR Site Specific Data Items and Grade <https://apps.naaccr.org/ssdi/list/>
- SEER*RSA https://staging.seer.cancer.gov/eod_public/home/2.0/
- or https://staging.seer.cancer.gov/eod_public/home/2.1/
- EOD 2018 <https://seer.cancer.gov/tools/staging/>
- Summary Stage 2018 <https://seer.cancer.gov/tools/staging/>
- American Joint Committee on Cancer/AJCC <https://www.facs.org/quality-programs/cancer/ajcc>
- ICD O 3 Histology Revisions <https://www.naaccr.org/icdo3/>
- NAACCR https://www.naaccr.org/data-standards-data-dictionary/SEER*Rx_Interactive_Antineoplastic_Drugs_Database <https://seer.cancer.gov/seertools/seerrx/>
- STORE Manual <https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-call-for-data/registry-manuals/>
- SEER Program Coding and Staging Manual <https://seer.cancer.gov/tools/codingmanuals/>
- CTR Guide to Coding Radiation Therapy Treatment in the STORE <https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-call-for-data/registry-manuals/>
- Cancer Program News <https://www.facs.org/quality-programs/cancer/news>
- Appropriate State Manual

Primary Site

Primary Site

➤ **Scenario:** 2022

- ❖ Presented to ER w/ testicular pain swelling. Physical Exam: Large fixed mass left testicle, No lymphadenopathy appreciated
- ❖ US Scrotum: 0.5cm area in the left testicle suspicious for neoplasm

➤ **Question:** How would you code the primary site?

- ❖ C62.0 Undescended testis
- ❖ C62.1 Descended testis
- ❖ C62.9 Testis, Nos

Answer & Rationale

➤ –C62.0 Undescended testis

➤ **C62.1 Descended testis**

➤ –C62.9 Testis, Nos

➤ SEER Inquiry System - Question 20140005

- ❖ **Question:** Primary site--Testis: In the absence of a specific statement that the patient's testicle(s) are descended, should the primary site for a testicular tumor be coded as C621 (Descended Testis) when the mass is palpable on physical exam or demonstrated on scrotal ultrasound? See discussion.
- ❖ **Discussion:** It seems the non-specific Testis, NOS (C629) code is being over-used. Many testis cases have no documentation of the patient's testicular descension. However, testicular tumors in adults are frequently detected by palpation or scrotal ultrasound. **An undescended testis (a testis absent from the normal scrotal position) would be non-palpable or not amenable to imaging via a scrotal ultrasound.**
- ❖ **Answer:** Unless the testicle is stated to be undescended, it is reasonable to code C621 for primary site. Reserve C629 for cases with minimal or conflicting information.

SSDI's

Testis SSDI's

LDH	hCG	AFP	S Category
Pre-Orchiectomy Range	Pre-Orchiectomy Lab Value	Pre-Orchiectomy Lab Value	S Category Clinical
Post-Orchiectomy Range	Pre-Orchiectomy Range	Pre-Orchiectomy Range	S Category Pathological
	Post-Orchiectomy Lab Value	Post-Orchiectomy Lab Value	
	Post-Orchiectomy Range	Post-Orchiectomy Range	

LDH Pre-Orchiectomy Range

➤ **Scenario:** Lab tests done prior to Orchiectomy

- ❖ LDH 398 elevated [ref range 110-271]

➤ **Question:** How will you code LDH Pre-Orchiectomy Range?

- ❖ 0
- ❖ 1
- ❖ 2
- ❖ 3
- ❖ 4

Code	Description
0	Within normal limits
1	Less than 1.5 x N (Less than 1.5 times the upper limit of normal for LDH)
2	1.5 to 10 x N (Between 1.5 and 10 times the upper limit of normal for LDH)
3	Greater than 10 x N (Greater than 10 times the upper limit of normal for LDH)
4	Pre-Orchiectomy lactate dehydrogenase (LDH) range stated to be elevated
7	Test ordered, results not in chart
8	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 8 may result in an edit error.)
9	Not documented in medical record LDH (Lactate Dehydrogenase) Pre-Orchiectomy Range not assessed or unknown if assessed

READ THE NOTES in the SSDI Manual-LDH (Lactate Dehydrogenase) Pre-Orchiectomy Range

- **Note 1:** Physician statement of the LDH (Lactate Dehydrogenase) Pre-Orchiectomy Range can be used to code this data item when no other information is available.
- **Note 2:** Record the range of the highest LDH test result documented in the medical record prior to orchiectomy or prior to any systemic treatment. The lab value may be documented in a lab report, history and physical, or clinical statement in the pathology report.
- **Note 3:** Of the three tumor markers, lactate dehydrogenase (LDH) is the least specific for testicular cancer. The magnitude of LDH elevation directly correlates with Testis tumor burden.

Answer & Rationale

- Pre-orchietomy lab value is elevated at 398
[**upper limit of normal 271**]
- ❖ Code 1 (Less than 1.5 times the upper limit of normal for LDH)
 - $1.5 \times 271 = 406.5$
 - **LDH would have to be <406.5**
- ❖ Code 2 Between 1.5 and 10 times the upper limit of normal for LDH)
 - $10 \times 271 = 2710$
 - **LDH would have to be between 406.5-2710**
- ❖ Code 3 (Greater than 10 times the upper limit of normal for LDH)
 - **LDH would have to be >2710**

Code	Description
0	Within normal limits
1	Less than 1.5 x N (Less than 1.5 times the upper limit of normal for LDH)
2	1.5 to 10 x N (Between 1.5 and 10 times the upper limit of normal for LDH)
3	Greater than 10 x N (Greater than 10 times the upper limit of normal for LDH)
4	Pre-Orchiectomy lactate dehydrogenase (LDH) range stated to be elevated
7	Test ordered; results not in chart
8	Not applicable; information not collected for this case (If this information is required by your standard setter, use of code 8 may result in an edit error.)
9	Not documented in medical record LDH (Lactate Dehydrogenase) Pre-Orchiectomy Range not assessed or unknown if assessed

hcG Pre-Orchiectomy Lab Value

- **Scenario:** Lab tests done prior to Orchiectomy
 - ❖ hcG <2 mIU/mL [Reference range <5 mIU/mL]

- **Question:** How will you code hcG Pre-Orchiectomy Lab Value?
 - ❖ 0.0
 - ❖ 1.9
 - ❖ 2.0

READ THE NOTES in the SSDI manual- hCG Pre-Orchiectomy Lab Value

- **Note 1:** Physician statement of the hCG (Human Chorionic Gonadotropin) Pre-Orchiectomy Lab Value can be used to code this data item when no other information is available.
- **Note 2:** Record the lab value of the highest hCG test result documented in the medical record prior to orchiectomy or prior to any systemic treatment. The lab value may be documented in a lab report, history and physical, or clinical statement in the pathology report.
- **Note 3:** A lab value expressed in International Units/liter (IU/L) is equivalent to the same value expressed in milli-International Units/milliliter (mIU/mL).
- **Note 4:** The same laboratory test should be used to record information in hCG Pre-Orchiectomy Range [NAACCR Data Item #3849].

Answer & Rationale

- 1.9
- SSDI Manual Recording values when “less than” or “greater than” are used
 - ❖ Record the value as one less than stated when a value is reported as “less than X,” and as one more than stated when a value is reported as “more than X.” One less or one more may refer to a whole number (1), or a decimal (0.1), depending on the code structure of the field.
 - SSDIs with decimals in their code structures
 - Example 1: PSA stated as < (less than) 5. Record 4.9
 - Example 2: hCG lab value resulting findings of < (less than) 1. Record 0.9
 - Example 3: Ki-67 reported as > (greater than) 20%. Record 20.1

hcG Pre-Orchiectomy Range

➤ **Scenario:** Lab tests done prior to Orchiectomy

- ❖ hcG <2 mIU/mL [Reference range <5 mIU/mL]

➤ **Question:** How will you code hcG Pre-Orchiectomy Range?

- ❖ 0
- ❖ 1
- ❖ 2
- ❖ 3
- ❖ 4

Code	Description
0	Within normal limits
1	Above normal and less than 5,000 milli-International Units/milliliter (mIU/mL)
2	5,000 - 50,000 mIU/mL
3	Greater than 50,000 mIU/mL
4	Pre-orchiectomy human chorionic gonadotropin (hCG) stated to be elevated
7	Test ordered, results not in chart
8	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 8 may result in an edit error.)
9	Not documented in medical record hCG Pre-Orchiectomy range not assessed or unknown if assessed

READ THE NOTES in the SSDI manual- hCG Pre-Orchiectomy Range

- **Note 1:** Physician statement of the hCG (Human Chorionic Gonadotropin) Pre-Orchiectomy Range can be used to code this data item when no other information is available.
- **Note 2:** Record the range of the highest hCG test result documented in the medical record prior to orchiectomy or prior to any systemic treatment. The lab value may be documented in a lab report, history and physical, or clinical statement in the pathology report.
- **Note 3:** A lab value expressed in International Units/liter (IU/L) is equivalent to the same value expressed in milli-International Units/milliliter (mIU/mL).
- **Note 4:** The same laboratory test should be used to record information in hCG Pre-orchiectomy Lab Value [NAACCR Data Item #3848].

Answer & Rationale

- ❖ Pre-orchietomy lab value is hcG <2 mIU/mL
[Reference range <5 mIU/mL]

Code	Description
0	Within normal limits
1	Above normal and less than 5,000 milli-International Units/milliliter (mIU/mL)
2	5,000 - 50,000 mIU/mL
3	Greater than 50,000 mIU/mL
4	Pre-orchietomy human chorionic gonadotropin (hCG) stated to be elevated
7	Test ordered, results not in chart
8	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 8 may result in an edit error.)
9	Not documented in medical record hCG Pre-Orchietomy range not assessed or unknown if assessed

AFP (Alpha Fetoprotein) Pre-Orchiectomy Range

➤ **Scenario:** Lab tests done prior to Orchiectomy

- ❖ AFP elevated 40,000 ng/mL

➤ **Question:** How will you code AFP Pre-Orchiectomy Range?

- ❖ 0
- ❖ 1
- ❖ 2
- ❖ 3
- ❖ 4

Code	Description
0	Within normal limits
1	Above normal and less than 1,000 nanograms/milliliter (ng/mL)
2	1,000 - 10,000 ng/mL
3	Greater than 10,000 ng/mL
4	Pre-Orchiectomy alpha fetoprotein (AFP) stated to be elevated
7	Test ordered, results not in chart
8	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 8 may result in an edit error.)
9	Not documented in medical record AFP (Alpha Fetoprotein) Pre-Orchiectomy Range not assessed or unknown if assessed

Answer & Rationale

- ❖ Pre-orchietomy lab value is AFP elevated 40,000 ng/mL

Code	Description
0	Within normal limits
1	Above normal and less than 1,000 nanograms/milliliter (ng/mL)
2	1,000 - 10,000 ng/mL
3	Greater than 10,000 ng/mL
4	Pre-Orchiectomy alpha fetoprotein (AFP) stated to be elevated
7	Test ordered, results not in chart
8	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 8 may result in an edit error.)
9	Not documented in medical record AFP (Alpha Fetoprotein) Pre-Orchiectomy Range not assessed or unknown if assessed

S Category Clinical

➤ **Scenario:** Lab tests done prior to Orchiectomy

- ❖ AFP elevated 40,000 ng/mL
- ❖ LDH 398 elevated [upper limit of normal 271]
- ❖ hCG <2 within normal limits

➤ **Question:** How will you code SSDI S Category Clinical?

- ❖ 0 S0
- ❖ 1 S1
- ❖ 2 S2
- ❖ 3 S3
- ❖ 9 Sx

Code	Description
0	S0: Marker study levels within normal levels
1	S1: At least one of these values is elevated AND <ul style="list-style-type: none"> › LDH less than 1.5 x N* AND › hCG (mIU/L) less than 5,000 AND › AFP (ng/mL) less than 1,000
2	S2: <ul style="list-style-type: none"> › LDH 1.5 x N* to 10 x N* OR › hCG (mIU/L) 5,000 to 50,000 OR › AFP (ng/mL) 1,000 to 10,000
3	S3: Only one elevated test is needed <ul style="list-style-type: none"> › LDH greater than 10 x N* OR › hCG (mIU/mL) greater than 50,000 OR › AFP (ng/mL) greater than 10,000
9	SX: Not documented in medical record S Category Clinical not assessed or unknown if assessed

NOTES in the SSDI Manual-S Category Clinical

- **Note 1:** Code the S category as described by the physician. If the S category determined by available lab values or calculated by vendor software differs from the physician statement of the S category, the physician's statement takes precedence.
- **Note 2:** Code the pre-orchietomy S category according to the table below. This table is also available in AJCC 8th edition, Chapter 59, Testis.
 - For AFP, a lab value expressed in micrograms per liter (ug/L) is equivalent to the same value expressed in nanograms per milliliter (ng/ml).
- **Note 3:** Clinical stage values are those based on physician statement or lab values at diagnosis, prior to orchietomy, and prior to any systemic treatment.
- **Note 4:** **All three lab values are needed for S0-S1. Only one elevated test is needed to assign S2-3. If any individual test is not available and none of the available tests results meets the S2-3 criterion for that test, assign code 9 (SX).**

Answer & Rationale

Code	Description
0	S0: Marker study levels within normal levels
1	S1: At least one of these values is elevated AND •LDH less than 1.5 x N* AND •hCG (mIU/L) less than 5,000 AND •AFP (ng/mL) less than 1,000
2	S2: •LDH 1.5 x N* to 10 x N* OR •hCG (mIU/L) 5,000 to 50,000 OR •AFP (ng/mL) 1,000 to 10,000
3	S3: Only one elevated test is needed •LDH greater than 10 x N* OR •hCG (mIU/mL) greater than 50,000 OR •AFP (ng/mL) greater than 10,000
9	SX: Not documented in medical record S Category Clinical not assessed or unknown if assessed

- AFP elevated 40,000 ng/mL
- LDH 398 elevated [upper limit of normal 271]
- HCG <2 within normal limits

S Category Pathological

➤ **Scenario:**

- ❖ 08-03-2022 Orchiectomy
- ❖ LDH Not done
- ❖ 08-16-2022hCG <2 within normal limits
- ❖ 08/16/2022 AFP elevated 40,000 ng/mL
- ❖ 08/20/2022 AFP elevated 10,000 ng/mL
- ❖ 08-23-2022 Chemo Started

➤ **Question:** How will you code SSDI S Category Pathological?

- ❖ 0 S0
- ❖ 1 S1
- ❖ 2 S2
- ❖ 3 S3
- ❖ 9 Sx

Code	Description
0	S0: Marker study levels within normal levels
1	S1: At least one of these values is elevated AND <ul style="list-style-type: none"> ➢ LDH less than 1.5 x N* AND ➢ hCG (mIU/L) less than 5,000 AND ➢ AFP (ng/mL) less than 1,000
2	S2: <ul style="list-style-type: none"> ➢ LDH 1.5 x N* to 10 x N* OR ➢ hCG (mIU/L) 5,000 to 50,000 OR ➢ AFP (ng/mL) 1,000 to 10,000
3	S3: Only one elevated test is needed <ul style="list-style-type: none"> ➢ LDH greater than 10 x N* OR ➢ hCG (mIU/mL) greater than 50,000 OR ➢ AFP (ng/mL) greater than 10,000
9	SX: Not documented in medical record S Category Clinical not assessed or unknown if assessed

READ THE NOTES in the SSDI Manual-S Category Pathological

- **Note 1:** Code the S category as described by the physician. If the S category determined by available lab values or calculated by vendor software differs from the physician statement of the S category, the physician's statement takes precedence.
- **Note 2:** Code the post-orchietomy S category according to the table below. This table is also available in AJCC 8th edition, Chapter 59, Testis.
 - For AFP, a lab value expressed in micrograms per liter (ug/L) is equivalent to the same value expressed in nanograms per milliliter (ng/ml).
- **Note 3:** Pathological stage values are those based on physician statement or lab values after orchietomy and prior to adjuvant therapy.
- **Note 4:** If the initial post-orchietomy lab values remain elevated, review the subsequent tests and use the lowest lab values (normalization or plateau) prior to adjuvant therapy or before the value rises again.
- **Note 5:** All three lab values are needed for S0-S1. **Only one elevated test is needed to assign S2-3.** If any individual test is not available and none of the available tests results meets the S2-3 criterion for that test, assign code 9 (SX).
- **Note 6:** When all the serum tumor markers are normal pre-orchietomy and they are not repeated post-orchietomy, code 5.

Answer & Rationale

Code	Description
0	S0: Marker study levels within normal levels
1	S1: At least one of these values is elevated AND •LDH less than 1.5 x N* AND •hCG (mIU/L) less than 5,000 AND •AFP (ng/mL) less than 1,000
2	S2: •LDH 1.5 x N* to 10 x N* OR •hCG (mIU/L) 5,000 to 50,000 OR •AFP (ng/mL) 1,000 to 10,000
3	S3: Only one elevated test is needed •LDH greater than 10 x N* OR •hCG (mIU/mL) greater than 50,000 OR •AFP (ng/mL) greater than 10,000
9	SX: Not documented in medical record S Category Clinical not assessed or unknown if assessed

- LDH not done
- 08-16-2022 hCG <2 within normal limits
- ~~08-16-2022 AFP elevated 10,000 ng/mL~~
- 08/20/2022 AFP elevated 10,000
- 08-23-2022 Chemo Started

AJCC Stage

AJCC Clinical Stage

➤ **Scenario:**

- ❖ 7/23/2022 Presented w/ testicular pain & swelling. A scrotal U/S identifies 0.5cm area in the left testicle suspicious for cancer. No CT or any other imaging done to assess regional lymph nodes prior to Orchiectomy. AFP elevated 40,000, LDH 398 [upper limit of normal 267], HCG less than 2

Nothing below this line is included in clinical stage

- ❖ 8/3/2022 Radical Orchiectomy: 1.5 cm Germ Cell Neoplasia, pTis pNX
- ❖ 8/15/2022 CT: Para-aortic lymph nodes suspicious for metastatic adenopathy
- ❖ 8/16/2022 AFP elevated 40,000, HCG less than 2, no LDH done
- ❖ 08/20/2022 Oncologist stage: cTis cN3 cM0 S3
- ❖ 08/23/2022 started on adjuvant chemotherapy BEP
- ❖ 11/13/2022 Para-aortic LND: 8 LN's negative

➤ **Question:** How would you assign the AJCC Clinical Stage categories?

- ❖ cT BLANK cN BLANK cM0
- ❖ cTX cNX cM0

Answer & Rationale

- Rules for Clinical Classification in the AJCC 8th Edition
- AJCC Curriculum for Registrars <https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/staging-education/registrar/curriculum/>
 - Module IV: Advanced Lesson 23 & 24
 - Module II: Beginning Lesson 11
- CAnswer Forum Post <https://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/testis-chapter-59/128136-ctx-or-ct-blank-do-i-use-info-from-ajcc-curriculum-or-canswer-forum-posts#post128175>
- cTX cNX
 - ❖ Assign an X because the patient is eligible for staging, but the physician did not assess or have the **information-no biopsy or CT scans done** [
 - ❖ cM0
 - Assign cM0- only requires H&P, imaging is not necessary to assign cM0

AJCC Pathologic Stage

➤ **Scenario:**

- ❖ 7/23/2022 Presented w/ testicular pain & swelling. A scrotal U/S identifies 0.5cm area in the left testicle suspicious for cancer. No CT or any other imaging done to assess regional lymph nodes prior to Orchiectomy. AFP elevated 40,000, LDH 398 [upper limit of normal 267], HCG less than 2
- ❖ 8/3/2022 Radical Orchiectomy: 1.5 cm Germ Cell Neoplasia, pTis pNX
- ❖ 8/15/2022 CT: Para-aortic lymph nodes suspicious for metastatic adenopathy
- ❖ 08/16/2022 AFP elevated 40,000, HCG less than 2, no LDH done
- ❖ 8/20/2022 Oncologist stage: cTis cN3 cM0 S3

Nothing below this line is included in pathological stage

- ❖ 08/23/2022 started on adjuvant chemotherapy BEP
- ❖ 11/13/2022 Para-aortic LND: 8 LN's negative

➤ **Question:** How would you assign the AJCC Pathologic N stage category?

- ❖ pTis **cN3** cM0
- ❖ pTis **pN0** cM0
- ❖ pTis **pNX** cM0

Answer & Rationale

- Rules for Pathologic Classification in the AJCC 8th Edition
- AJCC Curriculum for Registrars Nodule IV: Advanced Lesson 24
- CAnswer Forum Post <https://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/testis-chapter-59/127760-testis-clinical-path-staging#post127822>
 - ❖ ~~pTis cN3 cM0~~
 - Cannot assign clinical N for this site, a nodal dissection is necessary to assign pN category
 - TIP: Refer to the AJCC Critical Clarifications document **Node Status Not Required in Rare Circumstances** <https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/staging-education/registrar/>
 - ❖ ~~pTis pN0 cM0~~
 - Cannot use the information from the Para-aortic LND because it was done AFTER the most definitive surgery & adjuvant chemotherapy]
 - ❖ **pTis pNX cM0**
 - AJCC Curriculum for Registrars Nodule IV: Advanced Lesson 24 Surgical resection primary but no nodes examined code X

AJCC TNM Post Therapy Stage

➤ Scenario:

- ❖ 7/23/2022 Presented w/ testicular pain & swelling. A scrotal U/S identifies 0.5cm area in the left testicle suspicious for cancer. No CT or any other imaging done to assess regional lymph nodes prior to Orchiectomy. AFP elevated 40,000, LDH 398 [upper limit of normal 267], HCG less than 2
- ❖ 8/3/2022 Radical Orchiectomy: 1.5 cm Germ Cell Neoplasia, pTis pNX
- ❖ 8/15/2022 CT: Para-aortic lymph nodes suspicious for metastatic adenopathy
- ❖ 08/16/2022 AFP elevated 40,000, HCG less than 2, no LDH done
- ❖ 8/20/2022 Oncologist stage: cTis cN3 cM0 S3
- ❖ 08/23/2022 started on adjuvant chemotherapy BEP
- ❖ 11/13/2022 Para-aortic LND: 8 LN's negative

➤ Question: How would you assign the AJCC TNM Post Therapy Path Stage T & N categories?

- ❖ ypTis ypN0
- ❖ ypT0 ypN0
- ❖ ypT BLANK ypN BLANK

Answer & Rationale

➤ ypT BLANK ypN BLANK

- ❖ AJCC 8th Edition Chapter 1 *“Posttherapy or Post Neoadjuvant Therapy (ycTNM and ypTNM) Stage determined after treatment for patients receiving systemic and/or radiation therapy alone or as a component of their initial treatment, or as neoadjuvant therapy before planned surgery, is referred to as posttherapy classification. It also may be referred to as post neoadjuvant therapy classification. “*

Summary

- AJCC Clinical cTX cNX cM0 S Category 3 Stage Group 99
- AJCC Path pTis pNX cM0 S Category 2 Stage Group 99
- AJCC TNM Post Therapy Clinical BLANK
- AJCC TNM Post Therapy Pathological BLANK

Summary Stage

➤ Scenario:

- ❖ 7/23/2022 Presented w/ testicular pain & swelling. A scrotal U/S identifies 0.5cm area in the left testicle suspicious for cancer. No CT or any other imaging done to assess regional lymph nodes prior to Orchiectomy. AFP elevated 40,000, LDH 398 [upper limit of normal 267], HCG less than 24/1/2022 Radical Orchiectomy: 1.0cm Germ Cell Neoplasia,
- ❖ 8/3/2022 Radical Orchiectomy: 1.5 cm Germ Cell Neoplasia, pTis pNX
- ❖ 8/15/2022 CT: Para-aortic lymph nodes suspicious for metastatic adenopathy
- ❖ 08/16/2022 AFP elevated 40,000, HCG less than 2, no LDH done
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- ❖ 08/23/2022 started on adjuvant chemotherapy BEP
- ❖ 11/13/2022 Para-aortic LND: 8 LN's negative

➤ Question: How would you assign the Summary Stage?

- ❖ 0 In Situ
- ❖ 3 Regional Lymph Nodes

Answer & Rationale

➤ 3 Regional Lymph Nodes

➤ SUMMARY STAGE 2018

❖ Regional Nodes

- Summary Stage uses all information available in the medical record; in other words, it is a combination of the most precise clinical and pathological documentation of the extent of disease.

0 In situ, intraepithelial, noninvasive

- Germ cell neoplasia in situ



3 Regional lymph node(s) involved only

- Lymph nodes WITH or WITHOUT previous scrotal or inguinal surgery
 - Aortic, NOS
 - Lateral (lumbar)
 - Para-aortic
 - Periaortic
 - Preaortic
 - Retroaortic
 - Pericaval, NOS
 - Interaortocaval
 - Paracaval
 - Precaval
 - Retrocaval
 - Retroperitoneal, NOS
 - Spermatic vein
 - Regional lymph node(s), NOS
 - Lymph node(s), NOS

Treatment

Surgical Procedure of Primary Site

❖ 8/3/2022 Radical Orchiectomy

- SEER Appendix C
- STORE *APPENDIX A: Site-Specific Surgery Codes*

SEER Program Coding and Staging Manual 2021

Surgery Codes

Testis C620–C629

(Except for M9732, 9741-9742, 9761-9809, 9820, 9826, 9831-9834, 9840-9920, 9931-9993)

Codes

- 00 None; no surgery of primary site; autopsy ONLY
- 12 Local tumor destruction, NOS
No specimen sent to pathology from surgical event 12
- 20 Local or partial excision of testicle
- 30 Excision of testicle, WITHOUT cord
[**SEER Note:** Orchiectomy not including spermatic cord]
- 40 Excision of testicle WITH cord or cord not mentioned (radical orchiectomy)
[**SEER Note:** Orchiectomy with or without spermatic cord]
- 80 Orchiectomy, NOS (unspecified whether partial or total testicle removed)

Specimen sent to pathology from surgical events 20-80

- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate only

Scope of Regional Lymph Node Surgery

➤ STORE /SEER Program Coding and Staging Manual

- ❖ Code regional lymph node procedures in this data item.
- ❖ Record distant lymph node removal in Surgical Procedure of Other Site.
- ❖ Include lymph nodes that are regional in the current AJCC Staging Manual or EOD 2018

- ❖ 8/3/2022 Radical Orchiectomy
- ❖ 08/23/2022 started on adjuvant chemotherapy BEP
- ❖ 11/13/2022 Para-aortic LND: 8 LN's negative

Code	Description
0	No regional lymph nodes removed or aspirated; diagnosed at autopsy.
1	Biopsy or aspiration of regional lymph node, NOS
2	Sentinel lymph node biopsy [only]
3	Number of regional lymph nodes removed unknown, not stated; regional lymph nodes removed, NOS
4	1 to 3 regional lymph nodes removed
5	4 or more regional lymph nodes removed
6	Sentinel node biopsy and code 3, 4, or 5 at same time or timing not noted
7	Sentinel node biopsy and code 3, 4, or 5 at different times
9	Unknown or not applicable

CHEMO

➤ STORE /SEER Program Coding and Staging Manual

- ❖ 03 Multi-agent chemo administered as first course therapy

➤ SEER*Rx Interactive Antineoplastic Drugs Database <https://seer.cancer.gov/seertools/seerrx/>

- ❖ 8/3/2022 Radical Orchiectomy
- ❖ 08/23/2022 started on adjuvant chemotherapy BEP
- ❖ 11/13/2022 Para-aortic LND: 8 LN's negative

SEER*Rx Interactive Antineoplastic Drugs Database

Search Database Downloads

BEP Search

Drugs (3) Regimen (1) Show 25 Entries

Relevance	Name	Primary Site
	BEP	

Search Database

Name

BEP

Alternate names

Drugs for BEP

Etoposide Cisplatin Bleomycin

Category

Chemotherapy

Treatment

Surgical Procedure of Primary Site	40	Per STORE/SEER Excision of testicle WITH cord or cord not mentioned (radical orchiectomy) [SEER Note: Orchiectomy with or without spermatic cord]
Scope of Regional Lymph Node Surgery	5	Per STORE Scope of Regional Lymph Nos Surgery Code 5 if 4 or more regional lymph nodes removed
Chemotherapy	03	Look up BEP Regimen SEER*Rx Interactive Antineoplastic Drugs Database [BEP Drug regimen=Etoposide, Cisplatin, Bleomycin all 3 drugs are recorded as chemotherapy]
Systemic/Surgery Sequence	7	<p>STORE Surgery both before and after systemic therapy Systemic therapy was administered between two separate surgical procedures to the primary site; regional lymph nodes; surgery to other regional site(s), distant site(s), or distant lymph node(s).</p> <ul style="list-style-type: none"> • Surgery to primary site-Orchiectomy • Chemo • Surgery to regional lymph nodes- Para-aortic LND

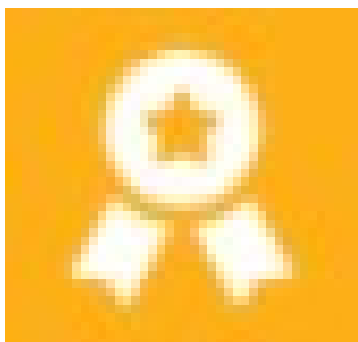
- ❖ 8/3/2022 Radical Orchiectomy
- ❖ 08/23/2022 started on adjuvant chemotherapy BEP
- ❖ 11/13/2022 Para-aortic LND: 8 LN's negative

Conclusion

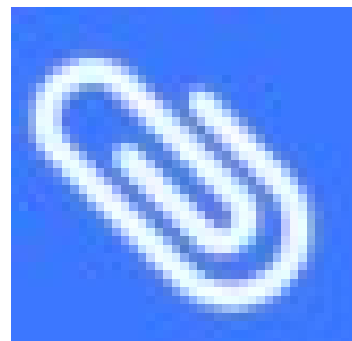
- Refer to CAnswer Forum for clarification about what is in these manuals
<https://cancerbulletin.facs.org/forums/>
- AJCC TNM Staging 8th Edition
 - ❖ Grade
 - ❖ Site-Specific Data Items
 - ❖ STORE
- Refer to SINC/Ask a SEER Registrar for clarification about what is in these manuals
<https://seer.cancer.gov/registrars/contact.html>
 - ❖ EOD
 - ❖ Hematopoietic Rules
 - ❖ ICD-O-3 Updates (for cases diagnosed 2018+)
 - ❖ SEER*RX
 - ❖ Solid Tumor Rules (for cases diagnosed 2018+)
 - ❖ Summary Stage 2018

STOP!!! Before you log off

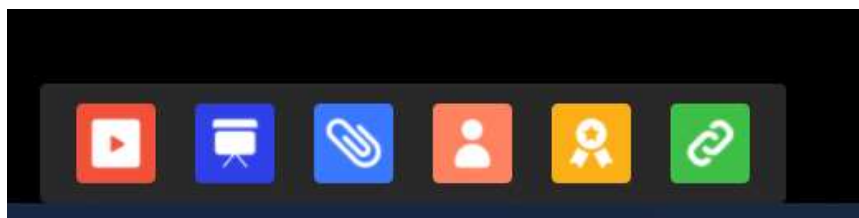
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Questions

