Q&A

- Please submit all questions concerning webinar content through the Q&A panel.

Reminder:
- If you have participants watching this webinar at your site, please collect their names and emails.
- We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.

FABULOUS PRIZES
KEY STATISTICS: ESOPHAGUS

ESTIMATED NEW CASES AND DEATHS

- New cases: 16,980
  - 13,570 in men
  - 3,410 in women
- Deaths: 15,590
  - 12,600 in men
  - 2,990 in women

SURVIVAL

<table>
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<th>Stage</th>
<th>5-Year Relative Survival Rate</th>
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<tr>
<td>0</td>
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<tr>
<td>Regional</td>
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</tr>
<tr>
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National Cancer Institute’s Surveillance, Epidemiology, and End Results (SEER) Database

American Cancer Society Cancer Facts and Figures 2015

KEY STATISTICS: STOMACH

ESTIMATED NEW CASES AND DEATHS

- New cases: 24,590
  - 15,540 in men
  - 9,050 in women
- Deaths: 10,720
  - 6,500 in men
  - 4,220 in women

SURVIVAL

<table>
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<th>Stage</th>
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<td>IV</td>
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</tbody>
</table>

National Cancer Institute’s SEER database

American Cancer Society Cancer Facts and Figures 2015

HISTOLOGY

- Squamous Cell Carcinoma
  - Typically found in the upper two thirds of the esophagus.
- Adenocarcinoma
  - Usually forms in the lower third of the esophagus, near the stomach.
**Barrett's Esophagus**

- Repeated exposure to acidic stomach contents washing back (refluxing) through the lower esophageal sphincter may cause squamous cells to be replaced by glandular cells resembling those cells in the stomach.

**High Grade Dysplasia/CA In Situ**

**Per AJCC Manual**
- High grade dysplasia includes all non invasive neoplastic epithelia formally called carcinoma in situ.
- Carcinoma in situ no longer used for columnar mucosa anywhere in the digestive tract.

**Per Standard Setters**
- Please discuss this issue with your cancer committee and/or pathologists.
- If they feel these cases should be reported as carcinoma in situ, please do so.
- If they do not feel these cases should be picked up as carcinoma in situ, do not report them to SEER, CoC, or your state registry.

**Proximal vs. Distal**

- Proximal - Towards the incisors
- Distal - Away from the incisors
- This is the same for the entire GI tract
ESOPHAGUS OVERVIEW

• Anatomy

C15.3 C15.4 C15.5 C16.0

(Thoracic esophagus)

10

18

TOPOGRAPHY: STOMACH

• Cardia (C16.0)
• Fundus (C16.1)
• Body (C16.2)
• Gastric (Pyloric) Antrum (C16.3)
• Pylorus (C16.4)
• Lesser Curvature (C16.5)
  • Not classifiable to C16.0 to C16.4
• Greater Curvature (C16.6)
  • Not classifiable to C16.0 to C16.4
• Stomach NOS (C16.9)

CS SCHEMA ESOPHAGUS

- If the epicenter of tumor is in the distal esophagus and the cardia is involved use the Esophagus Schema and the AJCC chapter for Esophagus

NAACCR 2014-2015 Webinar Series
If the epicenter of a tumor is in the EGJ or in the proximal 5 cm of the stomach and the cardia is involved, use the EsophagusGEJunction Schema and the AJCC chapter for esophagus.

**Cardia**
- Tumor is within 5 cm of the cardia and the cardia is involved.
- What is the primary site?
  - C16.2 Body of Stomach
- What CS schema would be used to stage this case?
  - EsophagusGEJunction

**POP QUIZ**
- Tumor located in the fundus of the stomach more than 5 cm from the cardia.
- What is the primary site?
  - C16.1 Fundus of Stomach
- What CS schema would be used to stage this case?
  - Stomach
LAYERS OF THE ESOPHAGEAL WALL

- Mucosa
  - Surface epithelium, lamina propria, and muscularis mucosa
- Submucosa
  - Connective tissue, blood vessels, and glands
- Muscularis (middle layer)
  - Striated and Smooth muscle
- Adventitia
  - Connective tissue that merges with connective tissue of surrounding structures
- No Serosa

LAYERS OF THE STOMACH WALL

- Serosal
- Subserosal
- Muscular
- Submucosal
- Mucosal

RUGAE

- Rugae a series of ridges produced by folding of the wall of an organ.
- Allows the stomach to expand when needed.
**Linitis Plastica**

- Spreads to the muscles of the stomach wall and makes it thicker and more rigid.

**Lymphatics of the Esophagus**

- Drainage is intramural and longitudinal.
- Concentration of lymphatic channels in the submucosa and lamina propria.
- The anatomic site of the cancer and the nodes to which the site drains may not be the same.

**Lymphatics of the Stomach**

- Greater curvature
- Greater omental
- Pyloric
- Pancreatic and Splenic Area
  - Peripancreatic
  - Splenic
- Lesser curvature
- Lesser omental
- Left gastric
- Celiac
DISTANT METASTASIS: ESOPHAGUS
- The most common sites are:
  - Liver
  - Lungs
  - Pleura

DISTANT METASTASIS: STOMACH
- The most common sites are:
  - Liver
  - Peritoneal surface
  - Distant lymph nodes

GRADE
- For Esophagus and EGJ, grade is required to calculate AJCC stages 0-IIA for both squamous cell carcinoma and adenocarcinoma
- Grade is not required to derive AJCC TNM stage for Stomach
- Standard four grade grading system
  - Well differentiated
  - Moderately differentiated
  - Poorly differentiated
  - Undifferentiated

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<td>Endoscopic mucosal resection</td>
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NAACCR 2014-2015 Webinar Series
STAGING: ESOPHAGUS & STOMACH

AJCC Cancer Stage

ESOPHAGUS & ESOPHAGOGASTRIC JUNCTION (EGJ): CHAPTER 10

AJCC CANCER STAGE: ESOPHAGUS & EGJ

- ICD-O-3 Topography Codes
  - C15.0-C15.5, C15.8-C15.9 (esophagus)
  - C16.0 (EGJ)
  - C16.1 (fundus of stomach, proximal 5 cm only)
  - C16.2 (body of stomach, proximal 5 cm only)

- ICD-O-3 Histology Code Ranges
  - C15 only
    - 8000-8576, 8940-8950, 8980-8981
  - C16 only
    - 8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981
AJCC CANCER STAGE: ESOPHAGUS/EGJ

CLASSIFICATION

- Clinical staging
  - Evidence prior to treatment
  - Esophagoscopy with biopsy, endoscopic esophageal ultrasound (EUS), EUS directed fine needle aspiration (EUS-FNA), CT, PET/CT

- Pathologic staging
  - Evidence prior to treatment plus evidence acquired during and from surgery particularly pathologic exam of surgical specimen

T Category

- T0: No evidence of primary tumor
- Tis: High-grade dysplasia
- T1: Invades lamina propria, muscularis mucosae, or submucosa
  - T1a: Invades lamina propria or muscularis mucosae
  - T1b: Invades submucosa
- T2: Invades muscularis propria
- T3: Invades adventitia
- T4: Invades adjacent structures
  - T4a: Resectable tumor invading pleura, pericardium, or diaphragm
  - T4b: Unresectable tumor invading other adjacent structures, such as aorta, vertebral body, trachea, etc.
**AJCC CANCER STAGE: ESOPHAGUS/EGJ**

- **N Category:**
  - NX: Regional lymph nodes cannot be assessed
  - N0: No regional lymph node metastasis
  - N1: Metastasis in 1-2 regional lymph nodes
  - N2: Metastasis in 3-6 regional lymph nodes
  - N3: Metastasis in 7 or more regional lymph nodes

- **M Category**
  - M0: No distant metastasis
  - M1: Distant metastasis

---

**AJCC CANCER STAGE: ESOPHAGUS/EGJ**

**SQUAMOUS CELL CARCINOMA**

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<td>T2-2</td>
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### AJCC CANCER STAGE: ESOPHAGUS/EGJ SQUAMOUS CELL CARCINOMA

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<td>M1</td>
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</table>

### AJCC CANCER STAGE: ESOPHAGUS/EGJ ADENOCARCINOMA

#### Stage 0
- T N M Grade
- T6 N0 M0 1, X

#### Stage I
- IA T1 N0 M0 1-2, X
- IB T1 N0 M0 3

#### Stage II
- IIA T2 N0 M0 3
- IIB T3 N0 M0 Any

#### Stage III
- IIIA T1-2 N2 M0 Any
- T3 N1 M0 Any
- T4a N0 M0 Any

#### Stage IV
- T3 N2 M0 Any
- T4a N1-2 Any M0 Any
- T4b Any N3 M0 Any

- Any M1 Any
POP QUIZ

- CT scan chest/abdomen: Slight thickening of wall of lower thoracic esophagus.
- EGD with biopsy: Small lesion of lower thoracic esophagus, well differentiated adenocarcinoma; no other abnormalities.
- Endoscopic ultrasound (EUS): Lesion of wall of lower thoracic esophagus invades lamina propria; no lymphadenopathy.
- Esophagoscopy with endomucosal resection: 1 cm well differentiated adenocarcinoma involving lamina propria.

What is the AJCC clinical stage?
- T1a N0 M0 G1 Stage IA

What is the AJCC pathologic stage?
- T1a NX M blank G1 Stage 99

Summary Stage 2000
http://seer.cancer.gov/tools/ssm/

ESOPHAGUS
C 15.0-C 15.5, C 15.8-C 15.9
SUMMARY STAGE 2000: ESOPHAGUS

- 0 In situ
  - Noninvasive; intraepithelial
- 1 Localized only
  - Invasive tumor confined to:
    - Intramucosa NOS; lamina propria; mucosa NOS; muscularis mucosae; muscularis propria invaded; submucosa
  - Localized NOS

SUMMARY STAGE 2000: ESOPHAGUS

- 2 Regional by direct extension only
  - Adventitia and/or soft tissue invaded
  - Esophagus described as “FIXED”

SUMMARY STAGE 2000: ESOPHAGUS

- 2 Regional by direct extension only
  - Extension to:
    - Cervical esophagus (including 1st 18 cm of upper esophagus)
    - Blood vessel(s) major: carotid artery, jugular vein, subclavian artery; carina; cervical vertebra(e); hypopharynx; larynx; trachea; thyroid gland
    - Intrathoracic
      - Lung via bronchus; mediastinal structure(s): pleura; rib(s); thoracic vertebra(e)
### SUMMARY STAGE 2000: ESOPHAGUS

- **2 Regional by direct extension only**
  - Extension to:
    - Intrathoracic, upper or mid-portion, esophagus
    - Blood vessel(s) major: aorta, azygos vein, pulmonary artery/vein, vena cava; carina; diaphragm; main stem bronchus; trachea
    - Intrathoracic, lower portion (abdominal), esophagus
    - Blood vessel(s) major: aorta, gastric artery/vein, vena cava; diaphragm; stomach, cardia (via serosa)

### SUMMARY STAGE 2000: ESOPHAGUS

- **3 Regional lymph node(s) involved only**
  - Cervical only
    - Cervical NOS
      - Anterior deep cervical (laterotracheal) (recurrent laryngeal)
      - Internal jugular NOS:
        - Deep cervical NOS:
          - Upper NOS:
            - Jugulodigastric (subdigastric)
          - Peri/paraesophageal
          - Scalene (inferior deep cervical)
          - Supraclavicular (transverse cervical)

### SUMMARY STAGE 2000: ESOPHAGUS

- **3 Regional lymph node(s) involved only**
  - Intrathoracic, upper thoracic or middle, only:
    - Internal jugular NOS:
      - Deep cervical NOS:
        - Lower NOS:
          - Jugulob-omohyoid (supraomohyoid)
          - Middle
          - Upper NOS:
            - Jugulodigastric (subdigastric)
**SUMMARY STAGE 2000: ESOPHAGUS**

- 3 Regional lymph node(s) involved only
  - Intrathoracic, upper thoracic or middle, only:
    - Intrabronchial:
      - Carinal (tracheobronchial) (tracheal bifurcation)
      - Hilair (bronchopulmonary) (proximal lobar) (pulmonary root)
      - Peribronchial
    - Paratracheal
  - Intrathoracic, lower (abdominal), only:
    - Left gastric (superior gastric):
      - Cardiac (cardial)
      - Lesser curvature
      - Perigastric, NOS
      - Peri-/paraesophageal
      - Posterior mediastinal (tracheoesophageal)
    - Superior mediastinal
  - Regional lymph node(s) NOS
SUMMARY STAGE 2000: ESOPHAGUS

- 4 Regional by BOTH direct extension AND regional lymph node(s) involved
  - Codes 2 + 3
- 5 Regional NOS

SUMMARY STAGE 2000: ESOPHAGUS

- 7 Distant site(s)/lymph node(s) involved
  - Adjacent structures
    - Cervical/upper esophagus
    - Lung
    - Main stem bronchus
    - Pleura
    - Thoracic/middle esophagus
    - Pericardium
    - Abdominal/lower esophagus
    - Diaphragm fixed

SUMMARY STAGE 2000: ESOPHAGUS

- 7 Distant site(s)/lymph node(s) involved
  - Distant lymph node(s):
    - Celiac for intrathoracic esophagus
    - Cervical NOS for intrathoracic esophagus
    - Para-aortic for lower/abdominal esophagus only
    - Scalene (inferior deep cervical) for intrathoracic esophagus only
    - Superior mediastinal for cervical esophagus only
    - Supraclavicular (transverse cervical node) for intrathoracic only
    - Other distant lymph node(s)
**SUMMARY STAGE 2000: ESOPHAGUS**

- 7 Distant site(s)/lymph node(s) involved
- Further contiguous extension
- Metastasis
- 9 Unknown if extension or metastasis

**POP QUIZ**

- CT scan chest/abdomen: Large mass of cervical esophagus with cervical and superior mediastinal lymphadenopathy
- EGD with biopsy: Poorly differentiated squamous cell carcinoma, cervical esophagus, involves esophageal wall
- Endoscopic ultrasound (EUS): 5 cm lesion of cervical esophagus involves adventitia; malignant cervical and superior mediastinal lymph nodes
- Treated with chemoradiation.

**POP QUIZ**

- What is the code for Summary Stage 2000?
  a. 0 In situ
  b. 1 Localized only
  c. 2 Regional by direct extension only
  d. 3 Regional lymph node(s) involved only
  e. 4 Regional by BOTH direct extension AND regional lymph node(s) involved
  f. 5 Regional NOS
  g. 7 Distant
  h. 9 Unknown
COLLABORATIVE STAGE DATA COLLECTION SYSTEM (CS) V0205

CS SCHEMAS

- Esophagus
  - C15.0-C15.5, C15.8-C15.9
- EsophagusGEJunction
  - C16.0, C16.1, C16.2
- Stomach
  - C16.1-C16.6, C16.8-C16.9

SSF1: CLINICAL ASSESSMENT OF REGIONAL LYMPH NODES

- Assign the code that reflects the number of clinically evident regional lymph nodes based on diagnostic workup
- Physical exam, imaging, diagnostic lymph node biopsy, exploratory surgery without resection
- Code 999
  - Use if there is no diagnostic workup to assess regional lymph nodes
POP QUIZ

- Esophagoscoppy with biopsy: 3 cm esophageal lesion at 18 cm, poorly differentiated squamous cell carcinoma
- Endoscopic Ultrasound (EUS): Lesion of cervical esophagus invades trachea; lymphadenopathy of cervical nodes
- Physician documented stage: cT4b cN2 cM0
- Patient treated with chemoradiation

POP QUIZ

- What is the code for SSF1?
  - 000: Nodes not clinically evident; imaging of regional nodes performed and nodes not mentioned.
  - 200: Metastasis in 3-6 regional nodes, determined clinically; stated as clinical N2
  - 400: Clinically positive regional nodes NOS
  - 999: Unknown

SSF25 SCHEMA DISCRIMINATOR: ESOPHAGUS/GEJUNCTION/STOMACH

- Determines the schema to select when primary site is C16.1 or C16.2
  - Esophagus GEJunction OR Stomach
- Code whether tumor extends to esophagus crossing EGJ and distance of tumor midpoint from EGJ
  - Assign code 981 if primary site is C16.3-C16.6, C16.8, or C16.9
  - Assign code 982 if primary site is C16.0
STOMACH: CHAPTER 11

AJCC CANCER STAGE: STOMACH

- ICD-O-3 Topography Codes
  - C16.1*, C16.2*
  - C16.3-C16.6, C16.8-C16.9

- ICD-O-3 Histology Code Ranges
  - 8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

*Tumor more than 5 cm from EGJ

AJCC CANCER STAGE: STOMACH

- Clinical staging
  - Evidence prior to treatment
  - Physical exam, imaging, endoscopy, biopsy, & lab findings
AJCC CANCER STAGE: STOMACH

• Pathologic staging
  • Evidence prior to treatment plus findings from surgical exploration and examination of pathologic specimen from resection
  • Removal and histologic exam of lymph nodes
    • Total number of lymph nodes removed and number positive for metastasis
  • Metastatic nodules in fat adjacent to primary tumor without evidence of lymph node considered regional node involvement
  • Metastatic nodules implanted on peritoneal surface considered distant metastasis

AJCC CANCER STAGE: STOMACH

• T Category
  • TX: Primary tumor cannot be assessed
  • T0: No evidence of primary tumor
  • Tis: Carcinoma in situ: intraepithelial tumor without invasion of lamina propria
  • T1: Invades lamina propria, muscularis mucosae, or submucosa
    • T1a: Invades lamina propria or muscularis mucosae
    • T1b: Invades submucosa

AJCC CANCER STAGE: STOMACH

• T Category
  • T2: Invades muscularis propria
  • T3: Penetrates subserosal connective tissue without invasion of visceral peritoneum or adjacent structures
  • T4: Invades serosa (visceral peritoneum) or adjacent structures
    • T4a: Invades serosa
    • T4b: Invades adjacent structures
**AJCC CANCER STAGE: STOMACH**

**N Category:**
- NX: Regional lymph nodes cannot be assessed
- N0: No regional lymph node metastasis
- N1: Metastasis in 1-2 regional lymph nodes
- N2: Metastasis in 3-6 regional lymph nodes
- N3: Metastasis in 7 or more regional lymph nodes
- N3a: Metastasis in 7-15 regional lymph nodes
- N3b: Metastasis in 16 or more regional lymph nodes

**M Category**
- M0: No distant metastasis
- M1: Distant metastasis

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<th>T</th>
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**AJCC CANCER STAGE: STOMACH**

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</tr>
<tr>
<td></td>
<td>T4a</td>
<td>N2</td>
<td>M0</td>
</tr>
<tr>
<td></td>
<td>T3</td>
<td>N3</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IIIC</td>
<td>T4b</td>
<td>N2</td>
<td>M0</td>
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<tr>
<td></td>
<td>T4a</td>
<td>N3</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IV</td>
<td>Any T</td>
<td>Any N</td>
<td>M1</td>
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**POP QUIZ**

- Abdominal CT scan: Large mass of gastric antrum; no lymphadenopathy; no liver lesions
- Gastroscopy with biopsy: Moderately differentiated adenocarcinoma of antrum
- Gastrectomy: 2 cm mass, moderately differentiated adenocarcinoma, of antrum invades muscularis propria; malignant nodules on serosa; 0/16 lymph nodes with metastasis

**What is the AJCC clinical stage?**
- TX N0 M0 Stage 99

**What is the AJCC pathologic stage?**
- T2 N0 M1 Stage IV
SUMMARY STAGE 2000: STOMACH

- **0 In situ**
  - Noninvasive: intraepithelial
  - (Adeno)carcinoma in a polyp, noninvasive

- **1 Localized only**
  - Invasive tumor confined to:
    - Intramucosa NOS; lamina propria; mucosa NOS; muscularis mucosae; muscularis propria; perimuscular tissue invaded; polyp NOS; head of polyp; stalk of polyp; submucosa (superficial invasion); submucosal tissue/fat
  - Extension through wall NOS

SUMMARY STAGE 2000: STOMACH

- 1 Localized only
  - Implants inside stomach
  - Intraluminal spread (only) to esophagus or duodenum
  - Invasion through muscularis propria or muscularis NOS
  - Linitis plastica (diffuse involvement of the entire stomach wall)
  - Localized, NOS
SUMMARY STAGE 2000: STOMACH

- 2 Regional by direct extension only
  - Extension to:
    - Adjacent tissue NOS
    - Connective tissue:
      - Ligaments:
        - Gastrocolic
        - Gastrohepatic
        - Gastroepiploic
    - Omentum NOS:
      - Greater
      - Lesser
      - Perigastric fat

- 2 Regional by direct extension only
  - Extension to:
    - Diaphragm; duodenum via serosa or NOS; esophagus via serosa; jejunum; ileum; liver; pancreas; small intestine NOS; spleen; transverse colon including flexures
    - Invasion of/through:
      - Mesothelium; serosa; tunica serosa; visceral peritoneum

- 3 Regional lymph node(s) involved only
  - Celiac
  - Hepatic
  - Left gastric (superior gastric), NOS:
    - Cardial
    - Cardioesophageal
    - Gastric, left
    - Gastropancreatic, left
    - Lesser curvature
    - Lesser omentum
    - Paracardial
SUMMARY STAGE 2000: STOMACH
- 3 Regional lymph node(s) involved only
  - Pancreaticosplenic (pancreaticolienal)
  - Perigastric, NOS
  - Peripancreatic

SUMMARY STAGE 2000: STOMACH
- 3 Regional lymph node(s) involved only
  - Right gastric (inferior gastric), NOS
    - Gastrocolic
    - Gastrroduodenal
    - Gastroepiploic (gastro-omental), right or NOS
    - Gastrohepatic
    - Greater curvature
    - Greater omental
    - Infrapyloric
    - Pancreaticoduodenal
    - Pyloric, NOS
    - Infrapyloric (subpyloric)
    - Suprapyloric

SUMMARY STAGE 2000: STOMACH
- 3 Regional lymph node(s) involved only
  - Splenic (lienal) NOS
    - Gastroepiploic (gastro-omental), left
    - Splenic hilar
  - Nodule(s) in perigastric fat
  - Regional lymph node(s), NOS
SUMMARY STAGE 2000: STOMACH

- 4 Regional by BOTH direct extension AND regional lymph node(s) involved
  - Codes 2 + 3
- 5 Regional NOS

SUMMARY STAGE 2000: STOMACH

- 7 Distant site(s)/lymph node(s) involved
  - Distant lymph node(s):
    - Inferior mesenteric
    - Para-aortic
    - Porta hepatis (portal) (hilar) [in hilus of liver]
    - Retroperitoneal
    - Superior mesenteric
    - Other distant lymph node(s)

SUMMARY STAGE 2000: STOMACH

- 7 Distant site(s)/lymph node(s) involved
  - Extension to: Abdominal wall; adrenal (suprarenal) gland; kidney; retroperitoneum
  - Further contiguous extension
  - Metastasis
  - 9 Unknown if extension or metastasis
POP QUIZ

• Abdominal CT scan: Large mass of gastric antrum; no lymphadenopathy; no liver lesions
• Gastroscopy with biopsy: Moderately differentiated adenocarcinoma of antrum
• Gastrectomy: 2 cm mass, moderately differentiated adenocarcinoma, of antrum invades muscularis propria; 2 malignant nodules in perigastric fat; 0/16 lymph nodes with metastasis

POP QUIZ

• What is the code for Summary Stage 2000?
  a. 0 In situ
  b. 1 Localized only
  c. 2 Regional by direct extension only
  d. 3 Regional lymph node(s) involved only
  e. 4 Regional by BOTH direct extension AND regional lymph node(s) involved
  f. 5 Regional NOS
  g. 7 Distant
  h. 9 Unknown

STAGING & TREATMENT PROCEDURES
ENDOSCOPY

- Staging-Endoscopic Ultrasound (EUS)
  - Determine the depth of tumor invasion (T)
  - Mediastinal and perigastric lymph nodes are readily seen and biopsied by EUS (N)
  - Signs of distant spread may be identified (M)

  http://health.usf.edu/medicine/internal_medicine/digestive/eus.htm

SURGERY

- Endoscopic Mucosal Resection
  - A small cap is fitted on the end of the endoscope that has a small wire loop.
  - Fluid is injected under the nodule creating a blister.
  - The nodule is suctioned into the cap and the wire loop is closed while cautery is applied.
  - Code as 27
  - This may be followed by photodynamic therapy.
  - Code 21

- Esophagectomy
  - Removal of a section of the esophagus.
  - Esophagus is reconstructed using another organ such as the stomach or large intestine.
  - Code 30

- Esophagogastrectomy
  - Removal of a section of the esophagus and the fundus of the stomach.
  - Stomach is surgically attached to the remaining esophagus.
  - Code 53

- En bloc lymph node dissection
TREATMENT BY STAGE-ESOPHAGUS

• Tis-EMR or Ablation
• T1a
  • EMR or Ablation
  • Esophagectomy
• T1b N0-Esophagectomy

TREATMENT BY STAGE-ESOPHAGUS

• T2-T4a any N
  • Preoperative chemoradiation
  • Definitive chemoradiation
  • Preferred for cervical esophagus
  • Preoperative chemotherapy
  • Only for adenocarcinoma of distal esophagus or EGJ
  • Esophagectomy
  • Low risk lesions less than 2 cm and well differentiated
• T4b-Definitive chemoradiation

GASTRIC CANCER SURGERY

• Resectable tumors
  • Endoscopic mucosal resection
  • Gastrectomy (distal, subtotal, or total) with regional lymph node dissection (15 or more nodes)
• Unresectable tumors
  • Gastric bypass with gastrojejunostomy to proximal stomach
**GASTRIC CANCER SURGERY**
- Code 30 includes:
  - Partial gastrectomy, including a sleeve resection of the stomach
  - Billroth I: anastomosis to duodenum (duodenostomy)
  - Billroth II: anastomosis to jejunum (jejunostomy)

**TREATMENT BY STAGE - STOMACH**
- Tis or T1a - EMR or Surgery
- T1b N0 - Surgery
- T2 or higher and any N
  - Surgery or
  - Preoperative chemotherapy
  - Preoperative chemoradiation
- M1 - Palliative therapy

**QUESTIONS?**
COMING UP...
• Collecting Cancer Data: Larynx & Thyroid
  • 5/7/15
• Collecting Cancer Data: Pancreas
  • 6/4/15

AND THE WINNERS ARE......

CE CERTIFICATE QUIZ/ SURVEY
• Phrase
  Linitis Plastica
• Link