CONNectED

Newsletter of the Tumor Registrars Association of Connecticut (TRAC)

Summer 2024

Milford Boat Works

President's Message:

Welcome to the first edition of CONNectED!! For those of you who are new-last year, TRAC members decided to "name" our newsletter. We polled members for suggestions and then had a survey and CONNectED won! The name combines CONN from Connecticut and ED from education. Thanks, Brooke, for that suggestion! In addition to a new name, we also have a new editor: Cathy Phillips has volunteered to take on this endeavor; I know she will do a great job! If anyone has suggestions for newsletter content, please email Cathy. (Cathryn.Phillips@Outlook.com)

I know it is July, but since this is our first newsletter of the year, I would like to take this opportunity to welcome Tara Manwaring (secretary) and Laurie Pirog (treasurer) to our

executive committee. They both have lots of ideas to help advance TRAC. They are a great addition to the team and I am excited to see what we can accomplish this term!

The Save the Date has been sent out, so please mark your calendars for our fall annual meeting that will be on November 6th; planning is already underway. This will be a virtual meeting, but we have discussed potentially having one in-person meeting a year-with virtual capabilities as well. Logistics would need to be figured out, but let us know your thoughts on this.

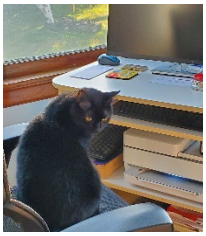
We are thrilled that NAACCR (North American Association of Central Cancer Registries) is having their annual meeting next year in CT-hosted by our CTR (Connecticut Tumor Registry)!! The meeting will be held June 3-5, 2025 in Hartford, CT. We have discussed having a TRAC table to promote our organization with giveaways and maybe a CT-themed basket to raffle off. Send us any additional suggestions you may have.

We are always open to hear your ideas/suggestions/comments-please don't hesitate to email TRAC with them! (trac@ct-trac.org) Enjoy the rest of your summer!

Respectfully,

Rosemary Crawford

TRAC President



From the Editor

After several years of serving as Editor of the TRAC newsletter, Mary Fleming has stepped down. Mary did an outstanding job producing timely and informative editions, and we TRAC members are grateful for her excellent efforts. This writer has agreed to serve as editor, and looks forward to hearing from TRAC members regarding the types of information they would like included in the newsletter. Our intent is to produce the newsletter quarterly, with inclusion of the usual officers' updates as well as news from around the state and updates from the various standard setters. We encourage all TRAC members to send news about projects and programs that may be underway at their facility, and we are always open to suggestions for improvements.

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Vice President's Update: SAVE THE DATE: TRAC's ANNUAL CANCER EDUCATION MEETING IS SCHEDULED FOR 11-6-2024. This will be a virtual meeting. As we finalize the meeting more information will be posted to the website and our social media pages. https://ct-trac.org/

If you have topic suggestions or speaker recommendations, please email Kashanna Hector-Lebby: Kashanna.Hector@ct.gov

See Flyer below:

Lovers Leap Bridge, New Milford

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UPCOMING WEBINARS: 2024 SEER Advanced Topics for Registry Professionals Workshop: September 24-26, 2024

The 2024 SEER Advanced Topics for Registry Professionals Workshop is open to ALL cancer registrars and **will be held virtually on Tuesday-Thursday, September 24-26, 2024 from 12:00-5:00 pm ET**. **Participants will need to complete assigned cases in SEER*Educate before the workshop.** To complete the SEER*Educate cases, go to https://educate.fredhutch.org/LandingPage.aspx , sign in or sign up (it's free), select the Training tab, and click on SEER Educational Workshop. In-depth coding and abstracting training during the SEER Workshop will be based on coding of the assigned cases. You are welcome to complete

the SEER*Educate cases even if you cannot attend the workshop. Continuing Education credits are pending. Note: The workshop is complimentary, but registration is required. **Registration for the workshop will begin on August 1st and close on September 9th. The registration link and agenda will be available through NCRA's website starting on August 1st.**

August 29

Georgia Tumor Registrars Association (GATRA) Virtual Lunch & Learn - Highly Effective Habits of Successful ODS-Cs

If you are on Facebook join Kashanna's Cancer Registrars Continuing Education Webinar group for more upcoming webinars and the latest cancer registry news.
https://www.facebook.com/share/i1smGwQugfsdtuqS/

Cancer Awareness Months:

July

Sarcoma and Bone Cancer Awareness Month

GIST Awareness Day July 13

Glioblastoma Awareness Day July 17

August

World Lung Cancer Day: Aug. 1

September

Childhood Cancer Awareness Month

Leukemia and Lymphoma Awareness Month

Ovarian Cancer Awareness Month

Prostate Cancer Awareness Month

Thyroid Cancer Awareness Month

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Uterine Cancer Awareness Month

AJCC:

Version 9 Cancer Staging Protocols and 8th Edition Cancer Staging Manual content is now available for $49.99/year Subscribe today!

https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/ajcc-staging-online/

How to navigate and FAQ Video

Frequently Asked Questions about AJCC Staging Online | ACS (facs.org)

CharterOak STATE COLLEGE

A Higher Degree of Online Learning

The only 100% online Cancer Registry Management Certificate program in Connecticut! Charter Oak's Cancer Registry Management Certificate program is accredited by the National Cancer Registry Association (NCRA). It is designed to meet the standards and competencies of NCRA and prepare students to sit for the ODS (Oncology Data Specialist) credential exam (formerly Certified Tumor Registrar or CTR). Visit www.charteroak.edu or RSVP Today to learn more about Charter Oak State College

Wednesday, August 7th @ 5:30PM ET
Attendees College Application Fee is Waived

https://charteroak.my.salesforcesites.com/events/targetX_eventsb__events#/esr?eid=a12Ui000000gHyxIAE&tfa_10=Undergraduate

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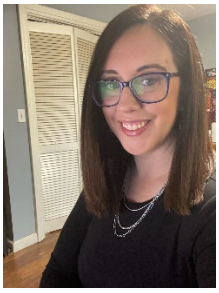

From the Secretary:

Hello, my name is Tara Manwaring and I am the new TRAC Secretary. I would like to share a little about myself so you can get to know me better. For the majority of my upbringing, I spent my days cooking alongside my dad in our family-owned restaurant. It was my first passion in life and something I truly loved (and still do). However, as most parents, they envisioned more for me and my future. I started out as a business major and switched a few more times until I found my calling. In 2010, I graduated with my BS in HIM, entering the tumor registry immediately and the rest is history. As I approach 15 years in this field, I am grateful for all of the amazing people I have met along the way and look forward to those I will meet in the future. I reside in upstate NY with my husband Ryan, our three sons (Deacon-7, Justin-5, and Canaan-3), three dogs (George, Frankie, and Gracie) and two pandemic adopted cats (Chloe & Goose). In my spare time, I enjoy running, reading, camping, and spending time with my friends and family.

Hudson Valley, New York

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Treasurer's Report:

I am Laurie Pirog and I currently work as the Cancer Registry Coordinator for Bridgeport Hospital in the Yale New Haven Health System and have been working in the cancer registry field since 2015. I became a CTR in 2017. I have been a member of TRAC since 2016 and currently am the TRAC Treasurer. I live in CT with my husband, three sons, three dogs and two cats. When I am not working you can find me on either the baseball or soccer sidelines cheering on my boys. I also enjoy reading, traveling and jewelry design.

Bylaws Committee:

Following the last business meeting, it was brought to the board's attention that amendments are needed to the bylaws regarding membership and fees.

A request has been made to amend the bylaws to eliminate Article III- Section 3 Forfeiture and Section 5 Re-Instatement. This is not something we have needed to enforce for a very long time, and it is not a common TRAC business practice. Instead, it was proposed TRAC allow members to come and go freely on an annual basis. The proposed amendment will be forthcoming shortly.

Physicians' Data Query Updates: From the National Cancer Institute:

- **Colon Cancer Treatment**

  We updated information on

  - Treatment of Stage IV and Recurrent Colon Cancer

- **Paranasal Sinus and Nasal Cavity Cancer Treatment**

  We updated information on

  - Treatment Option Overview for Paranasal Sinus and Nasal Cavity Cancer

- **Rectal Cancer Treatment**

  We updated information on

  - Treatment of Stage IV and Recurrent Rectal Cancer

Hammonasset State Park

Selected SINQ Updates:

Recent updates to the SEER Inquiry System (SINQ):

Question 20240053

Reportability/Behavior--Kidney: Is a 2022 diagnosis of "clear cell renal cell papillary tumor" on nephrectomy reportable? See Discussion.

Discussion:

We are aware that the WHO 4th edition for urinary tumors has changed the behavior of "clear cell papillary renal cell carcinoma" to /1 but registries are to continue collecting as /3.

While the diagnosis in our case is stated as "tumor" it does seem like the pathologist may be using the new WHO terminology of "tumor" rather than "carcinoma," so we are not sure if behavior is /3 or /1.

Answer:

Report clear cell renal cell papillary tumor (CCRCPT), formerly classified as clear cell renal cell papillary carcinoma, and assign code 8323/3until this new term and code (8323/1) have been adopted by standard setters.

The Kidney Solid Tumor Rules advise to code clear cell papillary renal cell carcinoma as 8323/3. WHO Classification of Tumors of the Urinary System and Male Genital Organs, 4th ed., has reclassified this histology as a /1. This change has not yet been implemented and it remains reportable.

WHO Classification of Urinary and Male Genital Tumors, 5th ed., has since reclassified clear cell papillary renal cell carcinoma as CCRCPT(8323/1). The name change was made because there have been no reports of metastatic events for this indolent tumor. The term clear cell renal cell papillary carcinoma is no longer recommended.

Question 20240049

First Course Treatment/Neoadjuvant Therapy--Breast: When are pre-operative therapies given as part of a clinical trial coded as neoadjuvant treatment versus limited systemic exposure in the Neoadjuvant Therapy data item? See Discussion.

Discussion:

The SEER Manual seems to give somewhat conflicting instructions for clinical trial therapies under the Neoadjuvant Therapy data item. One section states that limited systemic therapy may occur in clinical trials to impact the biology of a cancer, but is not a full course of neoadjuvant therapy with the intent to impact extent of surgical resection or other outcomes (organ preservation, function or quality of life); do not code as neoadjuvant therapy for the purposes of this data item. Then another section states for purposes of this data item, the criteria for neoadjuvant therapy include that treatment must follow recommended guidelines for the type and

duration of treatment for that particular cancer site and/or histology, and that neoadjuvant therapy may be given as part of a clinical trial.

For example, a patient was diagnosed with invasive ductal carcinoma of the breast, 6 cm in size; treatment planning conference recommended neoadjuvant chemotherapy. The patient elected to participate in a clinical trial and was assigned to a group given the antibody drug conjugated atopotamab deruxtecan (Dato-DXd) plus durvalumab for 12 weeks. There was no physician documentation of intent or expected outcomes, nor yC staging or statement of clinical response. Post-therapy imaging showed no residual mass, and post-therapy mastectomy path report showed only residual ductal carcinoma in situ, stating "Treatment Effect (after neoadjuvant): Residual Cancer Burden - pCR, In the breast -complete response." The medical oncologist stated post-therapy stage was ypTis ypN0 cM0.

The trial drugs this patient was given do not appear to be approved or standard neoadjuvant/pre-operative drugs in SEER*Rx or NCCN guidelines for this type of cancer; however, the duration of treatment was fairly substantial, and although we do not have clear documentation from physicians as recommended in the SEER manual (which is usually not stated, in our experience), it seems like they may be considering it as neoadjuvant therapy. How should the Neoadjuvant Therapy data item be coded for cases like this? What is the best way to differentiate between clinical trial therapies that are "limited systemic exposure" (code 3) versus true neoadjuvant therapy (code 1)?

Answer:

When pre-operative therapies are given as part of a clinical trial, code as neoadjuvant treatment in the Neoadjuvant Therapy data item when the intent is neoadjuvant and/or when surgical resection follows the clinical trial therapies.

In the example, neoadjuvant chemotherapy was recommended in the treatment planning and the patient had the planned resection after neoadjuvant treatment. The treatment effect outcome is based on imaging that reported no mass and as documented by the physician-pathologist in this case as complete response to the neoadjuvant therapy based on the resection.

Use code 3 (limited systemic exposure) when treatment does not meet the definition of neoadjuvant therapy in the data item, Neoadjuvant Therapy. Limited exposure occurs when the patient receives some therapy prior to surgical resection, but the treatment is not enough to qualify for a full course of neoadjuvant therapy with the intent to impact extent of surgical resection or other outcomes. While this type of treatment may be given as part of a clinical trial, it mostly refers to short term treatments such as hormone therapy.

When neoadjuvant therapy is given prior to surgical resection that is planned (intended) or performed to improve outcomes, use Code 1 or 2, because a clinical trial is a type of research study that tests new methods of screening, prevention, diagnosis, or treatment of a disease, the treatment regimens likely will not be incorporated in recommended guidelines until all phases of the trial are completed and approved by the U.S. Food and Drug Administration.

Question 20240047

Reportability/Histology--Endometrium: Is “high grade serous intraepithelial neoplasm” of the endometrium reportable? See Discussion.

Discussion:

The patient had a 2023 endometrial polypectomy and curettage with final diagnosis of “at least serous intraepithelial neoplasia arising in association with an endometrial polyp.” Diagnosis comment states, “There are multiple tissue fragments with highly atypical glandular lining consistent with a high-grade serous neoplasm. There are focal areas which are suspicious, but not conclusive, for stromal invasion.” Subsequent hysterectomy and BSO showed no residual carcinoma.

According to previous SINQ 20210043, serous tubal intraepithelial neoplasm (STIN) is reportable when stated to be high grade. Does the same logic apply to a similar neoplasm in the endometrium and/or endometrial polyp?

Answer:

Report high grade serous intraepithelial neoplasm of the endometrium.

Question 20240046

Reportability/Histology--Stomach: According to the AJCC manual, histology codes 8240 and 8249 are excluded from site code C160. Does that mean that I cannot use either of these histology codes with C160 even if the pathologist's diagnosis is neuroendocrine carcinoma?

Answer:

Please understand that AJCC sets the standards for TNM Staging and the Cancer PathCHART

(CPC) initiative sets standards for the validity of site and morphology combinations.

The statement in the AJCC manual "8240 and 8249 are excluded for topography code C160" means that these two histologies are not staged using the AJCC Staging System. As with numerous other reportable entities that are not staged by AJCC, the case is reportable and a Summary Stage should be assigned. Combinations of C160 with 8240 or 8249 are valid site/histology combinations for registry reporting and should not be discouraged from use if they correspond to the pathologist's diagnosis. This goes for any other similar note in the AJCC manual. All CPC standards are enforced via the Primary Site, Morphology-Type, Beh ICDO3, 2024 (SEER) N7040 and Histologic TypeICDO3, Primary Site, Date of Diagnosis (NAACCR) N4911 data quality edits. Registrars can also look up the validity of site and morphology combinations using the CPC*Search tool: https://seer.cancer.gov/cancerpathchart/search/tool/.

It is important to remember the following.

ALWAYS code the tumor histology stated by the pathologist/physician

NEVER change the tumor histology to assign TNM

Not all tumors or histologies can be staged per TNM

Cases that cannot be assigned TNM are assigned a summary stage

Question 20240043

Reportability/Histology--Digestive Sites: Is a diagnosis of "tubulovillous adenoma with high grade dysplasia" in the duodenum equivalent to a diagnosis of "tubulovillous adenoma, high grade" and, therefore, non-reportable, or is this a reportable non-colorectal high-grade dysplasia? See Discussion.

Discussion:

The 2022 ICD-O-3.2 Implementation Guidelines indicate "Tubulovillous adenoma, high grade" is 8263/2 and is not SEER reportable. However, the 2024 SEER Manual and clarification from recent SINQs (20240021 and 20240025) confirm high grade dysplasia in the esophagus, stomach, and small intestine is reportable (8148/2).

Which reportability reference applies to a diagnosis of a tubulovillous adenoma with high grade dysplasia in non-colorectal sites?

Answer:

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A diagnosis of "tubulovillous adenoma with high grade dysplasia" in the duodenum is not equivalent to a diagnosis of "tubulovillous adenoma, high grade."

Tubulovillous adenoma, high grade (8263/2) is not reportable as of 2022.

High grade dysplasia (glandular intraepithelial neoplasia, grade III) is reportable in the esophagus, stomach, and small intestine (8148/2).

Stowe's Seafood, West Haven