# Summary Stage 2018 Webinar

Questions

* WHERE IS SEER RSA found on the SEER Site? I am not familiar with this.
	+ https://staging.seer.cancer.gov/eod\_public/list/1.4/
* What is the current backlog for answers to Ask a SEER Registrar questions?
	+ There is no back log for Summary Stage questions in Ask a SEER Registrar.
* What if bx is in situ only? Should SS2018 = 0/in situ? rather than 9/unknown?
	+ Provided this is the only information available and behavior is coded to 2 (in situ), Summary Stage would be 0
* Can Summary Stage be gotten through bx and imaging?
	+ Summary Stage can be determined using imaging and a biopsy. As mentioned in the presentation, it is difficult to assign a stage when there is only a biopsy; however, imaging is very useful for clinical only cases
* What do you mean by ss2018T? what does the T designate? previous slide page 12. "
	+ This is for when Summary Stage 2018 is derived from the EOD Fields
	+ While a registrar is entering the fields, a temporary value is assigned for each of the EOD fields (SS2018 T [EOD Primary Tumor], SS2018 N [EOD Regional Nodes] and SS2018M [EOD Mets]). Once the registrar has finished entering the EOD fields, these three temporary values are used to derive the final Summary Stage 2018.
* If patient has clinically positive lymph nodes, receives neoadjuvant treatment and post neoadjuvant Surgical resected lymph nodes are negative, should we use the Clinical LN involvement (SSS 3) or the post treatment stage? If we record SSS= 3, will we receive an EDIT by recording Regional LNs positive as 00?
	+ I just checked and there is an edit in the metafile that would be incorrectly triggered in that situation. However, that edit is not included in any edit set. It should not be a problem.
* Anytime there is a midline shift for brain it should be coded to 2 even if there is no other specific mention of any other tumor extension?
	+ **~~Yes, midline shift is always regional~~ (original answer, incorrect)**
	+ Based on further discussion with some registrars, midline shift does NOT impact staging. Midline shift is just stating that the midline has moved due to tumor or swelling. This does not impact the staging. Documentation must state “tumor crosses the midline” to be regional.
* Subpectoral LNs coded as reg or distant for breast?
	+ Per an AJCC post, subpectoral LN’s are Level II or III lymph nodes, so they would be regional nodes for Summary Stage, both Levels II and III are regional nodes in SS. (<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging/breast-chapter-32/68351-subpectoral-lymph-nodes-regional-to-breast> )
* To the question, what are we supposed to code for Summary Stage for patients who have neoadjuvant therapy - Clinical? Post Therapy?
	+ For Summary, you code the worst stage. Most of the time this will be the clinical information since neoadjuvant therapy is used to shrink the tumor
* Is midline shift in the brain the same as "crossing the midline" - Regional, NOS as listed in Summary Stage?
	+ Crossing the midline is different. It means that the tumor has crossed over the midline or extends into the contralateral lobe. A midline shift means that a brain tumor has caused a lateral shift of the midline through either pressure or the size.
	+ This answer is still correct; however, as noted in previous answer, **a midline shift does not impact staging**. Documentation must state “tumor has crossed the midline” to be regional.
* Jim, what did you say a few mins ago about the lung updated instructions? I didn't catch all of what you said.
	+ Solid Tumor Rules for Lung have been updated. <https://seer.cancer.gov/tools/solidtumor/>
* Clarks Level is not always on path reports (per melanoma) and Breslow depth is; is SEER in line w/CAP protocols?
	+ SEER does not line up with the CAP protocols, AJCC lines up with the CAP protocols.
* If CLL is diagnosed only on a peripheral blood, no bone marrow biopsy or lymph node involvement, how is that staged? Is peripheral blood involvement the same as bone marrow involvement?
	+ When CLL is diagnosed via peripheral blood, the primary site is C421 (per Hematopoietic manual) and Summary Stage is 7. Blood involvement and bone marrow involvement are different but are treated the same way in Summary Stage 7. They are both systemic.
* For melanoma 2018 - if we do not have a clark level and tumor is T1a or T1b or T2a/T2b can we make the seer summary local for mini and full cases
	+ For T1 and T2 tumors, it is safe to assume that they have not penetrated through the subcutaneous tissue, so therefore you could assign Summary Stage 1
* Lymphoma Chapter Missing Note - although the 2019 version will be updated with the missing note, for 2018, will an erratum be added to the website or an erratum emailed, for all registrars to know to add the missing note 4 to lymphoma chapter?
	+ We will look into posting this on the SEER website
* For Lung tumors with Pleural effusions described as transudative are likely due to CHF, Nephrotic syndrome. When the effusion is described as exudative it will likely be due to the malignancy. Transudate effusion has specific gravity <1.012. Exudate effusion has specific gravity >1.020.
	+ Thank you very much for this information. We will follow up with some of our staging experts and see if some additional notes can be added regarding this
* Is there an updated EOD manual online?
	+ The current version of the EOD manual online is the most current
* What summary stage should be used if a pt has received neoadj tx?
	+ For Summary Stage, you code the worst stage. Most of the time this will be the clinical information since neoadjuvant therapy is used to shrink the tumor
* For Prostate with PSA value but no interpretation can we stage?
	+ The only time PSA factors in for staging is when that is the ONLY information that you have. For example, biopsy done for elevated positive and the only information you have is the pathology report. Other than that, PSA does not factor in.
* What about intramucosal ca of the colon - behavior code of 3 but still considered Stage 0 by AJCC?
	+ See Summary Stage chapter: Colon and Rectum, Note #4

**Note 4:** For the following, AJCC 8th edition stages these as in situ tumors. SS2018 stages these as localized (behavior code 3)

* Intramucosal, NOS
* Lamina propria
* Mucosa, NOS
* Confined to, but not through muscularis mucosa
* So just to clarify; Core bx of a site that comes back in situ and patient goes elsewhere for treatment and we have no other information (though on resection elsewhere could very well show invasive) we are to code SS as in situ. BUT If core bx of a site comes back invasive, but we have no other information, we code SS as unknown?
	+ Yes, if the ONLY information you have is from is biopsy and it is in situ, code Summary Stage 0 for in situ. If the biopsy comes back as invasive and that is the only information you have, you would likely not be able to assign Summary Stage
* Timeframe for SS?
	+ This information is located in the Summary Stage manual: General Instructions for Using the Summary Stage Manual, # 5: *Summary Stage should include all information available within four months of diagnosis in the absence of disease progression or upon completion of surgery(ies) in first course of treatment, whichever is longer*.