



## GYN Primaries—Female Reproductive Organs

◆ AJCC, Version 9

Cervix (C53.\_), version 9 (2021+)

Vulva (C51.9), version 9 (2024+)

◆ 2022 New EOD Schema: Cervix Sarcoma (Diagnosis year 2021+)

◆ Ovary (C56.9) - Borderline Tumors - Reportability

Although your facility may collect them as “reportable-by-agreement,” *borderline* ovarian tumors with no mention of malignancy, behavior (/1), are not reportable to the MA Cancer Registry. Ovarian mucinous *borderline* tumor with foci of intraepithelial carcinoma, is an in situ tumor, behavior (/2), which is reportable, as is non-invasive low-grade (micropapillary) serous carcinoma (MPSC) of the ovary (8460/2). (2024 SEER Manual, Appendix E1: Reportable Examples)

◆ Histologies & Grades

I. Histologies for p16-associated and p16-independent carcinomas

STR, Other Sites, H rules, Histology Tables, Site-specific Table Index includes Female Reproductive Organs. (Only use the Site-specific histology tables when instructed to do so by the applicable H rule). The tables include the p16-associated and -independent histologies for Cervix (C53.\_) (7) (2021+), Vagina (C52.9) (3) (2022+), and Vulva (C51.9) (2) (2022+).

II. Default Grades

Corpus Carcinoma and Carcinosarcoma, Corpus Sarcoma, and Cervix Sarcoma schemas:

Grade Manual, v3.1, Grade 13, Note 2, p. 117

Note 2: Lists several histologies for the above schemas with a default grade of 3.

Examples: carcinosarcoma and clear cell ca

Ovary/Fallopian Tube/Peritoneum schemas: Grade Manual, v3.1, Grade 15, Note 4, p. 129

Note 4: Lists histology-based grading systems using codes L, H, or 9 or 1-3.

Seromucinous CA (8474/3) and malignant teratomas (9080/3) are coded to L, H, 9.

Nuclear grade for all other histologies is coded to 1-3, 9.

III. Low-Grade (LG) and High-Grade (HG) Serous CA: Histology Codes with Default Grades

Endometrium (C54.1): Grade Manual, v3.1, Grade 13, Note 3: for endometrium only, p. 117

Ovary/Fallopian Tube (FT)/Peritoneum schemas: Grade Manual, v3.1, Grade 15, Note 4, p. 129.

	Endometrium (C54.1) ONLY*		Ovary/FT/Peritoneum	
	HISTOLOGY CODE (2018+)	GRADE (FIGO Grade 2 & 3)	HISTOLOGY CODE (2018+)	GRADE (Low & High)
Low Grade SEROUS CA	8441/	*2	8460/	L
High Grade SEROUS CA	8441/	*3	8461/	H

Note: Serous CA with NO GRADE documented is coded to 8441/ for all GYN sites.

IV. Priority Grades

Corpus Adenosarcoma schema: Grade Manual, v3.1, Grade 14, Note 5, p. 125

Note 5: Sarcomatous overgrowth (S) takes priority over grades L and H.

V. Grade Coded from Contiguous Site Used to Assign T Category

ONLY Ovary/Fallopian Tube (FT)/Peritoneum schemas: Grade Manual, v3.1, General Grade Instructions for Solid Tumors, #1a, p.21

When no grade from primary tissue is available, we can code grade from a contiguous site used to assign the T category (e.g., omentum).

◆ Primary Site: Ovary, Fallopian tube, Peritoneum, or GYN, NOS?

When a pt had a prior TAH-BSO for non-cancer reasons and subsequently has widespread peritoneal carcinomatosis, code primary site to Peritoneum, NOS (C48.2). (2024 SEER Manual, Primary Site, Physician Priority Order for Coding Primary Site for Solid Tumors, Coding Instructions for Solid Tumors, #2, Example 4)



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## ~ GYN Primaries—Female Reproductive Organs Continued ~

### ◆ Primary Site (continued)

When **multiple GYN sites are involved**, code to the **site of origin** the **pathologist documented**. **Important Note:** This GYN primary site coding instruction in the SEER Manual takes priority over the others. If the **pathologist did not designate a primary site and fallopian tube is involved**, code to **Fallopian tube (C57.9)**. Review the path report for any indication of tubal involvement, e.g., serous tubal epithelial ca (STIC) and/or tubal mucosal invasive serous ca. Refer to the 2024 SEER Manual, Primary Site, Physician Priority Order for Coding Primary Site for Solid Tumors, Coding Instructions for Solid Tumors, #15, p. 105 for more information.

### ◆ Debulking/Cytoreductive Surgery (Ovary/FT/Primary Peritoneal)

If the patient had **debulking surgery**, code the **Residual Tumor Volume Post Cytoreduction SSDI** according to the residual tumor volume found in the operative report. If no debulking surgery was performed, code the SSDI to 97.

### ◆ EOD Fields

#### Ovary/FT/Peritoneum schemas - EOD Primary Tumor (PT) Notes

Helpful List of Pelvic and Abdominal organs is found in SEER\*RSA, EOD Data, Ovary/FT/Peritoneum schemas, EOD PT Notes.

### ◆ FIGO Stage

Requires a managing physician's statement about FIGO stage to code it. *Do not* code FIGO stage based on the path report or TNM. Please document "FIGO stage per MD" in text to verify your FIGO Stage code.

### ◆ AJCC Stage and SEER Summary Stage

AJCC Stage and SEER Summary Stage *are not* always in sync. *Do not* try to match them. Refer to their respective manuals to assign stage.

#### Examples:

#### Corpus Uteri, Carcinoma and Carcinosarcoma schema

AJCC **pT1a pN0 cM0 – stage 1A** with:

+Peritoneal cytology is SEER Summary Stage Regional (2).

Endocervical glandular involvement is SEER Summary Stage Regional (2).

#### Ovary/FT/Peritoneum schemas

AJCC **pT3a pNX cM0 - stage 3A2** with:

Peritoneal carcinomatosis outside pelvis

AJCC Stage: +Peritoneum is assigned to **T3, 3 a-c** category and coded in **EOD PT** field. Please document the details for assigning **T3 a-c subcategories** to verify your **T category codes**.

+Peritoneum is SEER Summary Stage distant (7).

*Peritoneal* carcinomatosis is captured in **T** category and **EOD PT**.

Important distinction: Liver or Splenic **surface** involvement is coded to **EOD PT**, BUT **parenchymal** involvement is coded to **EOD Mets at Dx**.

### ◆ AJCC Staging: Corpus Uteri (C54.0 - C54.3, C54.8 - C54.9, C55.9)

Schemas: Corpus Uteri Carcinoma and Carcinosarcoma and Corpus Uteri Sarcoma

#### Assigning AJCC **cN** Instead of **pNX**

When **no RLNs were removed at surgery or information is insufficient to assign pN**, we can **assign cN0 instead of pNX for path staging** and then, the **appropriate path group stage instead of 99**. [ACS (facs.org), Cancer Registrar Education > Critical Clarifications > Node Status]

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