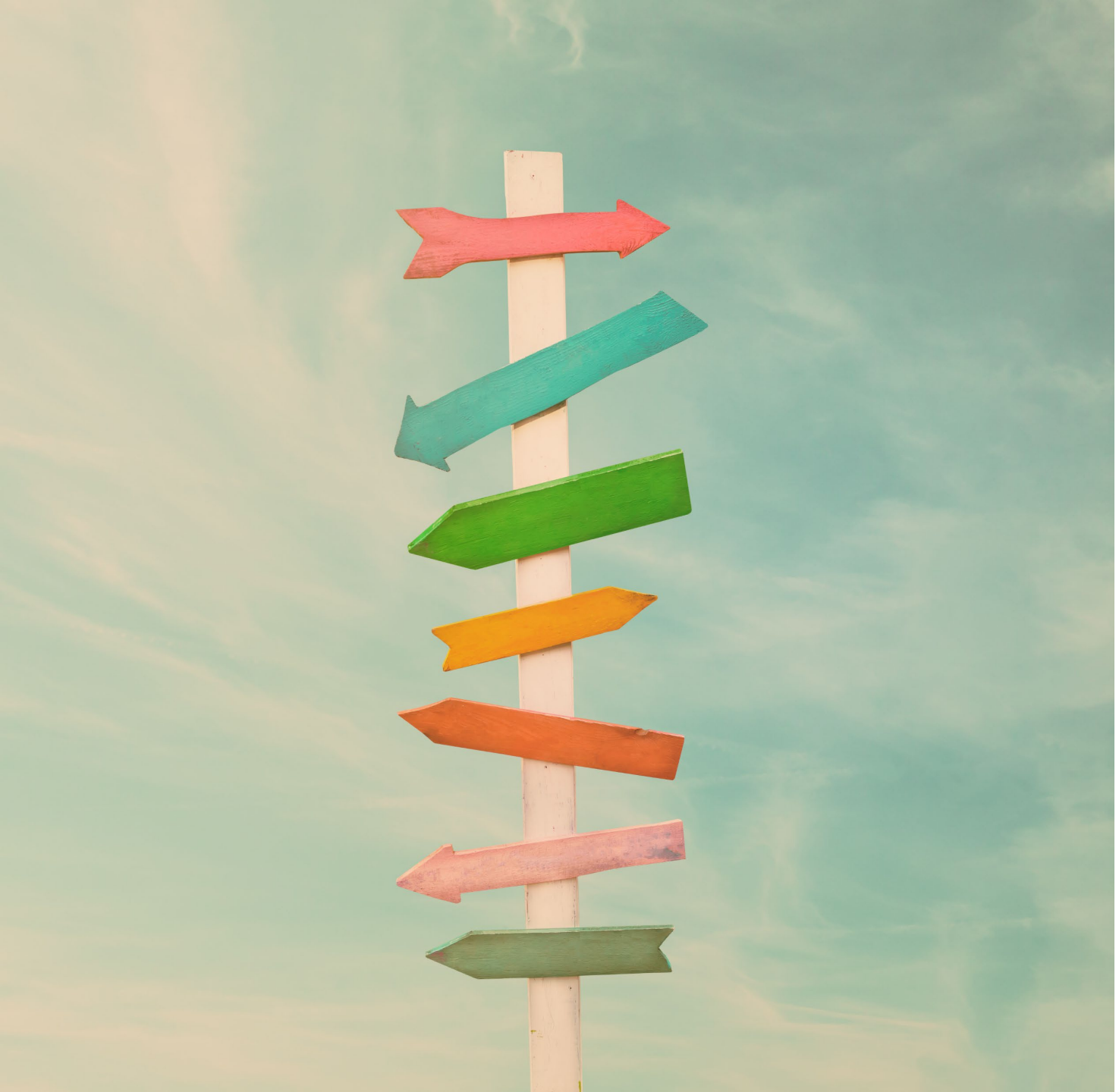

A Review on Colorectal Recurrence

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What is a recurrence?

- Per the SEER Glossary:
  - Cancer that comes back usually after a period during which the cancer could not be detected (Disease-free interval).
    - It may return as
      - Local recurrence: return of the primary tumor itself
      - Regional recurrence: return of the tumor beyond the limits of the original organ
      - Distant recurrence: return of the tumor in an area remote from the original organ

What fields are we reviewing?

- Recurrence Type – 1st
- Date of 1st Recurrence
- Cancer Status
- Date Last Cancer (Tumor) Status

Reminders…

Once a first recurrence is coded as 04-62 or 88, then the code is NOT updated or changed

- Example:
  - Patient disease status was updated to 22 (regional LN recurrence)
    - Patient undergoes subsequent treatment and returns to a disease-free status, don't change recurrence type 1st to 00 OR
    - If the patient later develops bone mets, don't update 1st recurrence to 55

If code 70 is used, don't update or change until patient becomes disease-free

- Example:
  - Patient has breast cancer with metastasis to the liver at time of diagnosis and a year later develops brain mets don't change recurrence type 1st from 70 to 62 (multiple metastatic sites)

Don't confuse progression of disease with recurrence

- Disease progression is an increase in size/extension of tumor, LN involvement and/or distant mets while undergoing treatment or where there was not a verified complete response

Case Scenario 1

Date	Procedure	Findings/Notes
3/6/20	Colonoscopy	4cm non-obstructing mass in sigmoid, biopsied
	Pathology – Sigmoid mass bx	MD Adenocarcinoma, no loss MMR proteins, BRAF neg
3/6/20	CTC/A/P	Susp area wall thickening along mid descending colon could rep colonic malig found on recent biopsy
4/20/20	Laparoscopic L hemicolectomy w/ LND	
	Pathology – resection	4.5cm adenocarcinoma MD, into subserosal tissue; margins neg; 0/15 LN; no LVI or PNI
5/4/20	Med Oncology Consult	No adjuvant treatment recommended, close observation
5/2021	Colonoscopy	L colonic anastomosis
	Pathology – biopsies	TBV adenoma
10/6/21	Colonoscopy	Polypoid tissue on either side anastomosis, 25-30cm, c/w lg adenomatous polyp; staples in center polypoid tissue; didn't feel polypectomy was safe, bx taken
	Pathology – biopsy 25-30cm	At least high-grade dysplasia; comment: findings are limited but susp for recurrent adenocarcinoma
10/14/21	Resection prior transverse descending anastomosis w/ segmental colectomy; partial omentectomy	Omental nodule was resected; no other peritoneal disease, no liver mets, palp mass at colonic anastomosis
	Pathology – Resection	Omental implant: neg; L colonic anastomosis/Segment colectomy: MD adenocarcinoma, 2.8cm, inv through MP into pericolonic tissue; 0/24 LN; comment: current tumor at anastomosis site could represent recurrent tumor in appropriate clinical setting

Case 1 Review

- Was the patient disease free?
  - Yes, no adjuvant therapy; close observation
  - 1 year after resection – TBV adenoma (5/2021)

- Was there a recurrence or is it a new primary?
  - Original diagnosis: 3/6/20
    - Resection: 4/20/20
  - 1st Recurrence: 10/6/2021
    - Resection: 10/14/21

19mo

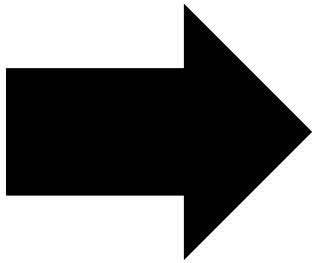
- Check the STR first….
  - Multiple Tumors Module
    - Start M3
    - STOP M8
      - SINGLE primary when subsequent tumor arises at the anastomotic site AND
      - Occurs less than or equal to 36mo after original tumor resection OR
        - Cases diagnosed prior to 1/1/2022, timing less than 24mo
      - Tumor arises in colon wall (no involvement of mucosa) OR
      - Pathologist or clinician documents an anastomotic recurrence

Case 1 Review

Patient was disease free

Recurr Type 1st : 00
Date 1st Recurrence: Blank/0s

Cancer Status = 1



19mo later patient develops anastomotic recurrence

Recurr Type 1st = 10
Date 1st Recurrence: 10/16/2021

Cancer Status = 2

Case Scenario 2

Date	Procedure	Findings/Notes
4/26/23	Colonoscopy	half circumferential mass in transverse colon; hepatic flexure polyp removed; ascending colon polyp removed; transverse colon mass biopsy
	Pathology	Hepatic flexure, polyp: tubular adenoma; R colon biopsy: tubular adenoma; Transverse colon biopsy: adenocarcinoma, MD; MMR intact expression
	CEA	2 (WNL)
5/3/23	CT A/P	2.4cm R adrenal nodule, unchanged since 2015, represents adenoma; L kidney cysts; no LAD; no met dz
5/19/23	Lap extended R colectomy	tattoo mark in transverse colon
	Pathology	R hemicolectomy: mucinous adenocarcinoma, MD, located in transverse colon, 3.2cm; no macroscopic tumor perforation; invades into pericolonic adipose tissue; margins neg; radial margin – 6cm; no LVI, PNI, or TD; 0/14 LN
7/27/23	Med Oncology	pT3 pN0 cM0, no indication for adjuvant chemo based on Signatera assay negative; close observation only
10/16/23	CEA	6.2 (H)
	CTC/A/P	R adrenal adenoma; subcm para-aortic LAD; no met dz
1/9/24	CEA	7.7 (H)
	CTC/A/P	2 enlarged mesenteric LN to R of SMA concern for nodal mets; indeterminate bilt adrenal nodules; solid RUL nodule
1/29/24	CT guide biopsy Mesenteric LN	Metastatic colorectal adenocarcinoma
3/7/24	Med Oncology	Patient with metastatic colon cancer (mesenteric LN), CEA: 8.0 (H); plan: palliative FOLFIRI w/ Bevacizumab

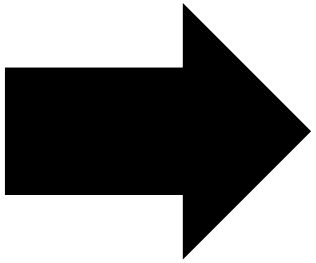
Case 2 Review

Was this patient ever disease-free?

Patient disease free following primary resection and med onc determine observation

Recurr Type 1st : 00
Date 1st Recurrence: Blank/0s

Cancer Status = 1



8mo after resection recurrence to regional LN confirm via biopsy

Recurr Type 1st = 22
Date 1st Recurrence: 1/29/2024

Cancer Status = 2

Thank You!

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