

European Network of Cancer Registries

Cancer Recurrence, Progression and Transformation Guidance for Cancer Registries.

Sinéad Hawkins, N. Ireland Cancer Registry Granada 13/11/2023 Better resource allocation for current and long term needs for healthcare delivery

Prevention and Screening

Recurrence Progression Transformation Tailored Follow-up care. Data can guide the development of personalised follow-up care plans

Treatment
Improvement and
effective enrolment
of clinical trials.



Guidance application



• - all urothelial tumours and CNS tumours *irrespective* of tumour behaviour when incident lesion first diagnosed.

• all other tumour site groups with malignant behaviour code 3 *when first diagnosed*

New Key Definitions



Tumour-reductive treatment: A

form of therapy given to a patient with the intention to reduce the tumour load e.g. Surgical removal of tumour, systemic therapy targeting the tumour (including monoclonal antibodies), chemotherapy, radiotherapy, immunotherapy, hormone therapy, other or unspecified systemic therapy and stem cell transplantation







Recurrence Definitions:



- Cancer Recurrence return of cancer after tumour-reductive treatment where cancer had <u>complete clinical or microscopic</u>
 <u>response</u> to treatment after a disease-free period of time.
- Cancer Progression increased disease load post tumour-reductive treatment where patient did not have a verified complete response.
- Transformation diagnosis of a more aggressive morphology of naturally progressive disease.

Recurrence/Progression Location solid tumours.



• Local - Tumour in immediate area surrounding primary tumour determined by the T-Category of recommended ENCR staging guidelines.

 Regional- determined by regional lymph node classification identified as N-Category of recommended ENCR staging guidelines.

• **Distant**. -determined by the M-category of the most recent recommended ENCR staging guidelines.

Date of Disease Episodes



Date of recurrence, progression, or transformation: -

first date in medical records/pathology where recurrence, progression or transformation was diagnosed irrespective of type of diagnostic procedure used.

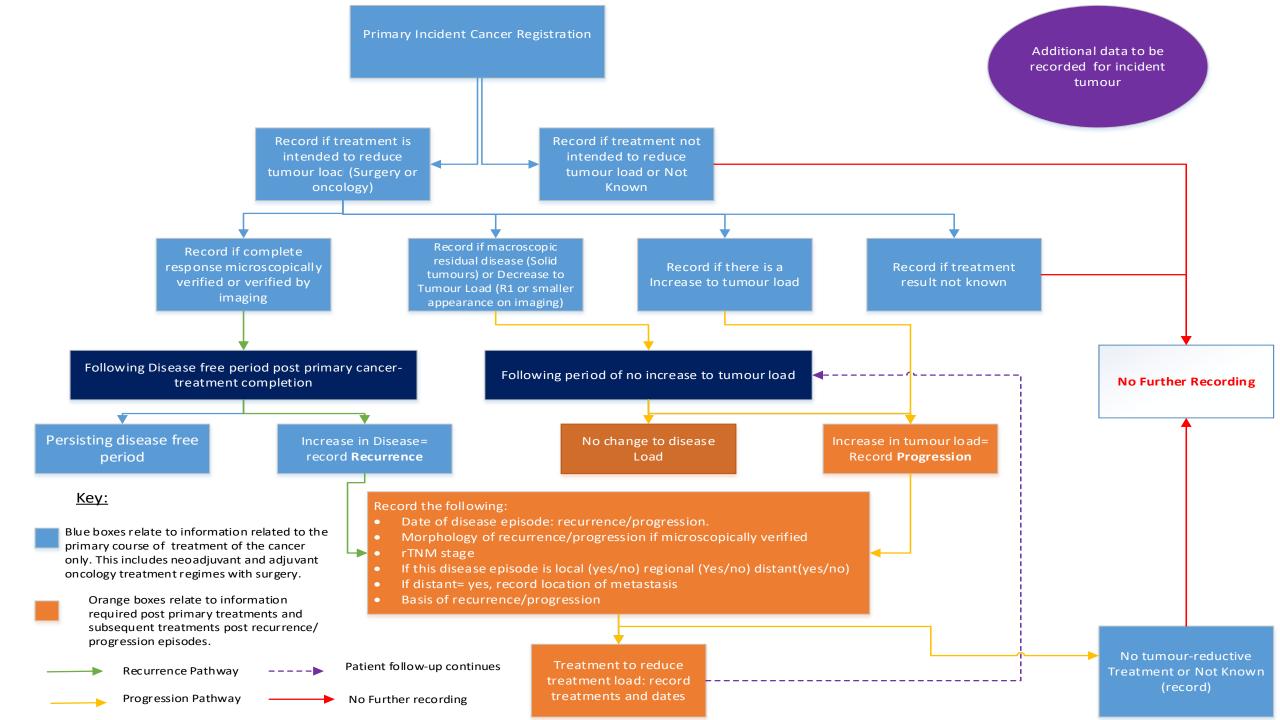
Basis of Disease Episodes

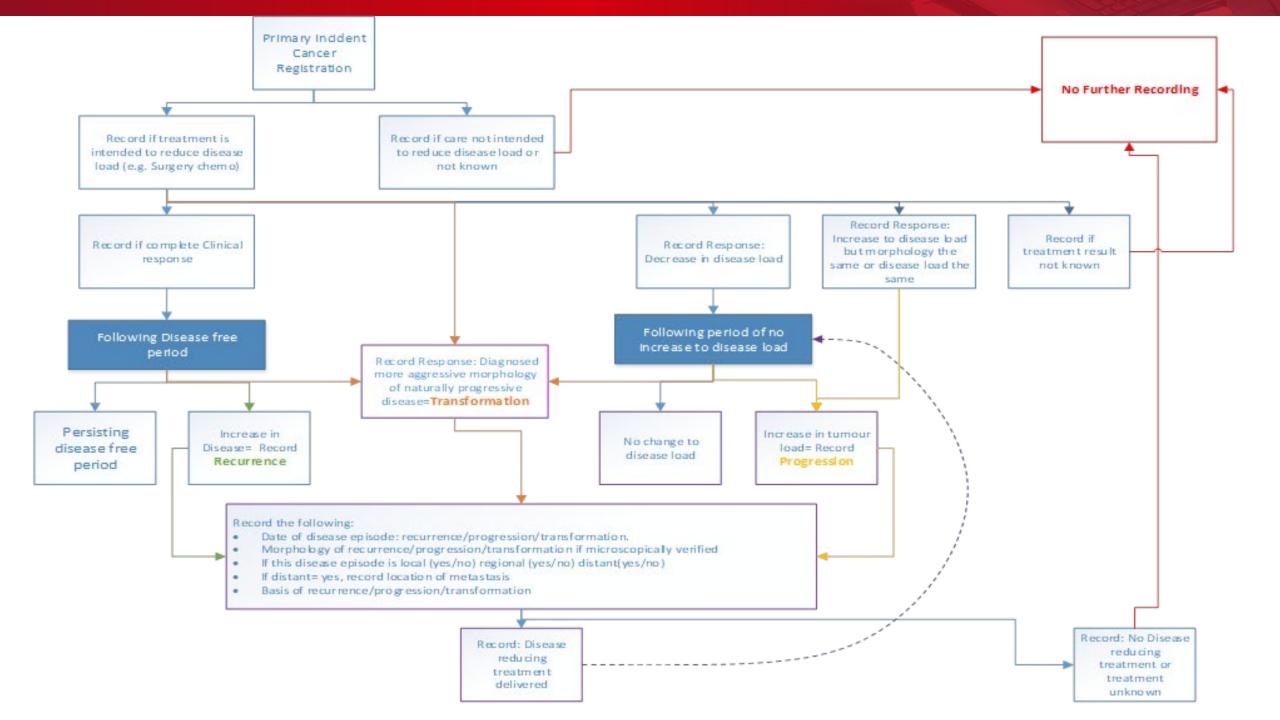


• **Basis of episode:** - use same hierarchy as ENCR Basis of Diagnosis recommendations. The highest basis should be used, and this will not necessarily correspond to the diagnostic procedure that was used to identify the date of recurrence, progression, or transformation.

Note on Flow-diagrams and tiers:

**The flow diagrams are for tumour registrar use to guide decision thinking when looking manually at a case. Please note that if a cancer registry is not able to collect treatment intention or treatment response but does have reliable clinical datasets which contain other Tier 1 or Tier 2 data we advise these data are still collected.





Data items for cancer registry data collection



Treatment data

Data Type	Categories	Tier
Treatment Intention	Tumour-reductive/ non- reductive treatment or therapy/ Not Known	Tier1
Treatment Response	Complete Response/Decrease to Tumour load/Increase to tumour Load/Not Known	Tier2

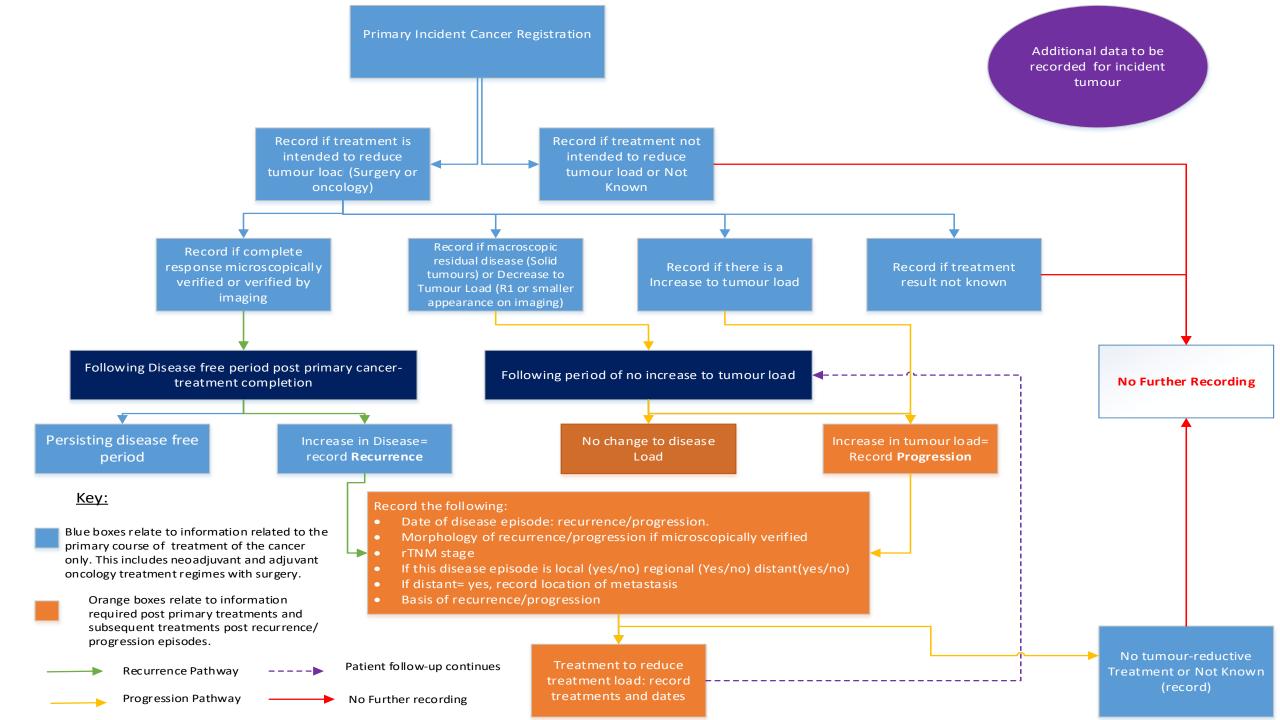
Data Type	Categories	Tier
Disease Episode Type	Recurrence/Progression/Transformation	Tier 1
Date of Disease Episode	dd/mm/yyyy	Tier 1
Morphology Code of Episode	/6 ICD-O-3	Tier 1 for Haematological Malignancies Tier 2 for all other malignancies.
Disease Episode Location*	Local (Yes/No) Regional (Yes/No) Distant (Yes/No) If Distant = yes, record all locations of metastasis using the organ code (first three digits) of ICD-O-3 coding	Tier 1 Tier 2
Tumour Grade of Episode	Differentiation grade, WHO grade, Gleason grade group) if stated	Tier 1 for Haematological Malignancies Tier 2 for all other malignancies.
rTNM (recurrenceTNM)	Stage of Cancer as per latest ENCR recommended staging guidelines.	Tier 2
Basis of Episode	As per Table 1 and Table 2 of ENCR Basis Guidelines	Tier 2

Examples -Recurrence



Example 1

- Breast cancer patient registered as a stage 3 cancer with lymph node involvement in 2019.
- Treatment included lumpectomy which had clear R0 margins and full axillary node clearance.
- Has a bone scan in 2023 indicating bone mets on 12/03/2023. Has a Biopsy confirming secondary ductal carcinoma metastasis
 01/06/2023



Examples Recurrence



Example 1

- Breast cancer patient registered as a stage 3 cancer with lymph node involvement in 2019.
- Treatment included lumpectomy which had clear
 R0 margins and full axillary node clearance.
- Has a bone scan in 2023 indicating bone of arm mets on 12/03/2023. Has a Biopsy confirming secondary ductal carcinoma metastasis grade 3 01/06/2023
- Patient commences SACT treatment 0n
 15/06/2023

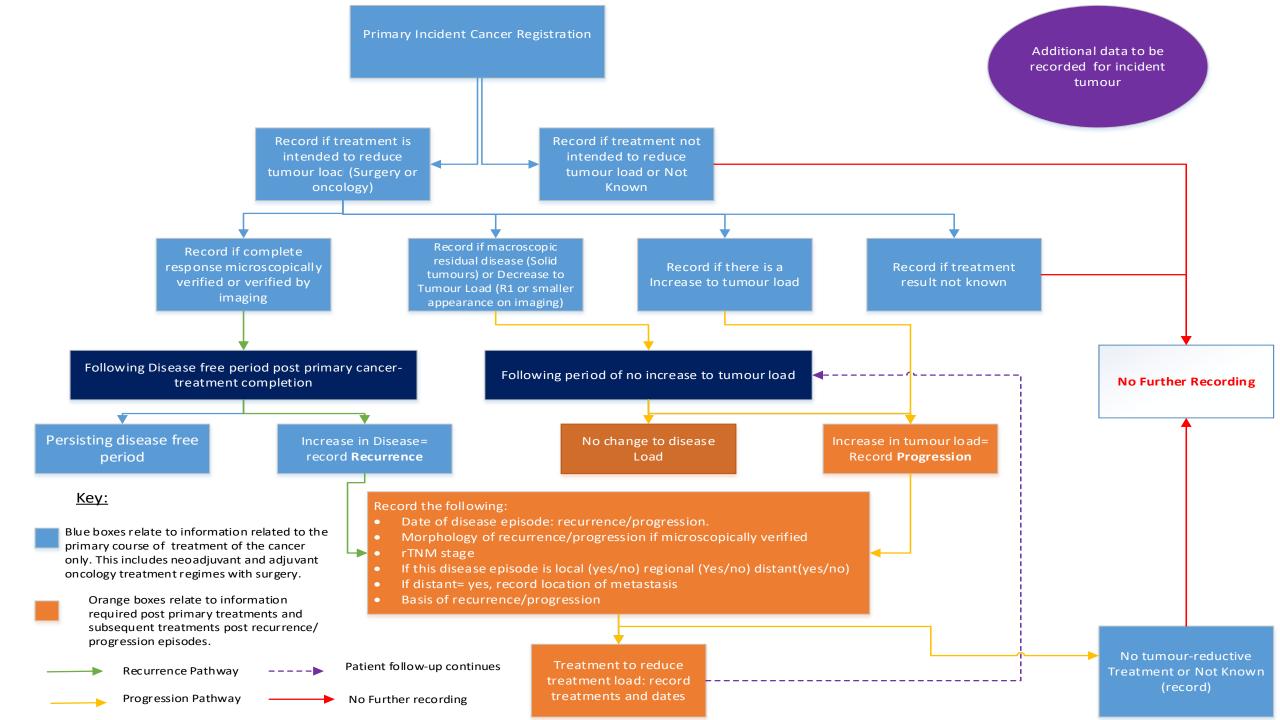
Data to record:

- Treatment = Tumour reductive
- Treatment response = Complete response.
- Disease episode type= Recurrence
- Disease episode date= 12/03/2023
- Morphology= 8500/6 Secondary Ductal carcinoma
- Disease Episode location = Distant, Bone C40.0
- Disease episode grade = Grade 3.
- rStage= rTX rNX rM1
- Basis= Histology of metastasis

Examples – Progression



- Patient has primary lung cancer stage 2 with no nodal disease registered on 01/01/2022
- Patient completes chemoradiotherapy 01/06/2022.
 Surveillance scan shows complete reduction of tumour however there is a small nodule of uncertain significance in radiotherapy field of treatment.
- Patient has a surveillance scan 01/09/2022. No change in nodule.
- Patient has surveillance scan on 01/12/2022. Nodule
 has doubled in size clinically considered progression of
 lung cancer. Patient declines further treatment



Examples – Progression



- Patient has primary lung cancer stage 2 1.55cm tumour with no nodal disease registered on 01/01/2020
- Patient completes chemoradiotherapy 01/06/2020.
 01/01/2021 Surveillance scan shows complete reduction of tumour however there is a small nodule of uncertain significance in radiotherapy field of treatment.
- Patient has a surveillance scan 01/01/2022. No change in nodule.
- Patient has surveillance scan on 01/06/2022. Nodule has
 doubled in size to 3.1cm, no suspicious nodes or metastasis
 and clinically considered progression of lung cancer. Patient
 declines further treatment.

Data to Record:

- Treatment = Tumour reductive
- Treatment response = Decrease to tumour load.
- Disease episode type= Progression
- Disease episode date= 01/06/2022
- Morphology= Not Known
- Disease Episode location = Local
- Disease episode grade = Not Known.
- rStage=rT2a rN0 rM0
- Basis= CT scan

Thank you for listening



Any Questions??

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