

台灣癌症登記中心通知

急件

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主 題： 因應明(104)年癌症登記實務作業之需求，請 貴院依說明段辦理

急件 請檢閱 請加註 請回覆 請回收

- 一、 本案係依衛生福利部國民健康署委託「台灣癌症登記工作計畫」辦理。
- 二、 自 103 年 1 月 1 日起之新診斷癌症個案，其病歷記載及其癌症登記申報請依下述規定辦理：

- (1) 因應卵巢癌 FIGO stage 於 2014 年改版，請依**附件一**說明，正確詳實記載 FIGO 病理期別資料。
- (2) 由國衛院泌尿系統癌症臨床專家與病理專家協助與指導國民健康署癌症登記中心有關「泌尿系統多發癌症」申報原則，修訂如下：

於 SEER Multiple Primary and Histology (MPH) Coding Rules 其 Renal Pelvis, Ureter, Bladder and Other Urinary (C659, C669, C670-C679, C680-C689) 章節中之 M8 rule：

當 Renal pelvis (C65.9)、Ureter (C66.9)、Bladder (C67._)、Urethra (C68.0) 有發生兩種以上的上述部位之**泌尿上皮癌** Urothelial tumors (M-code 為 8020, 8031, 8050, 8082, 8120, 8122, 8130, 8131) 時，需改申報為**多發癌症**。(修正表格請見**附件二**)

附件一

<https://www.sgo.org/clinical-practice/guidelines/new-figo-ovarian-cancer-staging-guidelines/>

New FIGO ovarian cancer staging guidelines

January 2014

The International Federation of Gynecologists and Obstetricians (FIGO) has revised the staging of ovarian cancer. The approved, new ovarian cancer staging went into effect on Jan. 1, 2014.

The revision by FIGO followed a series of meetings which were concluded in Italy at the end of 2012. Representatives of several international organizations including the SGO participated in these deliberations under the leadership of Professor Lynette Denny from South Africa, the Chair of FIGO committee on Gynecologic Oncology.

The proposed changes were subsequently approved by the FIGO Executive Board, The American Joint Committee on Cancer (AJCC) and the International Union Against Cancer (UICC). **This new staging also applies to fallopian tube cancer and primary peritoneal cancer (where feasible). To keep the summary simple, we will just refer to ovary.**

The new staging is summarized in this FIGO Ovarian Cancer Staging document with changes in italics. The guidelines will be published in the January 2014 issue of the *International Journal of Gynecology and Obstetrics*.

https://www.sgo.org/wp-content/uploads/2012/09/FIGO-Ovarian-Cancer-Staging_1.10.14.pdf

請依據 2014 年新版 FIGO Ovarian Cancer Staging 詳實記載 FIGO 病理期別。

<https://cancerstaging.org/About/news/Pages/New-FIGO-Rules-to-be-Included-in-Next-Edition-of-AJCC-Staging-System.aspx>

New FIGO Rules to be Included in Next Edition of AJCC Staging System

The International Federation of Obstetricians and Gynecologists (FIGO) has developed new staging rules for **ovarian, fallopian tube and primary peritoneal cancers**.

These new cancer staging rules will be incorporated into the **8th Edition of the AJCC Cancer Staging System**.

Until the release of the AJCC Cancer Staging System, all nationally collected US cancer statistics data for ovarian, fallopian tube, and primary peritoneal cancers **must be based on the current AJCC Cancer Staging Manual (7th Edition)**.

AJCC 聲明: 卵巢癌新版 FIGO staging 將納入 AJCC 第八版中修訂; 直至出版 AJCC 第八版之前, Ovary and Primary Peritoneal Carcinoma TNM staging 依舊使用 AJCC 第七版登錄。

附件二

癌症登記「泌尿系統多發癌症」申報原則，修訂如下：

Table 1 – Urothelial Tumors

Urothelial/Transitional Cell Tumors	M code	Urothelial/Transitional Cell Tumors	M code
With squamous differentiation	8120	Papillary carcinoma, NOS	8050
With glandular differentiation		Papillary transitional cell	8130
With trophoblastic differentiation		Micropapillary	8131
Nested		Lymphoepithelioma-like	8082
Microcystic		Plasmacytoid	
Transitional cell, NOS		Giant cell	8031
Sarcomatoid	8122	Undifferentiated	8020

Urinary MP

Renal Pelvis, Ureter, Bladder, and Other Urinary Multiple Primary Rules – Matrix
 C659, C669, C670-C679, C680-C689
 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M6	Bladder	Any combination of: • Papillary carcinoma (8050) or • Transitional cell carcinoma (8120-8124) or • Papillary transitional cell carcinoma (8130-8131)				Single*
M7			More than three (3) years apart			Multiple**
M8	Two or more of the following sites • Renal pelvis (C659) • Ureter(C669) • Bladder (C670-C679) • Urethra /prostatic urethra (C680)	Urothelial tumors (See Table 1)*				Single* Multiple
M9		Tumors with histology codes different at the first (x xxx), second (x xxx), or third (x xxx) number				Multiple**
M10	Tumors with topography codes different at the second (C xxx) and/or third (C xx) character					Multiple**
M11	Does not meet any of the above criteria				When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.	Single*

註解：僅修正 Table 1 & M8 規則，其餘規則不變。

**FIGO Ovarian Cancer Staging
Effective Jan. 1, 2014**

(Changes are in italics.)

STAGE I: Tumor confined to ovaries			
OLD			NEW
IA	Tumor limited to 1 ovary, capsule intact, no tumor on surface, negative washings/ascites.		IA Tumor limited to 1 ovary, capsule intact, no tumor on surface, negative washings.
IB	Tumor involves both ovaries otherwise like IA.		IB Tumor involves both ovaries otherwise like IA.
IC	Tumor involves 1 or both ovaries with any of the following: capsule rupture, tumor on surface, positive washings/ascites.		<i>IC Tumor limited to 1 or both ovaries</i>
			IC1 <i>Surgical spill</i>
			IC2 <i>Capsule rupture before surgery or tumor on ovarian surface.</i>
			IC3 <i>Malignant cells in the ascites or peritoneal washings.</i>

STAGE II: Tumor involves 1 or both ovaries with pelvic extension (below the pelvic brim) or primary peritoneal cancer			
OLD			NEW
IIA	Extension and/or implant on uterus and/or Fallopian tubes		IIA Extension and/or implant on uterus and/or Fallopian tubes
IIB	Extension to other pelvic intraperitoneal tissues		IIB Extension to other pelvic intraperitoneal tissues
IIC	IIA or IIB with positive washings/ascites.		

**** Old stage IIC has been eliminated****

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STAGE III: Tumor involves 1 or both ovaries with cytologically or histologically confirmed spread to the peritoneum outside the pelvis and/or metastasis to the retroperitoneal lymph nodes			
OLD		NEW	
IIIA	Microscopic metastasis beyond the pelvis.	<i>IIIA (Positive retroperitoneal lymph nodes and /or microscopic metastasis beyond the pelvis)</i>	
		IIIA1	<i>Positive retroperitoneal lymph nodes only</i>
		IIIA1(i)	<i>Metastasis ≤ 10 mm</i>
		IIIA1(ii)	<i>Metastasis > 10 mm</i>
		IIIA2	<i>Microscopic, extrapelvic (above the brim) peritoneal involvement ± positive retroperitoneal lymph nodes</i>
IIIB	Macroscopic, extrapelvic, peritoneal metastasis ≤ 2 cm in greatest dimension.	IIIB	<i>Macroscopic, extrapelvic, peritoneal metastasis ≤ 2 cm ± positive retroperitoneal lymph nodes. Includes extension to capsule of liver/spleen.</i>
IIIC	Macroscopic, extrapelvic, peritoneal metastasis > 2 cm in greatest dimension and/or regional lymph node metastasis.	IIIC	<i>Macroscopic, extrapelvic, peritoneal metastasis > 2 cm ± positive retroperitoneal lymph nodes. Includes extension to capsule of liver/spleen.</i>

STAGE IV: Distant metastasis excluding peritoneal metastasis			
OLD		NEW	
IV	Distant metastasis excluding peritoneal metastasis. Includes hepatic parenchymal metastasis.	IVA	<i>Pleural effusion with positive cytology</i>
		IVB	<i>Hepatic and/or splenic parenchymal metastasis, metastasis to extra-abdominal organs (including inguinal lymph nodes and lymph nodes outside of the abdominal cavity)</i>

Other major recommendations are as follows:

- Histologic type including grading should be designated at staging
- Primary site (ovary, Fallopian tube or peritoneum) should be designated where possible
- Tumors that may otherwise qualify for stage I but involved with dense adhesions justify upgrading to stage II if tumor cells are histologically proven to be present in the adhesions