



High Grade Dysplasia & Carcinoma In Situ Are they Synonymous?

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Chair, Data Quality Management Committee
Canadian Council of Cancer Registries



Who are the Data Quality Management Committee (DQMC)?

- We report directly to the Canadian Council of Cancer Registries at Statistics Canada.
- We provide recommendations and advice relating to the quality and standardization of the Canadian Cancer Registry (CCR) data collection, storage, analysis and reporting.



DQMC Membership

- **The membership consists of:**
 - Minimum of three directors of provincial/territorial cancer registries or their designates representing registries of various sizes.
 - A pathologist and epidemiologist.
 - Representative of the Canadian Council of Cancer Registries.
 - Representative from the Canadian Cancer Registry at Statistics Canada's Health Statistics Division.
 - Representatives of other stakeholder groups or users.

Members:

- Gail Noonan, Chair Western (MB)
- Sue Bélanger, Secretariat StatCan
- Mary Jane King, Central (ON)
- Carol Russell, CCCR liaison (AB)
- Tom Snodgrass, Data Utilization (AB)
- Susan Ryan, Eastern (NL)
- Becky Ma, Western (BC)
- Michael Otterstatter (epidemiologist) / Brenda Branchard - PHAC
- Dr. Garth Perkins, Pathologist

Background:

- With the implementation of AJCC 7th Edition Staging manual for cases diagnosed January 1, 2010 forward, an issue was identified and brought forward to the DQMC for resolution and/or guidance.
- It states within the digestive system chapter, specifically the esophageal site:
“High grade dysplasia includes all noninvasive neoplastic epithelia that was formerly called carcinoma in situ, a diagnosis that is no longer used for columnar mucosae anywhere in the gastrointestinal tract”.

Definitions:

Source: <http://en.wikipedia.org>

- **Dysplasia is the earliest form of pre-cancerous lesion recognizable in a biopsy by a pathologist. Dysplasia can be low grade or high grade.**
- **Carcinoma in situ is synonymous with high-grade dysplasia in most organs. The risk of transforming into cancer is high.**

First Steps:

- We asked our DQMC pathologist who provided this explanation on high grade dysplasia of the esophagus:

“The AJCC 7th edition does clearly state that “high grade dysplasia” is to be used instead of carcinoma in situ for all sites with columnar epithelium in the GI tract.)”

“As some Registries are collecting high grade dysplasias in the colon, it makes eminent sense to do the same for esophagus, GE junction, stomach, biliary tract, and small bowel. I do not share your optimism that Pathologists will universally be dropping the diagnosis of in situ carcinoma.”

Provincial pathologist opinion:

- “I agree that pathologists are now using the term high grade dysplasia instead of carcinoma in situ in the stomach and in the esophagus. Therefore, high grade dysplasia in the esophagus and the stomach should be reportable.”
- “Carcinomas of the small intestine are extremely rare but when they do occur, they are reported with the same terminology used for colorectal carcinomas and high grade dysplasia should be reportable as it is in the colon and rectum.”



Clinician lead from Provincial Colorectal Screening program:

- “The terms "high grade dysplasia" and "severe dysplasia" may be used as synonyms for in situ adenocarcinoma and in situ carcinoma. These are now the preferred terms used by pathologists rather than adenocarcinoma/carcinoma in situ.”

Further opinions:

- The National Pathology Standards Committee composed of pathologists from across Canada were consulted for advice and direction on reporting requirements to assist the Registry Community.
 - their initial response was that it would depend on the disease site, the cancer case itself, how and why the data is collected by the Cancer Registry and how the data will be used.

Next Steps:

- The DQMC has received a variety of opinions and direction with no consensus.
- We decided to consult NAACCR's Cancer Registration Steering Committee who were also currently addressing this same issue.

WHO Classification Tumours of the Digestive System (4th Edition)

<u>DISEASE SITES</u>	<u>ICD-O CODES</u>
<u>ESOPHAGUS</u>	
Squamous	
. Intraepithelial neoplasia (dysplasia), high grade	8077/2
Glandular	
. Dysplasia (intraepithelial neoplasia), high grade	8148/2
<u>STOMACH</u>	
Intraepithelial neoplasia (dysplasia), high grade	8148/2
<u>COLON AND RECTUM</u>	
Dysplasia (intraepithelial neoplasia), high grade	8148/2

Conclusions:

- Recommendations were put forward by the College of American Pathologists (CAP) Cancer Committee, distributed and discussed at the NAACCR Cancer Registration Steering Committee (CRSC) to clarify which disease sites should be reported as carcinoma in situ (Tis)
- The CRSC are seeking recommendations from standard setters before making a formal recommendation.

Colorectal In situ cases in Manitoba

Topography	2008	2009
c18._	20	118
c19._	3	5
c20._	6	48
Other	793	895
Total:	822	1066

Implications to consider:

- Impact on the Registries?
- Impact on incidence?
- Impact on Screening programs?
- Impact on CAP checklists?



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