Cancer Staging

NAACCR 2015-2016 Webinar Series

AJCC and Summary Stage

1

Q&A

Please submit all questions concerning webinar content through the Q&A panel.

Reminder:

- If you have participants watching this webinar at your site, please collect their names and emails.
- We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.

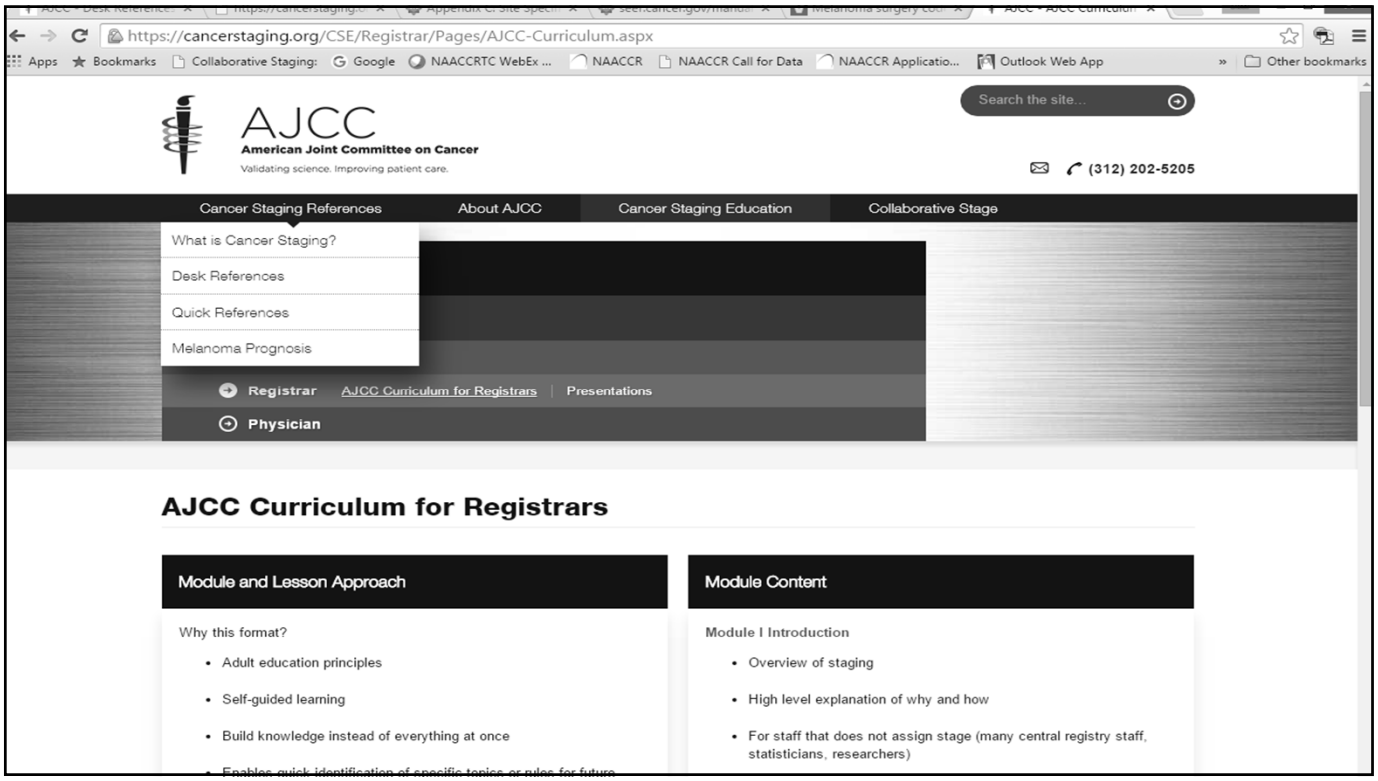
2

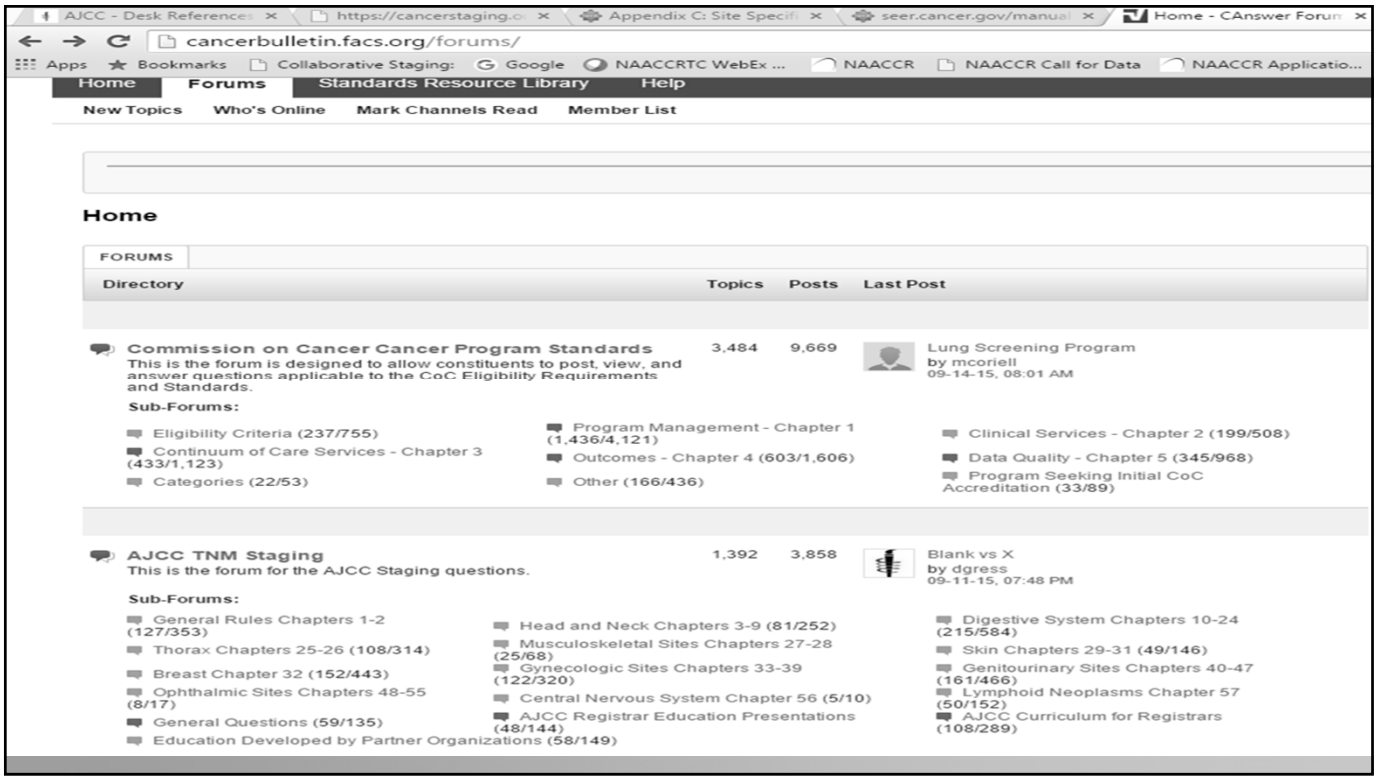
Fabulous Prizes

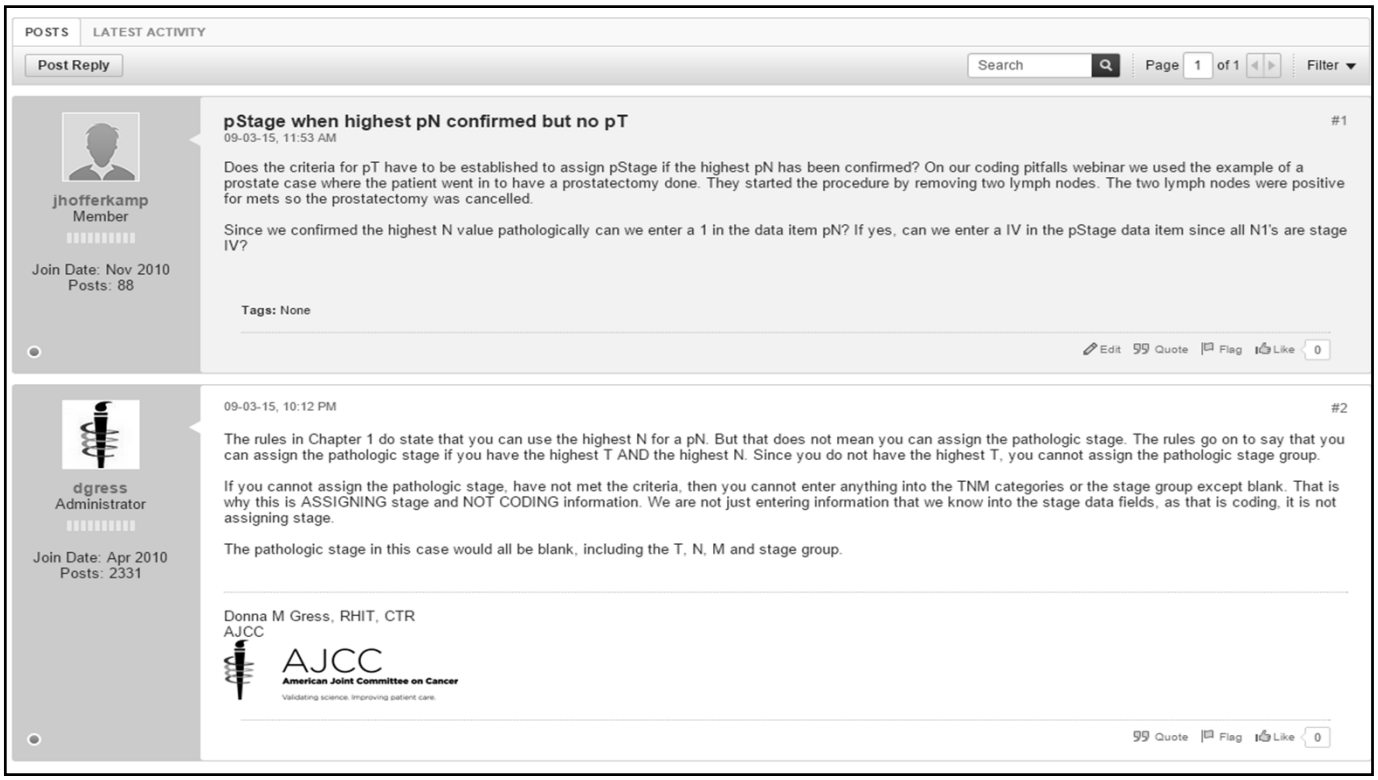
Prior to assigning stage…

- Registrars…
  - Must have access to their staging manuals
    - AJCC 7th edition with errata
    - Summary Stage with errata
  - Are HIGHLY encouraged to view the AJCC Curriculum for Cancer Registrars
    - https://cancerstaging.org/CSE/Registrar/Pages/AJCC-Curriculum.aspx
  - Must use the CAnswer forum
    - http://cancerbulletin.facs.org/forums/forum

4


https://cancerstaging.org/CSE/Registrar/Pages/AJCC-Curriculum.aspx
AJCC
American Joint Committee on Cancer
Validating science. Improving patient care.
Search the site...
(312) 202-5205
Cancer Staging References
About AJCC
Cancer Staging Education
Collaborative Stage
What is Cancer Staging?
Desk References
Quick References
Melanoma Prognosis
Registrar
AJCC Curriculum for Registrars
Presentations
Physician
AJCC Curriculum for Registrars
Module and Lesson Approach
Why this format?
Adult education principles
Self-guided learning
Build knowledge instead of everything at once
Module Content
Module I Introduction
Overview of staging
High level explanation of why and how
For staff that does not assign stage (many central registry staff, statisticians, researchers)


cancerbulletin.facs.org/forums/
Home
Forums
Standards Resource Library
Help
New Topics
Who's Online
Mark Channels Read
Member List
Home
FORUMS
Directory
Topics
Posts
Last Post
Commission on Cancer Cancer Program Standards
This is the forum is designed to allow constituents to post, view, and answer questions applicable to the CoC Eligibility Requirements and Standards.
3,484
9,669
Lung Screening Program
by mcoriell
09-14-15, 08:01 AM
Sub-Forums:
Eligibility Criteria (237/755)
Continuum of Care Services - Chapter 3 (433/1,123)
Categories (22/53)
Program Management - Chapter 1 (1,436/4,121)
Outcomes - Chapter 4 (603/1,606)
Other (166/436)
Clinical Services - Chapter 2 (199/508)
Data Quality - Chapter 5 (345/968)
Program Seeking Initial CoC Accreditation (33/89)
AJCC TNM Staging
This is the forum for the AJCC Staging questions.
1,392
3,858
Blank vs X
by dgress
09-11-15, 07:48 PM
Sub-Forums:
General Rules Chapters 1-2 (127/353)
Thorax Chapters 25-26 (108/314)
Breast Chapter 32 (152/443)
Ophthalmic Sites Chapters 48-55 (8/17)
General Questions (59/135)
Education Developed by Partner Organizations (58/149)
Head and Neck Chapters 3-9 (81/252)
Musculoskeletal Sites Chapters 27-28 (25/68)
Gynecologic Sites Chapters 33-39 (122/320)
Central Nervous System Chapter 56 (5/10)
AJCC Registrar Education Presentations (48/144)
Digestive System Chapters 10-24 (215/584)
Skin Chapters 29-31 (49/146)
Genitourinary Sites Chapters 40-47 (161/466)
Lymphoid Neoplasms Chapter 57 (50/152)
AJCC Curriculum for Registrars (108/289)



POSTS | LATEST ACTIVITY

Post Reply | Search | Page 1 of 1 | Filter

pStage when highest pN confirmed but no pT #1

09-03-15, 11:53 AM

jhofferkamp
Member
Join Date: Nov 2010
Posts: 88

Does the criteria for pT have to be established to assign pStage if the highest pN has been confirmed? On our coding pitfalls webinar we used the example of a prostate case where the patient went in to have a prostatectomy done. They started the procedure by removing two lymph nodes. The two lymph nodes were positive for mets so the prostatectomy was cancelled.

Since we confirmed the highest N value pathologically can we enter a 1 in the data item pN? If yes, can we enter a IV in the pStage data item since all N1's are stage IV?

Tags: None

Edit | Quote | Flag | Like 0

09-03-15, 10:12 PM #2

dgress
Administrator
Join Date: Apr 2010
Posts: 2331

The rules in Chapter 1 do state that you can use the highest N for a pN. But that does not mean you can assign the pathologic stage. The rules go on to say that you can assign the pathologic stage if you have the highest T AND the highest N. Since you do not have the highest T, you cannot assign the pathologic stage group.

If you cannot assign the pathologic stage, have not met the criteria, then you cannot enter anything into the TNM categories or the stage group except blank. That is why this is ASSIGNING stage and NOT CODING information. We are not just entering information that we know into the stage data fields, as that is coding, it is not assigning stage.

The pathologic stage in this case would all be blank, including the T, N, M and stage group.

Donna M Gress, RHIT, CTR
AJCC

AJCC
American Joint Committee on Cancer
Validating science. Improving patient care.

Quote | Flag | Like 0

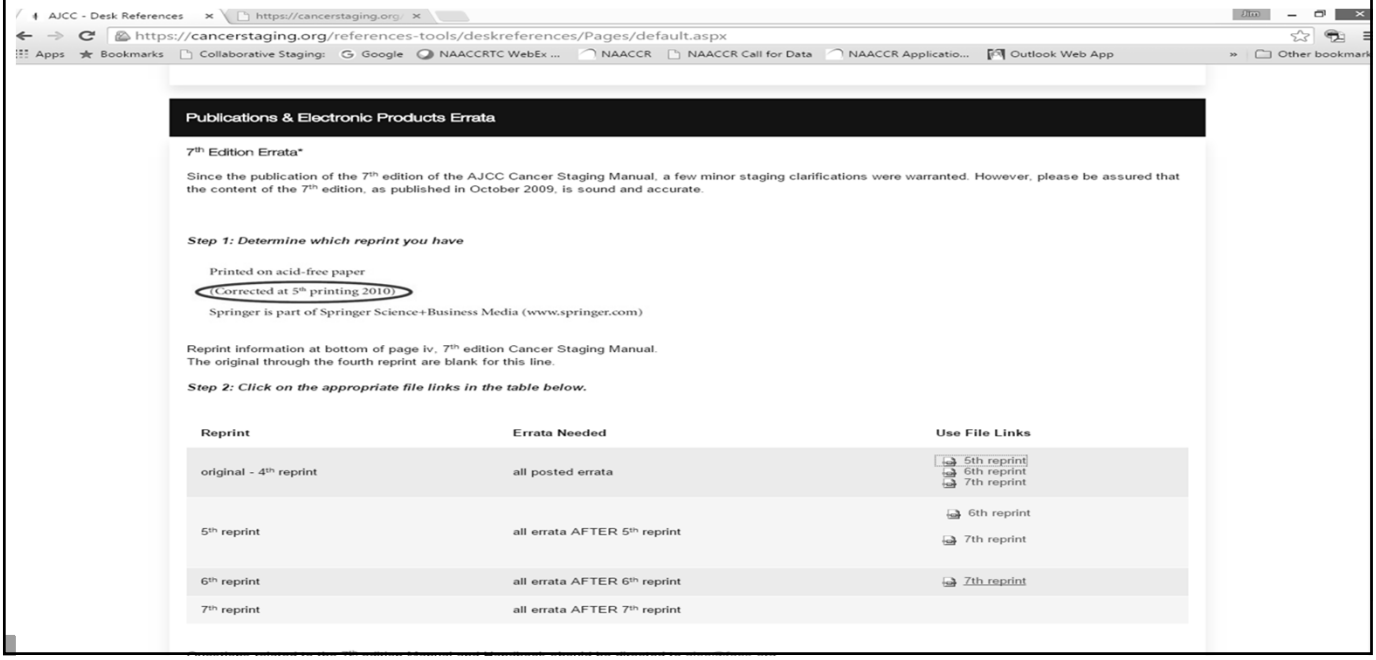
NAACCR

Errata

AJCC Staging Manual
Summary Stage

8

AJCC Staging Manual Errata



Publications & Electronic Products Errata

7th Edition Errata*

Since the publication of the 7th edition of the AJCC Cancer Staging Manual, a few minor staging clarifications were warranted. However, please be assured that the content of the 7th edition, as published in October 2009, is sound and accurate.

Step 1: Determine which reprint you have

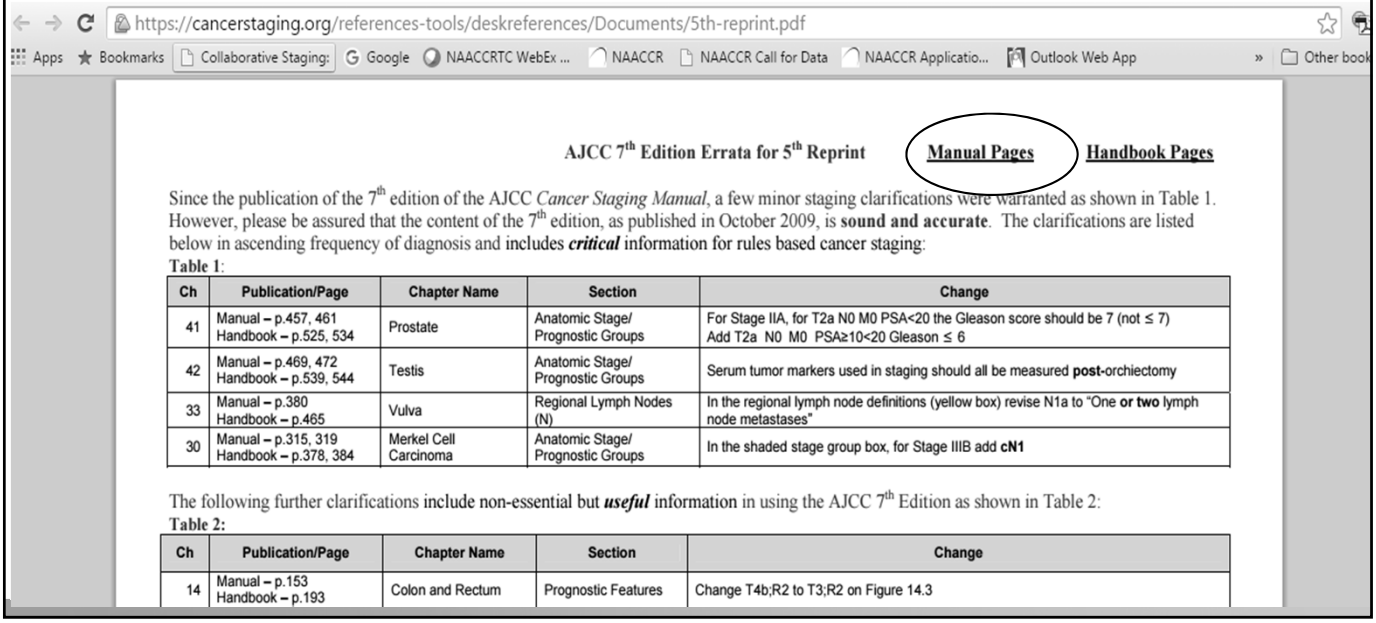
Printed on acid-free paper
(Corrected at 5th printing 2010)
Springer is part of Springer Science+Business Media (www.springer.com)

Reprint information at bottom of page iv, 7th edition Cancer Staging Manual.
The original through the fourth reprint are blank for this line.

Step 2: Click on the appropriate file links in the table below.

Reprint	Errata Needed	Use File Links
original - 4th reprint	all posted errata	5th reprint 6th reprint 7th reprint
5th reprint	all errata AFTER 5th reprint	6th reprint 7th reprint
6th reprint	all errata AFTER 6th reprint	7th reprint
7th reprint	all errata AFTER 7th reprint	

AJCC Staging Manual Errata



https://cancerstaging.org/references-tools/deskreferences/Documents/5th-reprint.pdf

AJCC 7th Edition Errata for 5th Reprint **Manual Pages** **Handbook Pages**

Since the publication of the 7th edition of the AJCC *Cancer Staging Manual*, a few minor staging clarifications were warranted as shown in Table 1. However, please be assured that the content of the 7th edition, as published in October 2009, is **sound and accurate**. The clarifications are listed below in ascending frequency of diagnosis and includes ***critical*** information for rules based cancer staging:

Table 1:

Ch	Publication/Page	Chapter Name	Section	Change
41	Manual – p.457, 461 Handbook – p.525, 534	Prostate	Anatomic Stage/ Prognostic Groups	For Stage IIA, for T2a N0 M0 PSA<20 the Gleason score should be 7 (not ≤ 7) Add T2a N0 M0 PSA≥10<20 Gleason ≤ 6
42	Manual – p.469, 472 Handbook – p.539, 544	Testis	Anatomic Stage/ Prognostic Groups	Serum tumor markers used in staging should all be measured **post**-orchiectomy
33	Manual – p.380 Handbook – p.465	Vulva	Regional Lymph Nodes (N)	In the regional lymph node definitions (yellow box) revise N1a to "One **or two** lymph node metastases"
30	Manual – p.315, 319 Handbook – p.378, 384	Merkel Cell Carcinoma	Anatomic Stage/ Prognostic Groups	In the shaded stage group box, for Stage IIIB add **cN1**

The following further clarifications include non-essential but ***useful*** information in using the AJCC 7th Edition as shown in Table 2:

Table 2:

Ch	Publication/Page	Chapter Name	Section	Change
14	Manual – p.153 Handbook – p.193	Colon and Rectum	Prognostic Features	Change T4b;R2 to T3;R2 on Figure 14.3

AJCC Staging Manual Errata

41

Prostate

(Sarcomas and transitional cell carcinomas are not included)

41

At-A-Glance

SUMMARY OF CHANGES

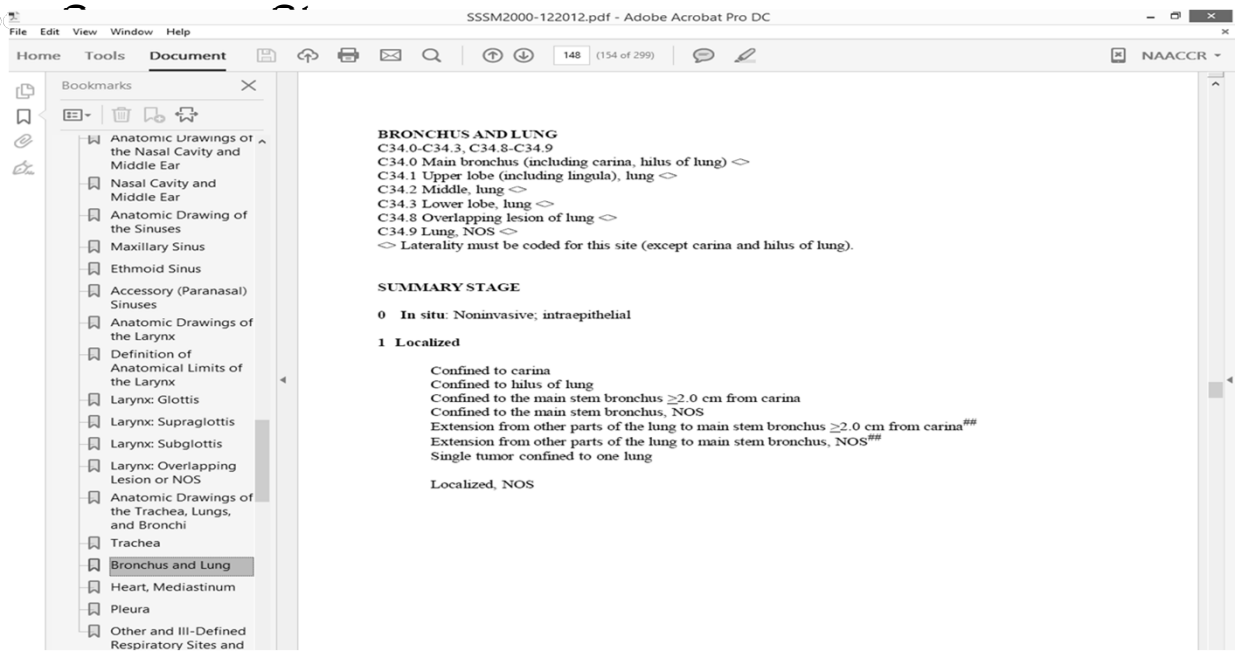
- Extraprostatic invasion with microscopic bladder neck invasion (T4) is included with T3a
- Gleason Score now recognized as the preferred grading system
- Prognostic factors have been incorporated in the Anatomic Stage/Prognostic Groups
  - Gleason Score
  - Preoperative prostate-specific antigen (PSA)

ANATOMIC STAGE/PROGNOSTIC GROUPS*

Group	T	N	M	PSA	Gleason
I	T1a – c	N0	M0	PSA < 10	Gleason ≤ 6
	T2a	N0	M0	PSA < 10	Gleason ≤ 6
	T1 – 2a	N0	M0	PSA X	Gleason X
IIA	T1a – c	N0	M0	PSA < 20	Gleason 7
	T1a – c	N0	M0	PSA ≥ 10 < 20	Gleason ≤ 6
	T2a	N0	M0	PSA ≥ 10 < 20	Gleason ≤ 6
	T2a	N0	M0	PSA < 20	Gleason 7
	T2b	N0	M0	PSA < 20	Gleason ≤ 7
	T2b	N0	M0	PSA X	Gleason X

ICD-O-3 TOPOGRAPHY CODES
C61.9 Prostate gland

ICD-O-3 HISTOLOGY CODE RANGES
8000–8110, 8140–8576, 8940–8950, 8980–8981

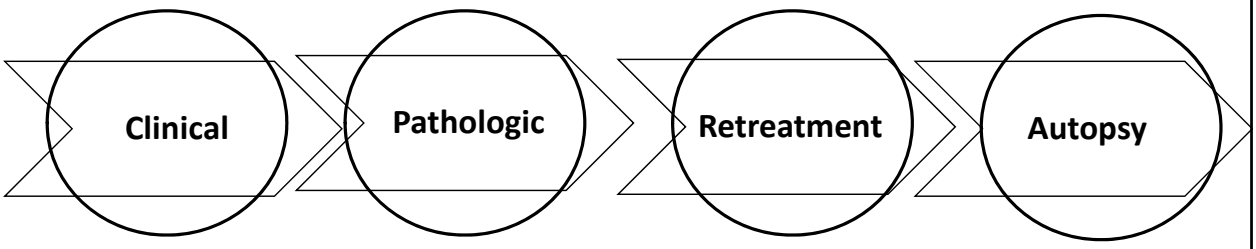


AJCC Stage

TNM

- TNM records the 3 significant events in the life history of a cancer:
  - T Local Tumor Growth
    - TX, Tis, T0, T1, T2, T3, T4
  - N Spread to Regional Lymph Nodes
    - NX, N0, N1, N2, N3
  - M Distant Metastasis
    - M0, M1

Classification Methods



- TNM is re-evaluated at 4 Key Points
  - cTNM--Clinical Examination
  - pTNM--Following Surgical Removal
  - rTNM--Restaging after Pretreatment or Recurrence
  - aTNM--Autopsy Classification

15

Clinical and pathologic Stage

Clinical Stage
Pretreatment Stage

Patient is diagnosed
With cancer.

Pathologic Stage
Postsurgical Stage

Patient has
definitive surgery
for cancer.

Clinical and Pathologic stage reflect the stage at diagnosis.
They reflect what the physician thought the stage was at different points in time

16

Summary Stage

- Uses both clinical and pathologic information to get the stage
- Regional: potential for spread by more than one lymphatic or vascular supply route
  - Surgeon definition vs radiation oncologist definition

17

Scenario

- A patient was found to have a 1 cm tumor in her left breast during routine mammogram. An ultrasound guided biopsy confirmed ductal carcinoma. No indication of enlarged lymph nodes or metastasis.
- The patient went on to have a modified radical mastectomy. Pathology revealed a 1.2 cm ductal carcinoma with negative margins and 3 of 24 lymph nodes positive for metastasis. The largest metastasis measured .5cm.

Follow along on page 358 of your AJCC Manual

18

Scenario

- What is the clinical stage (pre-treatment stage)?
- What is the pathologic stage (post surgery stage)?
  - See page 358 in your AJCC Manual
  - See page 186 of your Summary Stage Manual

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	1b	0	0	IA
Path	1c	1a		IIA
Summary Stage	**3-Ipsilateral regional nodes only**			

19

Entering Data Into your Abstract

20

20

Data Items

- Clinical T
  - Item Length 4
  - Upper-case Alphanumeric
  - Left Justified
  - NAACCR Item #940
  - Description
    - Detailed site-specific codes for the clinical tumor (T) as defined by AJCC and recorded by the physician
  - Rationale
    - CoC requires that AJCC TNM staging be used in its approved cancer programs. AJCC developed its staging system for evaluating trends in the treatment and control of cancer. This staging is used by physicians to estimate prognosis, to plan treatment, to evaluate new types of therapy, to analyze outcome, to design follow-up strategies, and to assess early detection results.

21

Entering Data TNM Clin T

Valid Codes	Implied Values
• 1	• c1
• 1A	• c1A
• 1A1	• c1A1
• 1A2	• c1A2
• 1B	• c1B
• 1B1	• c1B1
• 1B2	• c1B2

- Pathologic codes cannot be entered into clinical data items

22

Entering data

- The assigned stage information is entered in *data items*
  - Clinical stage data should only be entered into clinical data fields
  - Pathologic stage data into pathologic data fields
  - Sometimes clinical data is used to calculate the pathologic stage group
  - Sometimes pathologic data is used calculate the clinical stage group

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	c **1**	c **0**	c **0**	c **I**
Path	p **1**	p **0**	cM0	p **I**

cT1 + cN0 + cM0 = cStage I
pT1 + pN0 + cM0 = pStage I

23

Other Examples of "Phantom Values"

- See table 1.7 on page 11 of your AJCC Manual
  - Cases with pT and pN may be grouped as pathologic TNM using clinical M designator (cM0 or cM1)-row 5
  - Cases with pM1 may be grouped as clinical and pathologic stage IV – row 6
- In situ
  - See table 1.8 row 6
  - Carcinoma in situ-stage pTis cN0 cM0 as both clinical and pathologic

24

Phantom Values-M

- Case with pT and pN and cM0 or **cM1** staged as pathologic stage group

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	c**3**	c**1**	c**1**	c **IV**
Path	p**3**	p**1**	cM1	p **IV**

cT3 + cN1 + cM1 = cStage IV
pT3 + pN1 + cM1 = pStage IV

25

Phantom Values-M

- Case with pT and pN and cM0 or **cM1** staged as pathologic stage group

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	c**3**	c**1**	pM1	c **IV**
Path	p**3**	p**1**	p**1**	p **IV**

cT3 + cN1 + pM1 = cStage IV
pT3 + pN1 + pM1 = pStage IV

26

Phantom Values-M

- Case with pT and pN and cM0 or **cM1** staged as pathologic stage group

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	c**3**	c**1**	c**1**	c**IV**
Path	p**3**	p**1**	p**1**	p**IV**

cT3 + cN1 + cM1 = cStage IV
pT3 + pN1 + pM1 = pStage IV

27

Case Scenario

- The patient has pathologically confirmed distant mets.
- The physician had this information before any treatment was done.
- Not enough information is available to assign cT
- Not enough information is available to assign pT

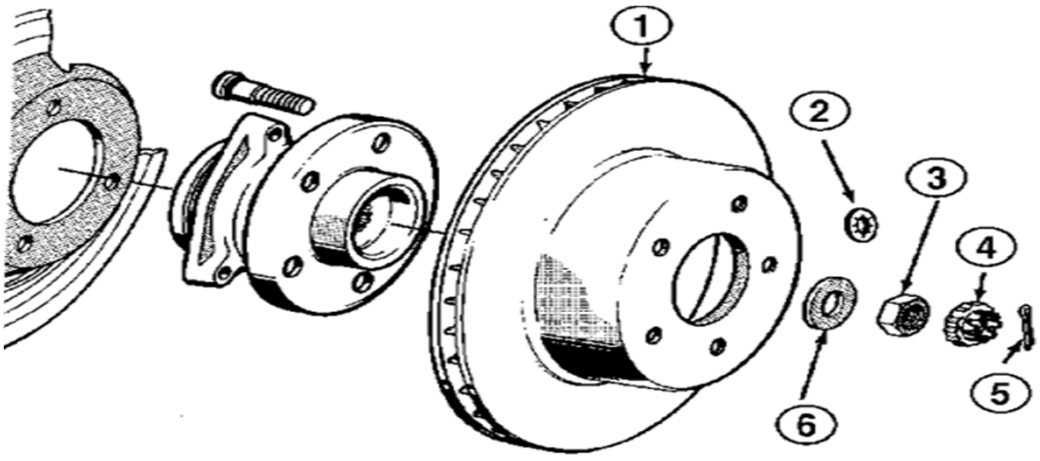
	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin			pM1	**IV**
Path			**1**	**IV**

cT + cN + pM1 = cStage IV
pT + pN + pM1 = pStage IV

28

Rules for Classification

Rules for Classification



Rules for Classification

- If rules for classification have not been met, leave the T, N, and M fields **blank** (99 for stage group).
  - Leave the T and N blank if the rules for classification of the T value have not been met.
    - If rules for N have been met, but the rules for T have not been met leave both blank
    - If rules for T have been met but rules for N have not been met, assign the appropriate T value and X for N value.
- See fourth row of Table 1.6 on page 10
  - *Pathologic assessment of the primary tumor (pT) is necessary to assign pathologic assessment of nodes (pN)….*

31

Example 1

- A patient with a clinical T1 N0 M0 Stage I supraglottic laryngeal carcinoma (pg 58) has surgery that removed the primary tumor, but no lymph nodes. Tumor was 1cm with negative margins. Per surgeons notes the tumor was confined to a single subsite.
  - What do we enter for a our pathologic T, N, M, and Stage Group?

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
***Clin**	**1**	**0**	**0**	**I**
Path	**1**	**X**	**cM0**	**99**

*For this example we assume clinical rules for classification have been met
Follow along

32

Example 2

- A bladder cancer patient has a TURB done at your facility. Pathology from the procedure showed a polyp that invaded into the subepithelial connective tissue. No further treatment.
  - What is the pathologic stage?

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**1**	**0**	**0**	**I**
Path				**99**

33

Example 3

- A patient presents with a clinical T2a lung cancer. A CT showed mediastinal and supraclavicular lymphadenopathy. A biopsy of the supraclavicular lymph node was positive for metastasis.
  - What is the pathologic stage?

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**2a**	**3**	**0**	**IIIB**
Path				**99**

Lung Chapter page 263/ General rules page 10 Table 1.6 row 4

34

Example 4

- A patient presents for a routine colonoscopy and is found to have a large fungating tumor in the sigmoid colon. A biopsy confirmed carcinoma. A CT was negative for metastasis.
- The patient went on to have a segmental resection that showed a tumor that invaded into the submucosa. No lymph nodes were removed
  - Physician staged T1 N0 M0 Stage I

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**X**	**0**	**0**	**99**
Path	**1**	**X**	cM0	**99**

35

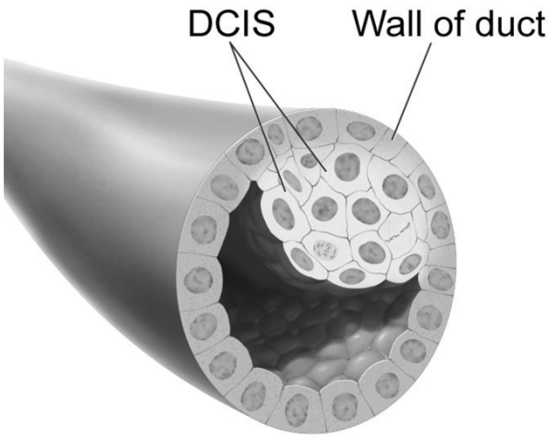
Subcategories

- Subcategories may be required to assign a stage group.
  - For prostate T2 is not sufficient to assign a stage group. Must have T2a or T2b.
  - See the prostate chapter page 461

36

In Situ

- By definition in situ indicates there is not spread to regional/distant organs or lymph nodes
- In order to call a tumor in situ a pathologist must review the entire tumor under a microscope.
- Results from the pathologic review of the entire tumor is recorded in the pT not cT
  - **Cannot have a cTis**
- **See page 12 of the AJCC manual**



37

In situ stage grouping exception

- An exception was made that allows us to use the pTis for both the clinical and pathologic stage and to use the cN0 for both the clinical and pathologic stage.
- However, the criteria for rules for classification have to be met in order to get a pathologic stage.

38

Example 5

- A breast cancer patient has lumpectomy and is found to have ductal carcinoma in situ with negative margins. Clinically there is no indication of lymph node involvement or distant mets.

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**pis**	**0**	**0**	**0**
Path	**is**	**c0**	**c0**	**0**

Implied value

Implied value

Implied value

pTis + cN0 + cM0 = cStage 0
pTis + cN0 + cM0 = pStage 0

39

In Situ Core Biopsy

- If patient has a breast biopsy that is positive for ductal carcinoma in situ. There is no clinical evidence of regional or distant mets. She then has a segmental mastectomy that reveals a 1 cm invasive ductal ca, how do I record AJCC clinical T, N, M and stage group?

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**pTis**	**0**	**0**	**0**
Path	**T1b**	**X**		**99**

pTis + cN0 + cM0 = cStage 0
pT1c + pNx + cM0 = pStage 99

40

Pathologic Stage Assumptions

- Rules for Classification-Bladder
  - Pathologic staging is based on radical or partial cystectomy and removal of lymph nodes

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**2**	**0**	**0**	**II**
Path	**2a**	**1**	cM0	**IV**

We know that a radical or partial cystectomy was done

We know lymph nodes were removed and pT was assigned

Positive nodes or mets

41

In situ stage grouping exception

- In order for a stage group to be assigned, the rules for classification must be met.
  - Example
    - TURB shows non-invasive TCC
      - A patient has a TURB and is found to have a noninvasive transitional cell carcinoma. No further surgery done.

42

In situ bladder

- Cannot have a pathologic stage group since cystectomy was not done so rules for pathologic classification were not met

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin		**0**	**0**	**0is**
Path	**is**			**99**

The combination of Tis and unknown stage
Indicate rules for classification not met

pTis + cN0 + cM0 = cStage 0
pT + pN + cM0 = pStage 99

http://cancerbulletin.facs.org/forums/showthread.php?9842-rules-for-stage-0&highlight=bladder+insitu
http://cancerbulletin.facs.org/forums/showthread.php?9987-carcinoma-in-situ

Proposed Changes to T,N, and M Value

44

Entering Data
TNM Clin T

Current Codes	Proposed Codes
• IS	• pTis
• 1	• c1
• 1A	• c1A
• 1A1	• c1A1
• 1A2	• c1A2
• 1B	• c1B
• 1B1	• c1B1
• 1B2	• c1B2

- Pathologic codes cannot be entered into clinical data items

45

Current Coding Values

- A breast cancer patient has lumpectomy and is found to have ductal carcinoma in situ with negative margins. Clinically there is no indication of lymph node involvement or distant mets.

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin		**0**	**0**	**0**
Path	**is**			**0**

pTis + cN0 + cM0 = cStage 0
pTis + cN0 + cM0 = pStage 0

46

Proposed New Coding Values

- A breast cancer patient has lumpectomy and is found to have ductal carcinoma in situ with negative margins. Clinically there is no indication of lymph node involvement or distant mets.

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**pIS**	**c0**	**c0**	**0**
Path	**pIS**	**c0**	**c0**	**0**

pTis + cN0 + cM0 = cStage 0
pTis + cN0 + cM0 = pStage 0

47

Other Issues

Stage Descriptors
Neoadjuvant Treatment
Ambiguous Terminology
Disease Progression

Downstaging
Site/Histology
Using TNM for Summary Stage

48

48

TNM CLIN DESCRIPTOR

Clinical Stage (Prefix/Suffix) Descriptor (CoC)

- 0 None
- 1 E (Extranodal, lymphomas only)
- 2 S (Spleen, lymphomas only)
- 3 M (Multiple primary tumors in a single site)
- 5 E & S (Extranodal and spleen, lymphomas only)
- 9 Unknown, not stated in patient record

49

Example 6

- A patient is diagnosed with lymphoma of the stomach. Staging work-up revealed the lymphoma was stage I (page 611).

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**88**	**88**	**88**	**IA**
Path	**88**	**88**	**88**	**99**

- TNM CLIN DESCRIPTOR
  - 0 None
  - 1 E (Extranodal, lymphomas only)
  - 2 S (Spleen, lymphomas only)
  - 3 M (Multiple primary tumors in a single site)
  - 5 E & S (Extranodal and spleen, lymphomas only)
  - 9 Unknown, not stated in patient record

50

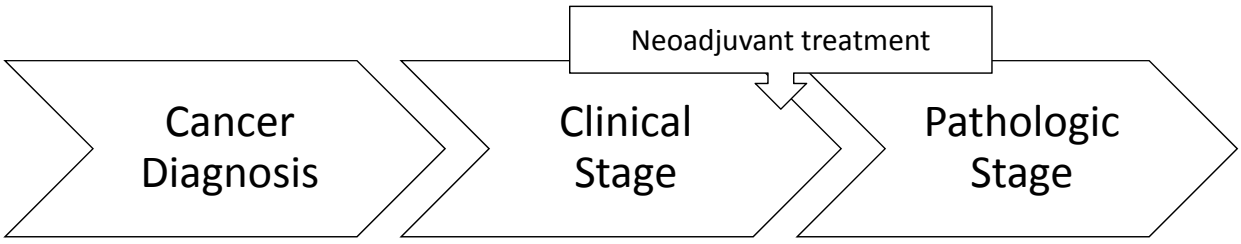
TNM PATH DESCRIPTOR

Pathologic Stage (Prefix/Suffix) Descriptor (CoC)

- 0 None
- 1 E (Extranodal, lymphomas only)
- 2 S (Spleen, lymphomas only)
- 3 M (Multiple primary tumors in a single site)
- 4 Y (Classification during or after initial multimodality therapy)—pathologic staging only
- 5 E & S (Extranodal and spleen, lymphomas only)
- 6 M & Y (Multiple primary tumors and initial multimodality therapy)
- 9 Unknown, not stated in patient record

51

y Prefix (4)



52

y Prefix

- A patient is diagnosed with breast cancer. Imaging shows a 50mm tumor confined to the left breast. No indication of skin or chest wall involvement. A biopsy of an enlarged axillary lymph node was positive for metastasis.
- The patient receives neoadjuvant chemotherapy.
- A modified radical mastectomy shows a 4.7mm tumor confined to the breast and 16 negative axillary lymph nodes.

53

y Prefix

- Without the Y prefix it would look like the cT and cN were grossly overestimated!

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**2**	**1**	**0**	**IIB**
Path	**1a**	**0**	**cM0**	**IA**

4 Y (Classification during or after initial multimodality therapy)—pathologic staging only

54

Example 7

- During a routine colonoscopy a patient is found to have colon cancer. Imaging shows liver mets.
- The patient received neoadjuvant chemotherapy.
- The patient then had a segmental resection of the colon with partial liver resection.

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**3**	**1**	**1a**	**IVa**
Path	**1**	**0**	**cM1a**	**IVa**

http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging/general-rules-chapters-1-2/59967-m-classification-after-neoadjuvant-therapy

55

Neoadjuvant Treatment

- Neoadjuvant treatment is usually chemotherapy or radiation
- Not all treatments given prior to surgery should receive a Y descriptor
  - Example: Lupron for prostate cancer that is given prior to prostatectomy should not be assigned a Y descriptor unless specified by a physician or as part of a clinical trial
  - Example: Synthroid give prior to thyroidectomy for thyroid cancer should not be assigned a Y descriptor unless specified by a physician.

56

Ambiguous Terminology

Resource	Terms used	Comments
Reportability	Yes	A list of reportable and non-reportable terms is available
MP/H Rules	Yes	A list of terms that can be used to describe a histology is available. May not be used to determine multiple primaries.
Hematopoietic DB	No	Terms should not be used to describe histology
Summary Stage	Yes	Involvement and non-involvement terms available in manual
CS	Yes	Same terms as used for Summary Stage
AJCC	No	Involvement should be based on physicians interpretation or registrars professional judgement

Ambiguous Terminology

- A patient had a CT that showed a 1cm tumor confined to the left lower lobe of the lung and enlarged hilar lymph nodes suspicious for malignancy. Biopsy of the lung tumor confirmed malignancy. The patient was treated with radiation and chemotherapy.
  - What is the clinical N?

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**1a**	**1?**	**0**	**IIA**
Path				**99**

58

"Downstaging"

- When uncertain information is all that is available, choose the lower or lesser category.
  - Example
    - Endoscopic ultrasound shows a tumor of the colon. It cannot be determined if the tumor is confined to the muscularis propria (T2) or invades into the pericolic tissues (T3).
      - "Downstage" to T2
- Do *not* downstage when you have disparities between staging values
  - Example
    - Surgeon says patient has a T2 tumor, but radiation oncologist says patient has a T3
    - The downstaging concept does not apply to this situation.

59

Clinical Timing Rule

- Includes staging information obtained before initiation of definitive treatment.

  Or
- Within 4 months after the date of diagnosis

  Use Information from whichever is shorter

The clock stops ticking if there is any disease progression!

Pathologic Timing Rule

- Includes staging information obtained through completion of first course treatment

  Or

- Identified within 4 months after the date of diagnosis

  Whichever is longer

The clock stops ticking if the patient has radiation or systemic therapy
or
If there is any disease progression!

Disease Progression

- Think of disease progression in terms of clinical and pathologic stage.
  - Was the disease progression accounted for in the treatment plan?
  - Was the disease progression identified before treatment started?

http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging/general-rules-chapters-1-2/59965-progression-of-disease-general-guidelines

62

Summary Stage Time Frame

- All information available through the completion of surgery in the first course of treatment or within four months of dx in the absence of disease progression or whichever is longer.
- Information after treatment with radiation, chemotherapy, hormone or immunotherapy may be included unless it is beyond the time frame specified earlier.

The clock stops ticking if there is disease progression!

Subcategories

- Some stage groupings require subcategories
  - Values can be entered into the T, N, and M categories without subcategories.
  - If the subcategories are required for a stage group and not available, stage group must be 99

64

Question

- A patient had DRE due to an elevated PSA (5.4). The urologist felt a nodule in the left lobe. The urologist did not indicate if it was more or less than half a lobe. Bx confirmed adenocarcinoma Gleason 3+3. No indication of any additional disease

65

Answer

- If there is no description that would guide selection of the subcategory it would be correctly assigned cT2.
- This would not allow a clinical stage group to be assigned.

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**2**	**0**	**0**	**99**
Path				**99**

See page 462 AJCC Manual

66

Site/Histology

- Every chapter in the AJCC Staging Manual has a list of valid sites and histologies that apply to that chapter
  - Not all site/histology combinations can be assigned an AJCC stage
- All sites/histologies can be assigned a Summary Stage
  - Most are assigned based on primary site
  - Some are assigned based on histology
    - Lymphoma
    - Kaposi sarcoma

67

Example 7

- A patient is diagnosed with a malignant glioblastoma confined to the occipital lobe of the brain.

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**88**	**88**	**88**	**88**
Path	**88**	**88**	**88**	**88**
Summary Stage		**1-Localized**		

See page 593 of your AJCC Manual and page 266 of Summary Stage

68

Using TNM with Summary Stage

2 Regional by direct extension only

Extension beyond prostate:
- Bilateral extracapsular extension (T3a)
- Bladder neck (T4)
- Bladder, NOS (T4)
- Extracapsular extension (beyond prostatic capsule), NOS
- Fixation, NOS (T4)
- Levator muscles (T4)###***
- Periprostatic extension, NOS (Stage C, NOS)
- Periprostatic tissue (Stage C1)
- Rectovesical (Denonvillier's) fascia (T4)
- Rectum; external sphincter (T4)
- Seminal vesicle(s) (Stage C2) (T3b)
- Skeletal muscle, NOS (T4)***
- Through capsule, NOS
- Unilateral extracapsular extension (T3a)#
- Ureter(s) (T4)###***
- Stage C, NOS
- T3, NOS
- T4, NOS

69

Questions?

70

Colon

Page 143

71

71

Staging

- T value is based on level of invasion into the colon wall
- N value based on number of nodes involved
- M value is based on the number of metastatic sites

- Stage groups
  - Stage I and II based on the T value (no metastasis)
  - Stage III cases have lymph node involvement
  - Stage IV cases have distant metastasis

72

Rules for Classification (pg 151)

- Clinical
  - BE, Endoscopy, virtual colonoscopy/sigmoidoscopy, ultrasound, MRI, CT, PET scan
- Pathologic
  - Pathologic exam of the primary tumor and regional nodes

73

Colon Example 1

- A patient was diagnosed with colon cancer during a routine screening colonoscopy. The patient went elsewhere for additional work-up and treatment. No further information is available.

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**X**	**X**	**0**	**99**
Path				**99**

74

Colon Example 2

- Patient has routine colonoscopy where polyp was discovered and a polypectomy was done. Path report stated that patient had adenocarcinoma in a polyp that had invaded the submucosa of the polyp head. No further work-up or treatment information available.

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**X**	**X**	**0**	**99**
Path	**1**	**X**		**99**

http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging/digestive-system-chapters-10-24/60283-class-00-colon-stageing

75

pTis and in situ Colon

- Summary stage
  - Intraepithelial or non invasive
    - Behavior code would be /2
- AJCC pTis
  - Intraepithelial
  - Invasion of lamina propria
    - Behavior code would be /3
    - Treatment and prognosis is similar to patients with intraepithelial disease

AJCC page 151 and Summary Stage page 88

76

Pathologic N

- 10-14 lymph nodes
  - Radical resections
  - Without neoadjuvant therapy
- Fewer lymph nodes
  - Palliation
  - Preoperative radiation

77

Lung

Page 253

78

78

AJCC Cancer Stage: Lung T Category

- T2
  - Tumor more than 3 cm but 7 cm or less OR
  - Any of the following features
    - Involves main bronchus 2 cm or more distal to carina
    - Invades visceral pleura (PL1 or PL2)
    - Associated with atelectasis or obstructive pneumonitis that extends to hilar region but does not involve entire lung
  - T2 tumors with above features are T2a if 5 cm or less
- T2a: Tumor more than 3 cm but 5 cm or less
- T2b: Tumor more than 5 cm but 7 cm or less

See page 263 AJCC Manual

79

Lung Example 1

- A patient had a CT that showed a tumor in the left upper lobe lung 2.5cm's from the carina. The tumor measured 2cm in greatest dimension. No adenopathy identified.

80

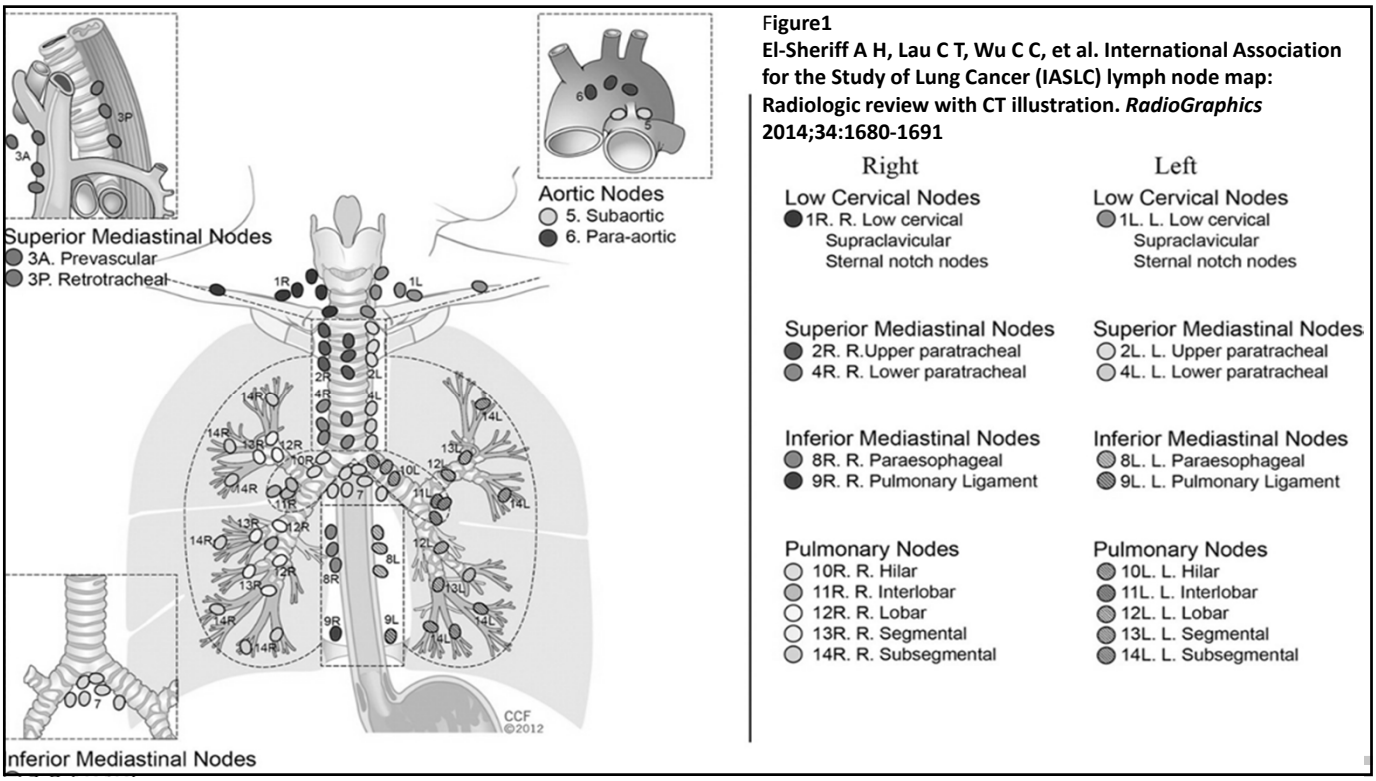


Figure1
El-Sheriff A H, Lau C T, Wu C C, et al. International Association for the Study of Lung Cancer (IASLC) lymph node map: Radiologic review with CT illustration. *RadioGraphics* 2014;34:1680-1691

Lung Example 1

- A patient had a CT that showed a tumor in the left main stem bronchus 2.5 cm's from the carina. The tumor measured 2cm in greatest dimension. No adenopathy identified.

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**2a**	**0**	**0**	**1B**
Path				**99**

82

Lung Example 2

- A patient had a CT that showed a 4cm tumor in the left lung that appeared to invade into the esophagus. The CT also showed hilar and mediastinal lymphadenopathy. A biopsy of the esophagus confirmed squamous cell carcinoma from a lung primary. The patient was referred for radiation and chemotherapy.

83

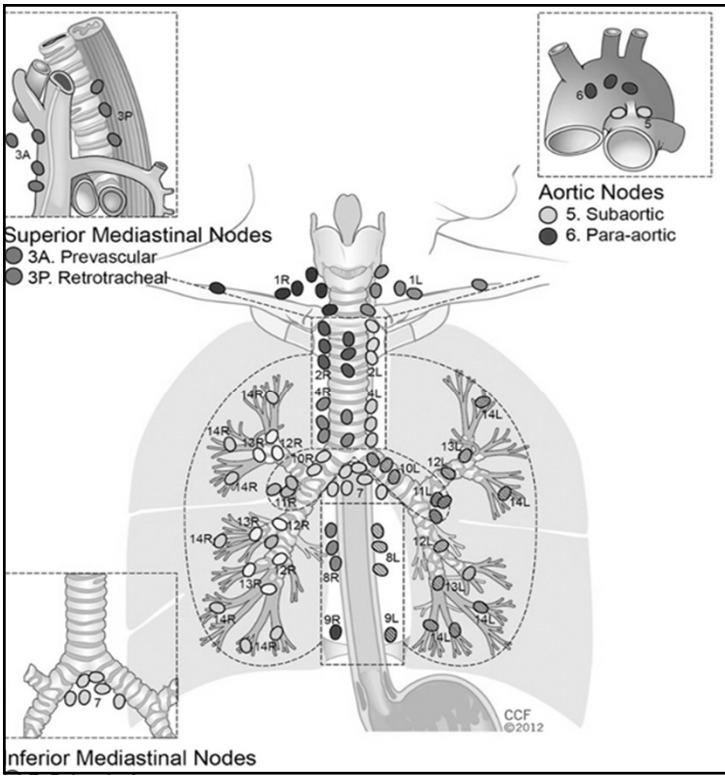


Figure1
El-Sherief A H, Lau C T, Wu C C, et al. International Association for the Study of Lung Cancer (IASLC) lymph node map: Radiologic review with CT illustration. *RadioGraphics* 2014;34:1680-1691

Right	Left
Low Cervical Nodes	**Low Cervical Nodes**
1R. R. Low cervical Supraclavicular Sternal notch nodes	1L. L. Low cervical Supraclavicular Sternal notch nodes
Superior Mediastinal Nodes	**Superior Mediastinal Nodes**
2R. R.Upper paratracheal	2L. L. Upper paratracheal
4R. R. Lower paratracheal	4L. L. Lower paratracheal
Inferior Mediastinal Nodes	**Inferior Mediastinal Nodes**
8R. R. Paraesophageal	8L. L. Paraesophageal
9R. R. Pulmonary Ligament	9L. L. Pulmonary Ligament
Pulmonary Nodes	**Pulmonary Nodes**
10R. R. Hilar	10L. L. Hilar
11R. R. Interlobar	11L. L. Interlobar
12R. R. Lobar	12L. L. Lobar
13R. R. Segmental	13L. L. Segmental
14R. R. Subsegmental	14L. L. Subsegmental

Lung Example 2

- A patient had a CT that showed a 4cm tumor in the left lung that appeared to invade into the esophagus. The CT also showed hilar and mediastinal lymphadenopathy. A biopsy of the esophagus confirmed squamous cell carcinoma from a lung primary. The patient was referred for radiation and chemotherapy.

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**4**	**2**	**0**	**IIIB**
Path	**4**	**X**		**99**

85

Lung Example 3

- A patient had a CT which showed a 4cm tumor in the left upper lobe of the lung invading into the chest wall. Also noted was bilateral mediastinal lymphadenopathy. A mediastinoscopy and biopsy of right mediastinal lymph node confirmed metastatic adenocarcinoma. Patient was treated with radiation and chemotherapy.

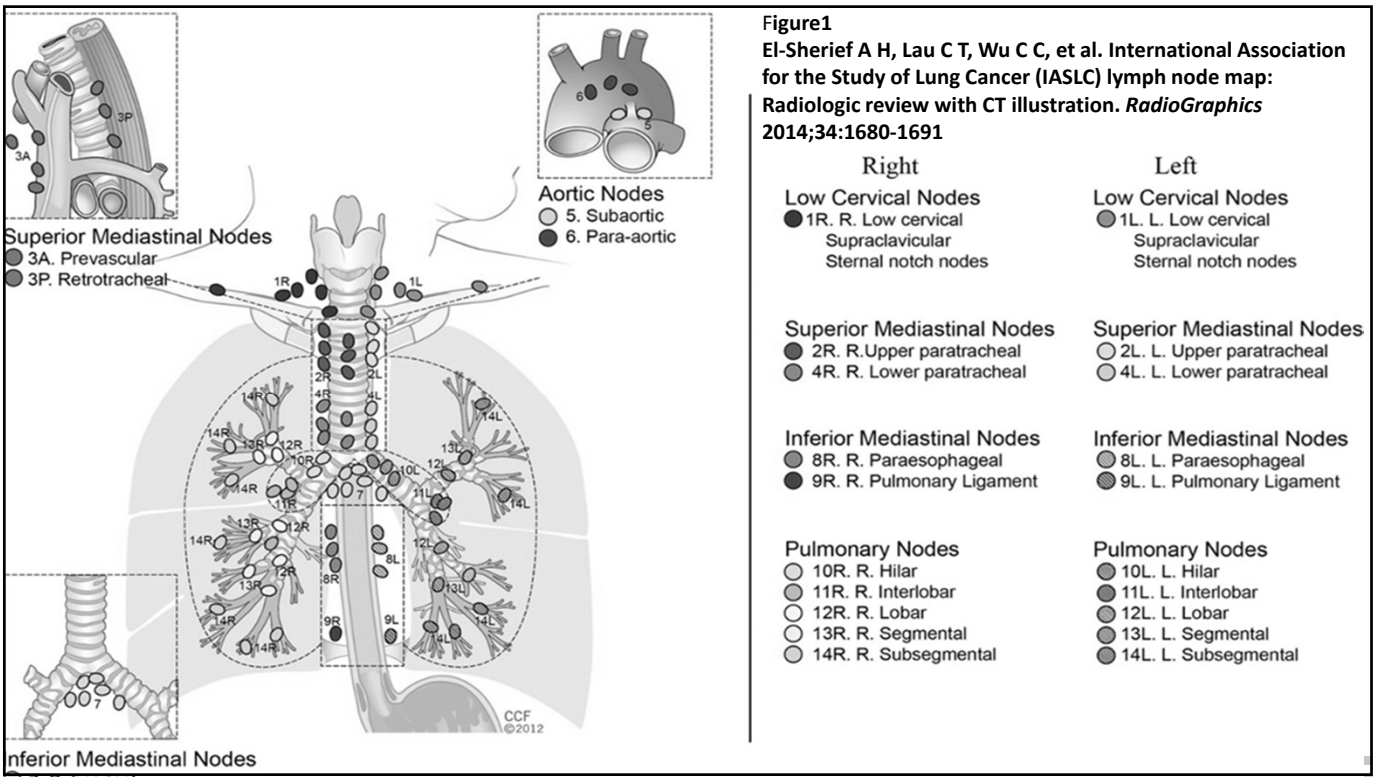


Figure1
El-Sherief A H, Lau C T, Wu C C, et al. International Association for the Study of Lung Cancer (IASLC) lymph node map: Radiologic review with CT illustration. *RadioGraphics* 2014;34:1680-1691

NAACCR

Lung Example 3

- A patient had a CT which showed a 4cm tumor in the left upper lobe of the lung invading into the chest wall. Also noted was bilateral mediastinal lymphadenopathy. A mediastinoscopy and biopsy of right mediastinal lymph node confirmed metastatic adenocarcinoma. Patient was treated with radiation and chemotherapy.

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**3**	**3**	**0**	**IIIB**
Path				**99**

88

Melanoma

Page 325

89

Rules for Classification

- Clinical
  - Complete excision of the primary tumor
  - Clinical assessment of the regional lymph nodes
- Pathologic
  - Complete excision of the primary tumor
  - Pathologic assessment of regional nodes after sentinel lymph node biopsy and/or complete regional lymphadenopathy

90

Prognostic Factors Necessary for Stage Grouping

- Ulceration and mitosis
  - Reflected in the T category (see page 335)
- Microscopic vs macroscopic lymph node metastasis
  - Reflected in the pN category (see page 336)
- Site of distant metastasis
  - Reflected in the M category (see page 336)
- LDH
  - Reflected in the M category (see page 336)

91

pStage III

- Stage group IIIA
  - T1-4a should be interpreted as T(1-4)a, or T1a, T2a, T3a, T4a
  - T1-4b should be interpreted as T(1-4)b, or T1b, T2b, T3b, T4b
- The a is without ulceration and all levels of T without ulceration are grouped together
- The b is with ulceration and all levels of T with ulceration are grouped together

Page 335

92

Melanoma Example 1

- A patient has a suspicious mole removed at her physician's office. Pathology confirmed a melanoma with Breslow's depth of 1.2mm. Physical exam did not show enlarged lymph nodes. A sentinel lymph node biopsy showed micro metastasis in 1 of 3 lymph nodes. She then had a lymphadenectomy with removal of 12 lymph nodes that were all negative for malignancy. No further treatment was done.

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**2**	**0**	**0**	**99**
Path	**2**	**1a**		**99**

93

Melanoma Example 2

- A patient presents with a solitary brain metastasis. A biopsy confirmed malignant melanoma. Work-up revealed no primary site, no other disease and the LDH is normal.

	Data Items as Coded in Current NAACCR Layout			
	T	**N**	**M**	**Stage Group**
Clin	**0**	**0**		**IV**
Path			**1c**	**IV**

94

Questions?

Quiz

Case Scenario

Coming Up…

- Collecting Cancer Data: Bone and Soft Tissue
  - 1/7/16
- Collecting Cancer Data: Breast
  - 2/4/16

And the winners are…

CE Certificate Quiz/Survey

- Phrase
  Neoadjuvant
- Link
  - http://www.surveygizmo.com/s3/2471572/Staging-2015

98

Thank you!

Jim Hofferkamp, CTR
jhofferkamp@naaccr.org
217 698 0800 x 5

99