Cancer Staging

NAACCR 2015-2016 Webinar Series
AJCC and Summary Stage

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.
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](https://cancerstaging.org/CSE/Registrar/Pages/AJCC-Curriculum.aspx)
  - Must use the CAnswer forum
    - [http://cancerbulletin.facs.org/forums/forum](http://cancerbulletin.facs.org/forums/forum)
Errata

AJCC Staging Manual
Summary Stage
AJCC Staging Manual Errata

7th Edition Errata

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.

<table>
<thead>
<tr>
<th>Ch</th>
<th>Publication/Page</th>
<th>Chapter Name</th>
<th>Section</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>Manual – p.457, 461 Handbook – p.525, 534</td>
<td>Prostate</td>
<td>Anatomic Stager/Prognostic Groups</td>
<td>For Stage III, T2a N0 M0 PSA&gt;20 the Gleason score should be 7 (not ≤7) Add T2a N0 M0 PSA&gt;10-20 Gleason ≤ 6</td>
</tr>
<tr>
<td>42</td>
<td>Manual – p.469, 472 Handbook – p.530, 544</td>
<td>Testis</td>
<td>Anatomic Stager/Prognostic Groups</td>
<td>Serum tumor markers used in staging should all be measured post-orchiectomy</td>
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<tr>
<td>52</td>
<td>Manual – p.395 Handbook – p.445</td>
<td>Vulva</td>
<td>Regional Lymph Nodes (II)</td>
<td>In the regional lymph node definitions (yellow box) revise N1a to “One or two lymph node metastases”</td>
</tr>
<tr>
<td>36</td>
<td>Manual – p.315, 319 Handbook – p.375, 384</td>
<td>Merkel Cell Carcinoma</td>
<td>Anatomic Stager/Prognostic Groups</td>
<td>In the shaded stage group box, for Stage IIIB add cN1</td>
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</table>

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

<table>
<thead>
<tr>
<th>Ch</th>
<th>Publication/Page</th>
<th>Chapter Name</th>
<th>Section</th>
<th>Change</th>
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</thead>
<tbody>
<tr>
<td>14</td>
<td>Manual – p.153 Handbook – p.193</td>
<td>Colon and Rectum</td>
<td>Prognostic Features</td>
<td>Change T4a/R2 to T3/R2 on Figure 14.3</td>
</tr>
</tbody>
</table>
AJCC Staging Manual Errata

**Prostate**

(Sarcomas and transitional cell carcinomas are not included)

**At-A-Glance**

**SUMMARY OF CHANGES**

- Extraprostatic invasion with microscopic bladder neck invasion (T4) is included with T3m
- 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**

<table>
<thead>
<tr>
<th>Group</th>
<th>T</th>
<th>N</th>
<th>M</th>
<th>PSA</th>
<th>Gleason</th>
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<tr>
<td>I</td>
<td>T1-4a</td>
<td>N0</td>
<td>M0</td>
<td>PSA &lt; 10</td>
<td>Gleason 5-6</td>
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<tr>
<td>IIA</td>
<td>T1-4a</td>
<td>N0</td>
<td>M0</td>
<td>PSA 10-20</td>
<td>Gleason 6-8</td>
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<tr>
<td>IIB</td>
<td>T1-4a</td>
<td>N0</td>
<td>M0</td>
<td>PSA &gt; 20</td>
<td>Gleason 7-8</td>
</tr>
<tr>
<td>IA</td>
<td>T1-4a</td>
<td>N0</td>
<td>M0</td>
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<td>M0</td>
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<td>T1-4a</td>
<td>N0</td>
<td>M0</td>
<td>PSA &gt; 20</td>
<td>Gleason 7-8</td>
</tr>
</tbody>
</table>

**ICD-O-3 TOPOGRAPHY CODES**

- C61.9 Prostate gland
- C61.0-3 HISTOLOGY CODE RANGES
  - 8000-8100, 8140-8526, 8940-8950, 8990-8991

**BRONCHUS AND LUNG**

C34.0-Main bronchus (including carina, hilus of lung) <=
C34.1-Upper lobe (excluding lingula), lung <=
C34.2-Middle lobe, lung <=
C34.3-Lower lobe, lung <=
C34.5-Overlapping lesions of lung <=
C34.9-Lung, NOS <=

**SUMMARY STAGE**

0 In situ: Noninvasive, intrapathelial

1 Localized

- Confined to carina
- Confined to the main stem bronchus or lobe of lung
- Confined to the main stem bronchus, NOS
- Extension from other parts of the lung to main stem bronchus, NOS
- Extension from other parts of the lung to main stem bronchus, NOS

2 Regional

3 Distant
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

Clinical and pathologic Stage

Patient is diagnosed with cancer. Clinical Stage Pretreatment Stage
Patient has definitive surgery for cancer. Pathologic Stage Postsurgical Stage

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

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
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

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<th>Data Items as Coded in Current NAACCR Layout</th>
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<tr>
<td>Path</td>
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<tr>
<td>Summary Stage</td>
</tr>
</tbody>
</table>

Entering Data Into your Abstract
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.

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
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 to calculate the clinical stage group

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</table>

\[cT1 + cN0 + cM0 = c\text{Stage I}\]
\[pT1 + pN0 + cM0 = p\text{Stage I}\]

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
Phantom Values-M

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

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</table>

\[
cT3 + cN1 + cM1 = cStage IV
pT3 + pN1 + cM1 = pStage IV
\]
Phantom Values-M

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

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</table>

\[ cT3 + cN1 + cM1 = cStage IV \]
\[ pT3 + pN1 + pM1 = pStage IV \]

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

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</table>

\[ cT + cN + pM1 = cStage IV \]
\[ pT + pN + pM1 = pStage IV \]
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)....

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 our pathologic T, N, M, and Stage Group?

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

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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?

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<td>Path</td>
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Lung Chapter page 263/ General rules page 10 Table 1.6 row 4
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

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</table>

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
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

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.
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.

<table>
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<tbody>
<tr>
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<td>Path</td>
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</table>

Implied value

\[ pTis + cN0 + cM0 = cStage 0 \]
\[ pTis + cN0 + cM0 = pStage 0 \]

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?

<table>
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<td>Path</td>
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</table>

\[ pTis + cN0 + cM0 = cStage 0 \]
\[ pT1c + pNx + cM0 = pStage 99 \]
Pathologic Stage Assumptions

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

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We know lymph nodes were removed and pT was assigned.
We know that a radical or partial cystectomy was done.
Positive nodes or mets

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.
In situ bladder

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

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</table>

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

\[ pTis + cN0 + cM0 = cStage 0 \]
\[ pT + pN + cM0 = pStage 99 \]


Proposed Changes to T,N, and M Value
Entering Data
TNM Clin T

Current Codes
• IS
• 1
• 1A
• 1A1
• 1A2
• 1B
• 1B1
• 1B2

Proposed Codes
• pTis
• c1
• c1A
• c1A1
• c1A2
• c1B
• c1B1
• c1B2

• Pathologic codes cannot be entered into clinical data items

-----

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.

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</table>

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

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<td>Path</td>
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</table>

- $pTis + cN0 + cM0 = cStage\ 0$
- $pTis + cN0 + cM0 = pStage\ 0$

Other Issues

- Downstaging
- Site/Histology
- Using TNM for Summary Stage
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

Example 6

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

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- 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
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

y Prefix (4)

Cancer Diagnosis → Clinical Stage → Pathologic Stage

Neoadjuvant treatment
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.

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
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.

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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 given prior to thyroidectomy for thyroid cancer should not be assigned a Y descriptor unless specified by a physician.
**Ambiguous Terminology**

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

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“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.

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?

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
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

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.

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See page 462 AJCC Manual
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

Example 7

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

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<td>Summary Stage</td>
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See page 593 of your AJCC Manual and page 266 of Summary Stage
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

Questions?
Colon

Page 143

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
--- 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

--- 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.

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<tr>
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<td>0</td>
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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.

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

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
Pathologic N

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

Lung
Page 253
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

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.
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.

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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.

Figure 1
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.

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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.
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  |
Melanoma

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
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)

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
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.

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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.

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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
Thank you!

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217 698 0800 x 5