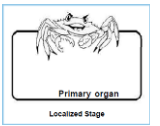
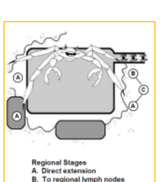
2018 CANCER STAGING
REQUIREMENTS & MANUALS
PART II

FCDS Annual Educational Conference



Tampa, Florida

July 19, 2018



Steven Peace, CTR

ANATOMIC STAGE/PROGNOSTIC GROUPS			
Stage 0	Tis	N0	M0
Stage IA	T1	N0	M0
Stage IB	T2	N0	M0
Stage IIA	T3	N0	M0
Stage IIB	T1	N1	M0
	T2	N1	M0
	T3	N1	M0
Stage III	T4	N1	M0
Stage IV	Any T	Any N	M1

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CDC & Florida DOH Attribution

"Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the US Government."

FCDS would also like to acknowledge the Florida Department of Health for its support of the Florida Cancer Data System, including the development, printing and distribution of materials for the 2018 FCDS Annual Conference and the 2018-2019 FCDS Webcast Series under state contract CODJU. The findings and conclusions in this series are those of the author(s) and do not necessarily represent the official position of the Florida Department of Health.

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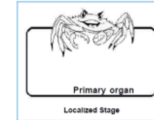
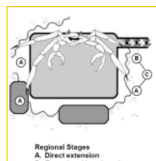
Outline

- 2018 Cancer Staging Requirements
- Introduction to Summary Stage 2018 Manual
  - How is Summary Stage Different than AJCC Cancer Staging
  - General Instructions
  - Site-Specific Criteria
- Introduction to AJCC Cancer Staging Manual, 8th ed.
- AJCC Cancer Staging Manual Organization
  - General Chapter Outline and Contents
  - Specific Neoplasms Included by Chapter
  - Neoplasms Not Included in the AJCC Manual
  - Locating the Correct Chapter for a Case
- AJCC 8th Edition Staging Rules
- AJCC/NPCR AJCC Cancer Staging Webinars
- 2018 FCDS and Cancer Staging Webcasts
- Other Helpful Information
- Questions





ANATOMIC STAGE/PROGNOSTIC GROUPS			
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Stage IIA	T3	N0	M0
Stage IIB	T1	N1	M0
	T2	N1	M0
	T3	N1	M0
Stage III	T4	N1	M0
Stage IV	Any T	Any N	M1

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2018 Cancer Staging Requirements

- Summary Stage 2018 (SS2018) – Required for ALL Cases
- AJCC 8th edition T, N, M and Stage Group
  - Clinical T, N, M and Clinical Stage Group
  - Pathological T, N, M and Pathological Stage Group
  - Post-Therapy T, N, M and Post-Therapy Stage Group
- 3 New Site-Specific Grade Items
  - Clinical Grade – discussed previously
  - Pathological Grade – discussed previously
  - Post-Therapy Grade – discussed previously
- New Site-Specific Data Items – old SSFs + new SSDIs
  - 58 SSDIs are "Required for Staging" by FCDS/NPCR
  - 136 SSDIs are "Required by CoC/AJCC"

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2018 Cancer Staging Requirements

- ~~New EOD Coding System - SEER EOD 2018 Data Items~~
  - ~~Tumor Size Clinical~~
  - ~~Tumor Size Pathologic~~
  - ~~EOD Primary Tumor~~
  - ~~EOD Regional Nodes~~
  - ~~EOD Mets~~
- ~~New Derived Stage Data Items~~
  - ~~Derived SS2018~~
  - ~~Derived EOD TNM 8th T~~
  - ~~Derived EOD TNM 8th N~~
  - ~~Derived EOD TMM 8th M~~
  - ~~Derived EOD TNM 8th Stage Group – result is a mixed stage~~

EOD is NOT REQUIRED
BY
FCDS or NPCR or COC/AJCC

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Summary Stage 2018

SUMMARY STAGE 2018
GENERAL CODING INSTRUCTIONS
APRIL 2018

Effective with cases diagnosed January 1, 2018 and forward

Prepared by
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Surveillance Research Program
Division of Cancer Control and Population Sciences
National Cancer Institute
U.S. Department of Health and Human Services
Public Health Service
National Institutes of Health

SEER

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Suggested Citation: Ruhl JL, Callaghan C, Hurlbut, A, Ries LAG, Adamo P, Dickie L, Schussler N (eds.) Summary Stage 2018: Codes and Coding Instructions, National Cancer Institute, Bethesda, MD, 2018

BASICS are Still the Same However, specifics are Different than SS2000 Staging

Code	Definition
0	In situ
1	Localized only
2	Regional by direct extension only
3	Regional lymph nodes only
4	Regional by BOTH direct extension AND lymph node involvement
7	Distant site(s)/node(s) involved
8	Benign/borderline*
9	Unknown if extension or metastasis (unstaged, unknown, or unspecified) Death certificate only case

Stage = 8 for ALL Benign/Borderline Neoplasms

Stage = 5 is No Longer Valid

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Summary Stage 2018

How is Summary Stage Different than AJCC Cancer Staging?

- Summary Stage is the most basic way of categorizing how far a cancer has spread from its point of origin.
- 7 Stage Codes are allowed representing; localized, regional by direct extension, regional lymph nodes, regional by direct extension plus regional lymph nodes, distant, benign/borderline tumor of brain or central nervous system or unstaged,
  - Code 8 was added for benign/borderline brain tumors
  - Code 5 was retired and is no longer valid for regional, NOS
- The 2018 version of Summary Stage applies to every site and/or histology combination, including lymphomas and leukemias.
- Summary Stage uses all information available in the medical record; in other words, it is a combination of the most precise clinical and pathological documentation of the extent of disease.
- Many central registries report their data by Summary Stage as the staging categories are broad enough to measure the success of cancer control efforts and other epidemiologic efforts.

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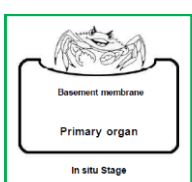
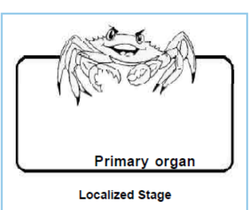
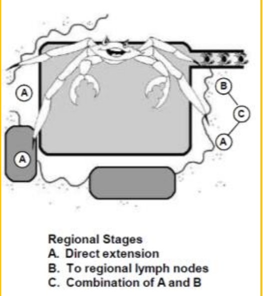
Summary Stage 2018

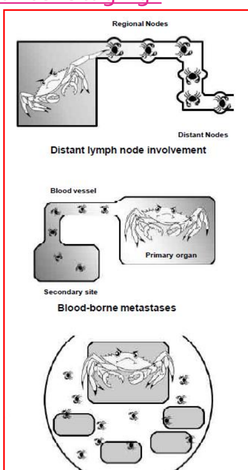
How is Summary Stage Different than AJCC Cancer Staging?



The SS2018 General Updates are more Compatible with AJCC 8th edition







Source: SEER Summary Staging Manual 2000

Summary Stage 2018

HOW TO ASSIGN SUMMARY STAGE

Answers to four basic questions will determine the correct Summary Stage.

1. **Where did the cancer start?**
   a. In what organ or tissue did the tumor originate?
   b. Is there a specific subsite of the organ involved?
   c. Information about the primary site and histology will usually come from the physical examination, a diagnostic imaging report, the operative report or the pathology report.
   d. Code the primary site and histology according to the rules in the *International Classification of Diseases for Oncology, Third Edition; 2018 Solid Tumor Rules; and the Hematopoietic Manual and Database*.
   e. In addition to recording this code in the primary site and histology fields on the cancer abstract, this code will be useful later in the staging process.

2. **Where did the cancer go?**
   a. Once the primary site is known, determine what other organs or structures are involved.
   b. Review the physical examination, diagnostic imaging reports, operative report(s), pathology report(s), and laboratory tests to identify any structures that are involved by cancer cells.
   c. Any of these reports can provide a piece of information that might change the stage.
   d. Note whether there is lymphatic or vascular invasion and/or spread, which organs are involved, and whether there is a single focus or multiple foci of tumor.
   e. It is important to know the names of the substructures within the primary site as well as the names of surrounding organs and structures. Note the names of any tissues that are reported to be involved by cancer cells.

3. **How did the cancer spread to the other organ or structure?**
   a. Did the cancer spread to the new organ/tissue in a continuous line of tumor cells from the primary site?
   b. If the pathologist can identify a trail of tumor cells from one organ to another, the stage may be regional by direct extension or distant by direct extension.
   c. Did the cancer spread by breaking away from the primary cancer and floating to the new site in the blood stream or body fluids (includes lymph within lymph vessels, blood within blood vessels, fluid outside of vessels such as pleural, pericardial, peritoneal)?
   d. If there is no direct trail of tumor cells from the primary organ to another site, the stage is probably distant.

4. **What are the stage and correct code for this cancer?**
   a. In the Summary Staging Manual 2018, go to the appropriate chapter that includes the ICD-O primary site and/or histology code identified earlier.
   b. Review the chapter looking for the names of the structures and organs that were reported as involved. If more than one structure or organ is involved, select the highest category that includes an involved structure.

How is Summary Stage Different?

- Summary Stage is the most simplistic approach to cancer staging
- Fewer Chapters and Subchapters for any given primary site or histology
- Strictly Anatomic Stage at Diagnosis (no post-therapy stage)
- Summary Stage Allows All Histology Codes within a Primary Site
- Few Subcategories within a Stage (localized may have T1-T2 equivalent but not T1a, T1b, T1c, T2a, T2b, T2c subcategories within T1-T2 category group)
- A few chapters are Histology Driven – lymphoma, melanoma, Merkel cell carcinoma, plasma cell myeloma, leukemia (heme/retic)
- Summary Stage like a combined clinical/pathologic AJCC Stage Group
- Some Exceptions are Historical for Consistent Staging Over Time
- Chapters Updated to be more Consistent with AJCC 8th ed.
- Exceptions that can be confusing:
  - Colon and Rectum – Intramucosal/Transmural treated as localized disease (in-situ in AJCC 8th)
  - T4 (direct extension into adjacent organs) may be classified as 'distant' by direct extension
    - Lung – primary tumor with direct extension to chest wall or adjacent rib
    - Colon – primary tumor with direct extension into adjacent organ T4b
  - N3 nodes are often classified as 'distant' lymph nodes
    - Lung – supraclavicular, cervical
    - Breast – supraclavicular, cervical, internal mammary

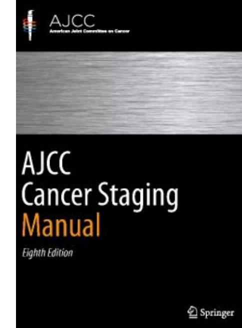
AJCC Cancer Staging Manual, 8th edition

- **AJCC Cancer Staging Manual – 8th edition, 2017**
- **COST: $119.99**
- **ISBN: 978-3-319-40617-6**

- **1429 pages**
- **512 illustrations**
- **187 color illustrations**

- Required - Florida Mandate
  - FCDS will not purchase
  - Facility may purchase
  - Individual may purchase

- https://cancerstaging.org
- http://springer.com
- 1-800-SPRINGER



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Intro to AJCC Staging Manual, 8th ed.

- Enhanced Chapter 1 – Principles of Cancer Staging
- Enhanced Descriptions of Staging Rules – Chapter 1
  - Timing for Staging
  - Clinical Staging Criteria and General Rules
  - Pathologic Staging Criteria and General Rules
  - Rules for Assigning T, N, and M Category Codes
  - Rules for Determining Prognostic Stage Group
  - Timing and Criteria for Post-Therapy Staging (yc/yp)
- 12 new staging systems
- 83 total chapters defined by site/subsite and specific histologies
- New Site-Specific Data Items (SSDIs) – no more SSFs aka "factors" – but similar instructions and codes

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Intro to AJCC Staging Manual, 8th ed.

- New Chapters for 8th edition
  - Head and Neck
    - Cervical Lymph Nodes with Unknown Primary – check for EBV or HPV Status
    - HPV-Mediated (p16+) Oropharynx Cancer – When p16- Use Oropharynx (p16_) or Hypopharynx
    - Cutaneous Squamous Cell Carcinoma of Head and Neck
  - Thorax
    - Thymus
  - Endocrine System
    - Parathyroid
    - Adrenal Neuroendocrine Tumors
  - Hematologic Malignancies
    - Leukemia

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Intro to AJCC Staging Manual, 8th ed.

- Split Chapters for 8th edition
  - Pancreas
    - Exocrine Pancreas – Hepatobiliary System
    - Neuroendocrine Tumor of Pancreas – see Neuroendocrine Tumors (NET)
  - Neuroendocrine Tumors (NET)
    - NET of Stomach
    - NET of Duodenum and Ampulla of Vater
    - NET of Jejunum and Ileum
    - NET of Appendix
    - NET of Colon and Rectum
    - NET of Pancreas

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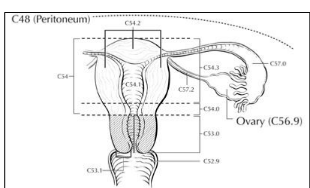
Intro to AJCC Staging Manual, 8th ed.

- Split Chapters for 8th edition
  - Bone – multiple staging tables with T Category Code based on type/location of primary
    - Appendicular Skeleton
    - Pelvis
    - Spine
  - Soft Tissue Sarcoma
    - Introduction to Soft Tissue Sarcoma
    - Soft Tissue Sarcoma of Head and Neck
    - Soft Tissue Sarcoma of Trunk and Extremities
    - Soft Tissue Sarcoma of Abdomen and Thoracic Visceral Organs
    - Soft Tissue Sarcoma of Retroperitoneum
    - Soft Tissue Sarcoma – Unusual Histologies and Sites
    - GIST is now in Soft Tissue Sarcoma Section

Intro to AJCC Staging Manual, 8th ed.

Merged Chapters for 8th edition
- Ovary, Fallopian Tube, Primary Peritoneal Carcinoma
- Consistent with WHO Classification, 4th edition
- Allows GYN Staging of C48.2 Cases



Surface Epithelial – Epithelial Stromal Tumors

Serous tumors:
- Benign (cystadenoma)
- Borderline tumors (serous borderline tumor)
- Malignant (serous adenocarcinoma)

Mucinous tumors, endocervical-like and intestinal type:
- Benign (cystadenoma)
- Borderline tumors (mucinous borderline tumor)
- Malignant (mucinous adenocarcinoma)

Endometrioid tumors:
- Benign (cystadenoma)
- Borderline tumors (endometrioid borderline tumor)
- Malignant (endometrioid adenocarcinoma)

Clear cell tumors:
- Benign
- Borderline tumors
- Malignant (clear cell adenocarcinoma)

Transitional cell tumors:
- Brenner tumor
- Brenner tumor of borderline malignancy
- Malignant Brenner tumor
- Transitional cell carcinoma (non-Brenner type)

Epithelial-stromal:
- Adenosarcoma
- Carcinosarcoma (formerly mixed Mullerian tumors)

AJCC 8th Edition Staging Rules Chapter 1

- Entire 30 pages devoted to Staging Rules and is Table-Driven with User Notes
- Definitions are included for vocabulary related to cancer staging
- Clarification on Use of "X", <blank> and Zero (0)
- Clarification on Use of Clinical & Pathological Stage Descriptors
- Clarification on "Response to Neoadjuvant Therapy"
- Subcategory Codes Defined in T, N, M and Post-Therapy Tables
- Explanation for How to Apply Tables to Assign New Prognostic Stage Groups
- AJCC will be hosting webinar(s) on Key Elements of Chapter 1 – General Rules
- 2018 FCDS Abstractor Code Test Absolutely WILL Have Questions from Chapter 1

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General Staging Rules

- Microscopic Confirmation Required
- Time Frame/Staging Window – Clinical Stage
- Time Frame/Staging Window – Pathological Stage
- Time Frame/Staging Window – Post-Therapy Stage
- Progression of Disease
- Rules for Decision Making When Uncertain about T, N, M or Group
  - Do NOT Use the lower of two possible categories, subcategories or groups
- When uncertain about subcategory – use umbrella category code
- When Required SSDI is not available – stage group = unknown
- Site-Specific Grade – use the new Grade ID Tables
- Synchronous Multiple Tumors in Single Organ – Use (m) suffix
- Unknown Primary versus No evidence of Primary Tumor
- Date of Diagnosis is a critical data item for staging
- AJCC Stage API will Simplify Entry but Not Explain Rules & Codes

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Reinforced Concepts – "X" versus <Blank>

- Explaining Blanks and X, Ambiguous Terminology and Support for AJCC Staging https://cancerstaging.org/CSE/Registrar/Documents/Explaining%20Blanks%20and%20X,%20Ambiguous%20Terminology%20and%20Support%20for%20AJCC%20Staging_updated%20Dec%202015.pdf – **this presentation was updated December 2015 and is still valid.**
- **Does patient meet criteria for clinical and/or pathological staging?**
- EDITSv18 will reinforce training – EDITSv17 was used to test
- **"X" indicates something was done** for T or N Category Code but result was not clear in the test report to assess the primary tumor size/extent or nodal status. **"X" does not equal "Unknown"**
- **<blank> indicates no test was performed**, **patient not eligible to stage**, **no info available in medical record on staging** to determine T or N Category Code
- **M Category always be coded when the patient meets eligibility criteria for staging**
  - cM0 can be used for clinical no evidence of mets AND for pathological when mets not proven histologically
  - pM1 is histologically proven mets (bx or resection) and can be used for clinical and pathological

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Clinical & Pathological Stage Criteria

- Clinical Stage Criteria
  - Clinical History and Symptoms
  - Physical Exam
  - Imaging
  - Endoscopy
  - Biopsy of primary site
  - Biopsy of single regional node, sentinel nodes or lymph node sampling
  - Biopsy of distant metastatic site
  - Exploratory surgery without resection of primary tumor or nodes
- Pathological Stage Criteria
  - MUST meet surgical resection criteria (usually resected primary tumor & regional nodes)
  - Cannot Pathologically Stage without resection of primary tumor, except To
  - All Clinical Stage Information
  - Operative Findings
  - Surgical Pathology from Resected Surgical Specimen(s)
- Post-Therapy Stage Criteria
  - yc – First Therapy is Systemic and/or Radiation Therapy
  - yp - First Therapy is Systemic and/or Radiation Therapy Followed by Surgery
- Site-Specific Clinical and Pathological Stage Criteria
  - Takes Priority Over General Clinical/Pathological/Post-Therapy Stage Criteria

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"Response to Neoadjuvant Therapy"

- Neoadjuvant Therapy
  - First Therapy is Systemic and/or Radiation Therapy
  - First Therapy is Systemic and/or Radiation Therapy Followed by Surgery
- Distant Metastasis
  - Once Distant Metastasis is identified (imaging, biopsy, clinical) that M category whether cM1 or pM1 must remain a part of post-therapy T, N, M and Group – even if there is complete response to the distant metastasis – and no evidence of disease
  - Do not change to clinical cM1 to cM0 or pathological pM1 to pM0 for yc/yp stage
- Complete Pathological Response
  - ypT0 ypN0 cM0 and No Stage Group is Assigned
- Response to Neoadjuvant Therapy
  - Complete Response
  - Partial Response
  - No Response
  - Regression Score
- Mucin Pools/Necrosis/Reactive Changes on Post-Therapy Pathology
  - Not sufficient to establish residual cancer without positive tumor cells also noted
  - Not included in Post-Therapy TNM or Stage Group

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Suffix and Subcategory Codes Defined

- T Suffix and Subcategory Codes
  - *(m)* – multiple invasive tumors in single organ
  - (DCIS) – Ductal carcinoma in situ
  - (LAMN) - Low grade appendiceal mucinous neoplasm Tis(LAMN)
  - (Paget) – Paget Disease
- N Suffix and Subcategory Codes
  - *(sn)* – SLN *or* sentinel lymph node
  - *(f)* – FNA or core biopsy of lymph node
  - *(i+)* – ITCs or isolated tumor cells or in-transit metastasis
  - *(mol+)* – ITCs found on flow cytometry or reverse transcriptase PCR
  - *mi* – lymph node with micro-metastases (size of largest node is >0.2mm but <2.1mm)
  - (ENE) – extra-nodal extension

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Suffix and Subcategory Codes Defined

- M Suffix and Subcategory Codes
  - *(i+)* – Circulating Tumor Cells/Disseminated Tumor Cells
  - PUL – Pulmonary
  - OSS – Osseous
  - HEP – Hepatic
  - BRA – Brain
  - LYM – Distant Lymph Nodes
  - MAR – Bone Marrow
  - PLE – Pleura
  - PER – Peritoneum
  - ASDR – Adrenal
  - SKI – Distant Skin
  - OTH – Other

2018 Codes for Lymphovascular Invasion (LVI)

0 – LVI Not Present (not identified/absent)
1 – LVI Present/Identified
2 – (L) Lymphatic and Small Vessel Invasion Only
3 – (V) – Venous (large vessel) Invasion Only
4 – BOTH lymphatic and small vessel AND venous (large vessel) invasion
9 – Unknown/Indeterminate

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Melanoma (Breslow) Depth/Thickness

- Breslow Depth/Thickness measures the thickness of the primary tumor
- No longer measured in 100th of mm – led to incorrect measurements
  - 4.15 measured thickness
- NOW MEASURED in 10th of mm (round up or down when necessary)
  - Path Reports 4.15mm measured thickness
  - Code 4.2 measured thickness
- Also, SSDI code for Depth/Thickness NOW Includes the Decimal Point
  - 4.2 measured thickness
- When Primary Tumor <1mm thick – round up to nearest 0.1mm
  - 0.1mm measured thickness

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Breast Tumor Size - microinvasive

- Exception to T Category Coding
  - T1mi – microinvasion – must only represent less than or = 1mm
  - When Primary Tumor Size = 1.0mm-1.4mm – round up to 2mm
  - All other Primary Tumor Size
    - Round Down when between 1 and 4
    - Round Up when between 5 and 9

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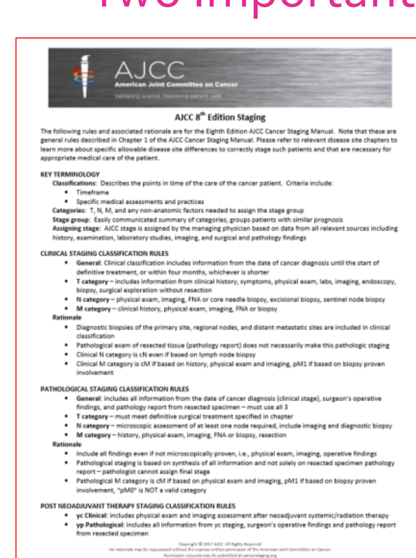
Two Important AJCC Documents



AJCC 8th Edition Staging

The following rules and associated rationale are for the Eighth Edition AJCC Cancer Staging Manual. Note that these are general rules described in Chapter 1 of the AJCC Cancer Staging Manual. Please refer to relevant disease site chapters to learn more about specific allowable disease site differences to correctly stage such patients and that are necessary for appropriate medical care of the patient.

KEY TERMINOLOGY

Classifications: Describes the points in time of the care of the cancer patient. Criteria include:
- Timeframe
- Specific medical assessments and practices

Categories: T, N, M, and any non-anatomic factors needed to assign the stage group
Stage group: Easily communicated summary of categories, groups patients with similar prognosis
Assigning stage: AJCC stage is assigned by the managing physician based on data from all relevant sources including history, examination, laboratory studies, imaging, and surgical and pathology findings

CLINICAL STAGING CLASSIFICATION RULES
- **General**: Clinical classification includes information from the date of cancer diagnosis until the start of definitive treatment, or within four months, whichever is shorter
- **T category** – includes information from clinical history, symptoms, physical exam, labs, imaging, endoscopy, biopsy, surgical exploration without resection
- **N category** – physical exam, imaging, FNA or core needle biopsy, excisional biopsy, sentinel node biopsy
- **M category** – clinical history, physical exam, imaging, FNA or biopsy

Rationale
- Diagnostic biopsies of the primary site, regional nodes, and distant metastatic sites are included in clinical classification
- Pathological exam of resected tissue (pathology report) does not necessarily make this pathologic staging
- Clinical N category is cN even if based on lymph node biopsy
- Clinical M category is cM if based on history, physical exam and imaging, pM1 if based on biopsy proven involvement

PATHOLOGICAL STAGING CLASSIFICATION RULES
- **General**: includes all information from the date of cancer diagnosis (clinical stage), surgeon's operative findings, and pathology report from resected specimen – must use all 3
- **T category** – must meet definitive surgical treatment specified in chapter
- **N category** – microscopic assessment of at least one node required, include imaging and diagnostic biopsy
- **M category** – history, physical exam, imaging, FNA or biopsy, resection

Rationale
- Include all findings even if not microscopically proven, i.e., physical exam, imaging, operative findings
- Pathological staging is based on synthesis of all information and not solely on resected specimen pathology report – pathologist cannot assign final stage
- Pathological M category is cM if based on physical exam and imaging, pM1 if based on biopsy proven involvement, "pM0" is NOT a valid category

POST NEOADJUVANT THERAPY STAGING CLASSIFICATION RULES
- **yc Clinical**: includes physical exam and imaging assessment after neoadjuvant systemic/radiation therapy
- **yp Pathological**: includes all information from yc staging, surgeon's operative findings and pathology report from resected specimen

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***In Situ* Neoplasia – AJCC Cancer Staging Manual 8th Edition**

AJCC is announcing a change in staging rules for the AJCC Cancer Staging Manual Eighth Edition effective with cases diagnosed on or after January 1, 2017, in the assignment of the T category for *in situ* neoplasia, carcinoma *in situ* and melanoma *in situ*.

Starting with the 8th edition in 2017, the clinical T category will now be cTis.
- This rule change for the 8th edition does not affect cases staged with previous editions prior to 2017.
- Starting in 2017 for the 8th edition, other valid T and N categories with the appropriate c and p prefix will be introduced based on 8th edition rules.

Rationale
The decision to change the rules occurred after thoughtful deliberation by many physicians. The main reason for the previous pTis was to emphasize the need for microscopic or histologic evidence of *in situ* carcinoma. The diagnosis of carcinoma *in situ* can never be made on imaging alone.

It was decided to change the clinical T category to cTis, indicating it was a diagnosis made on a diagnostic core needle or incisional biopsy and not based on complete examination of a surgical resection specimen. The pathological T category based on the surgical resection specimen will be pTis. There will now be separate designations, cTis and pTis, indicating the timeframe and type of specimen. During the clinical staging classification, all diagnostic biopsies will be cT regardless of whether the microscopic evidence shows an *in situ* or an invasive cancer, e.g., cTis, cT1a.

This differentiation is especially important when the resection specimen shows invasive tumor. Use of this approach will mitigate potential confusion regarding the specimen used for the T category. In past editions, pTis could be based on a diagnostic biopsy or could be based on the resection specimen, depending on whether it was the clinical stage T category or the pathological stage T category. Especially if the diagnostic biopsy showed carcinoma *in situ*, pTis, and the resection specimen showed invasive carcinoma, pT1a.

Registry Data Conversion

Registry data underwent a conversion in 2016 to change all *in situ* T categories to pTis.
- This is correct for all versions of AJCC, including 7th edition, for cases diagnosed through 2016.
- Data for cases diagnosed prior to 2017 will not change based on the new 8th edition rules.
- Data abstracted using all previous versions of AJCC should only have pTis and **not** cTis.
- The conversion in 2016 only dealt with the *in situ* staging and the cM/pM issues.

Historical Information
Previous editions of the AJCC Cancer Staging Manuals were either silent on the issue, or provided clear instructions to assign pTis for the clinical stage T category.

Fifth Edition: The correct classification for *in situ* lesions is pTis cN0 cM0, clinical stage group 0.

Sixth Edition: Carcinoma *in situ* (CIS) is an exception to the stage grouping guidelines. … Therefore, pTis, cN0, cM0, clinical stage group 0 is appropriate.

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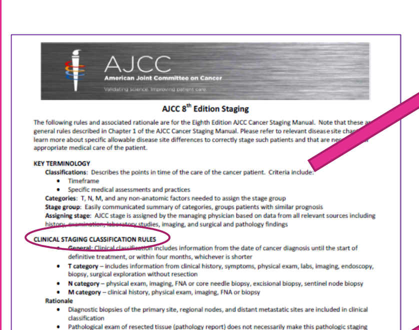
AJCC 8th Edition Staging Rules - PDF



CLINICAL STAGING CLASSIFICATION RULES
- **General:** Clinical classification includes information from the date of cancer diagnosis until the start of definitive treatment, or within four months, whichever is shorter
- **T category** – includes information from clinical history, symptoms, physical exam, labs, imaging, endoscopy, biopsy, surgical exploration without resection
- **N category** – physical exam, imaging, FNA or core needle biopsy, excisional biopsy, sentinel node biopsy
- **M category** – clinical history, physical exam, imaging, FNA or biopsy

Rationale
- Diagnostic biopsies of the primary site, regional nodes, and distant metastatic sites are included in clinical classification
- Pathological exam of resected tissue (pathology report) does not necessarily make this pathologic staging
- Clinical N category is cN even if based on lymph node biopsy
- Clinical M category is cM if based on history, physical exam and imaging, pM1 if based on biopsy proven involvement

PATHOLOGICAL STAGING CLASSIFICATION RULES
- **General:** includes all information from the date of cancer diagnosis (clinical stage), surgeon's operative findings, and pathology report from resected specimen – must use all 3
- **T category** – must meet definitive surgical treatment specified in chapter
- **N category** – microscopic assessment of at least one node required, include imaging and diagnostic biopsy
- **M category** – history, physical exam, imaging, FNA or biopsy, resection

Rationale
- Include all findings even if not microscopically proven, i.e., physical exam, imaging, operative findings
- Pathological staging is based on synthesis of all information and not solely on resected specimen pathology report – pathologist cannot assign final stage
- Pathological M category is cM if based on physical exam and imaging, pM1 if based on biopsy proven involvement, "pM0" is NOT a valid category

POST NEOADJUVANT THERAPY STAGING CLASSIFICATION RULES
- **yc Clinical:** includes physical exam and imaging assessment after neoadjuvant systemic/radiation therapy
- **yp Pathological:** includes all information from yc staging, surgeon's operative findings and pathology report from resected specimen

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AJCC 8th Edition – Staging Clarifications

In Situ Neoplasia – AJCC Cancer Staging Manual 8th Edition

AJCC is announcing a change in staging rules for the AJCC Cancer Staging Manual Eighth Edi ... ective with cases diagnosed on or after January 1, 2017, in the assignment of the T category fo ... neoplasia, carcinoma *in situ* and melanoma *in situ*.

Starting with the 8th edition in 2017, the clinical T category will now be cTis.
- This rule change for the 8th edition does not affect cases staged with previous editions prior to 2017.
- Starting in 2017 for the 8th edition, other valid T and N categories with the appropriate c and p prefix will be introduced based on 8th edition rules.

Rationale

The decision to change the rules occurred after thoughtful deliberation by many physicians. The main reason for the previous pTis was to emphasize the need for microscopic or histologic evidence of *in situ* carcinoma. The diagnosis of carcinoma *in situ* can never be made on imaging alone.

It was decided to change the clinical T category to cTis, indicating it was a diagnosis made on a diagnostic core needle or incisional biopsy and not based on complete examination of a surgical resection specimen. The pathological T category based on the surgical resection specimen will be pTis. There will now be separate designations, cTis and pTis, indicating the timeframe and type of specimen. During the clinical staging classification, all diagnostic biopsies will be cT regardless of whether the microscopic evidence shows an *in situ* or an invasive cancer, e.g., cTis, cT1a.

8th Edition Chapter 1: Principles of Cancer Staging

Clinical T:
- *In situ* neoplasia identified during the diagnostic workup on a core or incisional biopsy is assigned cTis.

Pathological T:
- *In situ* neoplasia identified from a surgical resection, as specified in the disease site pathological criteria, is assigned pTis.
- *In situ* neoplasia identified microscopically during the diagnostic workup may be used to assign the pathological stage pTis if the patient had a surgical resection and no residual tumor was identified.

Clinical Stage 0:
- *In situ* neoplasia identified microscopically during the diagnostic workup is assigned as cTis cN0 cM0 clinical Stage 0.

Pathological Stage 0:
- *In situ* neoplasia is an exception to the stage grouping guidelines that otherwise require regional lymph node evaluation for pathological classification. By definition, *in situ* neoplasia has not involved any structures in the primary organ that would allow tumor cells to spread to regional nodes or distant sites.
- The primary tumor surgical resection criteria for pathological stage must be met in order to assign pathological Stage 0.
- Lymph node microscopic assessment is not necessary to assign pathological Stage 0 for *in situ* neoplasia; for example, pTis cN0 cM0 is staged as pathological Stage 0.

Summary

The following rules should be applied for carcinoma *in situ* depending on when the case was diagnosed. This is based on a diagnostic biopsy with microscopic evidence of *in situ* for the clinical stage, and the appropriate surgical resection performed for the pathological stage.

- Cases diagnosed 2010 – 2016, Seventh Edition:
  - pTis cN0 cM0 clinical stage 0
  - pTis cN0 cM0 pathological stage 0
- Cases diagnosed 2017 – , Eighth Edition:
  - cTis cN0 cM0 clinical stage 0
  - pTis cN0 cM0 pathological stage 0

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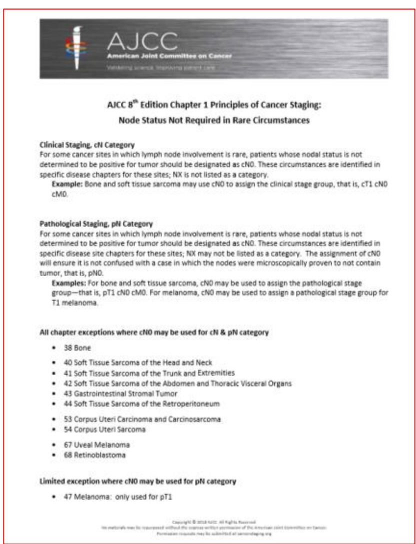
Two More Important AJCC Documents



AJCC
American Joint Committee on Cancer

AJCC 8th Edition Chapter 1 Principles of Cancer Staging:
Node Status Not Required in Rare Circumstances

Clinical Staging, cN Category
For some cancer sites in which lymph node involvement is rare, patients whose nodal status is not determined to be positive for tumor should be designated as cN0. These circumstances are identified in specific disease chapters for these sites; NX is not listed as a category.
Example: Bone and soft tissue sarcoma may use cN0 to assign the clinical stage group, that is, cT1 cN0 cM0.

Pathological Staging, pN Category
For some cancer sites in which lymph node involvement is rare, patients whose nodal status is not determined to be positive for tumor should be designated as cN0. These circumstances are identified in specific disease site chapters for these sites; NX may not be listed as a category. The assignment of cN0 will ensure it is not confused with a case in which the nodes were microscopically proven to not contain tumor, that is, pN0.
Examples: For bone and soft tissue sarcoma, cN0 may be used to assign the pathological stage group—that is, pT1 cN0 cM0. For melanoma, cN0 may be used to assign a pathological stage group for T1 melanoma.

All chapter exceptions where cN0 may be used for cN & pN category

- 38 Bone
- 40 Soft Tissue Sarcoma of the Head and Neck
- 41 Soft Tissue Sarcoma of the Trunk and Extremities
- 42 Soft Tissue Sarcoma of the Abdomen and Thoracic Visceral Organs
- 43 Gastrointestinal Stromal Tumor
- 44 Soft Tissue Sarcoma of the Retroperitoneum
- 53 Corpus Uteri Carcinoma and Carcinosarcoma
- 54 Corpus Uteri Sarcoma
- 67 Uveal Melanoma
- 68 Retinoblastoma

Limited exception where cN0 may be used for pN category

- 47 Melanoma: only used for pT1

Download the Breast Chapter

Major Changes to Breast Chapter After Publication

Entire Chapter was Replaced

97 pages

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AJCC Cancer Staging Manual, 8th ed - Errata

8th Edition Updates and Corrections

When the AJCC embarked on updating the AJCC Cancer Staging Manual, we knew that we would have to think beyond the book, with an eye toward continuously improving content throughout the life of the edition.

The **delay of implementation to January 1, 2018** has given AJCC an opportunity to work with the surveillance community, the pathology community, and clinical decision support software developers in ways we never have before. In the era of electronic decision making, the level of scrutiny is higher; we are learning more about how the content is applied in different use cases beyond the human reader. Collaborating with these groups in real time has allowed us to take an extra critical look at our content and make improvements and clarifications that will help all audiences.

This highly analytical effort has resulted in a greater number of updates and errata than in past editions, and we are committed to communicating them transparently.

This site contains important updates and errata identified in the first printing of the *AJCC Cancer Staging Manual, 8th Edition*, and are effective for hard copy manuals purchased from September 2016 to February 2018. This list does not include typographical errors. If you have identified any issues not listed here, please email **laurameyer@facs.org**.

To make this list more useful, we have divided the updates and errata into four levels of significance:

1. **Critical Changes.** Change is critical for accurate staging. Includes changes to TNM categories, criteria, or prognostic stage groups.
2. **Histology/Topography.** Corrections and additions made to histology or topography codes.
3. **Clarification.** Clarification of concepts in text or definitions that does not affect staging.
4. **Omission.** Error of omission that does not affect staging.

Download the Breast Chapter | **Download the Replacement Pages** | **Download the Histology and Topography Code Supplement** | **Download the latest errata spreadsheet**

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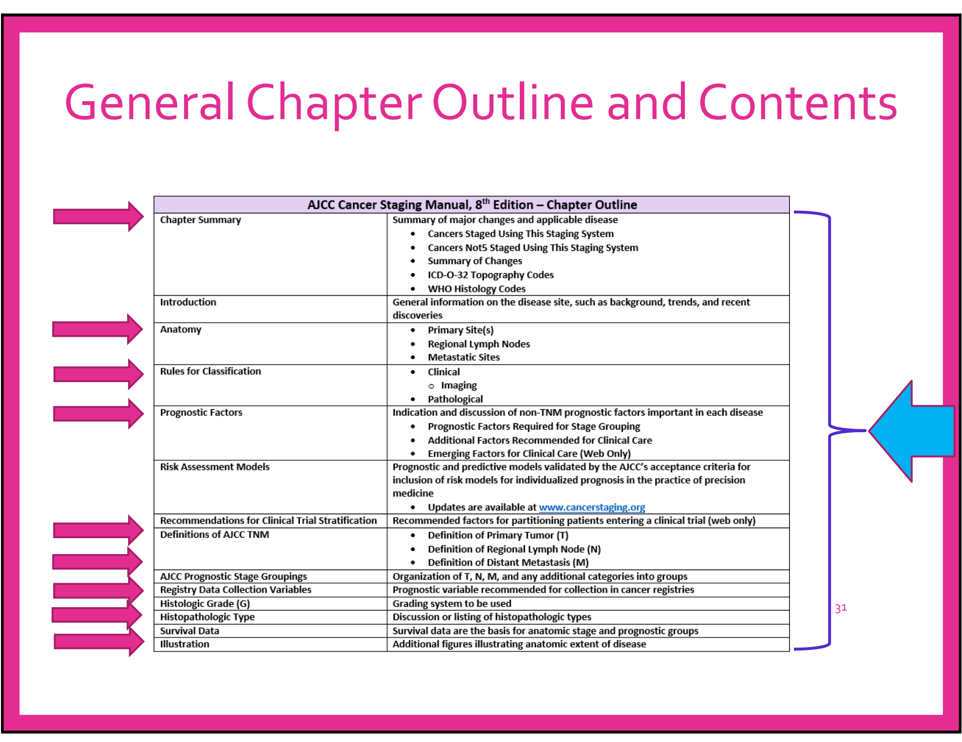

General Chapter Outline and Contents

AJCC Cancer Staging Manual, 8th Edition – Chapter Outline	
Chapter Summary	Summary of major changes and applicable disease • Cancers Staged Using This Staging System • Cancers Not5 Staged Using This Staging System • Summary of Changes • ICD-O-32 Topography Codes • WHO Histology Codes
Introduction	General information on the disease site, such as background, trends, and recent discoveries
Anatomy	• Primary Site(s) • Regional Lymph Nodes • Metastatic Sites
Rules for Classification	• Clinical ○ Imaging • Pathological
Prognostic Factors	Indication and discussion of non-TNM prognostic factors important in each disease • Prognostic Factors Required for Stage Grouping • Additional Factors Recommended for Clinical Care • Emerging Factors for Clinical Care (Web Only)
Risk Assessment Models	Prognostic and predictive models validated by the AJCC's acceptance criteria for inclusion of risk models for individualized prognosis in the practice of precision medicine • Updates are available at www.cancerstaging.org
Recommendations for Clinical Trial Stratification	Recommended factors for partitioning patients entering a clinical trial (web only)
Definitions of AJCC TNM	• Definition of Primary Tumor (T) • Definition of Regional Lymph Node (N) • Definition of Distant Metastasis (M)
AJCC Prognostic Stage Groupings	Organization of T, N, M, and any additional categories into groups
Registry Data Collection Variables	Prognostic variable recommended for collection in cancer registries
Histologic Grade (G)	Grading system to be used
Histopathologic Type	Discussion or listing of histopathologic types
Survival Data	Survival data are the basis for anatomic stage and prognostic groups
Illustration	Additional figures illustrating anatomic extent of disease

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Using the AJCC 8th edition API (AJCC API)

- The American Joint Committee on Cancer (AJCC) has developed an **Application Programming Interface** to deliver the 8th Edition Cancer Staging System in XML format. For the first time, the AJCC will be making the Cancer Staging System available **in an XML format to directly integrate into software and applications**.

- This will allow software developers to:
  - Focus on usability of software rather than accuracy of the AJCC content
  - Integrate once and maintain connection for all future versions of AJCC Staging System
  - Take advantage of upcoming enhancements to API content in real-time
  - Benefit from the most accurate and up-to-date AJCC Staging System in your software

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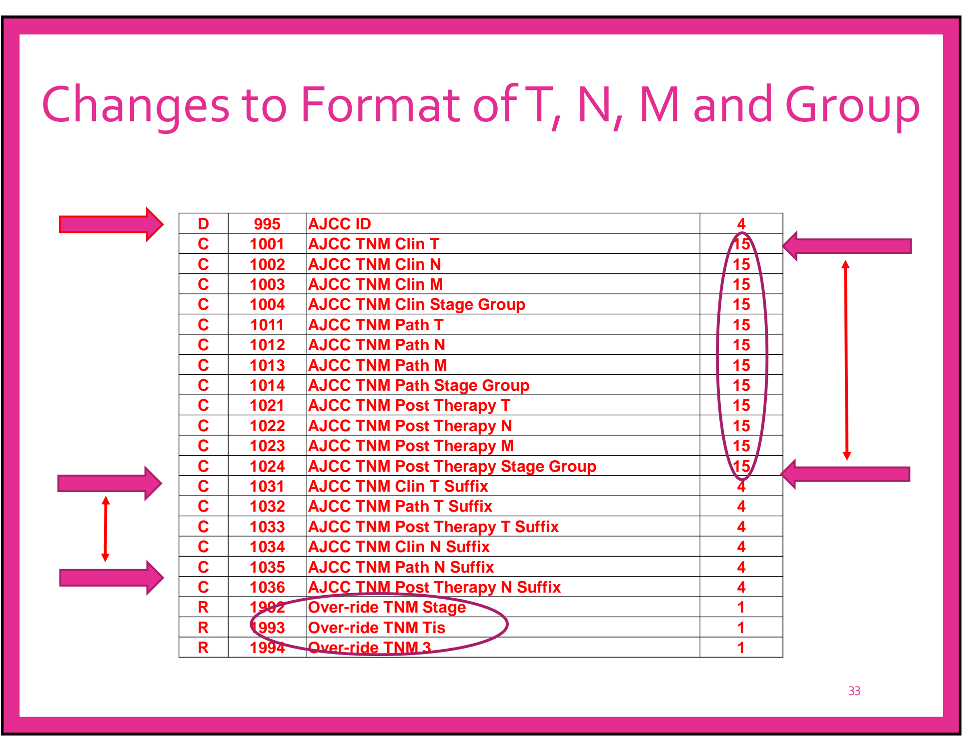

Changes to Format of T, N, M and Group

D	995	AJCC ID	4
C	1001	AJCC TNM Clin T	15
C	1002	AJCC TNM Clin N	15
C	1003	AJCC TNM Clin M	15
C	1004	AJCC TNM Clin Stage Group	15
C	1011	AJCC TNM Path T	15
C	1012	AJCC TNM Path N	15
C	1013	AJCC TNM Path M	15
C	1014	AJCC TNM Path Stage Group	15
C	1021	AJCC TNM Post Therapy T	15
C	1022	AJCC TNM Post Therapy N	15
C	1023	AJCC TNM Post Therapy M	15
C	1024	AJCC TNM Post Therapy Stage Group	15
C	1031	AJCC TNM Clin T Suffix	4
C	1032	AJCC TNM Path T Suffix	4
C	1033	AJCC TNM Post Therapy T Suffix	4
C	1034	AJCC TNM Clin N Suffix	4
C	1035	AJCC TNM Path N Suffix	4
C	1036	AJCC TNM Post Therapy N Suffix	4
R	1992	Over-ride TNM Stage	1
R	1993	Over-ride TNM Tis	1
R	1994	Over-ride TNM 3	1

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Changes to Format of T Category Code

cT Category	cT Category
cTX	cT2
cT0	cT2a
cTa	cT2a1
cTis	cT2a2
cTis(DCIS)	cT2b
cTis(LAMN)	cT2c
cTis(Paget)	cT2d
cT1	cT3
cT1a	cT3a
cT1a1	cT3b
cT1a2	cT3c
cT1b	cT3d
cT1b1	cT3e
cT1b2	cT4
cT1c	cT4a
cT1c1	cT4b
cT1c2	cT4c
cT1c3	cT4d
cT1d	cT4e
cT1mi	

pT Category	pT Category
pTX	pT2
pT0	pT2a
pTa	pT2a1
pTis	pT2a2
pTis(DCIS)	pT2b
pTis(LAMN)	pT2c
pTis(Paget)	pT2d
pT1	pT3
pT1a	pT3a
pT1a1	pT3b
pT1a2	pT3c
pT1b	pT3d
pT1b1	pT3e
pT1b2	pT4
pT1c	pT4a
pT1c1	pT4b
pT1c2	pT4c
pT1c3	pT4d
pT1d	pT4e
pT1mi	

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Changes to Format of N Category Code

cN Category
cNX
cN0
cN0a
cN0b
cN0(i+)
cN1
cN1mi
cN1a
cN1b
cN1c
cN2
cN2mi
cN2a
cN2b
cN2c
cN3
cN3a
cN3b
cN3c

pN Category	pN Category
pNX	cNX
pN0	cN0
pN0(i+)	cN0a
pN0(mol+)	cN0b
pN0a	cN0(i+)
pN0b	cN1
pN1	cN1mi
pN1mi	cN1a
pN1a(sn)	cN1b
pN1a	cN1c
pN1b	cN2
pN1c	cN2mi
pN2	cN2a
pN2mi	cN2b
pN2a	cN2c
pN2b	cN3
pN2c	cN3a
pN3	cN3b
pN3a	cN3c
pN3b	
pN3c	

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Changes to Format of M Category Code

M Category
cM0
cM0(i+)
cM1
cM1a
cM1a(0)
cM1a(1)
cM1b
cM1b(0)
cM1b(1)
cM1c
cM1c(0)
cM1c(1)
cM1d
cM1d(0)
cM1d(1)
pM1
pM1a
pM1a(0)
pM1a(1)
pM1b
pM1b(0)
pM1b(1)
pM1c
pM1c(0)
pM1c(1)
pM1d
pM1d(0)
pM1d(1)

M Category
cM0
cM0(i+)
cM1
cM1a
cM1a(0)
cM1a(1)
cM1b
cM1b(0)
cM1b(1)
cM1c
cM1c(0)
cM1c(1)
cM1d
cM1d(0)
cM1d(1)
pM1
pM1a
pM1a(0)
pM1a(1)
pM1b
pM1b(0)
pM1b(1)
pM1c
pM1c(0)
pM1c(1)
pM1d
pM1d(0)
pM1d(1)

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Changes to Format of Stage Group Code

Clinical Stage Group	Arabic
Occult carcinoma	Occult carcinoma
0	0
0a	0a
0is	0is
I	1
IA	1A
IA1	1A1
IA2	1A2
IA3	1A3
IB	1B
IB1	1B1
IB2	1B2
IC	1C
IE	1E
IS	1S
I:0	1:0
I:1	1:1
I:2	1:2
I:3	1:3
I:4	1:4
I:5	1:5
I:6	1:6
I:7	1:7
I:8	1:8
I:9	1:9

Clinical Stage Group	Arabic
I:11	1:11
I:12	1:12
I:13	1:13
I:14	1:14
I:15	1:15
I:16	1:16
I:17	1:17
I:18	1:18
I:19	1:19
I:20	1:20
I:21	1:21
I:22	1:22
I:23	1:23
I:24	1:24
I:25	1:25
II	2
IIA	2A
IIA1	2A1
IIA2	2A2
IIB	2B
IIC	2C
IIE	2E
II bulky	2 bulky
II:0	2:0
II:1	2:1

Clinical Stage Group	Arabic
II:13	2:13
II:14	2:14
II:15	2:15
II:16	2:16
II:17	2:17
II:18	2:18
II:19	2:19
II:20	2:20
II:21	2:21
II:22	2:22
II:23	2:23
II:24	2:24
II:25	2:25
III	3
IIIA	3A
IIIA1	3A1
IIIA2	3A2
IIIB	3B
IIIC	3C
IIIC1	3C1
IIIC2	3C2
III:0	3:0
III:1	3:1
III:2	3:2
III:3	3:3

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Changes to Format of Stage Group Code

- What does the annotation of I:1 or II:25 or III:15 mean???
  - Risk Score can be added to AJCC Stage Group for Gestational Trophoblastic Tumors and potentially other chapters in future
  - Risk Score or Prognostic Score/Index May Vary Based On:
    - Risk Assessment and/or Prognostic Factors including; Cancer Site & AJCC Chapter, Age, PreTreatment Lab Values, Tumor Grade, Mitotic Count, Size or Number of Lymph Nodes Involved, Size of Metastasis, Number of Metastasis, Chemo Failed (Yes/No), plus or minus clinical factors such as time since last pregnancy.

Table 1 Modified prognostic WHO scoring system as adapted by FIGO

Scores	0	1	2	4
Age	<40	>40	–	–
Antecedent pregnancy	Mole	Abortion	Term	–
Interval from pregnancy	<4 months	4-6 months	7-12 months	>12 months
Pretreatment serum HCG (IU/L)	<103	103-104	104-105	>105
Largest tumor size including uterus	<3 cm	3-4 cm	5 cm or more	–
Site of metastasis	Lung	Spleen, kidney	GI system	Liver, brain
Number of metastasis	–	1-4	5-8	>8
Previously failed chemotherapy	–	–	Single drug	2 or more drugs

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Changes to Format of Stage Group Code

Elements Required for Staging

cT Category	pT Category	ypT Category	cT, pT, ypT Suffixes	cM, pM, postneoadjuvant M Category	c, p, yp Risk Score	c, p, yp Stage	c, p, yp Stage	c, p, yp Stage	c, p, yp Stage
cTX	pTX	ypTX	(m)	cM0	0	I:0	II:0	III:0	IV:0
cT0	pT0	ypT0		cM1	1	I:1	II:1	III:1	IV:1
cT1	pT1	ypT1		cM1a	2	I:2	II:2	III:2	IV:2
cT2	pT2	ypT2		cM1b	3	I:3	II:3	III:3	IV:3
Not Recorded	cTX	Not Recorded		pM1	4	I:4	II:4	III:4	IV:4
n/a	cT0	n/a		pM1a	5	I:5	II:5	III:5	IV:5
	cT1			pM1b	6	I:6	II:6	III:6	IV:6
	cT2			Not Recorded	7	I:7	II:7	III:7	IV:7
	Not Recorded			n/a	8	I:8	II:8	III:8	IV:8
	n/a				9	I:9	II:9	III:9	IV:9
					10	I:10	II:10	III:10	IV:10
					11	I:11	II:11	III:11	IV:11
					12	I:12	II:12	III:12	IV:12
					13	I:13	II:13	III:13	IV:13
					14	I:14	II:14	III:14	IV:14
					15	I:15	II:15	III:15	IV:15
					16	I:16	II:16	III:16	IV:16
					17	I:17	II:17	III:17	IV:17
					18	I:18	II:18	III:18	IV:18
					19	I:19	II:19	III:19	IV:19
					20	I:20	II:20	III:20	IV:20
					21	I:21	II:21	III:21	IV:21
					22	I:22	II:22	III:22	IV:22
					23	I:23	II:23	III:23	IV:23
					24	I:24	II:24	III:24	IV:24
					25	I:25	II:25	III:25	IV:25
					X				Unknown
					Unknown				Not Recorded
									n/a

Specific Neoplasms Included by Chapter

ICD-O-3 Topography Codes

Code	Description
	Appendicular skeleton, trunk, skull and facial bones
C40.0	Long bones of upper limb, scapula, and associated joints
C40.1	Short bones of upper limb and associated joints
C40.2	Long bones of lower limb and associated joints
C40.3	Short bones of lower limb and associated joints
C40.8	Overlapping lesion of bones, joints, and articular cartilage of limbs
C40.9	Bones of limb, NOS
C41.0	Bones of skull and face and associated joints
C41.1	Mandible
C41.3	Ribs, sternum, clavicle, and associated joints
C41.8	Overlapping lesion of bones, joints, and articular cartilage
C41.9	Bone, NOS
	Spine
C41.2	Vertebral column
	Pelvis
C41.4	Pelvic bones, sacrum, coccyx, and associated joints

+

WHO Classification of Tumors

Code	Description
9180	Osteosarcoma
9180	Osteoblastic osteosarcoma
9181	Chondroblastic osteosarcoma
9182	Fibroblastic osteosarcoma
9183	Telangiectatic osteosarcoma
9185	Small cell osteosarcoma
9187	Intramedullary low grade
9194	Juxtacortical high grade
9193	Juxtacortical intermediate grade
9192	Juxtacortical low grade
9184	Secondary osteosarcoma
9220	Chondrosarcoma
9220	Conventional chondrosarcoma
9242	Clear cell chondrosarcoma
…	…
9370	Chordoma
…	…
9040	Synovial sarcoma
…	…
8830	Epithelioid sarcoma
8830	Undifferentiated spindle cell sarcoma

Neoplasms Not Included in Manual/Chapter

Cancers Not Staged Using This Staging System

Histologic types of cancer…	Are staged according to…	Found in Chapter…
Primary malignant lymphoma	Hodgkin and Non-Hodgkin Lymphoma	79
Multiple myeloma	Multiple Myeloma and Plasma Cell Disorders	82

Cancers Not Staged Using This Staging System

These histopathologic types of cancer…	*Are staged according to the classification for…*	*And can be found in chapter…*
Nasopharyngeal cancer	Nasopharynx	9
HPV-related oropharynx cancer	HPV-mediated (p16+) oropharyngeal cancer	10
Melanoma	Melanoma of the skin	47
Mucosal melanoma	Mucosal melanoma of the head and neck	14
Thyroid carcinoma	Thyroid carcinoma	73–74
Soft tissue sarcoma	Soft tissue sarcoma of the head and neck	40
Eyelid	Eyelid carcinoma	64

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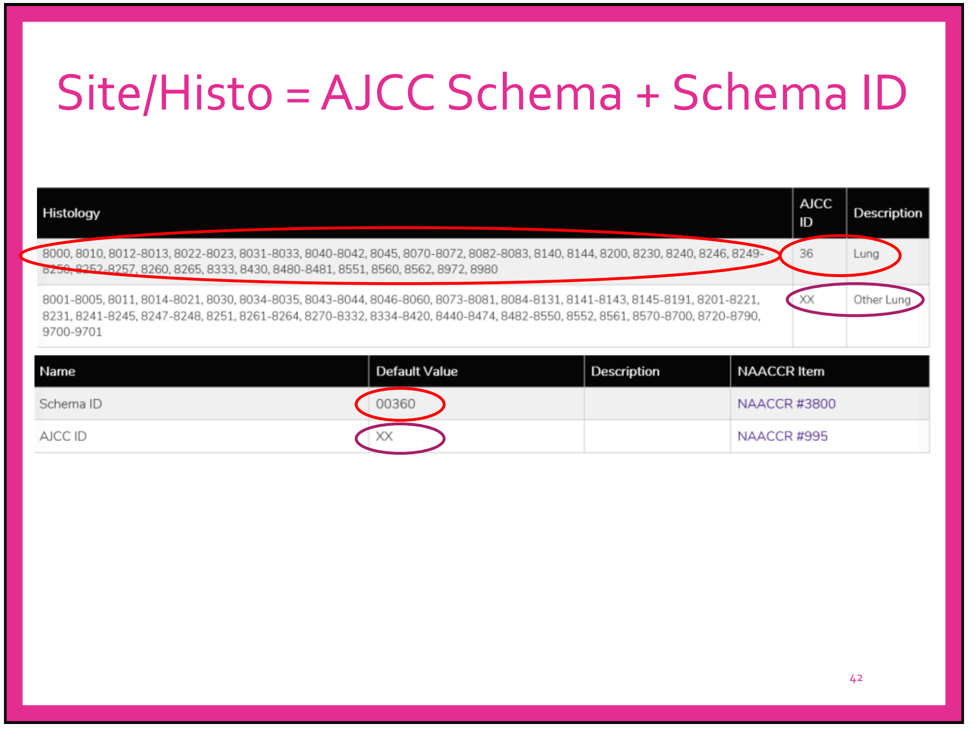

Site/Histo = AJCC Schema + Schema ID

Histology	AJCC ID	Description
8000, 8010, 8012-8013, 8022-8023, 8031-8033, 8040-8042, 8045, 8070-8072, 8082-8083, 8140, 8144, 8200, 8230, 8240, 8246, 8249-8250, 8252-8257, 8260, 8265, 8333, 8430, 8480-8481, 8551, 8560, 8562, 8972, 8980	36	Lung
8001-8005, 8011, 8014-8021, 8030, 8034-8035, 8043-8044, 8046-8060, 8073-8081, 8084-8131, 8141-8143, 8145-8191, 8201-8221, 8231, 8241-8245, 8247-8248, 8251, 8261-8264, 8270-8332, 8334-8420, 8440-8474, 8482-8550, 8552, 8561, 8570-8700, 8720-8790, 9700-9701	XX	Other Lung

Name	Default Value	Description	NAACCR Item
Schema ID	00360		NAACCR #3800
AJCC ID	XX		NAACCR #995

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Site/Histo = AJCC Schema + Schema ID

Primary Site	Histology	Behavior	AJCC ID	Description
C500-C506, C508-C509	8000, 8010, 8022, 8032, 8035, 8041, 8070, 8140, 8200, 8211, 8246, 8255, 8290, 8314-8315, 8401, 8410, 8430, 8480, 8502, 8509-8510, 8513, 8520-8525, 8530, 8540-8541, 8550, 8570-8572, 8574-8575, 8982-8983	2	XX	Other Breast
C500-C506, C508-C509	8201, 8500-8501, 8503-8504, 8507, 8543	2	48.1	Breast DCIS
C500-C506, C508-C509	8000, 8010, 8022, 8032, 8035, 8041, 8070, 8140, 8200-8201, 8211, 8246, 8255, 8290, 8314-8315, 8401, 8410, 8430, 8480, 8500-8504, 8507, 8509-8510, 8513, 8520-8525, 8530, 8540-8541, 8543, 8550, 8570-8572, 8574-8575, 8982-8983	3	48.2	Breast Invasive
C500-C506, C508-C509	8001-8005, 8011-8021, 8023-8031, 8033-8034, 8040, 8042-8060, 8071-8131, 8141-8191, 8202-8210, 8212-8245, 8247-8254, 8256-8281, 8300-8313, 8316-8400, 8402-8409, 8413-8420, 8440-8474, 8481-8490, 8505-8506, 8508, 8512, 8514-8519, 8542, 8551-8562, 8573, 8576-8700, 9700-9701	*<Any value>*	XX	Other Breast
C501-C506, C508-C509	8720-8790	*<Any value>*	XX	Other Breast

Name	Default Value	Description	NAACCR Item
Schema ID	00480		NAACCR #3800
AJCC ID	XX		NAACCR #995

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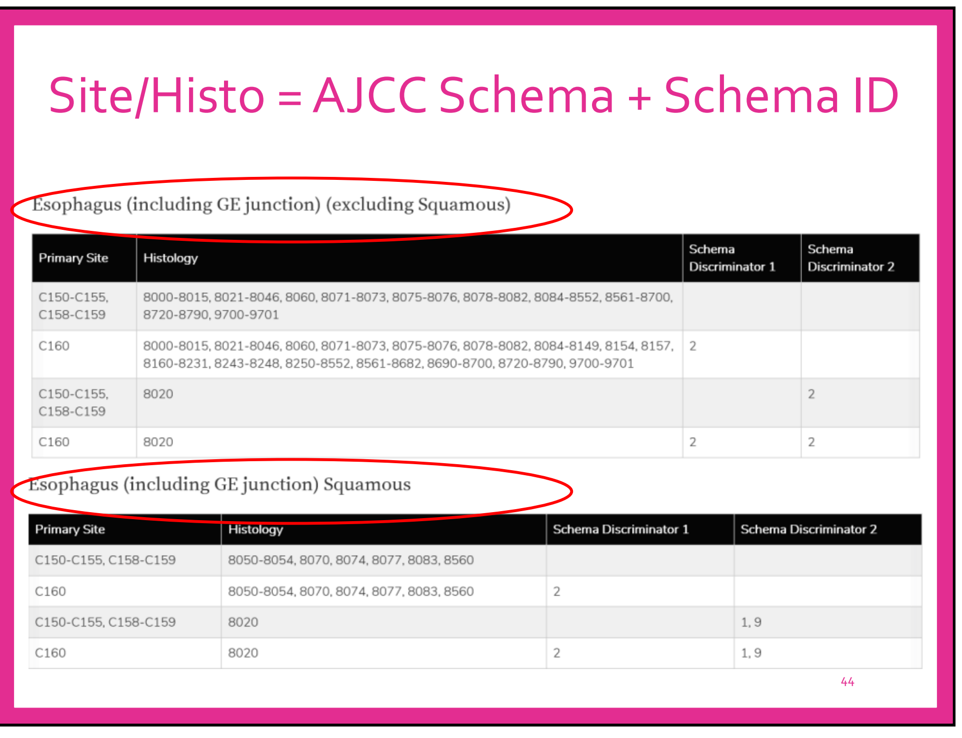

Site/Histo = AJCC Schema + Schema ID

Esophagus (including GE junction) (excluding Squamous)

Primary Site	Histology	Schema Discriminator 1	Schema Discriminator 2
C150-C155, C158-C159	8000-8015, 8021-8046, 8060, 8071-8073, 8075-8076, 8078-8082, 8084-8552, 8561-8700, 8720-8790, 9700-9701		
C160	8000-8015, 8021-8046, 8060, 8071-8073, 8075-8076, 8078-8082, 8084-8149, 8154, 8157, 8160-8231, 8243-8248, 8250-8552, 8561-8682, 8690-8700, 8720-8790, 9700-9701	2	
C150-C155, C158-C159	8020		2
C160	8020	2	2

Esophagus (including GE junction) Squamous

Primary Site	Histology	Schema Discriminator 1	Schema Discriminator 2
C150-C155, C158-C159	8050-8054, 8070, 8074, 8077, 8083, 8560		
C160	8050-8054, 8070, 8074, 8077, 8083, 8560	2	
C150-C155, C158-C159	8020		1, 9
C160	8020	2	1, 9

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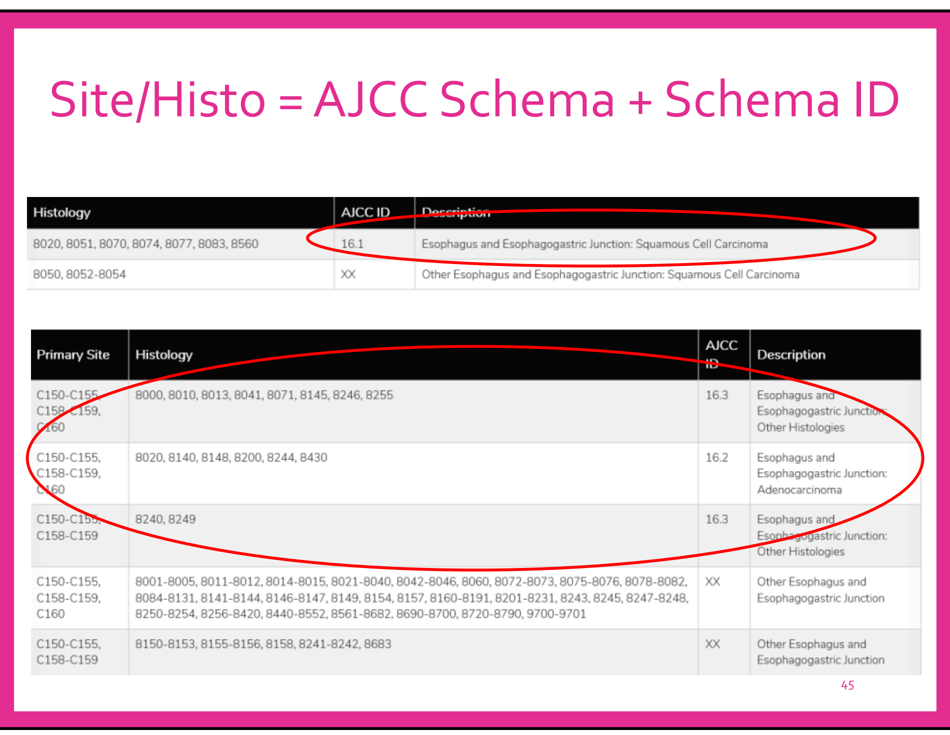

Site/Histo = AJCC Schema + Schema ID

Histology	AJCC ID	Description
8020, 8051, 8070, 8074, 8077, 8083, 8560	16.1	Esophagus and Esophagogastric Junction: Squamous Cell Carcinoma
8050, 8052-8054	XX	Other Esophagus and Esophagogastric Junction: Squamous Cell Carcinoma

Primary Site	Histology	AJCC ID	Description
C150-C155, C158-C159, C160	8000, 8010, 8013, 8041, 8071, 8145, 8246, 8255	16.3	Esophagus and Esophagogastric Junction: Other Histologies
C150-C155, C158-C159, C160	8020, 8140, 8148, 8200, 8244, 8430	16.2	Esophagus and Esophagogastric Junction: Adenocarcinoma
C150-C155, C158-C159	8240, 8249	16.3	Esophagus and Esophagogastric Junction: Other Histologies
C150-C155, C158-C159, C160	8001-8005, 8011-8012, 8014-8015, 8021-8040, 8042-8046, 8060, 8072-8073, 8075-8076, 8078-8082, 8084-8131, 8141-8144, 8146-8147, 8149, 8154, 8157, 8160-8191, 8201-8231, 8243, 8245, 8247-8248, 8250-8254, 8256-8420, 8440-8552, 8561-8682, 8690-8700, 8720-8790, 9700-9701	XX	Other Esophagus and Esophagogastric Junction
C150-C155, C158-C159	8150-8153, 8155-8156, 8158, 8241-8242, 8683	XX	Other Esophagus and Esophagogastric Junction

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You May Need a Schema Discriminator to get to the Correct Schema ID

- Schema Discriminators – used when primary site and/or histology are not enough to identify the best schema – more info required
- Most Chapters that require a Schema Discriminator need only one.
- Schema Discriminators are used to define both Schema ID and AJCC ID with the appropriate AJCC 8th ed. or SS2018 Chapter & staging algorithm.
- Schema Discriminators do not have a "not applicable" or "default" code. If the schema discriminator is needed for some sites or histologies within the schema but not for all, it should be left blank where it is not necessary.

The following are Schema Discriminator 1

- Schema Discriminator 1: BileDuctsDistal/BileDuctsPerihilar/CysticDuct
- Schema Discriminator 1: EsophagusGEJunction (EGJ)/Stomach
- Schema Discriminator 1 (Histology Discriminator for 9591/3)
- Schema Discriminator 1: Lacrimal Gland/Sac
- Schema Discriminator 1: Melanoma Ciliary Body/Melanoma Iris
- Schema Discriminator 1: Nasopharynx/Pharyngeal Tonsil
- Schema Discriminator 1: Occult Head and Neck Lymph Nodes
- Schema Discriminator 1: Plasma Cell Myeloma Terminology
- Schema Discriminator 1: Primary Peritoneum Tumor
- Schema Discriminator 1: Thyroid Gland/Thyroglossal Duct
- Schema Discriminator 1: Urethra/Prostatic Urethra

The following are Schema Discriminator 2

- Schema Discriminator 2: Histology Discriminator for 8020/3
- Schema Discriminator 2: Oropharyngeal p16

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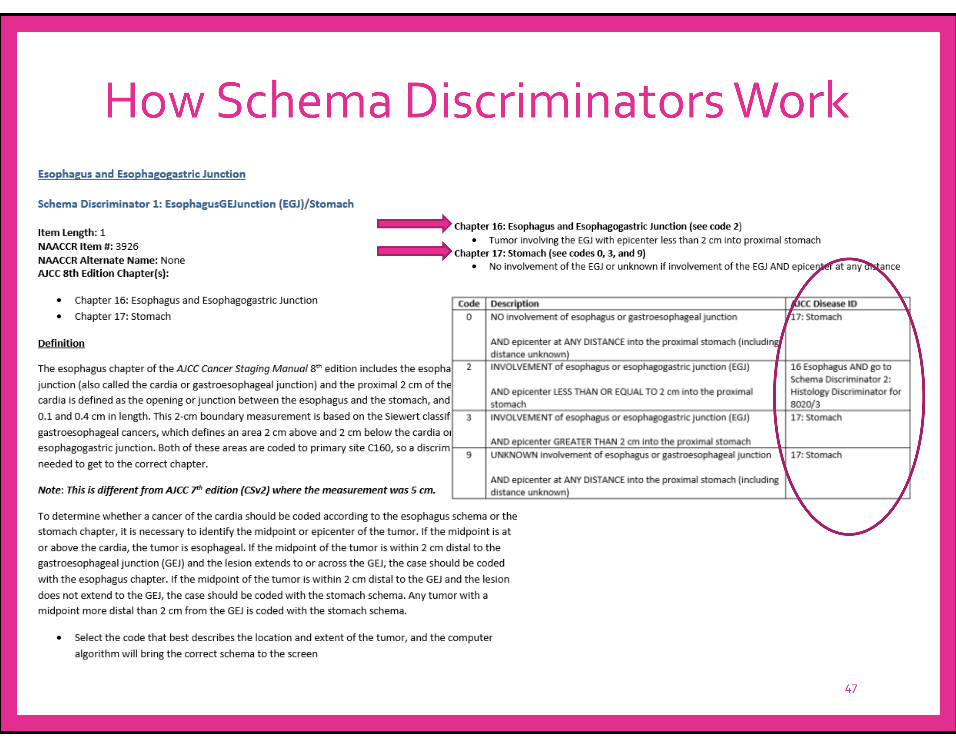
How Schema Discriminators Work
Esophagus and Esophagogastric Junction
Schema Discriminator 1: EsophagusGEJunction (EGJ)/Stomach
Item Length: 1
NAACCR Item #: 3926
NAACCR Alternate Name: None
AJCC 8th Edition Chapter(s):
Chapter 16: Esophagus and Esophagogastric Junction
Chapter 17: Stomach
Chapter 16: Esophagus and Esophagogastric Junction (see code 2)
Tumor involving the EGJ with epicenter less than 2 cm into proximal stomach
Chapter 17: Stomach (see codes 0, 3, and 9)
No involvement of the EGJ or unknown if involvement of the EGJ AND epicenter at any distance
Definition
The esophagus chapter of the AJCC Cancer Staging Manual 8th edition includes the esopha junction (also called the cardia or gastroesophageal junction) and the proximal 2 cm of the cardia is defined as the opening or junction between the esophagus and the stomach, and 0.1 and 0.4 cm in length. This 2-cm boundary measurement is based on the Siewert classif gastroesophageal cancers, which defines an area 2 cm above and 2 cm below the cardia o esophagogastric junction. Both of these areas are coded to primary site C160, so a discrim needed to get to the correct chapter.
Note: This is different from AJCC 7th edition (CSv2) where the measurement was 5 cm.
To determine whether a cancer of the cardia should be coded according to the esophagus schema or the stomach chapter, it is necessary to identify the midpoint or epicenter of the tumor. If the midpoint is at or above the cardia, the tumor is esophageal. If the midpoint of the tumor is within 2 cm distal to the gastroesophageal junction (GEJ) and the lesion extends to or across the GEJ, the case should be coded with the esophagus chapter. If the midpoint of the tumor is within 2 cm distal to the GEJ and the lesion does not extend to the GEJ, the case should be coded with the stomach schema. Any tumor with a midpoint more distal than 2 cm from the GEJ is coded with the stomach schema.
Select the code that best describes the location and extent of the tumor, and the computer algorithm will bring the correct schema to the screen
Code | Description | AJCC Disease ID
0 | NO involvement of esophagus or gastroesophageal junction AND epicenter at ANY DISTANCE into the proximal stomach (including distance unknown) | 17: Stomach
2 | INVOLVEMENT of esophagus or esophagogastric junction (EGJ) AND epicenter LESS THAN OR EQUAL TO 2 cm into the proximal stomach | 16 Esophagus AND go to Schema Discriminator 2: Histology Discriminator for 8020/3
3 | INVOLVEMENT of esophagus or esophagogastric junction (EGJ) AND epicenter GREATER THAN 2 cm into the proximal stomach | 17: Stomach
9 | UNKNOWN involvement of esophagus or gastroesophageal junction AND epicenter at ANY DISTANCE into the proximal stomach (including distance unknown) | 17: Stomach
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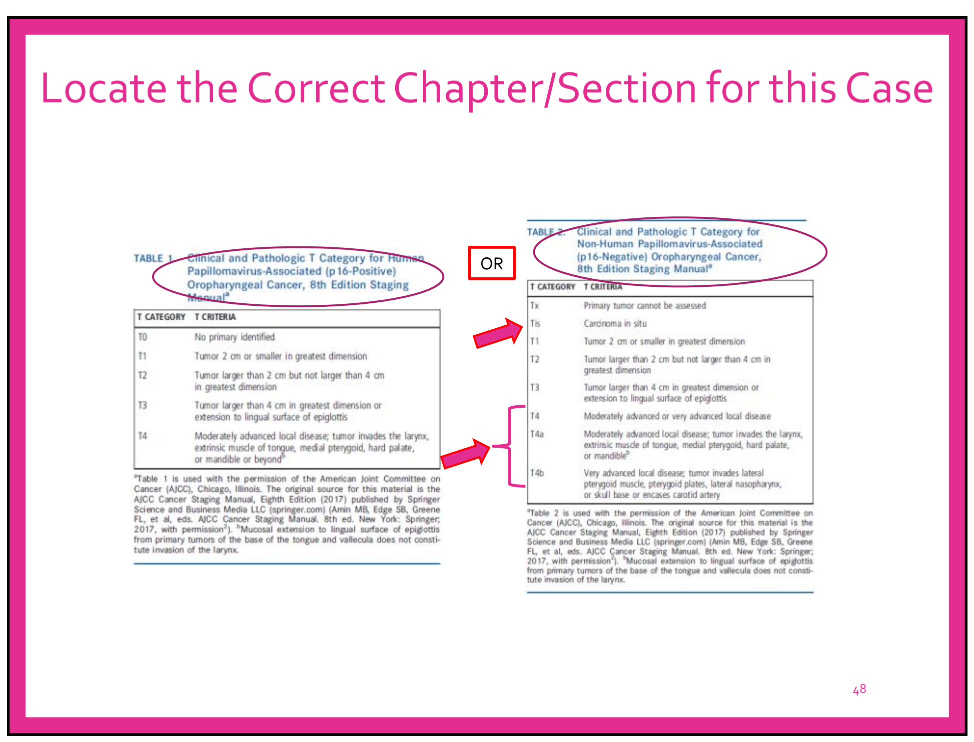
Locate the Correct Chapter/Section for this Case
TABLE 1 Clinical and Pathologic T Category for Human Papillomavirus-Associated (p16-Positive) Oropharyngeal Cancer, 8th Edition Staging Manual
T CATEGORY | T CRITERIA
T0 | No primary identified
T1 | Tumor 2 cm or smaller in greatest dimension
T2 | Tumor larger than 2 cm but not larger than 4 cm in greatest dimension
T3 | Tumor larger than 4 cm in greatest dimension or extension to lingual surface of epiglottis
T4 | Moderately advanced local disease; tumor invades the larynx, extrinsic muscle of tongue, medial pterygoid, hard palate, or mandible or beyond
OR
TABLE 2 Clinical and Pathologic T Category for Non-Human Papillomavirus-Associated (p16-Negative) Oropharyngeal Cancer, 8th Edition Staging Manual
T CATEGORY | T CRITERIA
Tx | Primary tumor cannot be assessed
Tis | Carcinoma in situ
T1 | Tumor 2 cm or smaller in greatest dimension
T2 | Tumor larger than 2 cm but not larger than 4 cm in greatest dimension
T3 | Tumor larger than 4 cm in greatest dimension or extension to lingual surface of epiglottis
T4 | Moderately advanced or very advanced local disease
T4a | Moderately advanced local disease; tumor invades the larynx, extrinsic muscle of tongue, medial pterygoid, hard palate, or mandible
T4b | Very advanced local disease; tumor invades lateral pterygoid muscle, pterygoid plates, lateral nasopharynx, or skull base or encases carotid artery
48

Review Clinical & Pathological Criteria for this Chapter – Does Case Meet Criteria?

- Rules for Classification - Urinary Bladder
  - **Clinical Classification** – "Primary tumor assessment includes cytoscopic assessment, bimanual examination before and after endoscopic surgery (biopsy o transurethral resection), radiographic evaluation, and histologic verification of the presence or absence of tumor when indicated. All factors are important in determining a clinical stage of disease. **Despite optimal evaluation, clinical under-staging and over-staging remains a concern**...*(continued)*..."
  - **Imaging** – "Imaging is recommended to stage and characterize most newly diagnosed bladder cancer. Published guidelines recommend pelvic and upper-tract evaluations for all patients with higher risk bladder tumors. As most patients with bladder cancer present with hematuria, imaging evaluation of the upper urinary tract using CT or MRI urography is recommended....Imaging plays a complementary role to deep biopsy in local staging of bladder cancer...*(continued)*..."
  - **Pathological Classification** – "Pathological staging is performed on partial cystectomy and radical cystectomy specimens and is based on both gross and microscopic assessment....A pN status should be assessed regardless of the number of lymph nodes examined and irrespective of the laterality of the lymph nodes extracted. If no lymph nodes are evaluated, pNX status should be assigned...*(continued)*..."

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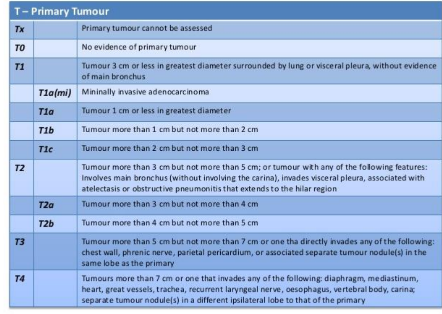
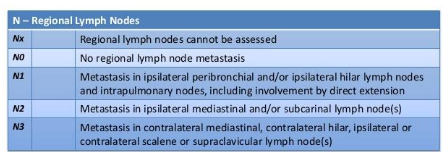
Determine the Best T, N, and M Category Code for Clinical and Pathological Stage



T – Primary Tumour		
Tx		Primary tumour cannot be assessed
T0		No evidence of primary tumour
T1		Tumour 3 cm or less in greatest diameter surrounded by lung or visceral pleura, without evidence of main bronchus
	T1a(mi)	Mininally invasive adenocarcinoma
	T1a	Tumour 1 cm or less in greatest diameter
	T1b	Tumour more than 1 cm but not more than 2 cm
	T1c	Tumour more than 2 cm but not more than 3 cm
T2		Tumour more than 3 cm but not more than 5 cm; or tumour with any of the following features: Involves main bronchus (without involving the carina), invades visceral pleura, associated with atelectasis or obstructive pneumonitis that extends to the hilar region
	T2a	Tumour more than 3 cm but not more than 4 cm
	T2b	Tumour more than 4 cm but not more than 5 cm
T3		Tumour more than 5 cm but not more than 7 cm or one tha directly invades any of the following: chest wall, phrenic nerve, parietal pericardium, or associated separate tumour nodule(s) in the same lobe as the primary
T4		Tumours more than 7 cm or one that invades any of the following: diaphragm, mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, oesophagus, vertebral body, carina; separate tumour nodule(s) in a different ipsilateral lobe to that of the primary

International Association for the Study of Lung Cancer, 2015



N – Regional Lymph Nodes		
Nx		Regional lymph nodes cannot be assessed
N0		No regional lymph node metastasis
N1		Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes and intrapulmonary nodes, including involvement by direct extension
N2		Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)
N3		Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene or supraclavicular lymph node(s)

M – Distant Metastasis		
M0		No distant metastasis
M1		Distant metastasis
	M1a	Separate tumour nodule(s) in a contralateral lobe; tumour with pleural or pericardial nodules or malignant pleural or pericardial effusion
	M1b	Single extrathoracic metastasis in a single organ
	M1c	Multiple extrathoracic metastases in one or several organs

International Association for the Study of Lung Cancer, 2015

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Did the Patient Receive NeoAdjuvant Tx?

- Isn't 'yp' stage the same as pathological staging? NO – measures response to TX
- What is Neoadjuvant Treatment? What is Intent of this Treatment?
- Does any treatment given before surgery qualify as neoadjuvant?
- What are exceptions to treatment given before surgery that is not neoadjuvant?
- What about treatment given for late stage cancer – can this be neoadjuvant?
- What about hormone therapy given before prostate or breast surgery?
- What are common cancer conditions that qualify to receive neoadjuvant therapy?
  - Breast – large tumor, clinically positive nodes
  - Rectal – any tumor, any nodal status
  - Lung – early stage, tumor location and size, resectable or not, histology
- **DON'T FORGET TO CODE THE DESCRIPTOR FOR THESE CASES** – very important!!!

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Don't Forget the Required Site-Specific Data Items

58 Site-Specific Data Items – "Required for Staging"

C	3804	Adenopathy
C	3806	AFP Post-Orchiectomy Range
C	3808	AFP Pre-Orchiectomy Range
C	3809	AFP Pretreatment Interpretation
C	3811	Anemia
C	3812	B symptoms
C	3816	Brain Molecular Markers
C	3817	Breslow Tumor knThicess
C	3826	Estrogen Receptor Percent Positive or Range
C	3827	Estrogen Receptor Summary
C	3828	Estrogen Receptor Total Allred Score
C	3829	Esophagus and EGJ Tumor Epicenter
C	3835	Fibrosis Score
C	3837	Gestational Trophoblastic Prognostic Scoring Index
C	3838	Gleason Patterns Clinical
C	3839	Gleason Patterns Pathological
C	3840	Gleason Score Clinical
C	3841	Gleason Score Pathological
C	3842	Gleason Tertiary Pattern
C	3843	Grade Clinical
C	3844	Grade Pathological
C	3845	Grade Post Therapy
C	3847	hCG Post-orchiectomy Range
C	3849	hCG Pre-orchiectomy Range
C	3855	HER2 Overall Summary
C	3856	Heritable Trait
C	3857	High Risk Cytogenetics
C	3865	KIT Gene Immunohistochemistry
C	3867	LDH Post-Orchiectomy Range

C	3868	LDH Pre-Orchiectomy Range
C	3869	LDH Pretreatment Level
C	3870	LDH Upper Limits of Normal
C	3882	LN Positive Axillary Level I-II
C	3883	LN Size
C	3885	Lymphocytosis
C	3887	Measured Basal Diameter
C	3888	Measured Thickness
C	3890	Microsatellite Instability (MSI)
C	3895	Multigene Signature Results
C	3904	Oncotype Dx Recurrence Score-Invasive
C	3906	Oncotype Dx Risk Level-Invasive
C	3907	Organomegaly
C	3910	Peripheral Blood Involvement
C	3911	Peritoneal Cytology
C	3914	Progesterone Receptor Percent Positive or Range
C	3915	Progesterone Receptor Summary
C	3916	Progesterone Receptor Total Allred Score
C	3917	Primary Sclerosing Cholangitis
C	3920	PSA (Prostatic Specific Antigen) Lab Value
C	3923	S Category Clinical
C	3924	S Category Pathological
C	3926	Schema Discriminator 1
C	3927	Schema Discriminator 2
C	3928	Schema Discriminator 3
C	3930	Serum Albumin Pretreatment Level
C	3931	Serum Beta-2 Microglobulin Pretreatment Level
C	3932	LDH Pretreatment Lab Value
C	3933	Thrombocytopenia

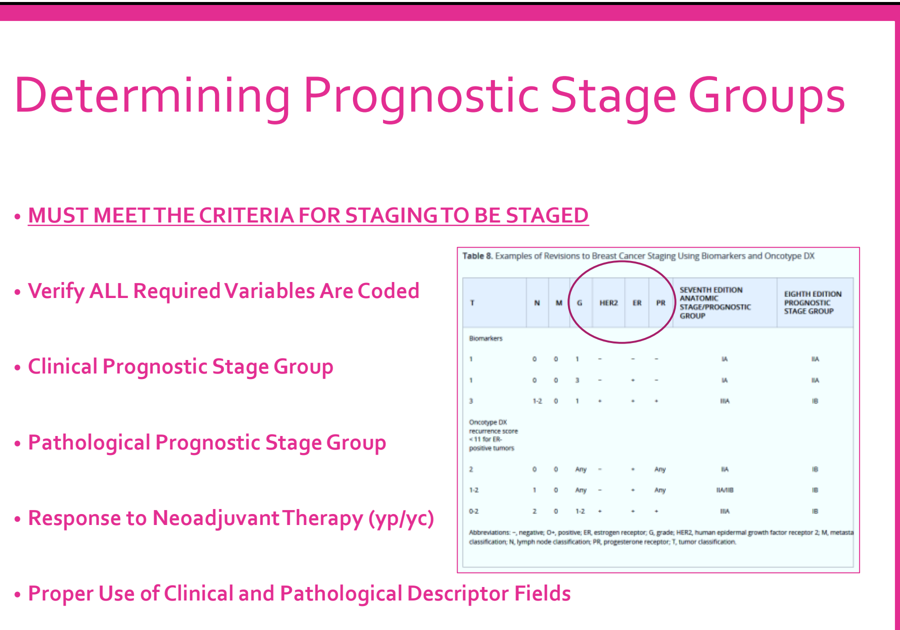
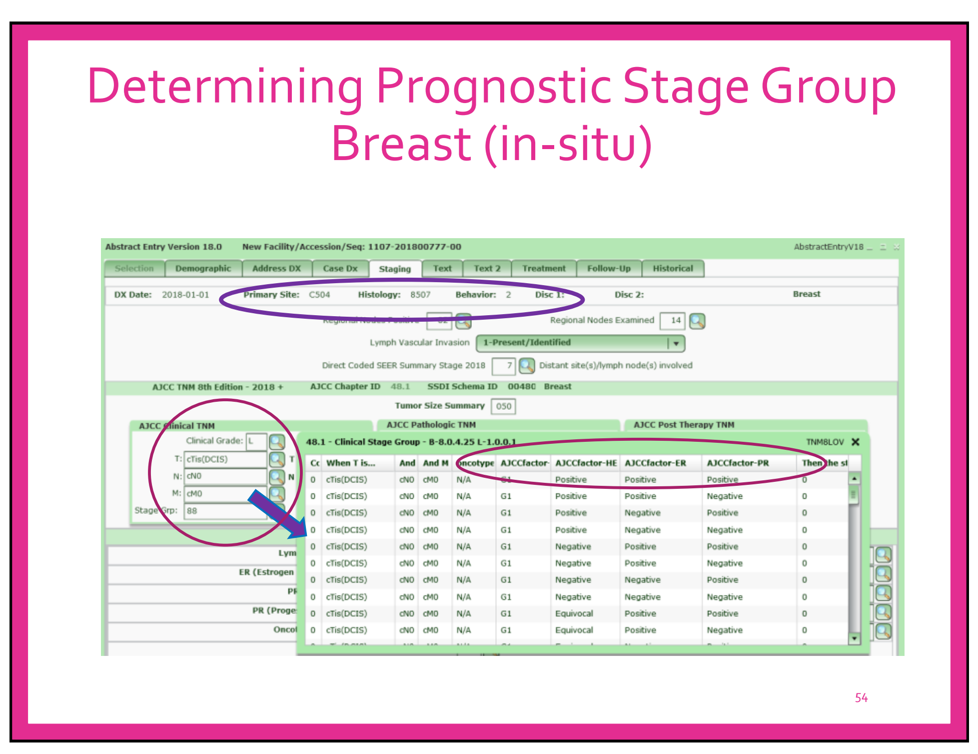


Table 8. Examples of Revisions to Breast Cancer Staging Using Biomarkers and Oncotype DX

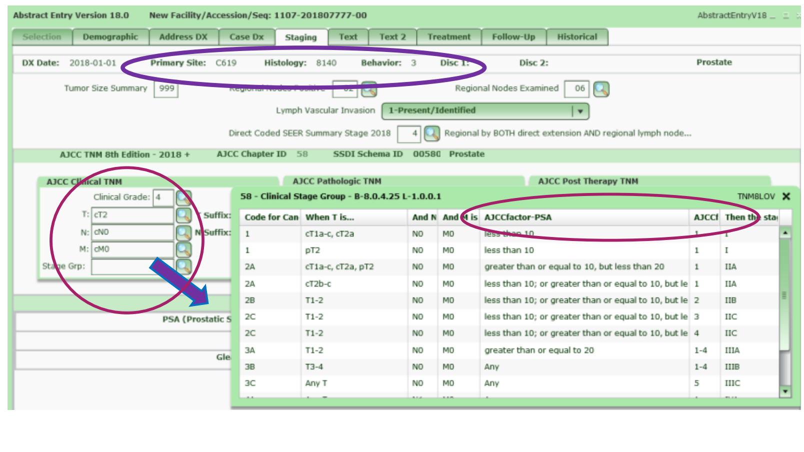
T	N	M	G	HER2	ER	PR	SEVENTH EDITION ANATOMIC STAGE/PROGNOSTIC GROUP	EIGHTH EDITION PROGNOSTIC STAGE GROUP
Biomarkers								
1	0	0	1	–	–	–	IA	IIA
1	0	0	3	–	+	–	IA	IIA
3	1-2	0	1	+	+	+	IIIA	IB
Oncotype DX recurrence score < 11 for ER-positive tumors								
2	0	0	Any	–	+	Any	IIA	IB
1-2	1	0	Any	–	+	Any	IIA/IIB	IB
0-2	2	0	1-2	+	+	+	IIIA	IB

Abbreviations: –, negative; O+, positive; ER, estrogen receptor; G, grade; HER2, human epidermal growth factor receptor 2; M, metasta classification; N, lymph node classification; PR, progesterone receptor; T, tumor classification.



Cc	When T is...	And	And M	ncotype	AJCCfactor-	AJCCfactor-HE	AJCCfactor-ER	AJCCfactor-PR	Then the st
0	cTis(DCIS)	cN0	cM0	N/A	G1	Positive	Positive	Positive	0
0	cTis(DCIS)	cN0	cM0	N/A	G1	Positive	Positive	Negative	0
0	cTis(DCIS)	cN0	cM0	N/A	G1	Positive	Negative	Positive	0
0	cTis(DCIS)	cN0	cM0	N/A	G1	Positive	Negative	Negative	0
0	cTis(DCIS)	cN0	cM0	N/A	G1	Negative	Positive	Positive	0
0	cTis(DCIS)	cN0	cM0	N/A	G1	Negative	Positive	Negative	0
0	cTis(DCIS)	cN0	cM0	N/A	G1	Negative	Negative	Positive	0
0	cTis(DCIS)	cN0	cM0	N/A	G1	Negative	Negative	Negative	0
0	cTis(DCIS)	cN0	cM0	N/A	G1	Equivocal	Positive	Positive	0
0	cTis(DCIS)	cN0	cM0	N/A	G1	Equivocal	Positive	Negative	0

Determining Prognostic Stage Group Prostate



Code for Can	When T is...	And N	And M is	AJCCfactor-PSA	AJCCf	Then the sta
1	cT1a-c, cT2a	N0	M0	less than 10	1	I
1	pT2	N0	M0	less than 10	1	I
2A	cT1a-c, cT2a, pT2	N0	M0	greater than or equal to 10, but less than 20	1	IIA
2A	cT2b-c	N0	M0	less than 10; or greater than or equal to 10, but le	1	IIA
2B	T1-2	N0	M0	less than 10; or greater than or equal to 10, but le	2	IIB
2C	T1-2	N0	M0	less than 10; or greater than or equal to 10, but le	3	IIC
2C	T1-2	N0	M0	less than 10; or greater than or equal to 10, but le	4	IIC
3A	T1-2	N0	M0	greater than or equal to 20	1-4	IIIA
3B	T3-4	N0	M0	Any	1-4	IIIB
3C	Any T	N0	M0	Any	5	IIIC

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Common Problems You Might See

- No T, N, M Provided in DLL – cannot stage case
- No Stage Group Provided by AJCC for this Site/Histo
- No T, N, or M Allowed – but Stage Group is Required
- T, N, M Provided – No Stage Group for this T, N, M
- AJCC Requires Stage Group = blank
- EDITS Does Not Allow Stage Group = blank
- DLL Will Not Return a Stage Group – Error Message
- DLL Points to Wrong TNM Chapter – Bad Site/Histo
- '88' versus '99' for 'not applicable' versus 'unstaged'
- SSDI *xyz* not available - Required to Assign Stage Group
- SSDI *value* indicates a Different Stage Group

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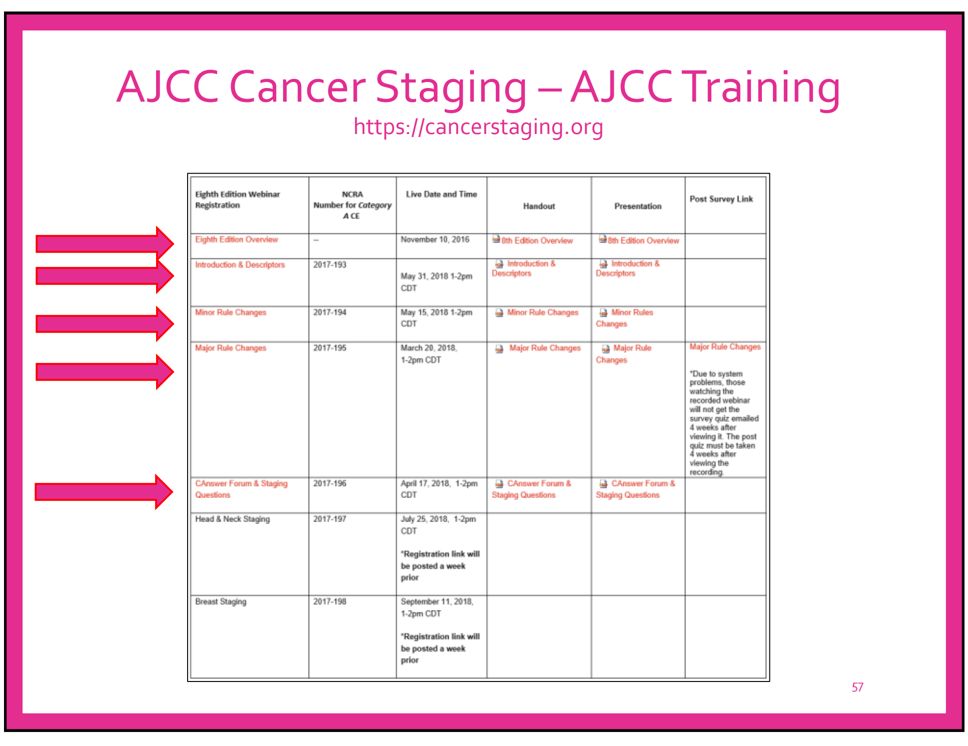
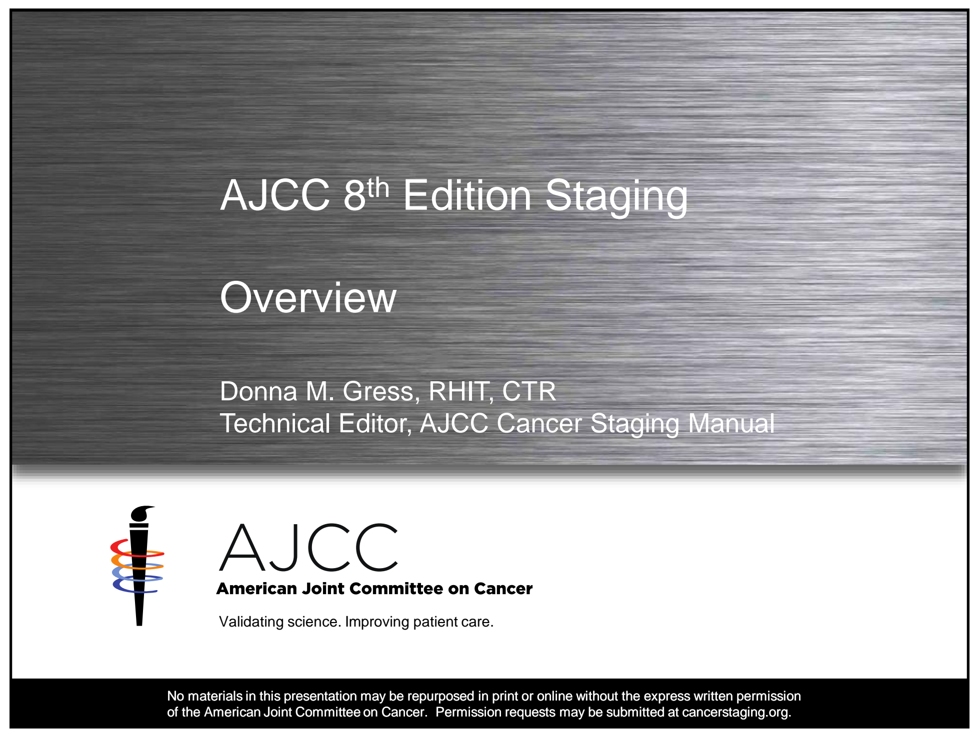
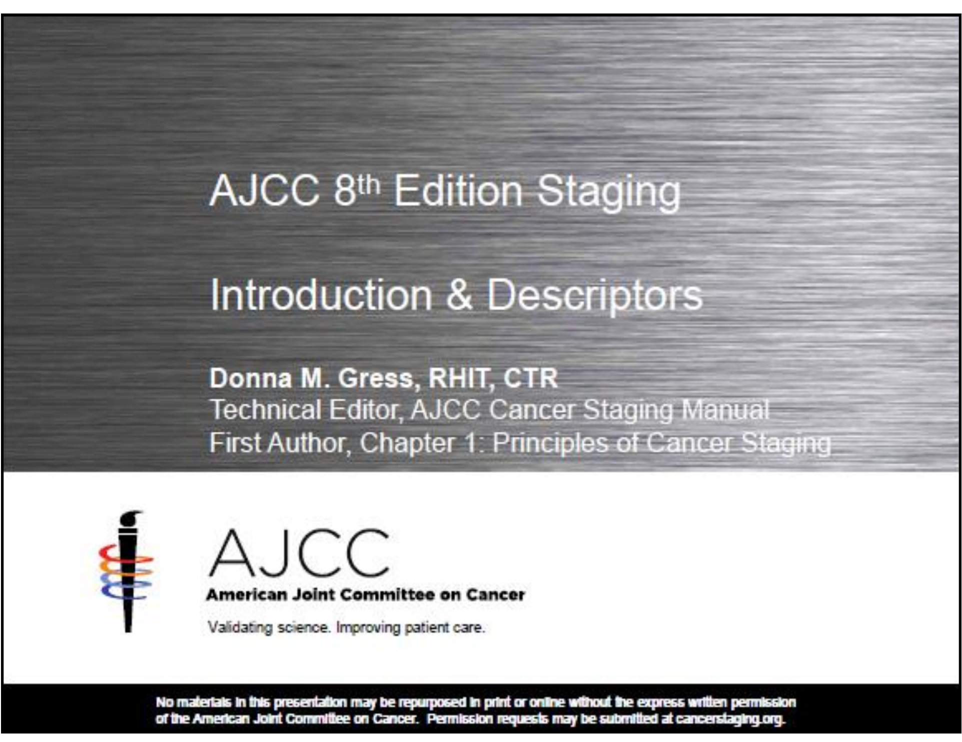


Eighth Edition Webinar Registration	NCRA Number for *Category A* CE	Live Date and Time	Handout	Presentation	Post Survey Link
Eighth Edition Overview	--	November 10, 2016	8th Edition Overview	8th Edition Overview	
Introduction & Descriptors	2017-193	May 31, 2018 1-2pm CDT	Introduction & Descriptors	Introduction & Descriptors	
Minor Rule Changes	2017-194	May 15, 2018 1-2pm CDT	Minor Rule Changes	Minor Rules Changes	
Major Rule Changes	2017-195	March 20, 2018, 1-2pm CDT	Major Rule Changes	Major Rule Changes	Major Rule Changes *Due to system problems, those watching the recorded webinar will not get the survey quiz emailed 4 weeks after viewing it. The post quiz must be taken 4 weeks after viewing the recording.
CAnswer Forum & Staging Questions	2017-196	April 17, 2018, 1-2pm CDT	CAnswer Forum & Staging Questions	CAnswer Forum & Staging Questions	
Head & Neck Staging	2017-197	July 25, 2018, 1-2pm CDT ***Registration link will be posted a week prior**			
Breast Staging	2017-198	September 11, 2018, 1-2pm CDT ***Registration link will be posted a week prior**			

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Donna M. Gress, RHIT, CTR
Technical Editor, AJCC Cancer Staging Manual
First Author, Chapter 1: Principles of Cancer Staging
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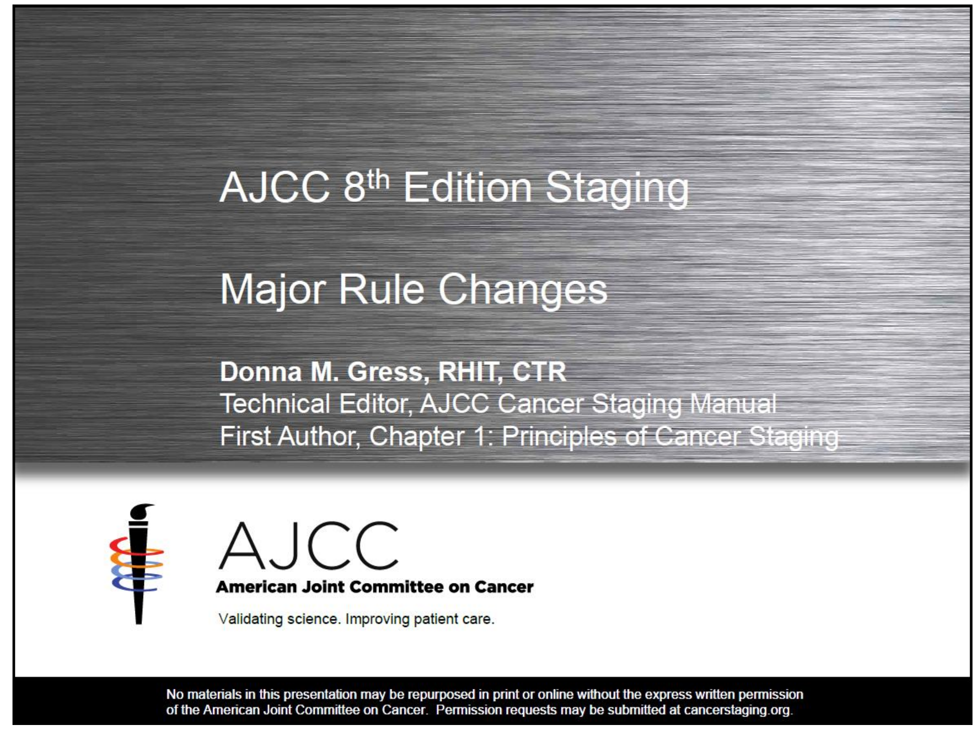
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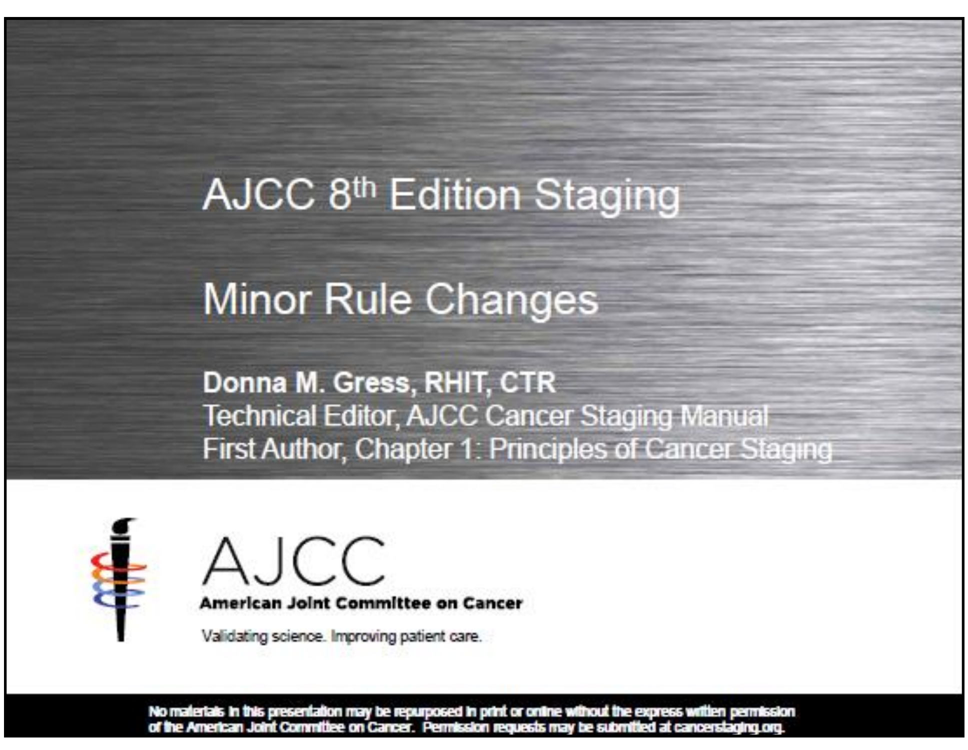
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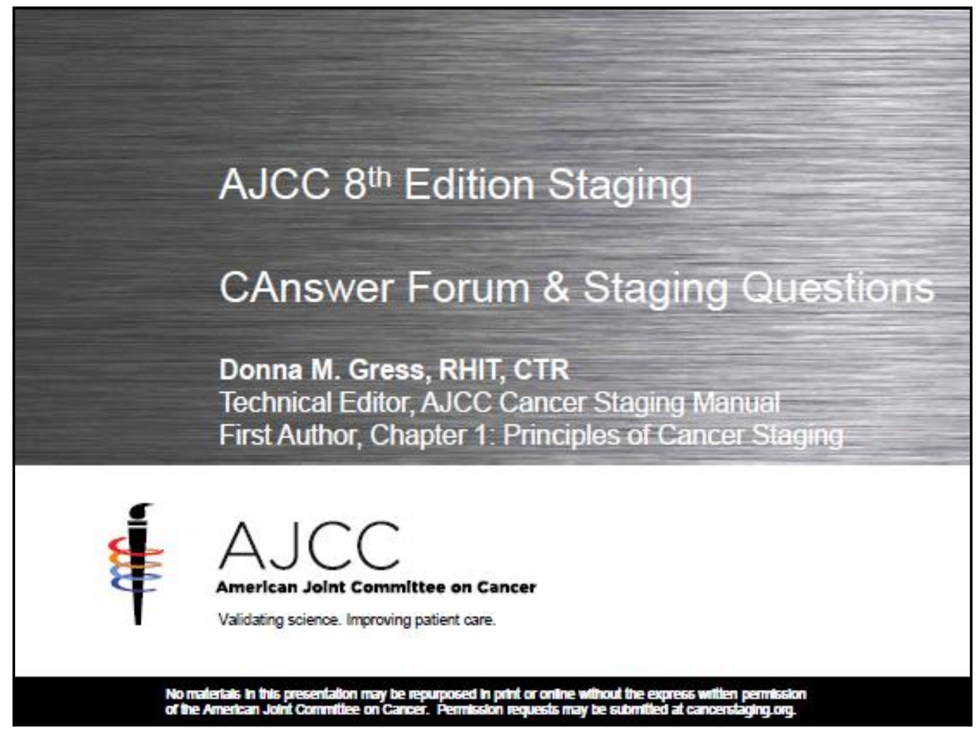
AJCC 8th Edition Staging
CAnswer Forum & Staging Questions
Donna M. Gress, RHIT, CTR
Technical Editor, AJCC Cancer Staging Manual
First Author, Chapter 1: Principles of Cancer Staging
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Recommended Training

Date	Topic	Sponsor
11/10/2016	Eighth Edition Overview	AJCC/NPCR
5/31/2017	Introduction & Descriptors	AJCC/NPCR
5/15/2018	Minor Rule Changes	AJCC/NPCR
3/20/2018	Major Rule Changes	AJCC/NPCR
4/17/2018	CAnswer Forum & Staging Questions	AJCC/NPCR
5/1/2018	Grade	NAACCR
5/16/2018	Radiation Treatment	NAACCR
6/18/2018 (tentative)	2018 Solid Tumor MPH Manual	NAACCR/SEER
6/25/2018 (tentative)	2018 Heme Database	NAACCR/SEER
7/9/2018 (tentative)	2018 ICD-O-3	NAACCR/SEER
7/16/2018 (tentative)	SEER Summary Stage 2018	NAACCR/SEER
8/2/2018	MPH Rules	NAACCR/SEER
8/6/2018	EDITSv18 Metafile Overview	NAACCR
8/13/2018	SSDIs In-Depth	NAACCR/SEER
9/11/2018	Breast Staging	AJCC/NPCR

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NAACCR/AJCC/NPCR/SEER/NCRA

FCDS Will Not Specifically Teach Any of The 2018 Topics

FCDS Will Reinforce 2018 Topics Via Site-Specific Topics

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2018-2019 FCDS Webcast Schedule

FCDS Will Reinforce 2018 Topics Via Site-Specific Topics

Date	Time Schedule 3rd Thursday	Presentation Title
8/16/2018	1:00pm – 3:00pm	**Convention Brief: 2018 FCDS Annual Meeting Highlights**
9/20/2018	1:00pm – 3:00pm	**Lung:** Background, Anatomy, Signs and Symptoms, ICD-O-3 Updates for Lung, 2018 MP/H Rules, 2018 Grade Coding, Staging (SS2018 & AJCC TNM 8th ed), Site Specific Data Items) and Treatment Codes (Radiation)
10/18/2018	1:00pm – 3:00pm	**Colon (incl. Appendix) and Rectum:** Background, Anatomy, Signs and Symptoms, ICD-O-3 Updates for Colon, 2018 MP/H Rules, 2018 Grade Coding, Staging (SS2018 & AJCC TNM 8th ed), Site Specific Data Items) and Treatment Codes (Radiation)
11/15/2018	1:00pm – 3:00pm	**Breast:** Background, Anatomy, Signs and Symptoms, ICD-O-3 Updates for Breast, 2018 MP/H Rules, 2018 Grade Coding, Staging (SS2018 & AJCC TNM 8th ed), Site Specific Data Items) and Treatment Codes (Radiation)
12/13/2018	1:00pm – 3:00pm	**Thyroid:** Background, Anatomy, Signs and Symptoms, ICD-O-3 Updates for Thyroid, 2018 MP/H Rules, 2018 Grade Coding, Staging (SS2018 & AJCC TNM 8th ed), Site Specific Data Items) and Treatment Codes (Radiation)
1/17/2019	1:00pm – 3:00pm	**Urinary System:** Background, Anatomy, Signs and Symptoms, ICD-O-3 Updates for Urinary System, 2018 MP/H Rules, 2018 Grade Coding, Staging (SS2018 & AJCC TNM 8th ed), Site Specific Data Items) and Treatment Codes (Radiation)
2/21/2019	1:00pm – 3:00pm	**Brain (benign/borderline/malignant):** Background, Anatomy, Signs and Symptoms, ICD-O-3 Updates for Brain (any behavior), 2018 MP/H Rules, 2018 Grade Coding, Staging (SS2018 & AJCC TNM 8th ed), Site Specific Data Items) and Treatment Codes (Radiation)

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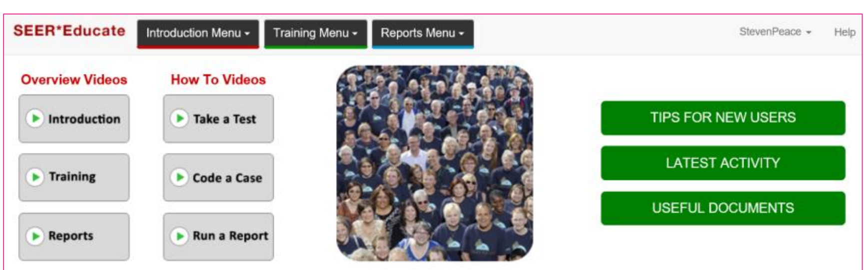
Practice Cases



AJCC TNM 8th Edition Coding Modules

In response to inquiries regarding the availability of AJCC 8th Edition TNM practice coding materials, NCI SEER provided the following response:

NCI SEER was granted a license to use the AJCC 8th Edition licensed content; however, limitations were specified. As part of the licensing agreement, AJCC required that NCI SEER not use AJCC Cancer Staging Manual content for the SEER*Educate project. Effectively, this means that SEER*Educate cannot make available any training modules on AJCC 8th Edition.

SEER*Educate has released training materials on two alternative staging systems: Extent of Disease 2018 and Summary Stage 2018. Hospitals reporting to SEER central registries will be required to collect Extent of Disease 2018 and Summary Stage 2018. All other central registries will require the collection of Summary Stage 2018; some may require Extent of Disease 2018 as well.

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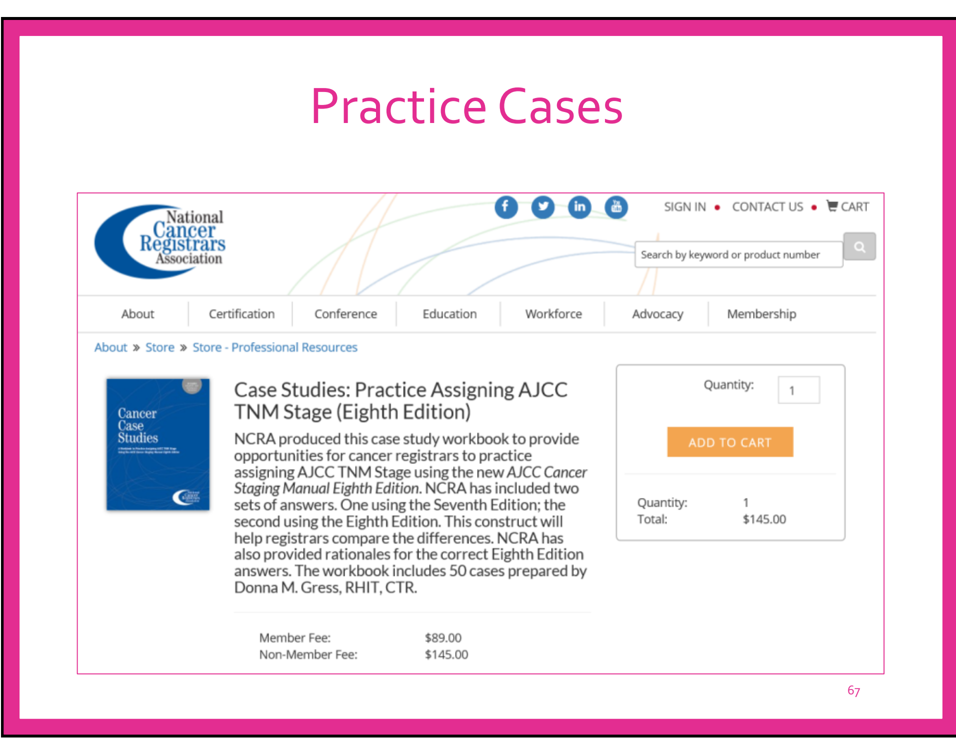
Practice Cases
National Cancer Registrars Association
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Education
Workforce
Advocacy
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Cancer Case Studies
Case Studies: Practice Assigning AJCC TNM Stage (Eighth Edition)
NCRA produced this case study workbook to provide opportunities for cancer registrars to practice assigning AJCC TNM Stage using the new AJCC Cancer Staging Manual Eighth Edition. NCRA has included two sets of answers. One using the Seventh Edition; the second using the Eighth Edition. This construct will help registrars compare the differences. NCRA has also provided rationales for the correct Eighth Edition answers. The workbook includes 50 cases prepared by Donna M. Gress, RHIT, CTR.
Member Fee: $89.00
Non-Member Fee: $145.00
Quantity: 1
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Quantity: 1
Total: $145.00
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Helpful Information
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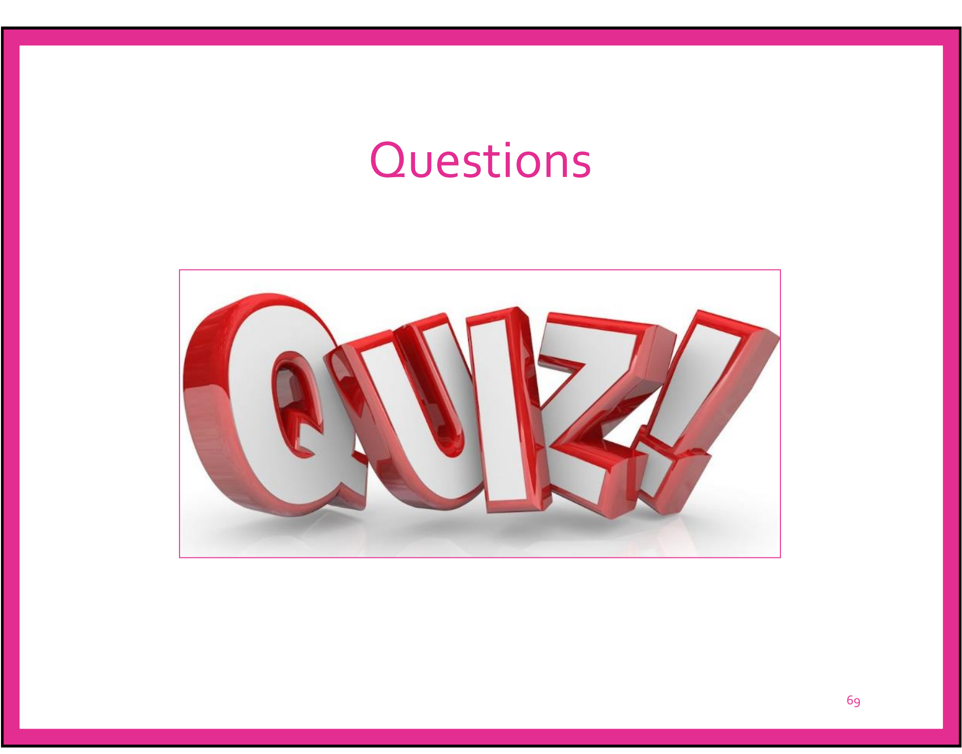
Questions
QUIZ!
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