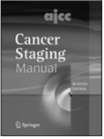


2016 AJCC TNM & Cancer Stage Review

2016-2017 FCDS WEBCAST SERIES
 SEPTEMBER 15, 2016
 Steven Peace, CTR


AJCC Cancer Staging Instruction for Registrars
<https://cancerstaging.org/CSE/Registrars/>



CDC & Florida DOH Attribution

We acknowledge the Centers for Disease Control and Prevention, for its support of the Florida Cancer Data System, and the printing and distribution of the materials for the 2015-2016 FCDS Webcast Series under cooperative agreement DP003872-03 awarded to the Florida Department of Health. The findings and conclusions in this series are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

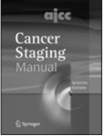
FCDS would also like to acknowledge the Florida Department of Health for its support of the Florida Cancer Data System, including the development, printing and distribution of materials for the 2015-2016 FCDS Webcast Series under state contract CODJU. The findings and conclusions in this series are those of the author(s) and do not necessarily represent the official position of the Florida Department of Health.



A special thanks and acknowledgement to the staff at the AJCC for providing slides with critical content used in this presentation and available in full on the AJCC website
www.cancerstaging.org

Outline

- ▶ Introduction to AJCC Cancer Staging
- ▶ AJCC Cancer Staging Manual - Purchase and Ordering Information
- ▶ AJCC Cancer Staging Manual - Organization, Chapter Outline, Contents
- ▶ Using the AJCC Cancer Staging Manual
- ▶ 2016 Coding Instruction Updates
- ▶ 2016 Category Code Updates
- ▶ Ambiguous Terminology Clarification
- ▶ Correct Use of "X", "<blank>", "88" and "99"
- ▶ AJCC Stage/Prognostic Group
- ▶ 2016 AJCC TNM Edits
- ▶ AJCC Curriculum for Registrars
- ▶ AJCC Disease Site Webinars
- ▶ AJCC Cancer Staging Manual, 8th edition
- ▶ Staging References and Resources
- ▶ Questions



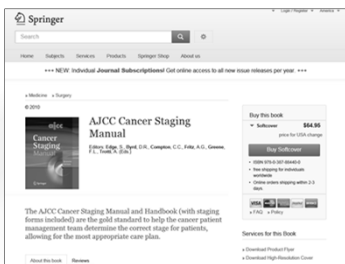
Introduction

- ▶ The AJCC Cancer Staging System is an "anatomic staging system"
- ▶ The AJCC Cancer Staging Manual, Handbook and Staging Atlas, prepared by the American Joint Committee on Cancer, are used by physicians, cancer registries, and other allied health care professionals throughout the world to facilitate the uniform description and reporting of cancer staging for most neoplastic diseases.
- ▶ Proper classification and staging is essential for physicians to assign proper treatment, evaluate results of management and clinical trials, and to serve as the standard for local, regional and international reporting on cancer incidence and outcomes.
- ▶ As knowledge of cancer biology expands, cancer staging must incorporate these advances. This is why the non-anatomic prognostic factors were added in 2010.
- ▶ The Seventh Edition of the AJCC Cancer Staging Manual brings together all the currently available information on staging of cancer at various anatomic sites and incorporates newly acquired knowledge on the etiology and pathology of cancer...supplemented by selected molecular markers

Introduction

Edition	Publication Year	Effective Dates
1	1977	1978-1983
2	1983	1984-1988
3	1988	1989-1992
4	1992	1993-1997
5	1997	1998-2002
6	2002	2003-2009
7	2009	2010-2016
8	2016	2017-

Purchase and Ordering Information



<http://www.springer.com/us/book/9780387884400>

- **AJCC Cancer Staging Manual – 7th edition, 2010**
- **COST: \$64.95**
- **ISBN: 978-0-387-88440-0**
- **Required - Florida Mandate**
 - FCDS will not purchase
 - Facility may purchase
 - Individual may purchase
- **Also Required to Purchase 8th Edition in 2016-2017**
- <https://cancerstaging.org>
- <http://springer.com>
- 1-800-SPRINGER

AJCC Staging Manual Organization

- ▶ Part I – Chapter 1 – Purposes and Principles of Cancer Staging
- ▶ Part I – Chapter 2 – Cancer Survival Analysis
- ▶ Parts II – XII are organized by Body System (digestive/GYN/GU/etc.)
- ▶ Each Body System (Part) includes 1 or more Site Chapters
- ▶ 57 Site Chapters Organized by Primary Site and/or Histologic Type
 - ▶ Chapters are grouped by Body System (digestive, urinary, etc.)
 - ▶ Chapters are organized by Disease Site (Primary Site)
 - ▶ Plus a few Histology-Based Chapters (melanoma, Merkel cell, etc.)
- ▶ Alphabetical Index
- ▶ CD-ROM with Printable Staging Forms

Chapter Outline and Contents

Staging at a Glance	Summary of anatomic stages/prognostic grouping
Changes in Staging	Table summarizing changes in staging from the 6 th edition
Introduction	Overview of factors affecting staging and outcome
Anatomic Considerations	<ul style="list-style-type: none"> o Primary Tumor o Regional lymph nodes o Metastatic sites
Rules for Classification	<ul style="list-style-type: none"> o Clinical o Pathologic
Prognostic Features	Identification and discussion of non-anatomic prognostic factors
Definitions of TNM	T: Primary tumor N: Regional lymph nodes M: Distant metastasis
Anatomic Stage Prognostic Groups	
Prognostic Factors (SSFs)	<ul style="list-style-type: none"> a. Required for staging b. Clinically significant
Grade	
Histopathologic Type	
Bibliography	
Staging Form	

AJCC Cancer Staging Manual, 7th ed. – Chapter 1, Table 1.10, p.14

Chapter Outline and Contents

ANATOMY

Primary Site. The retina is composed of neurons and glial cells. The precursors of the neuronal elements give rise to retinoblastomas, whereas the glial cells give rise to astrocytomas, which are benign and extremely rare in the retina. The retina is limited internally by a membrane that separates it from the vitreous cavity. Externally, it is limited by the retinal pigment epithelium (RPE) and Bruch's membrane, which separate it from the choroid and act as natural barriers to extension of retinal tumors into the choroid. The continuation of the retina with the optic nerve allows direct extension of retinoblastomas into the optic nerve and then to the subarachnoid space. Because the retina has no lymphatics, spread of retinal tumors is either by direct extension into adjacent structures or by distant metastasis through hematogenous routes.

Regional Lymph Nodes. Because there are no intraocular lymphatics, this category of staging applies only to anterior extracocular extension. The regional lymph nodes are preauricular (parotid), submandibular, and cervical.

Local Extension. Local extension anteriorly can result in soft tissue involvement of the face or a mass protruding from between the lids. Posterior extension results in retinoblastoma extending into the orbit, paranasal sinuses, and/or brain.

Metastatic Sites. Retinoblastoma can metastasize through hematogenous routes to various sites, most notably the bone marrow, skull, long bones, and brain.

RULES FOR CLASSIFICATION

Choroidal Invasion. The presence and the extent (focal vs. massive) of choroidal invasion by tumor should be stated. Differentiation should be made between true choroidal invasion and artifactual invasion due to seeding of fresh tumor

AJCC Cancer Staging Manual, 7th ed. – Chapter 52, Retinoblastoma, p.561

Neoplasms Not in the AJCC Manual

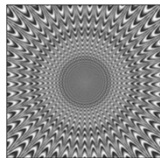
- ▶ When the primary site is not clear, not specified or unknown.
- ▶ AJCC staging of the cancer should be based on "reasonable clinical certainty" of a primary site identification. You cannot assign TNM to C80.9 or C76.* cases.
- ▶ When there is not "reasonable clinical certainty" indicating one primary site, then the AJCC staging should be "not applicable" (as for an unknown primary site).
- ▶ When a case is assigned a Primary Site Code of *body system, NOS* that would also include sub-sites such as *colon, NOS* versus *sigmoid colon* the case cannot be staged due to lack of specificity of tumor origin or degree of cancer spread from that NOS primary site at diagnosis, including regional lymph nodes.
- ▶ Exception: Histology-based chapters such as "Lymphoid Neoplasms"

Read the Chapter Introduction, Anatomy and Rules Before You Start

- ▶ These 3 sections are too often overlooked or skimmed. This is where most of your questions will be answered...not in the coding section.
- ▶ The Rules for Classification instruct you as to which diagnostic and staging tests, imaging, biopsy, sentinel or resected nodes, etc. can and should be used when assigning clinical or pathologic TNM.
- ▶ Sometimes the Cancer Staging Form and/or the AJCC Chapter includes anatomic drawings to help clarify local/regional anatomy.
- ▶ Always review the Prognostic Features as this will help you identify which laboratory tests, symptoms, or other factors are important for staging.

2016 TNM Coding Instruction Update

- ▶ A New Format and Appearance for T, N, and M Category Codes
 - ▶ Old Format:
 - ▶ Clinical Stage – T1N0M0 Stage IA
 - ▶ Pathologic Stage – T2N1M0 Stage IIB
 - ▶ Yp Stage – fits into same field structure as above
 - ▶ New Format:
 - ▶ Clinical Stage – cT1 cN0 cM0 Stage 1A
 - ▶ Clinical Stage – pT1s cN0 cM0 Stage 0
 - ▶ Clinical Stage – cT3 cN1 pM1 Stage IV
 - ▶ Pathologic Stage – pT1B pN0(i+) cM0 Stage IA
 - ▶ Pathologic Stage – pT2 pN1mic cM0 Stage II
 - ▶ Pathologic Stage – pTX pNX pM1B Stage IV



2016 TNM Coding Instruction Updates

2016 Prefix Requirements / Physician Stage

2016 Requirements for "c" and "p" prefix use

- o Now must include "c" or "p" prefix for each T, N, M Category
- o New Codes for T, N, and M will be available in software soon
- o Use of Allowable Codes will be Strictly Enforced in 2016>
- o Clinical Stage now includes cT, pTis, cN and either c or pM
- o Pathologic Stage now includes pT, pN and either c or pM
- o Convert Roman Numerals (I, II, III) to Arabic (1, 2, 3)

Physician Stage can be difficult to qualify as it may be a mixed clinical and pathologic stage, especially when the AJCC Stage is provided per history. Always check the Physician Stage to validate use of prefix and the correct T, N, and M Category Codes that best reflect the case.

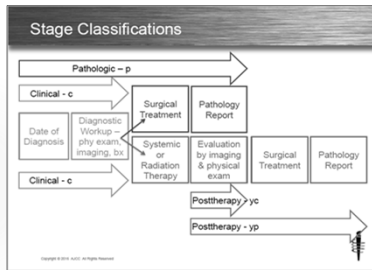
Stage Classifications – Points in Time

- Stage can be defined at specified (different) points in time
 - ❑ Clinical – before any treatment has been given
 - ❑ Pathologic – pathologic findings at time of surgical resection
 - ❑ Post-Treatment – after neoadjuvant therapy – clinical and/or pathologic evidence of response to presurgical treatment(s)
 - ❑ Retreatment – recurrence after disease free interval
 - ❑ Autopsy – unsuspected prior to death, incidental finding

Stage Classifications – Points in Time

- Timing for Clinical Stage – Date of Diagnosis up to the 1st treatment... in the Absence of Disease Progression or within first 4 months after Diagnosis
- Timing for Pathologic Stage – Date of Diagnosis through definitive surgery... in the Absence of Disease Progression or within first 4 months after Diagnosis
- Timing for Post-Treatment Stage (Pathologic - yp) – Pathologic Stage following treatment with neoadjuvant therapy(s) and definitive surgery (can include progression after neo-TX)
- Timing for Post-Treatment Stage (Clinical - yc) – Clinical Stage following treatment with neoadjuvant therapy(s) and before definitive surgery or no definitive surgery (can include progression after neo-TX)

Stage Classifications – Points in Time



Clinical Stage – Pretreatment Stage

- ▶ Pretreatment or Clinical Stage is Stage at Time of Diagnostic Workup
 - ▶ Patient Medical History
 - ▶ Physical Examination
 - ▶ Diagnostic Imaging
 - ▶ Endoscopy
 - ▶ Biopsy of primary site
 - ▶ Biopsy of single node or sentinel nodes
 - ▶ Biopsy of metastatic sites
 - ▶ Exploratory Surgery
 - ▶ Other relevant lab tests, biomarker tests, or examinations

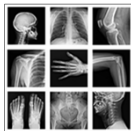


“c” and “p” and “yp”

• Clinical (c)

• Clinical Stage is determined before any type of definitive therapy is started and is used as a guide to determine what the first steps used to establish the diagnosis of breast cancer should be and to decide upon approach and intent of 1st treatment – should 1st treatment include lumpectomy, SLN, mastectomy, neoadjuvant chemo, or palliative care.


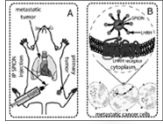
• Clinical Stage – includes physical exam with inspection and palpation of the skin, breast, and lymph nodes (axillary, supraclavicular, and cervical), breast imaging and other imaging studies, and pathologic examination of the breast or other tissue(s) used to establish/confirm the diagnosis.



2016 AJCC TNM Coding Instruction Updates

Pathologic Stage

- ▶ Must meet chapter-specific criteria for surgical resection to assign
- ▶ Includes all of the clinical stage information from clinical stage, plus
 - ▶ Observations at time of surgical resection from operative report
 - ▶ Pathologic Examination of surgically resected primary specimen
 - ▶ Pathologic Examination of surgically resected regional lymph nodes
 - ▶ Pathologic Examination of biopsy or resection of metastasis

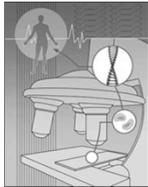

AND


"c" and "p" and "yp"

- Pathologic (p)
- Pathologic Stage is assigned following complete resection of the primary tumor and must include microscopic examination of the primary, regional lymph nodes and/or other suspect tissues.
- Pathologic Stage is used to guide anatomic stage specific adjuvant therapy decisions and to estimate prognosis.
- Pathologic Stage includes all information in the clinical setting PLUS all information obtained from surgical reports and pathology reports related to the extent of cancer spread through the completion of definitive surgery performed as a part of the 1st course of treatment or within 4 months of initial diagnosis of cancer in the absence of disease progression.



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2016 AJCC TNM Coding Instruction Updates



Post-Treatment Stage

- ▶ Documents measured response to initial (neoadjuvant) therapy(s)
 - ▶ Complete Response
 - ▶ Partial Response
 - ▶ No Response
 - ▶ Progression
- ▶ May be clinical measurement only - yc
 - ▶ Based on post-treatment imaging, physical examination, biopsy
- ▶ More often it is post-treatment pathologic stage - yp
 - ▶ Based on post-treatment surgical resection of primary site and regional nodes
 - ▶ Must meet chapter-specific criteria for surgical resection
- ▶ What about pre-treatment with less than 1 month of endocrine therapy including various hormones (prostate, breast, thyroid)? Not Neoadjuvant Tx...


or


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2016 AJCC TNM Category Code Updates

2016 Pathologic "T" Codes

2016 Valid Codes for "T" Category

Table 2. TNM Path T (800)

Code	Definition	Code	Definition	Code	Definition
(T00)	Not recorded	T18	T18	T23	T23
T0	T0	T19	T19	T24	T24
T1	T1	T20	T20	T25	T25
T2	T2	T21	T21	T26	T26
T3	T3	T22	T22	T27	T27
T4	T4	T23	T23	T28	T28
T5	T5	T24	T24	T29	T29
T6	T6	T25	T25	T30	T30
T7	T7	T26	T26	T31	T31
T8	T8	T27	T27	T32	T32
T9	T9	T28	T28	T33	T33
T10	T10	T29	T29	T34	T34
T11	T11	T30	T30	T35	T35
T12	T12	T31	T31	T36	T36
T13	T13	T32	T32	T37	T37
T14	T14	T33	T33	T38	T38
T15	T15	T34	T34	T39	T39
T16	T16	T35	T35	T40	T40
T17	T17	T36	T36	T41	T41
T18	T18	T37	T37	T42	T42
T19	T19	T38	T38	T43	T43
T20	T20	T39	T39	T44	T44
T21	T21	T40	T40	T45	T45
T22	T22	T41	T41	T46	T46
T23	T23	T42	T42	T47	T47
T24	T24	T43	T43	T48	T48
T25	T25	T44	T44	T49	T49
T26	T26	T45	T45	T50	T50
T27	T27	T46	T46	T51	T51
T28	T28	T47	T47	T52	T52
T29	T29	T48	T48	T53	T53
T30	T30	T49	T49	T54	T54
T31	T31	T50	T50	T55	T55
T32	T32	T51	T51	T56	T56
T33	T33	T52	T52	T57	T57
T34	T34	T53	T53	T58	T58
T35	T35	T54	T54	T59	T59
T36	T36	T55	T55	T60	T60
T37	T37	T56	T56	T61	T61
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T40	T40	T59	T59	T64	T64
T41	T41	T60	T60	T65	T65
T42	T42	T61	T61	T66	T66
T43	T43	T62	T62	T67	T67
T44	T44	T63	T63	T68	T68
T45	T45	T64	T64	T69	T69
T46	T46	T65	T65	T70	T70
T47	T47	T66	T66	T71	T71
T48	T48	T67	T67	T72	T72
T49	T49	T68	T68	T73	T73
T50	T50	T69	T69	T74	T74
T51	T51	T70	T70	T75	T75
T52	T52	T71	T71	T76	T76
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T54	T54	T73	T73	T78	T78
T55	T55	T74	T74	T79	T79
T56	T56	T75	T75	T80	T80
T57	T57	T76	T76	T81	T81
T58	T58	T77	T77	T82	T82
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T60	T60	T79	T79	T84	T84
T61	T61	T80	T80	T85	T85
T62	T62	T81	T81	T86	T86
T63	T63	T82	T82	T87	T87
T64	T64	T83	T83	T88	T88
T65	T65	T84	T84	T89	T89
T66	T66	T85	T85	T90	T90
T67	T67	T86	T86	T91	T91
T68	T68	T87	T87	T92	T92
T69	T69	T88	T88	T93	T93
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T198	T198	T217	T217	T222	T222
T199	T199	T218	T218	T223	T223
T200	T200	T219	T219	T224	T224
T201	T201	T220	T220	T225	T225
T202	T202	T221	T221	T226	T226
T203	T203	T222	T222	T227	T227
T204	T204	T223	T223	T228	T228
T205	T205	T224	T224	T229	T229
T206	T206	T225	T225		

Use of Unknown "X" Designation

Use of Unknown X Designation

- **X used when**
 - Information is unknown for specific category
- **Clarification of unknown**
 - Unknown to physician providing patient care
 - Not unknown to one physician, but known to other physicians
 - Not unknown to registrar from lack of documentation in chart
- **Misuse of X from registrar lacking chart information**
 - Can skew data analysis
 - Can lead to
 - Inaccurate studies
 - Wrong conclusions about national status of patient care

Use of Unknown "X" Designation

Use of Unknown X Designation

- TX and/or NX cases usually cannot have stage assigned
- X category only used for T and N
 - When absolutely necessary
- **Exception examples (not exhaustive list of every option)**
 - Any T and/or Any N with M1 is stage IV
 - Any T N2 M1, T3 Any N M1, Any T Any N M1
 - TX and/or NX with M1 is stage IV
 - TX N2 M1, T3 NX M1, TX NX M1
 - Category combinations belong in one and only one stage group
 - Lung TX N3 M0 is stage IIIB
 - Every combination of T with N3 M0 is stage IIIB
 - Urethra T4 NX M0 is stage IV
 - T4 M0 with every combination of N is stage IV

Use of Unknown "X" Designation

Use of Unknown X Designation

- MX is NOT valid option for AJCC staging
- MX eliminated from AJCC 7th Edition
- Always cM0 unless clinical or pathologic evidence of mets
- Pathologists should not use MX
 - CAP agreed pathologists should not comment on M unless pM1
 - Pathologist cannot assign stage group unless case is pM1

<Blank>, 88, 99, or "X"

Key Points for Blank & X

- X can only be used according to AJCC definitions
- Must use blanks if AJCC criteria for X is not met
- Remember MX does NOT exist
- Assigning cM0 only requires patient to have had H&P
 - Does not mean registrar must find H&P on chart
 - If physician suspects mets
 - It will be mentioned
 - Treatment plan will be different

<Blank>, 88, 99, or "X"

Blank vs. X

- AJCC defines X for T and N categories
 - Cannot be assessed
- Cannot use X for other situations
 - No surgical resection is NOT pTX pNX pM blank Stage 99
- Blank should be used when
 - No information is available in chart
 - Cannot be assigned a valid AJCC category
 - Patient not eligible for clinical or pathologic stage
 - Categories are blank
 - Stage group is blank or 99

<Blank>, 88, 99, or "X"

CoC FORDS Values – Blank, X, 88, 99

- T, N, and M data fields
 - Values allowed by FORDS
 - Further explanations from AJCC
- Blank indicates
 - No information in medical record
 - Do not know if any assessment was performed
 - Criteria not met for this stage classification so each category (T,N,M) is blank
- X indicates not assessed
 - T cannot be assessed
 - N cannot be assessed
 - Does not apply to M, if patient was examined it can be assigned
 - Criteria met for this stage classification so each category is valid or X
- 88 indicates not applicable, not defined by AJCC

<Blank>, 88, 99, or "X"

CoC FORDS Values – Blank, X, 88, 99

- Stage group data fields
 - Values allowed by FORDS
 - Further explanations from AJCC
- Blank indicates
 - No information in medical record or
 - Criteria not met for pathologic staging
 - CoC does not allow blank for clinical or pathologic staging
- 99 indicates unknown, not defined by AJCC
 - 99 indicates T or N are unknown, and stage cannot be assigned
 - 99 indicates T, N, or M are not specific enough to assign stage
 - Example: T2 assigned when T1a or T2a needed to assign stage
 - CoC mandates non-blank for clinical and pathologic stage group, use 99
- 88 indicates not applicable, not defined by AJCC

Composition of Stage Groupings

Stage Grouping Principles

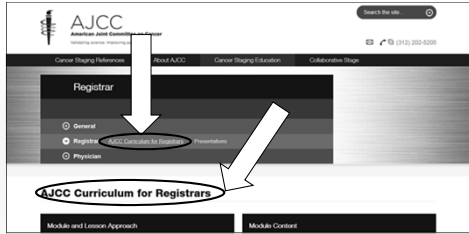
- Standard stage group principle defined for each case
 - Pure clinical stage group
 - Pure pathologic stage group
- Pure stage group does NOT mean
 - Every category must be c
 - Every category must be p
 - cT cN cM
 - pT pN pM
- Pure stage group does mean following AJCC rules
 - Using c or p for categories according to established rules
 - Examples
 - cT cN pM clinical stage group
 - pT pN cM pathologic stage group

Composition of Stage Groupings

Standard Composition of Stage Groupings

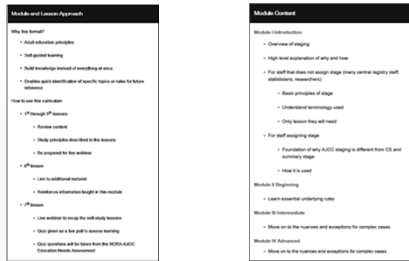
- Clinical Stage Group
 - cT
 - cN
 - cM or pM
- Pathologic Stage Group
 - pT
 - pN
 - cM or pM
- Postneoadjuvant Therapy Stage Group
 - ypT
 - ypN
 - cM or pM

AJCC Curriculum for Registrars



<https://cancerstaging.org/CSE/Registrar/Pages/AJCC-Curriculum.aspx>

AJCC Curriculum for Registrars



<https://cancerstaging.org/CSE/Registrar/Pages/AJCC-Curriculum.aspx>

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<https://cancerstaging.org/CSE/Registrar/Pages/AJCC-Curriculum.aspx>

AJCC Presentations for Registrars



<https://cancerstaging.org/CSE/Registrar/Pages/Presentations.aspx>

AJCC Presentations for Registrars

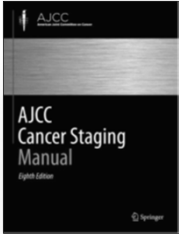
<https://cancerstaging.org/CSE/Registrar/Pages/Presentations.aspx>

AJCC Disease Site Webinars

- ▶ AJCC 7th Edition Chapter Specific
- ▶ Slides and Presentations by AJCC Staff
- ▶ Clarifications for Registrars and "TNM Cliffs Notes"
 - ▶ Focus: uniqueness, differences, exceptions, or special concerns
- ▶ Each webinar will include:
 - ▶ Overview and Learning Objectives
 - ▶ Anatomy Affecting Stage
 - ▶ Classification Issues
 - ▶ Assigning T, N, M, Stage Group
 - ▶ Information & Questions on AJCC Staging and Summary
- ▶ 5 Disease Site webinars will include:
 - ▶ Melanoma
 - ▶ Lung
 - ▶ Breast
 - ▶ Colorectal
 - ▶ Prostate

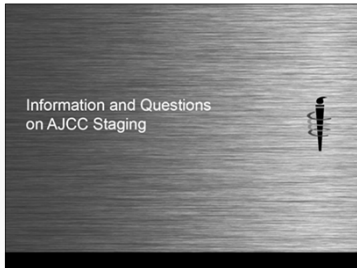
Purchase and Ordering Information



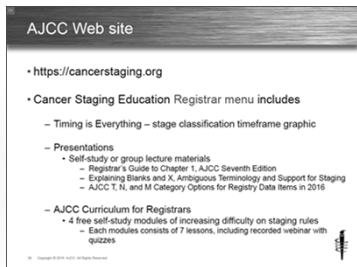
- AJCC Cancer Staging Manual – 8th edition, 2017
- COST: \$119.99
- ISBN: 978-3-319-40617-6
- 1429 pages
- 512 illustrations
- 187 color illustrations
- Required - Florida Mandate
 - FCDS will not purchase
 - Facility may purchase
 - Individual may purchase
- <https://cancerstaging.org>
- <http://springer.com>
- 1-800-SPRINGER

<http://www.springer.com/us/book/9783319406176>

Staging References and Resources




Staging References and Resources



Staging References and Resources


AJCC Web site

- <https://cancerstaging.org>
- **Cancer Staging Education Physician menu includes**
 - Articles
 - 18 articles on AJCC staging in various medical journals
 - Webinars
 - 14 free webinars on staging rules and some disease sites
- **Cancer Staging Education General menu includes**
 - Staging Moments
 - 15 case-based presentations in cancer conference format to promote accurate staging with answers and rationales




Staging References and Resources

AJCC Cancer Staging Manual and Atlas





Order at <http://cancerstaging.net>



Staging References and Resources

CAnswer Forum

- **Submit questions to AJCC Forum**
 - Located within CAnswer Forum
 - Provides information for all
 - Allows tracking for educational purposes
- **Special AJCC sub-forums for staging education questions**
- <http://cancerbulletin.facs.org/forums/>



Staging References and Resources



Questions