

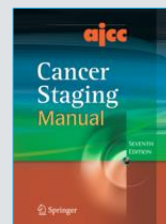
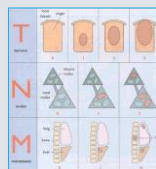
2016 AJCC TNM Practice Cases (You Will Need an AJCC Staging Manual)

1

2016-2017 FCDS WEBCAST SERIES
OCTOBER 20, 2016
STEVEN PEACE, CTR

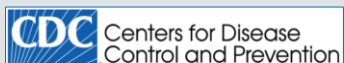


AJCC Cancer Staging Instruction for Registrars
<https://cancerstaging.org/CSE/Registrar/>



CDC & Florida DOH Attribution

2



“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 2016-2017 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”.



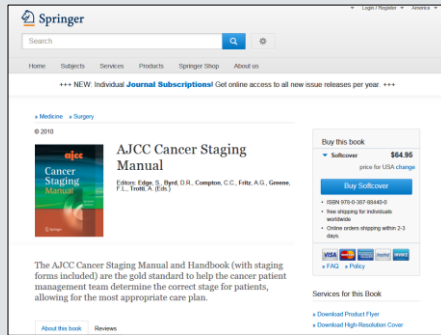
A special thanks and acknowledgement to the staff at the AJCC for providing slides with critical content used in this presentation and available in full on the AJCC website
www.cancerstaging.org



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 2016-2017 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.

Purchase and Ordering Information

3



<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

Chapter Outline and Contents

4

Staging at a Glance	Summary of anatomic stage/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"> ○ Primary Tumor ○ Regional lymph nodes ○ Metastatic sites
Rules for Classification	<ul style="list-style-type: none"> ○ Clinical ○ 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

Stage Classifications – Points in Time

5

- 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)

Clinical Stage – Pretreatment Stage

6

- Clinical Stage (Pre-TX Stage) is the extent of disease defined by diagnostic study before information is available from surgical resection or initiation of neoadjuvant therapy, or within 4 months after date of diagnosis, whichever is shorter.
 - Patient Medical History
 - Physical Examination
 - Diagnostic Imaging Studies
 - Endoscopy
 - Biopsy of primary tumor
 - Biopsy of single node or sentinel nodes
 - Biopsy of metastatic sites
 - Exploratory Surgery
 - Other relevant lab tests, biomarker tests, or examinations



Lymph Node Biopsy and/or Resection

7

- A lymph node biopsy can be either clinical or pathologic. If the only assessment of the primary tumor is a clinical (cT) assessment, then a biopsy of a single lymph node or of a sentinel lymph node can also be included in the clinical (cN) stage. In this situation, there would have been no evaluation of the primary tumor that qualifies for the pT. This allows for the assignment of a clinical stage when a pathological stage is not applicable.
- Generally a resection of the primary tumor that qualifies for the pT is required in order to assign the pN. If there is a resection that qualifies for the pathologic assessment of T (pT), then any microscopic evidence of regional node involvement is classified as pN. MUST have at least ONE node microscopically examined to assign a pN. This can be a FNA, biopsy or excision of a node as long as there is microscopic confirmation.

Pathologic Stage

8

- Pathologic Stage includes any information obtained about the extent of cancer through completion of definitive surgery as part of the first course of treatment or identified within 4 months after the date of diagnosis, whichever is longer, as long as there is no systemic or radiation therapy initiated or the cancer has not clearly progressed during that time frame.
- 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

Pathologic Stage

9

- The pathologic stage classification starts at the moment of DIAGNOSIS. Pathologic stage is defined by the same diagnostic studies used for clinical staging supplemented by findings from surgical resections and histologic examination of the surgically removed tissues. The pathologic stage encompasses three equal pieces of information:
 - All of the clinical classification information not disproven by the intra-operative or pathology findings.
 - PLUS includes the operative findings during the resection not submitted to or disproven on pathology.
 - PLUS includes the pathology report findings of the resected specimen.

Pathologic Stage

10

- If a biopsied tumor is not resected for any reason (e.g., when technically unfeasible) and if the highest T and N categories or the M1 category of the tumor can be confirmed microscopically, the criteria for pathologic classification and staging have been satisfied without total removal of the primary cancer.
 - To use the highest T and highest N to assign the pathologic stage, you have to have both microscopic confirmation of the highest T for a pT AND microscopic confirmation of the highest N for a pN.
 - IMPORTANT: pT blank and pN3 is not enough for a pathologic stage so the pN will be used for the clinical stage.

Post-Treatment Stage

11

- 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)?
This is Not Neoadjuvant Tx...even though it begins before surgery

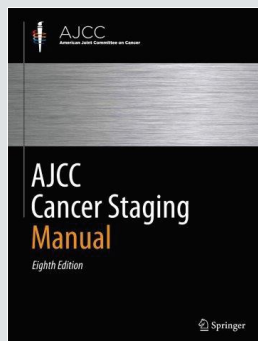


or



8th ed. Purchase and Ordering Information

12



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

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

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Questions

13

