

Lesson 15

Classifications

Donna M. Gress, RHIT, CTR



AJCC

American Joint Committee on Cancer

Validating science. Improving patient care.

Clinical

- Surgical exploration during resection
 - **NOT** used for clinical stage
 - Surgeon always evaluates/explores before performing resection
 - Part of pathologic stage, it is the operative findings
- Extensive imaging **not** needed to assign stage
 - Assign stage based on physician assessment and judgment
 - Recommended workup helpful in determining stage
 - Imaging choices may point to stage
 - Imaging may not be performed
 - Due to low stage and not appropriate, or
 - Comorbidities precluding treatment choices, affecting prognosis
- Guides to accepted standards for diagnostic evaluation
 - American College of Radiology Appropriateness Criteria
 - Practice Guidelines of National Comprehensive Cancer Network



Pathologic

- Operative findings
 - Can overrule pathology report **IF**
 - Tissue was not submitted to pathology
 - pT does **NOT** have to be tissue proven
- Pathologist cannot assign final pT and pN
 - Provides helpful information, not final categories
 - Cannot provide stage group unless pM1



Postneoadjuvant Therapy

- ycTNM
 - Used with T and N categories only
 - M category is
 - Defined at the time of diagnostic workup
 - Never changed after neoadjuvant therapy
- yc denotes response
 - After systemic and/or radiation therapy
 - Before surgical resection
 - Clinical information is used
 - Physical exam
 - Imaging
- Registrars **cannot** record
 - No data fields in registry for yc



Postneoadjuvant Therapy

- ypTNM
 - Used with T and N categories only
 - M category is
 - Defined at the time of diagnostic workup
 - Never changed after neoadjuvant therapy
- yp denotes response that is proven
 - After systemic and/or radiation therapy *and*
 - After surgical resection
 - Surgery and pathology information is used
 - Operative findings
 - Pathology report of surgical resection specimen
- Registrars **must** use AJCC stage descriptor “y” data field
 - Cannot be analyzed with pathologic staged cases



Retreatment

- Recurrence - apply in cases when
 - Further treatment planned for
 - Cancer that recurs
 - After disease-free interval
- Information obtained from
 - Clinical staging extent of disease
 - Therapeutic procedures (including surgical treatment)
- Information may be prognostic for patients
- Extent of recurrent disease guides therapy for patients
 - Primary treatment
 - Adjuvant therapy



Retreatment

- Recurrence confirmation
 - Biopsy confirmation is important
 - If clinically feasible
 - Not required
 - May not be appropriate for each category: T, N, and M
 - Clinical evidence may be used as needed for confirmation
 - Clinical exam
 - Imaging
 - Endoscopic procedures
 - Exploratory procedures
 - Other related methods



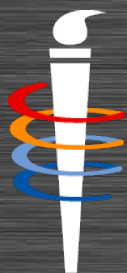
Autopsy

- Apply to cases where
 - Cancer **NOT** evident prior to death
 - **NO** suspicion of cancer
 - No signs/symptoms
 - No clinical findings
 - No imaging findings



Thank you

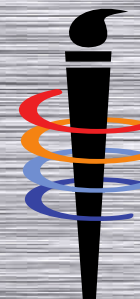
Donna M. Gress, RHIT, CTR
AJCC Technical Specialist



AJCC

American Joint Committee on Cancer

Validating science. Improving patient care.



633 N. Saint Clair, Chicago, IL 60611-3211

cancerstaging.org