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National Center for Chronic Disease Prevention and Health Promotion
National Program of Cancer Registries



Lesson 28
Module IV Recap Webinar with
Quiz from AJCC Needs Assessment

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American Joint Committee on Cancer
Validating science. Improving patient care.

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Overview

- Continues instructions for learning AJCC staging
 - Progress with the rules
 - Correct classifications
 - Assigning T, N, and M categories
 - Assigning stage group
 - Cover rules for exceptions and unique complex cases on these topics
 - Encompassing some nuances for these topics
 - Provide final piece of staging rules




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Learning Objectives

- Demonstrate correct usage of classifications
- Employ principles of assigning T, N, and M categories
- Distinguish choices for assigning stage group
- Illustrate critical thinking skills in applying AJCC rules
- Utilize additional materials
- Evaluate self-guided learning through webinar and quiz

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Quiz




Lesson 22
Classifications



Clinical

- Biopsy shows highest category
 - Performed during clinical staging time frame
- Highest category information used twice
 - Info **MAY** be used for pathologic classification
 - Needs to meet other stage group rules
 - Not documented unless group rules are met
 - p designation
 - Info also still **USED** for clinical classification
 - c designation


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Pathologic

- Pathologic staging includes
 - Physical exam and imaging
 - Even though not tissue proven
 - If not overruled in pathology report, but not limited to path report
- Pathologic staging depends on
 - Proven extent of disease, so if
 - Unreasonable to or cannot remove primary tumor then
 - Pathologic staging criteria **met without primary removal** if
 - Microscopic confirmation of highest T and highest N or
 - Microscopic confirmation of M1
 - Note microscopic confirmation may be from biopsy only


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Postneoadjuvant Therapy


- Carefully define neoadjuvant therapy
- Not all drugs given prior to surgery are neoadjuvant
 - Drugs given for other reasons
 - Treating symptoms, not treating cancer
- Example – prostate cancer
 - No neoadjuvant therapy exists outside of clinical trials
 - Clinical trials
 - For very specific high risk scenarios
 - 6 months of neoadjuvant therapy

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Retreatment


- Used for retreatment
 - Cancer that was never disease free (not a recurrence)
 - Cancer progression
 - Further treatment needs to be planned
 - Retreatment staging
 - Aids in selecting treatment plan
 - Most treatment guidelines based on AJCC staging



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Autopsy

- Cannot use autopsy classification if
 - Any indication of cancer prior to death
 - Includes clinical suspicion
 - Even if not proven



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Lesson 23 T Category



Metachronous Primary

- Metachronous primary tumors in single organ
 - Are second or subsequent primary cancers
 - Staged independently
- y prefix
 - Not used for these cases
 - Unusual case where treatment of 2nd cancer warrants this use
 - Physician judgment call


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Highest T Category

- If **diagnostic** biopsy proves highest T category
- Clinical staging
 - Used to assign cT
- Pathologic staging
 - **May** also be used to assign pT
 - Rationale: resection will not provide info to change T
- Additional requirements to assign pathologic stage
 - Surgical node dissection
 - Biopsy of highest N category
- If requirements not met
 - Do **NOT** record pT in registry database
 - Data fields for assigning stage, not for data collection


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Info Overrides Pathology Report pT


- Information can override pathology report pT
- Clinical stage information
 - Physical exam
 - Imaging
 - Example for thyroid
 - Physical exam: subcutaneous soft tissues involved, voice hoarseness indicating laryngeal or recurrent laryngeal nerve involvement, T4a
 - Imaging: subcutaneous soft tissue & trachea involved, T4a
 - Path report: resection, involvement of perithyroid soft tissues, T3
 - Assign pT4a
- Operative findings during resection
 - Surgeon's observations
 - Example for colon
 - Operative findings: extended into retroperitoneum, not biopsied, T4b
 - Path report: subserosal fat, radial margin involved, T3
 - Assign pT4b

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y for T Category


- y prefix for postneoadjuvant therapy T category
 - T uses same categories as for clinical and pathologic staging
- ycT
 - Used for clinical stage *after* neoadjuvant therapy
 - Registries do not have data field
- ypT
 - Used for pathologic stage *after* surgical resection *following* neoadjuvant therapy
 - Registries document in pathologic data field *and*
 - **MUST** use descriptor data field to indicate "y"



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X and Blank for T Category

- X and Blank needed
 - Accommodate variability in cancer behavior and type of workup
- X
 - Information is unknown to physicians, cannot be assessed
 - Diagnostic workup did not provide info needed to assess and assign T category
 - Example: colonoscopy for colon cancer
 - Surgical resection but specimen not processed – unusual for T
- Blank
 - Patient did not meet staging criteria
 - No diagnostic workup for clinical stage
 - Example: emergency surgery for bowel obstruction finds colon ca
 - No surgical resection for pathologic stage




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Lesson 24 N Category



pT Necessary to Assign pN


- Pathologic assessment of primary tumor (pT)
 - Generally necessary to assign pathologic assessment of nodes (pN)
- pN exception
 - Excision of nodes is pN when
 - No resection of primary site
 - Due to unknown primary, assigned T0 (no evidence of primary tumor)
 - Remember: AJCC physician definition of unknown primary, not registry definition
- When pathologic T (pT) is available
 - Any microscopic exam of nodes is pN



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Highest N Category


- If diagnostic or sentinel biopsy proves highest N category
- Diagnostic biopsy of nodes
 - Used to assign cN for clinical staging
 - May also be used to assign pN for pathologic staging
- Microscopic exam of node in highest N category
 - Assigned as pN
 - Even in absence of pathologic information on other nodes
- Microscopic confirmation of highest N category
 - May be pN
 - Regardless of whether T is pT or cT
 - Caution:
 - cT referring to tumor that cannot be removed
 - Must be in conjunction with other rules such as
 - Microscopic confirmation of highest T, usually **not** bx of primary site



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Info Overrides Pathology Report pN


- Information can override pathology report pN
- Clinical stage information
 - Physical exam
 - Imaging
 - Example for breast
 - Physical exam: ipsilateral supraclavicular nodes involved, N3c
 - Imaging: ipsilat internal mammary/supraclavicular nodes involved, N3c
 - Path report: resection, mets in 6 axillary nodes, pN2a
 - Assign pN3c
- Operative findings during resection
 - Surgeon's observations
 - Example for esophagus
 - Operative findings: 10-12 regional nodes involved, N3
 - Path report: mets in 4 regional nodes, pN2
 - Assign pN3



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y for N Category


- y prefix for postneoadjuvant therapy N category
 - N uses same categories as for clinical and pathologic staging
- ycN
 - Used for clinical stage *after* neoadjuvant therapy
 - Registries do not have data field
- ypN
 - Used for pathologic stage *after* surgical resection *following* neoadjuvant therapy
 - Registries document in pathologic data field *and*
 - **MUST** use descriptor data field to indicate "y"



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X and Blank for N Category

- X and Blank needed
 - Accommodate variability in cancer behavior and type of workup
- X
 - Information is unknown to physicians, cannot be assessed
 - Diagnostic workup did not provide info needed to assess and assign N category
 - Example: colonoscopy for colon cancer, no scans
 - Surgical resection primary but no nodes examined
 - Example: meets pathologic staging criteria but no nodes removed
- Blank
 - Patient did not meet staging criteria
 - No diagnostic workup for clinical stage
 - No surgical resection primary for pathologic stage
 - Example: diagnostic node biopsy not recorded in pN




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Lesson 25 M Category



pM1 Meets Pathologic Stage Criteria


- Metastasis confirmed microscopically (pM1)
 - Criteria for pathologic classification is satisfied
 - Without surgical resection of primary tumor
 - Does not require resection of metastatic tumor
 - Assign pathologic stage using pM1



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pM1 Diagnostic Biopsy


- Diagnostic biopsy proven distant metastasis is pM1
 - Grouped as both clinical and pathologic stage IV
 - Regardless of “c” or “p” status of T and N
 - Examples
 - cT1 cN1 pM1 clinical stage IV
 - cT1 cN1 pM1 pathologic stage IV
 - pT1 pN1 pM1 pathologic stage IV



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Two Sites for M Subcategory

- M subcategory distinguishes between
 - One site, e.g. pM1a
 - Two or more sites, more than one site, e.g. pM1b
- Only **one** site must be microscopically proven for pM1b
 - Two metastatic sites criteria to assign pM1b subcategory
 - Do **NOT** need microscopic evidence of both sites to assign
 - Example
 - Biopsy of liver and bone scan both indicating metastatic disease
 - Assign pM1b subcategory to indicate two sites involved
- Since at least one metastatic site has been tissue proven
 - Not necessary to biopsy other site
 - Already proven cancer has metastasized
 - Clarification from AJCC physician experts




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No y for M Category

- M category *never* uses y prefix for postneoadjuvant therapy
 - Do **NOT** use ycM
 - Do **NOT** use ypM
 - Use cM0, cM1, or pM1
- M category status defined *prior* to therapy
 - Never changes from original designation
 - Always use M category from clinical stage
 - Reflects patient's true prognosis and risk of recurrence/progression
 - Example
 - Clinical stage: cT3 cN2 cM1
 - yPathologic stage: ypT1 ypN0 cM1 *regardless* of current M status


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Blank Only – No X for M Category

- Blank needed, X **NOT** used
 - Accommodate variability in cancer behavior and type of workup
 - Information must be known, judgment call, X is *not* valid
- Blank – physician staging
 - Patient did not meet staging criteria
 - No diagnostic workup for clinical stage
 - Example: emergency surgery for bowel obstruction finds colon ca
 - No surgical resection for pathologic stage
- Blank – registry data fields
 - Must be used when not correct M designation for stage group
 - Must use data fields to indicate cM or pM *assigned*
 - Relevant to appropriate clinical or pathologic classifications
 - Appropriate if not used in clinical or pathologic classification
 - cM blank if diagnostic biopsy is positive
 - pM blank if no microscopic confirmation of mets

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Lesson 26 Stage Group



Any T and Any N in Stage Groups


- Any T
 - Includes all T categories **except** Tis
- Any N
 - Includes all N categories
- Commonly used in stage groups to simplify tables
 - Extra lines not needed to list all T or N categories included
- Indicates either T or N **not** driving factor in assigning stage
 - Group will remain the same regardless of T or N
 - Group assigned based on other categories



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Working Stage


- Working stage **ONLY** for physicians
 - Used as necessary for medical care of patient
- Working stage
 - May combine clinical and pathologic information
 - Used for either clinical or pathologic classification
 - When only partial information is available
- Example: mastectomy in elderly patient, no nodes sampled
 - Inappropriate to subject this patient to risk of node procedure
 - Physician uses clinical N with pT and cM for working stage group
 - Directs further care and provides prognosis for patient
- **NOT** for registrar use, **NOT** for registry data fields



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y for Stage Group


- yc stage group assigned, and consists of
 - ycT ycN c/pM
- yp stage group assigned, and consists of
 - ypT ypN c/pM
- yp complete response
 - ypT0 ypN0 cM0
 - **NO** stage group assigned
 - **NOT** stage 0
- cTNM is used for
 - Estimate of disease prior to neoadjuvant therapy
 - Case comparisons and population studies



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Blank Only – No X for Stage Group

- Blank needed, X NOT used
 - Accommodate variability in cancer behavior and type of workup
 - X is **not** a valid stage group
- Blank
 - Patient did not meet staging criteria
 - All categories and stage group are blank
 - No diagnostic workup for clinical stage
 - Example: cancer was incidental finding during surgery
 - No surgical resection for pathologic stage
 - Example: cancer was treated with systemic and/or radiation therapy
 - Example: surgical procedures or some type of resection performed but did **not** meet pathologic surgical resection criteria in chapter
 - Category combinations with incomplete or missing information
 - Information lacking to assign stage group



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Lesson 27


Link to “Debunking Urban Legends in Staging” lectures



Link to Additional Material

- Debunking Urban Legends in Staging
 - Series of eight presentations designed for the physician
 - Introduces new 7th edition rules
 - Serves as a reminder of existing rules
 - Includes assigning
 - Classification
 - T, N, and M categories
 - Stage groups
 - Highlights of changes to 7th edition in general
 - Highlights of changes to 7th edition breast, colon, lung and prostate

DEBUNKING URBAN LEGENDS IN STAGING



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