

Lesson 8

Classifications

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AJCC

American Joint Committee on Cancer

Validating science. Improving patient care.

Clinical – Time Frame

- Diagnostic workup – defined in next bullet
- From
 - Moment of diagnosis
 - Through diagnostic workup
 - Until / before first treatment
- First treatment includes
 - All therapeutic modalities
 - Active surveillance or watchful waiting
 - Decision not to treat
- Staging stops if documented progression of disease
- In absence of documentation, 4 month cutoff allowed



Clinical – Information Included

- Clinical history and symptoms
- Physical exam
- Lab tests
- Imaging
- Endoscopy
- Biopsy of primary site
- Biopsy of regional lymph nodes
- Biopsy of distant metastatic site
- Surgical exploration without resection
- Other relevant exams and diagnostic procedures



Clinical – Purpose and Use

- Define prognosis
- Select initial therapy / treatment
- Used for comparisons
 - Only point in time all patients can be compared
 - Differences in primary therapy impede later comparisons
- TNM or cTNM



Pathologic – Time Frame

- Diagnostic workup through definitive surgical treatment
- From
 - Moment of diagnosis
 - Through diagnostic workup
 - Including operative findings during surgical resection/treatment
 - Including pathology report findings from surgical resection/treatment
- Surgical resection/treatment defined
 - In AJCC Chapters
 - Different based on anatomy & biology
 - Varies from resection of tumor to resection of organ/structure
- In absence of documentation, 4 month cutoff allowed



Pathologic – Information Included

- Encompasses 3 equal pieces
 - All clinical classification information
 - Operative findings
 - Pathology report of resected specimen
- Clinical information is a valid piece
 - Used unless disproven by operative findings and/or path report
- Operative findings contribute to stage
 - Does not have to be sampled to be included
 - Surgeon judgment can be used to assign stage
- Pathology report is **NOT** the final word for stage
 - Helpful information but must look at other pieces of info
 - Can NEVER assign stage group if no distant mets



Pathologic – Purpose and Use

- Most precise prognosis
- Select subsequent/adjuvant therapy
 - Systemic or radiation therapy needed based on surgery results
- Provides additional precise and objective data
 - More precise than clinical classification
 - Used for survival and outcomes data
- pTNM



Postneoadjuvant Therapy – Time Frame

Postneoadjuvant therapy clinical

- Between completion of neoadjuvant therapy and surgery
- From
 - After completion of last systemic and/or radiation therapy treatment
 - Before definitive surgical resection

Postneoadjuvant therapy pathologic

- After both neoadjuvant therapy and surgery
- From
 - Operative findings during surgical resection
 - Including pathology report findings from surgical resection



Postneoadjuvant therapy – Information Included

Postneoadjuvant therapy clinical

- Physical exam
- Symptoms
- Imaging
- Lab tests
- Use clinical stage/pretreatment M category status

Postneoadjuvant therapy pathologic

- Operative findings
- Pathology report of resected specimen
- Use clinical stage/pretreatment M category status

- Neoadjuvant therapy includes

- Radiation therapy
- Systemic therapy: chemo, hormone, immuno



Postneoadjuvant Therapy – Purpose and Use

Postneoadjuvant therapy clinical

- Response to therapy assessment is prognostic
 - Compare to clinical stage to assess response
- Helps direct extent of surgery to be performed
- ycTNM
- Not collected by cancer registrars, no data fields

Postneoadjuvant therapy pathologic

- Response to therapy assessment is prognostic
 - Compare to clinical stage to assess response
- Helps direct subsequent systemic and/or radiation therapy
- ypTNM



Retreatment

Time Frame

- At time of retreatment for
 - Recurrence (must have a disease free interval) or
 - Disease progression

Information Included

- All clinical and pathologic information available at
 - Time of retreatment
 - Time of recurrence

Purpose and Use

- Select treatment and analyze recurrences
- Original stages assigned at initial Dx and Rx do NOT change
- rTNM

- Not collected by cancer registrars, no data fields



Autopsy

Time Frame

- At time of autopsy for
 - Previously undiagnosed cancer
 - Cancer not evident prior to death

Information Included

- All clinical and pathologic information obtained at
 - Time of death and
 - Postmortem examination

Purpose and Use

- Analysis of unsuspected cancers prior to death
 - Separate from cases where medical intervention was possible
- aTNM
- Not collected by cancer registrars, no data fields



General – All Classifications

- Microscopic confirmation
 - Required / should be confirmed for classification
 - Rare cases without microscopic confirmation
 - May be staged
 - May affect data analysis if truly not cancer
- ICD-O-3 codes identify cases pertaining to each chapter
 - International Classification of Diseases for Oncology, 3rd Edition
 - Topography codes to identify primary site
 - Histology code ranges to identify morphology (cell type)
- Recommend CAP cancer protocol usage for reporting



Stage Classification Based on Treatment

- Surgical Treatment
 - Clinical
 - Pathologic

- Systemic and/or Radiation ONLY
 - Clinical

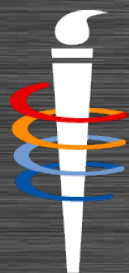
- Neoadjuvant Therapy
 - Clinical
 - yclinical (after systemic/radiation but before surgery)
 - ypathologic (after systemic/radiation AND surgery)

 - Can NEVER do pathologic after neoadjuvant therapy
 - Registrars do not have data field to record yc



Thank you

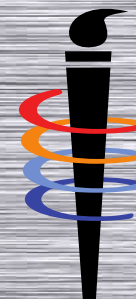
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