AJCC Cancer Staging Manual, 6th Edition

Highlights of Changes to TNM & New Staging Products

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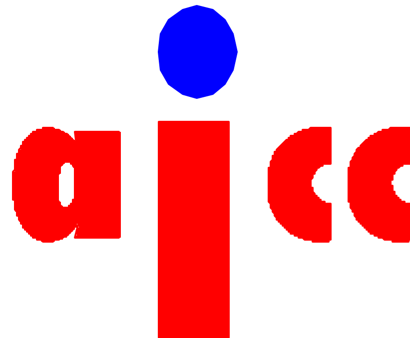

american joint committee on cancer

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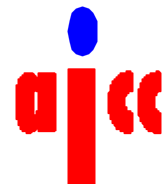

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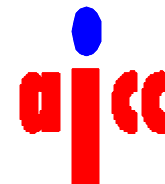

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AJCC Cancer Staging Manual, 6th Edition

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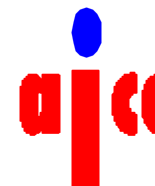
Development Flow Chart

Task Forces → Staff Editor → Editorial Board → Staff Editor → Springer-Verlag New York

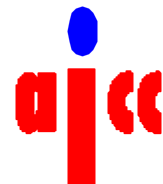
Editorial Board ↔ UICC

Total Number of Contributors: 228



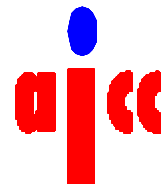
Summary of Changes

- 48 site-specific chapters
- TNM and stage grouping changes made to 31 sites
- Manual available May 2002
- Manual required beginning January 1, 2003



Head and Neck
Summary of Changes

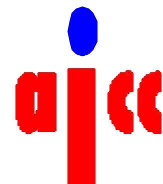
- Across the board for all head and neck sites, a uniform description of advanced tumors has been recommended whereby T4 lesions are divided into T4a (resectable) and T4b (unresectable). This will allow description of patients with advanced stage disease into three categories: Stage IVA, advanced resectable disease, Stage IVB, advanced unresectable disease, and Stage IVC, advanced distant metastatic disease.



Head and Neck
Summary of Changes

- In general, every effort has been made to bring the stage groupings to a relatively uniform combination of T and N and M categories for all sites including paranasal sinuses, salivary tumors, and thyroid tumors.

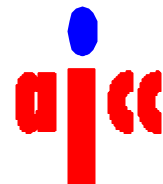
- No changes have been made in the N staging for any sites except that a descriptor has been added for nodal metastasis in the upper neck or in the lower neck, designated by (U) and (L). This descriptor will not influence nodal staging.



Liver
Summary of Changes

- The T categories in this edition have been redefined and simplified.

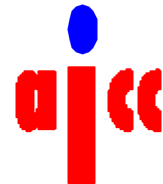
- All solitary tumors without vascular invasion are classified as T1 regardless of size because of similar prognosis.



Liver
Summary of Changes

- All solitary tumors with vascular invasion (again irrespective of size) are combined with multiple tumors #5 cm and classified as T2, because of similar prognosis.

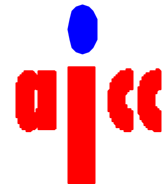
- Multiple tumors > 5 cm and tumors with evidence of major vascular invasion are combined and classified as T3, because of similarly poor prognosis.



Liver
Summary of Changes

- Tumor(s) with direct invasion of adjacent organs other than the gallbladder or with perforation of visceral peritoneum are classified as T4.

- Separate subcategories of multiple bilobar tumors and tumors with invasion of adjacent organs were eliminated due to a lack of distinct prognostic value.

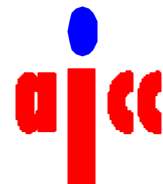


Liver
Summary of Changes

- The separate subcategory for perforated tumors was eliminated due to a lack of data substantiating independent worse prognosis associated with rupture or perforation.
- T3 N0 tumors and tumors with lymph node involvement are combined into Stage III due to similar prognosis.
- Stage IV defines metastatic disease only. The subcategories IVA and IVB have been eliminated.

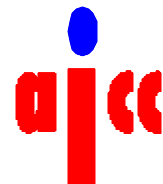
Colon and Rectum
Summary of Changes

- A revised description of the anatomy of the colon and rectum better delineates the data concerning the boundaries between colon, rectum, and anal canal. Adenocarcinomas of the vermiform appendix are classified according to the TNM staging system, but should be recorded separately while cancers that occur in the anal canal are staged according to the classification used for the anus.



Colon and Rectum
Summary of Changes

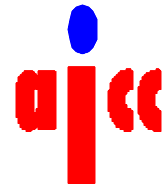
- Smooth metastatic nodules in the pericoloic or perirectal fat are considered lymph node metastases and will be counted in the N staging. In contrast, irregularly contoured metastatic nodules in the peritumoral fat are considered vascular invasion and will be coded as an extension of the T category as either a V1 (microscopic vascular invasion) or V2 (macroscopic vascular invasion) if only microscopically or grossly visible, respectively.



Colon and Rectum
Summary of Changes

- Stage Group II is subdivided into IIA and IIB based on whether the primary tumor is T3 or T4, respectively.

- Stage Group III is subdivided into IIIA (T1-2 N1 M0), IIIB (T3-4 N1 M0) or IIIC (any T N2 M0).



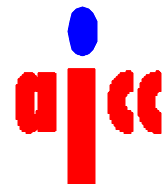
Breast
Summary of Changes

- Micrometastases are distinguished from isolated tumor cells on the basis of size and histologic evidence of malignant activity.
- Identifiers have been added to indicate the use of sentinel lymph node dissection and immunohistochemical or molecular techniques.

Breast
Summary of Changes

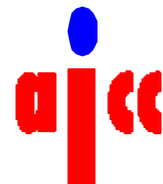
- Major classifications of lymph node status are designated according to the number of involved axillary lymph nodes as determined by routine hematoxylin and eosin staining (preferred method) or by immunohistochemical staining.

- The classification of metastasis to the infraclavicular lymph nodes has been added as N3.



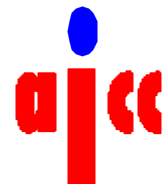
Breast
Summary of Changes

- Metastasis to the internal mammary nodes based on the method of detection and the presence or absence of axillary nodal involvement has been reclassified. Microscopic involvement of the internal mammary nodes detected by sentinel lymph node dissection but not by imaging studies (excluding lymphoscintigraphy) or clinical examination is classified as N1. Macroscopic involvement of the internal mammary nodes as detected by imaging studies (excluding lymphoscintigraphy) or by clinical examination is classified as N2 if it occurs in the absence of metastases to the axillary lymph nodes or as N3 if it occurs in the presence of metastases to the axillary lymph nodes.



Breast
Summary of Changes

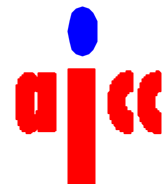
- Metastasis to the supraclavicular lymph nodes has been reclassified as N3 rather than M1.



Staging Publications and Products

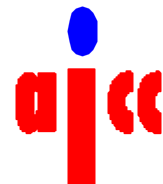
Available at Launch - May 2002

- *Cancer Staging Manual*, 6th Edition with CD-ROM of Staging Forms
- *Cancer Staging Handbook*, 6th Edition
- CD-ROM of Staging Forms



Staging Publications and Products
Available at Launch - May 2002

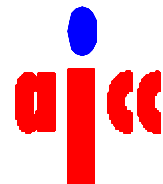
- Comparison Guide between 5th and 6th Editions in PDF format
- Downloadable staging cards for major sites
- Sample site-specific chapters in PDF format



Staging Publications and Products

Post Launch Products

- Interactive products including staging product for Personal Digital Assistants (i.e., Palm, Compaq, etc.)

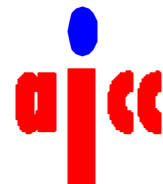


Educational Initiatives

- Worldwide teleconference on changes in TNM - November 2002
- CD-ROM or web-based educational tool focused on:
  - Knowledge of general staging rules
  - Changes to TNM

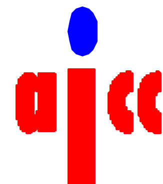
Educational Initiatives

- Journal editorials highlighting changes
- Slide library of site-specific TNM, stage groupings, and survival data for teaching purposes
- Speakers Bureau to make presentations on changes at national meetings



Approvals Program Staging Requirements
Mandatory Standard

- Managing/treating physician must assign TNM and stage group and sign/initial record
- Stage by managing/treating physician must be found in 90% of eligible cases
- Requirement not met if cancer registrar completes staging form for physician to sign

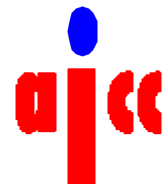


Approvals Program Staging Implementation Recommendations

- Place staging form in medical record for physician to complete
- Record staging in discharge summary or pathology report
- Make completion of the staging form or recording of staging information a requirement for medical record

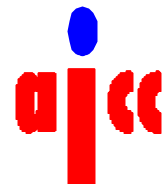
Approvals Program Staging Implementation Recommendations

- Require physicians to complete staging form
- Cancer committee should monitor and review physician compliance
- Promote discussion of AJCC staging at cancer conferences



Approvals Program
Staging Requirements
Non-Mandatory Standard

- Conferences to promote AJCC staging
- AJCC staging is reviewed, discussed, and promoted at cancer conferences



Approvals Program Staging Implementation Recommendations

- Have transparencies of appropriate AJCC staging forms accompany case presentations

- Include AJCC stage in case summary