

### AJCC TNM Staging

AJCC TNM Stage is based on the clinical, operative, and pathologic assessment of the anatomic extent of disease and is used to make appropriate treatment decisions, determine prognosis, and measure end results. The following general rules apply to AJCC staging of all sites.

- All cases should use the following time guideline for evaluating stage: through first course of surgery or four months, whichever is longer.
- All cases should be confirmed microscopically for TNM classification (including clinical information). Rare cases that do not have biopsy or cytology of the tumor can be staged but should be analyzed separately and should not be included in survival analyses.

The CoC requires the use of AJCC staging to allow physicians to determine appropriate treatment, and a goal of cancer registry staging is to provide high-quality information about cancer stage before and after treatment. Systematic use of this established staging schema enables the reliable evaluation of treatment results and outcomes reported from various institutions on a local, regional and national basis. If the treating physician(s) has not recorded this information, registrars *will* code these items based on the best available information.

- The CoC requires registries in approved cancer programs to record the *clinical* classifications of TNM and stage group for class of case 1 and 2 cases diagnosed on or after January 1, 2008. Clinical stage describes the anatomic extent of the tumor *prior* to the start of any therapy.
- The CoC recommends that registries in approved cancer programs record the clinical classifications of TNM and stage group for class of case 0 cases diagnosed on or after January 1, 2008.
- The CoC recommends that registries in approved cancer programs record the pathologic classifications of TNM and stage group for cases diagnosed on or after January 1, 2008. Pathologic stage describes the anatomic extent of the tumor *following* the completion surgical therapy.

For cases diagnosed on or after January 1, 2008 the following AJCC staging information *must* be included in each case record:

- Code the *clinical* T, N, M elements as documented by the first treating physician(s) in the medical record. If the physician(s) has not recorded this information, registrars *will* code these items based on the best available information, typically from diagnostic and other pre-treatment reports. Class 1-2 cases diagnosed on or after January 1, 2008 should have the *clinical* classifications of TNM and stage group recorded using the best available diagnostic and other pre-treatment information available.
- Code the clinical AJCC Stage Group, if no stage group was recorded by the first treating physician(s), the registrar will enter stage group based on the components recorded.
- Code the clinical stage (prefix/suffix) descriptor.
- Code the edition number of the AJCC TNM stage system being used.
- Registries may limit their review of documentation to that of the facility's medical records.

For cases diagnosed on or after January 1, 2008 the following AJCC staging information is *recommended* to be included in each case record:

- Code the pathological T, N, M elements as documented by the treating physician(s) in the medical record. If the treating physician has not recorded this information, registrars *should* code these items based on the best available information from the surgical resection specimen pathology reports,

information obtained by imaging studies that are performed through two months following surgery may be used to record these items.

- Code the pathological AJCC Stage Group, if no stage group was recorded by the treating physician(s), the registrar may enter stage group based on the components recorded.
- Code the pathological stage (prefix/suffix) descriptor.
- Code the edition number of the AJCC TNM stage system being used.

Refer to the most current edition of the *AJCC Cancer Staging Manual* for site-specific definitions of staging components and stage groups.

For cases diagnosed on or after January 1, 2008:

***The AJCC items that must be coded are:***

*Clinical T* (NAACCR Item #2940)  
*Clinical N* (NAACCR Item #2950)  
*Clinical M* (NAACCR Item #2960)  
*Clinical Stage Group* (NAACCR Item #2970)  
*Clinical Stage (Prefix/Suffix) Descriptor* (NAACCR Item #980)  
*Staged By (Clinical Stage)* (NAACCR Item #2980)

***The AJCC items that are recommended to be coded are:***

*Pathologic T* (NAACCR Item #2990)  
*Pathologic N* (NAACCR Item #3000)  
*Pathologic M* (NAACCR Item #3010)  
*Pathologic Stage Group* (NAACCR Item #3020)  
*Pathologic Stage (Prefix/Suffix) Descriptor* (NAACCR Item #920)  
*Staged By (Pathologic Stage)* (NAACCR Item #2980)

- If a patient has multiple primaries, stage each primary independently.
- If the stage group cannot be determined from the recorded components, then record it as unknown.
- When a patient with multiple primaries develops metastases, a biopsy may distinguish the source of distant disease. Stage both primaries as having metastatic disease if the physician is unable to conclude which primary has metastasized. If, at a later time, the physician identifies which primary has metastasized, update the stage(s) as appropriate.
- If pediatric staging is used and AJCC staging is not applied, code 88 for clinical and pathologic T, N, and M as well as stage group. If either clinical or pathologic staging was applied for a pediatric tumor, enter the appropriate codes for both and do not code 88.