AJCC Staging - Critical Staging Clarifications

Aleisha Williams, MBA, ODS-C

ACS AJCC American Joint Committee on Cancer
American College of Surgeons

1

Objectives

- Review Chapter 1 and other resources for AJCC Staging
- Examine clarifications in common staging questions
- Discuss difficult staging circumstances for case scenarios

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

2

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer
American College of Surgeons

Review Chapter 1 and Other Resources for AJCC Staging

3

ACS AJCC American Joint Committee on Cancer
American College of Surgeons

AJCC Chapter 1/Supplemental Information

- AJCC Chapter 1 in 8th Edition
  - Available on AJCC Website
  - AJCC Website -> Cancer Staging Systems -> Cancer Staging System Products
- Supplemental Information in Version 9
- **Very important information**
- Read AJCC Chapter 1 and Supplemental Information
  - Backbone to AJCC Staging
  - Rules to understand the main rules to staging
- Both set of rules are applicable

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

4

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

AJCC 8th Edition Chapter 1

Principles of Cancer Staging 1

Donna M. Gr
Mary Kay Wa
David R. Byrc
David P. Win
and Jeffrey E

1 Principles of Cancer Staging

GENERAL STAGING RULES

These general rules apply to the application of T, N, and M categories for all anatomic sites an

Topic	Rules
Microscopic confirmation	• Microscopic confirmation is necessary for TNM classification, including cli exception). • In rare clinical scenarios, patient is recommended in rare clinical histologic confirmation, survival confirmation. Separate survival a specific site. **Example**: Lung cancer diagnosed by
Time frame/staging window for determining clinical stage	Information gathered about the extent • from date of diagnosis before ini care to one of the following time ○ 4 months after diagnosis ○ to the date of cancer progressi the extent of the cancer is only
Time frame/staging window for determining pathological stage	Information including clinical staging resected specimens—if surgery is per date of diagnosis: • within 4 months after diagnosis • to the date of cancer progression extent of the cancer is included • and includes any information ob as part of primary treatment if th clearly progressed during the tin *Note*: Patients who receive radiation a not assigned a pathological category criteria.
Time frame/staging window for staging post neoadjuvant therapy or posttherapy	After completion of neoadjuvant then • yc: posttherapy clinical After completion of neoadjuvant then • yp: posttherapy pathological The time frame should be such that th accommodates disease-specific circur *Note*: Clinical stage should be assigne

INTRODUCTION AND OVERVIEW

The extent or *stage* of cancer at the time of dia factor that defines prognosis and is a criti determining appropriate treatment based on and outcomes of groups of previous patient

STAGE CLASSIFICATIONS

Stage classifications are determined according to the point in time of the patient's care in relation to diagnosis and treatment. The five stage classifications are clinical, pathological, posttherapy/post neoadjuvant therapy, recurrence/retreatment, and autopsy.

Classification	Designation	Details
Clinical	cTNM or TNM	**Criteria:** used for all patients with cancer identified before treatment It is composed of diagnostic workup information, until first treatment, including: • clinical history and symptoms • physical examination • imaging • endoscopy

r sampling of regional

tumor for melanoma.

1 Principles of Cancer Staging 25

AJCC PROGNOSTIC STAGE GROUPS

Cancer patients with similar prognoses are grouped by using prognostic stage group tables. Clinical and pathological stage groups are defined for each case as appropriate. These disease-specific groups are composed of the following categories:

- cT, cN, and cM or pM
- pT, pN, and cM or pM
- factors for both groups, if applicable

Stage group assignment follows specific rules.

Rules for assigning prognostic stage groups (stage groups)	
Component of prognostic stage group	**Rule(s)**
Prognostic stage groups	Prognostic stage groups are based on combinations of T, N, M, and relevant

Rules for assigning prognostic stage groups (stage groups)	
Component of prognostic stage group	**Rule(s)**
Assigning stage with incomplete information	A presumptive stage to facilitate patient management may be used by the treating physician/management team. This is not a formal stage classification type in the TNM system. It is only for physician use in patient care. It should never be documented by cancer registries. During the diagnostic workup, the managing physician may assign a preliminary clinical stage based on the information known at that time, and may continually update the stage as the workup progresses. This approach commonly is used for cancer conferences (tumor boards) and other medical conversations. Once the final clinical stage is determined, these preliminary stages no longer are used and are replaced by the clinical stage. The stage(s) provisionally assigned during the diagnostic workup may be referred to as the *presumptive stage(s)*. In patient care, it may be appropriate for the

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

5

ACS AJCC American Joint Committee on Cancer American College of Surgeons

AJCC Version 9 Supplemental Information

Supplemental Information

AJCC Levels of Evidence

Level I	The available evidence includes consistent results from multiple large, w conducted national and international studies in appropriate patient popul endpoints and appropriate treatments. Both prospective should be evaluat
Level II	The available evi appropriate patie

General Staging Rules

These general rules apply to the application of T, N, an

Topic	Rules
Microscopic confirmation	• Microscopic confir classification (with • In rare clinical scenarios, patients who do not have any biopsy or cytology of the tumor may be staged. This is recommended in rare clinical situations, only if the cancer diagnosis is NOT in doubt. In the absence of histologic confirmation, survival analysis may be performed separately from staged cohorts with histologic confirmation. Separate survival analysis is not required if clinical findings support a cancer diagnosis and specific site. **Example**: Lung cancer diagnosed by CT scan only, that is, without a confirmatory biopsy
Time frame/staging window for determining clinical stage	Information gathered about the extent of the cancer is part of clinical classification: • from date of diagnosis before initiation of primary treatment or decision for watchful waiting or supportive care to one of the following time points, whichever is shortest:

Stage Classifications

Stage classifications are determined according to the point in time of the patient's care in relation to diagnosis and treatment. The five stage classifications are clinical, pathological, posttherapy/post neoadjuvant therapy, recurrence/retreatment, and autopsy.

Classification	Designation	Details
Clinical	cTNM or TNM	**Criteria:** used for all patients with cancer identified before treatment It is composed of diagnostic workup information, until first treatment, including: • clinical history and symptoms • physical examination • imaging • endoscopy • biopsy of the primary site • biopsy or excision of a single regional node or sentinel nodes, or sampling

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

6

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Other Resources

- AJCC Website -> Cancer Staging Education -> Cancer Registrar Education
  - Critical Clarifications Documents
    - 1-page Resource
    - In Situ Neoplasia
    - Node Status
    - AJCC 8th Edition melanoma staging
- AJCC Website -> Cancer Staging Education -> AJCC Staging Rules
  - Timing is Everything

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

7

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Other Resources – 1-page Resource

AJCC 8th Edition Staging

The following rules and associated rationale are for the Eighth Edition AJCC Cancer Staging Manual. Note that these are general rules described in Chapter 1 of the AJCC Cancer Staging Manual. Please refer to relevant disease site chapters to learn more about specific allowable disease site differences to correctly stage such patients and that are necessary for appropriate medical care of the patient.

KEY TERMINOLOGY

Classifications: Describes the points in time of the care of the cancer patient. Criteria include:
- Timeframe
- Specific medical assessments and practices

Categories: T, N, M, and any non-anatomic factors needed to assign the stage group

Stage group: Easily communicated summary of categories, groups patients with similar prognosis

Assigning stage: AJCC stage is assigned by the managing physician based on data from all relevant sources including history, examination, laboratory studies, imaging, and surgical and pathology findings

CLINICAL STAGING CLASSIFICATION RULES

- **General**: Clinical classification includes information from the date of cancer diagnosis until the start of definitive treatment, or within four months, whichever is shorter
- **T category** – includes information from clinical history, symptoms, physical exam, labs, imaging, endoscopy, biopsy, surgical exploration without resection
- **N category** – physical exam, imaging, FNA or core needle biopsy, excisional biopsy, sentinel node biopsy
- **M category** – clinical history, physical exam, imaging, FNA or biopsy

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

8

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Other Resources – In Situ Neoplasia

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

***In Situ* Neoplasia – AJCC Cancer Staging Manual 8th Edition**

AJCC is announcing a change in staging rules for the *AJCC Cancer Staging Manual, Eighth Edition* effective with cases diagnosed on or after January 1, 2018, in the assignment of the T category for *in situ* neoplasia, carcinoma *in situ* and melanoma *in situ*.

Starting with the 8th Edition in 2018, the clinical T category will now be cTis

- This rule change for the 8th Edition does not affect case
  2018.
- Starting in 2018 for the 8th Edition, other valid T and N
  prefix will be introduced based on 8th Edition rules.

Rationale
The decision to change the rules occurred after thoughtful delib
reason for the previous pTis was to emphasize the need for mic
carcinoma. The diagnosis of carcinoma *in situ* can never be mac

Summary
The following rules should be applied for carcinoma *in situ* depending on when the case was diagnosed. This is based on a diagnostic biopsy with microscopic evidence of *in situ* for the clinical stage, and the appropriate surgical resection performed for the pathological stage.

- Cases diagnosed 2010 – 2017, Seventh Edition:
  - pTis cN0 cM0 clinical stage 0
  - pTis cN0 cM0 pathological stage 0
- Cases diagnosed 2018 – , Eighth Edition:
  - cTis cN0 cM0 clinical stage 0
  - pTis cN0 cM0 pathological stage 0

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

9

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Other Resources – Node Status

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

AJCC 8th Edition Chapter 1 Principles of Cancer Staging:
Node Status Not Required in Rare Circumstances

Clinical Staging, cN Category
For some cancer sites in which lymph node involvement is rare, patients whose nodal status is not determined to be positive for tumor should be designated as cN0. These circumstances are identified in specific disease chapters for these sites; NX is not listed as a category.
Example: Bone and soft tissue sarcoma may use cN0 to assign the clinical stage group, that is, cT1 cN0 cM0.

Pathological Staging, pN Category
For some cancer sites in which lymph node involvement is rare, patients whose nodal status is not determined to be positive for tumor should be designated as cN0. These circumstances are identified in specific disease site chapters for these sites; NX may not be listed as a category. The assignment of cN0 will ensure it is not confused with a case in which the nodes were microscopically proven to not contain tumor, that is, pN0.
Examples: For bone and soft tissue sarcoma, cN0 may be used to assign the pathological stage group—that is, pT1 cN0 cM0. For melanoma, cN0 may be used to assign a pathological stage group for T1 melanoma.

All chapter exceptions where cN0 may be used for cN & pN category

- 38 Bone
- 40 Soft Tissue Sarcoma of the Head and Neck
- 41 Soft Tissue Sarcoma of the Trunk and Extremities
- 42 Soft Tissue Sarcoma of the Abdomen and Thoracic Visceral Organs
- 43 Gastrointestinal Stromal Tumor
- 44 Soft Tissue Sarcoma of the Retroperitoneum
- 53 Corpus Uteri Carcinoma and Carcinosarcoma
- 54 Corpus Uteri Sarcoma
- 67 Uveal Melanoma
- 68 Retinoblastoma

Limited exception where cN0 may be used for pN category

- 47 Melanoma: only used for pT1

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

10

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Other Resources – AJCC 8th Edition Melanoma Staging

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

AJCC 8th Edition Melanoma Staging

The following rules and associated rationale are for Melanoma of the Skin in the Eighth Edition AJCC Cancer Staging Manual. General rules are described in Chapter 1 Principles of Cancer Staging. Please refer to the Melanoma chapter for additional information.

CLINICAL STAGING CLASSIFICATION RULES

- **General**: includes information from the time of the diagnosis up until the definitive treatment
- **T category** – excision of the primary tumor which may include shave bx, punch bx, incisional bx, excisional bx, or complete excisional bx, called microstaging
- **N category** – physical exam, imaging, FNA or core needle bx, excisional biopsy, sentinel node biopsy
- **M category** – clinical history, physical exam, imaging, FNA or biopsy

Rationale

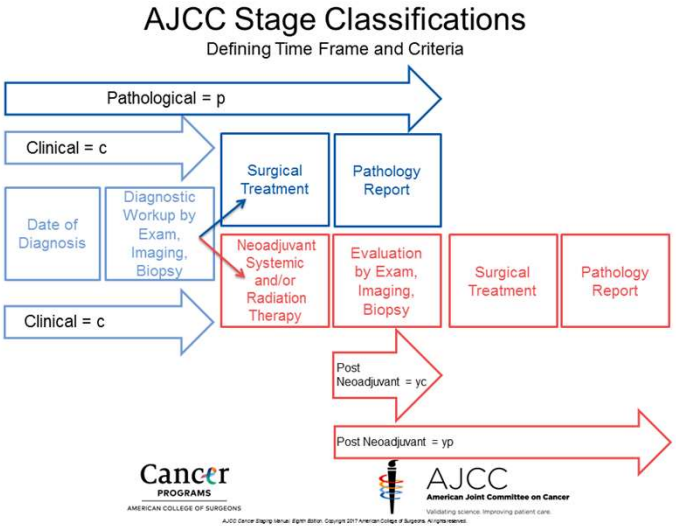
- General rules still apply since the full excision of the lesion is the proper medical procedure for a suspected melanoma lesion given that the depth of invasion is critical knowledge
  Transecting the melanoma can make it difficult to ascertain the accurate thickness when putting this information together with the definitive surgical treatment
  That is why there is a slight difference in melanoma where most of the tumor, or sometimes all of the tumor, is removed through the diagnostic biopsy
- Initial biopsy, even a complete excisional biopsy, is not considered definitive treatment qualifying for pathological staging
- N category terminology clinically occult for not detected on imaging or exam, and clinically detected for identified on imaging or exam
- Clinical N category is cN even if based on lymph node biopsy
- Clinical M category is cM if based on history, physical exam and imaging, pM1 if based on microscopic evidence of involvement

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

11

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Other Resources – Timing is Everything



© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

12

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer
American College of Surgeons

Examine Clarifications in Common Staging Questions

13

ACS AJCC American Joint Committee on Cancer
American College of Surgeons

Prostate

AJCC 8th Edition Prostate Chapter Text
The primary clinical tumor assessment includes the information from the DRE of the prostate. Neither imaging information nor tumor laterality information from the prostate biopsy should be used for clinical staging. A tumor that is found in one or both sides by needle biopsy, but is not palpable or visible by imaging, is classified as T1c. Clinical T category should always reflect DRE findings only.

- Clinical T category
  - DRE **REQUIRED** to assign T category
  - Based **ONLY** on DRE
  - Imaging information and tumor laterality from prostate biopsy should **NOT** be used to assign T category
- DRE not performed assign **cTX** (physician does not know)
- Unknown if DRE performed assign **cT blank** (registrar does not know)
- Information on the biopsy that pertains to T category **DO NOT** use information to assign clinical T category as it is not from the DRE
- Difference in amount of disease between imaging and palpation

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

14

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Liver

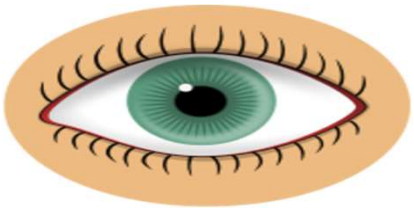
- Question: Is bridge therapy before transplant considered neoadjuvant to assign posttherapy pathological staging?
- Answer: No, it is not considered neoadjuvant treatment
- Bridge therapy before liver transplant
  - RFA/Microwave ablation
  - TACE (chemoembolization)
  - TARE (radioembolization) with Y-90
- Bridge therapy is **NOT** considered neoadjuvant treatment
- Review treatment guidelines
- Per physician experts this treatment is used to decrease tumor progression and reduce dropout rate from liver transplant waiting list

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

15

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Melanoma



- Pathological classification
  - Wide excision or re-excision of tumor
  - Must include appropriate margins
    - 0.5-2 cm margin from tumor on all sides
    - Tumor thickness determines the margin that should be taken
    - Eye Example: Circle (iris) drawn around lesion (pupil) to establish boundaries
  - Margins are from the operative report **NOT** pathology report
  - If appropriate margins are **NOT** taken cannot assign pathological staging

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

16

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

No Residual Tumor on Definitive Surgery

- Question: There is no residual tumor on definitive surgery treatment, should we assign pT0?
- Answer: No
- pT0-No evidence of primary tumor
  - For pathological stage this means there was never a primary tumor identified
- Pathological Stage = Clinical Info + Operative Findings + Path Report

Pathological	pTNM	**Criteria**: used for patients if surgery is the first definitive therapy It is composed of information from: • diagnostic workup from clinical staging combined with • operative findings, and • pathology review of resected surgical specimens

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

17

ACS AJCC American Joint Committee on Cancer American College of Surgeons

X vs Blank

- X
  - Cannot be assessed
  - **Managing physician** does not know
  - Only the managing physician can assess the patient
  - Managing physician must assign X or describe cannot be assessed
- Blank
  - **Registrar** does not know
  - Physician **does not** assign X
  - Physician **does not** describe that the patient cannot be assessed

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

18

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer
American College of Surgeons

Discuss Difficult Staging Circumstances for Case Scenarios

19

ACS AJCC American Joint Committee on Cancer
American College of Surgeons

Prostate Case Scenario 1

- 60-year-old male presents with PSA 5.6, DRE normal. 12/2/23-Prostate Biopsy: adenocarcinoma, grade group 1. What is the clinical T category?
  - A. cTX-Primary tumor cannot be assessed
  - B. cT1c-Tumor identified by needle biopsy on one or both sides, but not palpable
  - C. cT Blank
  - D. cT2-Tumor is palpable and confined within prostate

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

20

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Prostate Case Scenario 1: Answer and Rationale

- B. cT1c-Tumor identified by needle biopsy on one or both sides, but not palpable
  - DRE was performed and it was normal
  - Patient went on to have a biopsy
  - Tumor identified by needle biopsy but not palpable

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

21

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Prostate Case Scenario 2

- 65-year-old male presents with PSA 7, unknown if DRE performed. 6/2/23 Prostate biopsy: adenocarcinoma. Extraprostatic extension present, grade group 2. What is the clinical T category?
  - A. cT3a-Extraprostatic extension (unilateral or bilateral)
  - B. cTX-Primary tumor cannot be assessed
  - C. cT1c-Tumor identified by needle biopsy on one or both sides, but not palpable
  - D. cT Blank

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

22

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Prostate Case Scenario 2: Answer and Rationale

- D. cT Blank
  - Registrar does not know if DRE was performed
  - No information that the physician does not know
  - You cannot use the information from the biopsy to assign cT3a
    - cT category is based on DRE alone

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

23

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Prostate Case Scenario 3

- 58-year-old male presents with PSA 5, DRE not performed per physician. 12/12/23-Prostate Biopsy: Adenocarcinoma, grade group 3. What is the clinical T category?
  - A. cT2-Tumor is palpable and confined within prostate
  - B. cTX-Primary tumor cannot be assessed
  - C. cT1c-Tumor identified by needle biopsy on one or both sides, but not palpable
  - D. cT Blank

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

24

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Prostate Case Scenario 3: Answer and Rationale

- B. cTX-Primary tumor cannot be assessed
  - Physician states the DRE was not performed
  - Physician does not know
  - cT category is based on DRE alone

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

25

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Liver Case Scenario

- MRI-liver mass measuring 6.2 cm consistent with hepatocellular carcinoma. Pt to undergo TARE with Y-90 while waiting for transplant. Patient then proceeds to transplant. What staging do you assign for the transplant?
  A. Clinical Staging
  B. Pathological Staging
  C. Posttherapy Clinical Staging
  D. Posttherapy Pathological Staging

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

26

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Liver Case Scenario: Answer and Rationale

- B. Pathological staging
  - TARE with Y-90 is considered bridge therapy before transplant
  - Bridge therapy is not considered neoadjuvant treatment
  - Per physician experts this treatment is used to decrease tumor progression and reduce dropout rate from liver transplant waiting list. It is not used as neoadjuvant treatment.

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

27

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Melanoma Case Scenario 1

- Shave biopsy: Melanoma in situ. MOHS procedure performed. Operative Report: 8 mm margin around the tumor taken. Path report: Negative. What staging classification is assigned for the MOHS procedure?
  - A. Clinical Staging
  - B. Pathological Staging
  - C. Clinical and Pathological Staging
  - D. Unknown

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

28

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Melanoma Case Scenario 1: Answer and Rationale

- B. Pathological staging
  - Per NCCN guidelines peripheral surgical margins for melanoma in situ is 0.5-1 cm, 8mm margins were taken on operative report
  - Appropriate margins were taken for MOHS procedure to qualify for definitive treatment

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

29

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Melanoma Case Scenario 2

- Shave bx performed. Path report: Malignant melanoma, Breslow depth 1.2 mm. Excisional bx performed, no margins mentioned on op report. Path report: Malignant melanoma, margins 1.2 cm. What staging classification is assigned for the excisional bx?
  A. Clinical Staging
  B. Pathological Staging
  C. Clinical and Pathological Staging
  D. Unknown

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

30

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Melanoma Case Scenario 2: Answer and Rationale

- A. Clinical staging
  - No margins were mentioned on op report
  - Remember the margins come from the operative report not the pathology report to determine definitive treatment

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

31

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Pathological Staging Case Scenario

- TURBT shows high grade papillary urothelial carcinoma with invasion into the lamina propria. Imaging showed no mets. Clinical cT1 cN0 cM0 Stage I. Cystectomy was performed. Pathology showed no residual tumor. 0/2 lymph nodes. What is the pathological staging?
  A. cT1 pN0 cM0 Stage I
  B. pT0 pN0 cM0 Stage 99, Unknown
  C. pT1 pN0 cM0 Stage I
  D. pT blank cN0 cM0 Stage 99, Unknown

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

32

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Pathological Staging Case Scenario: Answer and Rationale

- C. pT1 pN0 cM0 Stage I
  - Pathological Stage = Clinical Info + Operative Findings + Path Report
  - Pathological Stage = cT1 + no findings + no residual tumor= 1+0+0=1=pT1
  - pT0-No evidence of primary tumor
    - For pathological stage this means there was never a primary tumor identified

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

33

ACS AJCC American Joint Committee on Cancer American College of Surgeons

X vs Blank Case Scenario 1

- Pt presents for colonoscopy. Pathology: Transverse Colon adenocarcinoma. CT: Transverse colon tumor. Physician note: Pt presents with colon cancer on colonoscopy, extension cannot be determined, proceed with hemicolectomy. What is the clinical T category?

  A. cT0-No evidence of primary tumor

  B. cT blank

  C. cTX-Primary tumor cannot be assessed

  D. cT1-Tumor invades the submucosa

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

34

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

X vs Blank Case Scenario 1: Answer and Rationale

- C. cTX
  - There was no mention of tumor extension on pathology, imaging, or physician notes
  - The managing physician states “extension cannot be determined” so the physician does not know the tumor extension

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

35

ACS AJCC American Joint Committee on Cancer American College of Surgeons

X vs Blank Case Scenario 2

- Pt diagnosed with kidney cancer. Imaging showed 5 cm mass in the right mid kidney. No other disease. Patient proceeded with nephrectomy and no lymph nodes examined. Pathology: Kidney, clear cell renal cell carcinoma, tumor 5.1 cm. What is the pathological N category?
  - A. pN blank
  - B. pN0-No regional lymph node metastasis
  - C. pNX-Regional lymph nodes cannot be assessed
  - D. cN0-No regional lymph node metastasis

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

36

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

X vs Blank Case Scenario 2: Answer and Rationale

- C. pNX
  - There were no regional lymph nodes microscopically examined
  - Node status in rare circumstances does not apply to the Kidney

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

37

ACS AJCC American Joint Committee on Cancer American College of Surgeons

X vs Blank Case Scenario 3

- Pt presents for colonoscopy. Pathology: Rectum adenocarcinoma. CT: rectal tumor, lymph nodes positive. What is the clinical N category?
  A. cN1a-One regional lymph node positive
  B. cNX-Regional lymph nodes cannot be assessed
  C. cN0-No regional lymph node metastasis
  D. cN blank

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

38

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

X vs Blank Case Scenario 3: Answer and Rationale

- D. cN blank
  - Regional nodes positive on imaging but does not state number of lymph nodes
  - For Rectum N category number of lymph nodes positive must be known to assign the cN category
  - Not cNX as the physician may know how many lymph nodes were positive
  - The registrar does not know how many lymph nodes are positive

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

39

ACS AJCC American Joint Committee on Cancer American College of Surgeons

CAnswer Forum

40

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

CAnswer Forum

- Submit questions to AJCC Forum
  - Version 9 Forum
  - 8th Edition Forum
  - Located within CAnswer Forum
  - Provides information for all
  - Allows tracking for educational purposes
- http://cancerbulletin.facs.org/forums/
  - Free
  - Create an Account

ACS CAnswer
CAnswer Forum
American College of Surgeons

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

41

ACS AJCC American Joint Committee on Cancer American College of Surgeons

CAnswer Forum How To For AJCC

- Select the correct forum based on your topic
- Refrain from posting on other posts if your case is not the same
- Start a new post if the topic is different

- Do not post any PHI (Hospital name, Physician name, Patient information)

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

42

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

CAnswer Forum How To For AJCC

- AJCC **does not** answer:
  - Primary site/Histology questions
    - SEER answers these questions
  - Surgery code questions
    - Post in the STORE forum
  - Hypothetical questions
    - We need specific cases to provide a correct answer
  - What is the stage? Questions
    - Need to provide what you think the staging is and what you are questioning
- AJCC **does** answer:
  - Staging questions that are specific cases
  - Clarifications related to T, N, M, Stage Group

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

43

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Structuring AJCC Questions in CAnswer Forum

- How to **Not** Structure Questions
  - Topic title not clear
  - Paragraph format
  - Not including all information related to staging
  - Not providing dates
  - Including information by workup/procedure/treatment instead of date order
- How **to** Structure Questions
  - Use a detailed topic title
  - Use bullet points
  - Include dates in order of workup/procedures
  - Include information related to staging the patient

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

44

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Examples of Structuring AJCC Questions in CAnswer Forum

- **Bad Structuring of Question**
  - Topic Title: Breast Cancer
  - Patient presented for mammogram and ultrasound 1.3 cm right breast mass. Biopsy infiltrating duct carcinoma, grade 2 ER positive PR negative. What would the stage be?

- **Good Structuring of Question**
  - Topic Title: Breast Stage 99 vs Stage IA, HER2 missing
  - 2/2/23 Mammogram-1.2 cm right breast mass at 9:00.
  - 2/6/23 Ultrasound right breast- 1.3 cm right breast mass at 9:00
  - 2/10/23 Right breast biopsy- Infiltrating duct carcinoma, Nottingham grade 2.
  - 2/20/23 Physician Note-ER Positive/PR Negative, HER2 Unknown
  - Would I assign Stage I or Unknown, 99 as the HER2 was unknown?

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

45

ACS AJCC American Joint Committee on Cancer American College of Surgeons

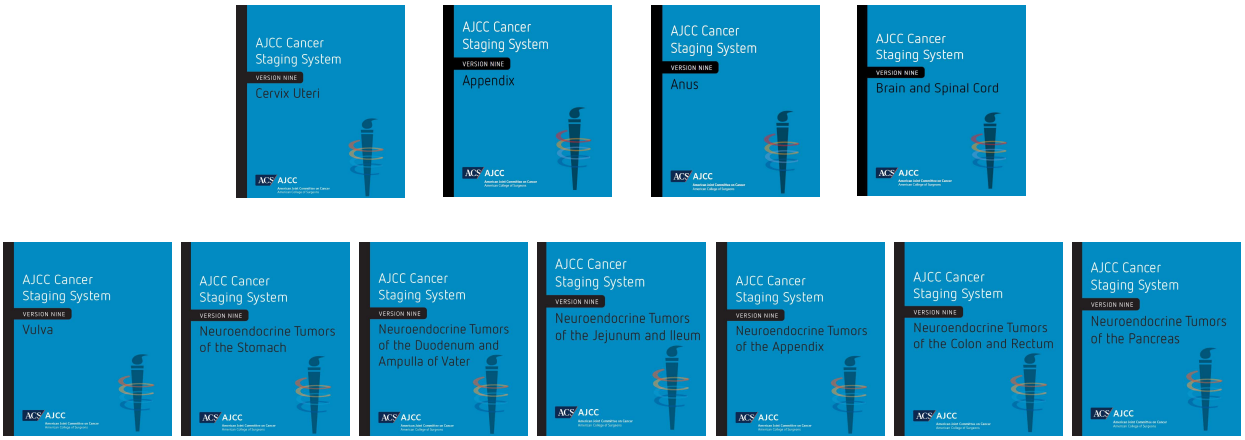
AJCC Version 9 Protocols

46

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Version 9 Protocols



© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

47

ACS AJCC **American Joint Committee on Cancer**
American College of Surgeons

Information and Questions on AJCC Staging

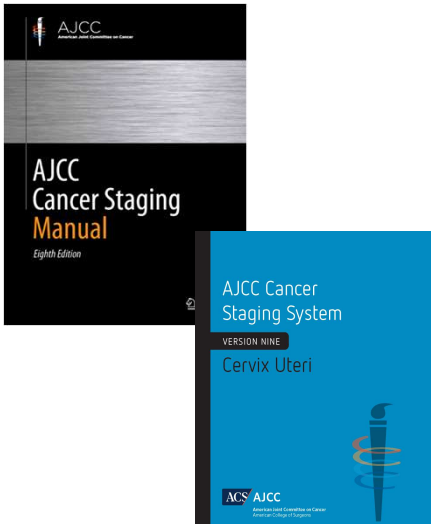
48

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

AJCC Website

- cancerstaging.org
- https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/
- General information
  - Overview
  - Version 9
  - Cancer Staging Systems
    - AJCC 8th Edition Chapter 1: Principles of Cancer Staging
  - Cancer Staging Education
  - FAQ & Resources

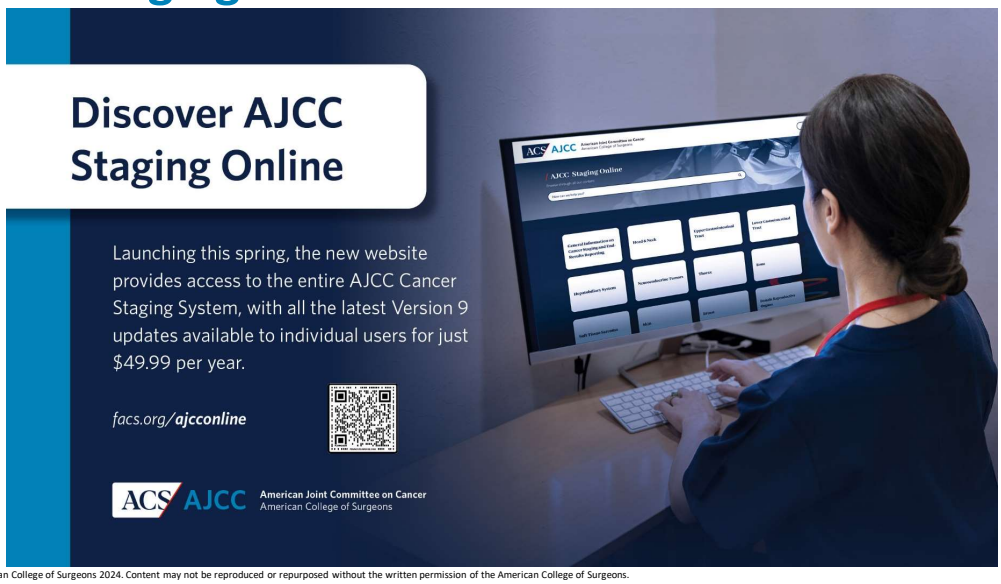


© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

49

ACS AJCC American Joint Committee on Cancer American College of Surgeons

AJCC Staging Online



© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

50

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Acknowledgment of Support

Developed through generous support from the American Cancer Society.

© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

51

ACS AJCC American Joint Committee on Cancer American College of Surgeons

Thank You!!

Aleisha Williams, MBA, ODS-C
AJCC Senior Technical Specialist
American College of Surgeons, AJCC

cancerstaging.org ACS Cancer Programs @AJCCancer

52

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at ajcc@facs.org.