



# **Stage Grouping**

**Debunking Urban Legends in Staging** 



## **Stage Grouping**



- Prognostic Stage Groups
  - Defines prognosis for the patient
  - Denotes significance of selective use of nonanatomic factors
  - Structure still based on important anatomic information



#### **Stage Grouping**



- Need complete T, N, M
- Use of X
  - Rarely results in stage grouping
  - Minimize for T and N
  - Eliminated for M
- Clinical stage doesn't change with subsequent info
- Physicians may assign lower/less advanced group if any doubt between groups
- Registrars must assign unknown if doubt between groups



#### **Stage Grouping Rules**



- Group requires non-anatomic factor
  - Physicians
    - If not available, use lowest category for that factor
  - Registrars
    - If not available, assign unknown

- Both clinical and pathological stage groups assigned
  - cT cN pM1 clinical stage group IV
  - cT cN pM1 pathological stage group IV
    - Assigned when no surgical treatment performed



## Stage Grouping Cautions – Reminders



- Clinical stage group
  - May use either cM0, cM1 or pM1
- Pathological stage group
  - May use either cM0, cM1 or pM1
- Posttherapy Clinical and Posttherapy Pathological stage group
  - Use cM0, cM1 or pM1 from clinical stage
- X for any component makes case unstageable
  - Unless other components make it the highest stage
- No residual after neoadjuvant treatment
  - No stage group

