AJCC Staging: Insights into New 2026 Changes and Clarification of Staging Issues

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AJCC Oropharynx (HPV-Associated) Version 9 – 2026

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Oropharynx (HPV-Associated): Major Changes

- p16+ title changed to HPV-associated, allows other testing methods
- Two anatomic sites move to and from oropharynx
- N category regional nodes ENE
  - cN: Imaging-detected or clinical ENE increases N1 and N2 by one category
  - pN: Microscopic proof of ENE increases N1 and N2 by one category
  - pN: Subdivided N1 by number of nodes involved
- Stage groups underwent many revisions

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Oropharynx (HPV-Associated): Important Information

- Minimum of 6 lymph nodes required for pN0, even for ca registry
  - < 6 lymph nodes assigned pNX by physicians and registrars
  - < 6 lymph nodes in sampling considered cN0 for patient care
  - Neck dissections regularly include 10-15 nodes
- Regional lymph nodes
  - Midline nodes are considered ipsilateral
  - Superior mediastinal nodes (level VII) considered regional, not on nodal map
- Testing method highlights:
  - p16 by IHC is most common
  - RNA by ISH is HPV-specific preferred test
  - DNA by PCR not used as a standalone test
  - DNA by ISH no longer recommended

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Oropharynx (HPV-Associated): Illustrations

- Line drawings for anatomy and nodal map
- Clinical and imaging for T & N categories, some line drawings
- Pathology slides for histology features & testing

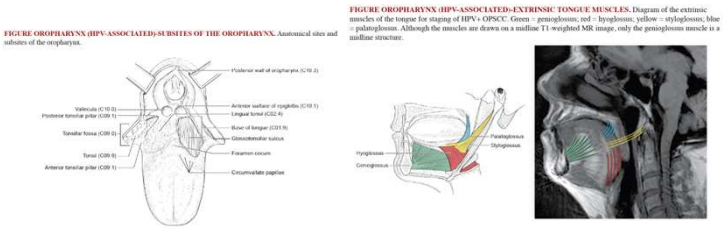


FIGURE OROPHARYNX (HPV-ASSOCIATED)-SUBSITES OF THE OROPHARYNX. Anatomical sites and subsites of the oropharynx.

FIGURE OROPHARYNX (HPV-ASSOCIATED)-EXTRINSIC TONGUE MUSCLES. Diagram of the extrinsic muscles of the tongue for staging of HPV+ OPSCC. Green = genioglossus; red = hyoglossus; yellow = styloglossus; blue = palatoglossus. Although the muscles are drawn on a midline T1-weighted MR image, only the genioglossus muscle is a midline structure.

FIGURE OROPHARYNX (HPV-ASSOCIATED)-cN3. cN3 is defined as tumor involvement of lymph node(s) > 6 cm in greatest dimension OR tumor involvement of contralateral or bilateral lymph node(s) with unequivocal imaging-detected and/or clinical extranodal extension.

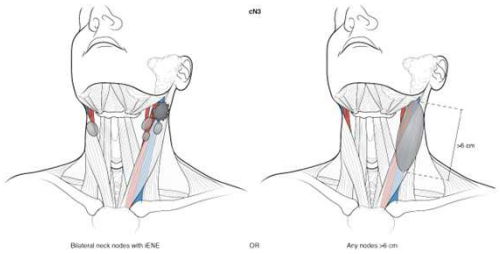
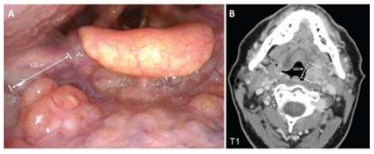


FIGURE OROPHARYNX (HPV-ASSOCIATED)-T1. A) T1 right HPV+ base of tongue squamous cell carcinoma. **B)** T1 left HPV+ tonsil squamous cell carcinoma.



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Oropharynx Anatomy – Two Issues

- C10.1 anterior surface of epiglottis
  - Incorrectly placed in larynx staging for years
  - Anatomically part of oropharynx
- No recoding or conversions needed
- Starting in 2026, C10.1 moves to oropharynx in AJCC DLL software
  - AJCC software licensed to vendors will provide correct staging to registrars

C10 OROPHARYNX

C10.0 Vallecula

C10.1 Anterior surface of epiglottis

C10.2 Lateral wall of oropharynx
Lateral wall of mesopharynx

C10.3 Posterior wall of oropharynx
Posterior wall of mesopharynx

C10.4 Branchial cleft *(site of neoplasm)*

C10.8 Overlapping lesion of oropharynx
(see note page 45)
Junctional region of oropharynx

C10.9 Oropharynx, NOS
Mesopharynx, NOS
Fauces, NOS

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Oropharynx Anatomy – Two Issues

- C11.1 posterior wall of nasopharynx, pharyngeal tonsil
  - Pharyngeal tonsils ***NOT*** located in oropharynx
- October 2025 – Ca Program News & NCRA Update
  - Prepare for oropharynx C11.1 recode, document in text
  - 2025 cases and forward C11.1 considered nasopharynx
- Starting in 2026, C11.1 moves to nasopharynx in AJCC DLL software
  - AJCC software licensed to vendors will provide correct staging to registrars
  - Schema discriminator asking nasopharynx or oropharynx will disappear
  - All 2025 cases with discriminator '2' manually reviewed and AJCC staged reassigned using nasopharynx Version 9 (implemented 2025)

Coding Alert: Prepare for a **Recode in Oropharynx Cases** - Pharyngeal Tonsils Not Located in Oropharynx

The AJCC is providing early notice to help registrars prepare for a recode that will happen with the 2026 registry software updates. Documenting this information (in text) now while you abstract 2025 oropharynx cases will save you time and help you prepare for the recode guidance that will be included in 2026 registry software.

Starting with 2025 diagnosed cases and going forward, all cases coded to C11.1 will be considered nasopharynx. This will affect a small number of cases, estimated to be 5-6 cases per facility.

Pharyngeal tonsils are located in the nasopharynx and will not be abstracted as an oropharynx primary site. There is currently a schema discriminator question that registrars answer to allocate C11.1 cases to either nasopharynx or oropharynx.

- Posterior wall goes to nasopharynx
- Adenoid and pharyngeal tonsil currently go to oropharynx

Starting in 2026, all of these sites will go to nasopharynx and the schema discriminator will disappear.

All 2025 diagnosed cases with Schema Discriminator 1 coded '2' will need to be manually reviewed and the AJCC stage reassigned using nasopharynx. **You can document in text now what should be coded for nasopharynx.**

The following fields, if collected, will have to be reviewed:

- AJCC TNM Clin T, N, M, and Stage Group [1001, 1002, 1003, 1004]
- AJCC TNM Path T, N, M, and Stage Group [1011, 1012, 1013, 1014]
- AJCC TNM Post Therapy Clin T, N, M, and Stage Group [1062, 1064, 1066, 1067]
- AJCC TNM Post Therapy Path T, N, M, and Stage Group [121, 1022, 1023, 1024]
- There is no grading system for nasopharynx - Grade Clinical [3843], Grade Pathological [3844], Grade Post Therapy Clin [1068], Grade Post Therapy Path [3845]
- Summary Stage 2018 [764]
- EOD 2018 Primary tumor [772], EOD 2018 regional nodes [774], EOD 2018 mets [776]

For (2025+) cases where this recode will apply, registrars should begin to document details within the abstract now. For additional information or questions regarding AJCC staging, please post questions in CAnswer Forum.

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AJCC Salivary Glands Version 9 – 2026

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Salivary Glands: Major Changes

- Title changed to Salivary Glands to include minor salivary glands
  - Include both major and minor salivary glands in the primary site list
- Updated histologies, removing those not typical salivary gland origin
- T clarifications for T3 extraparenchymal extension, T4a bone invasion
- N category for clinical and pathological
  - Replaced laterality with number of nodes
  - Eliminated N3
  - cN: Added imaging-detected ENE to clinical ENE
  - pN: Simplified, retained microscopic proof of ENE
- Stage groups underwent many revisions
  - Stage IV reserved just for M1 disease

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Salivary Glands: Important Information

- Minimum of 6 lymph nodes required for pN0, even for ca registry
  - < 6 lymph nodes assigned pNX by physicians and registrars
  - < 6 lymph nodes in sampling considered cN0 for patient care
  - Neck dissections regularly include 10-15 nodes, need adequate sampling
- Minor salivary glands not staged ***by registrars*** until 2027
  - Cannot identify/recode 2026 cases, no ICD-O site code for minor salivary glands
  - Minor salivary gland locations are listed along with major salivary glands
- Carcinoma ex-pleomorphic adenoma is not histology to be recorded
  - Known concept, but not distinct tumor type
  - Multiple different ca types arise from pleomorphic adenomas, vary widely

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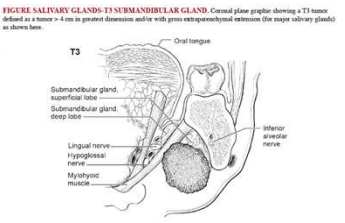
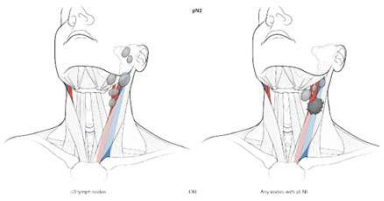
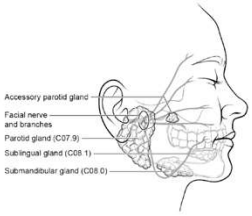
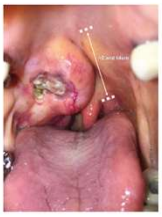
Salivary Glands: Illustrations

- Line drawings for anatomy and nodal map
- Clinical and imaging for T & N categories, some line drawings









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Minor Salivary Glands – 2027

- Minor salivary glands not AJCC staged by registrars until 2027
  - NAACCR timeline required data item request before July 1, 2024
  - AJCC decisions later in 2024 & published Fall 2025
    - AJCC starting protocol process earlier to accommodate NAACCR timeline
- How to designate cases as minor salivary glands
  - 1 site code used with schema discriminator, SSDI for tumor location
  - Location from clinician or path report, important for treatment and prognosis
- Assistance for registrars on tumor location
  - Anatomy knowledge to compare CAP protocol sites & AJCC protocol ICD-O code
  - Include additional anatomic terms from CAP protocol in SSDI (red on my list)
  - Understand CAP protocol exclusions (crossed out on my list):
    - Does not include: rare sites=CAP uses other, NOS terms=CAP marks 2+ sites as needed
    - Not listed on CAP protocol does ***NOT*** mean registrars do not code this location

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Comparison of CAP & AJCC Protocols - Minor Salivary Glands

C00.3	Mucosa of upper lip
C00.4	Mucosa of lower lip
C00.5	Mucosa of lip, NOS
C01.9	Base of tongue, NOS
C02.0	Dorsal surface of tongue, NOS
C02.1	Border of tongue, lateral
C02.2	Ventral surface of tongue, NOS
C02.3	Anterior 2/3 of tongue, NOS
C02.4	Lingual tonsil
~~C02.8~~	~~Overlapping lesion of tongue~~
C02.9	Tongue, NOS
C03.0	Upper gum
C03.1	Lower gum
C03.9	Gum, NOS
C04.0	Anterior floor of mouth
C04.1	Lateral floor of mouth
~~C04.8~~	~~Overlapping lesion of floor of mouth~~
~~C04.9~~	~~Floor of mouth, NOS~~
C05.0	Hard palate
C05.1	Soft palate, NOS
C05.2	Uvula
~~C05.8~~	~~Overlapping lesion of palate~~
~~C05.9~~	~~Palate, NOS~~
C06.0	Cheek mucosa, buccal
C06.1	Vestibule of mouth
C06.2	Retromolar area
~~C06.8~~	~~Overlapping lesion of other and unspecified parts of mouth~~
~~C06.9~~	~~Mouth, NOS~~
C09.0	Tonsillar fossa
C09.1	Tonsillar pillar
~~C09.8~~	~~Overlapping lesion of tonsil~~
C09.9	Tonsil, NOS, palatine tonsil
C10.0	Vallecula
C10.1	Anterior surface of epiglottis
C10.2	Lateral wall of oropharynx
C10.3	Posterior wall of oropharynx
~~C10.4~~	~~Brachial Cleft~~
~~C10.8~~	~~Overlapping lesion of oropharynx~~
~~C10.9~~	~~Oropharynx, NOS~~
C11.0	Superior wall of nasopharynx
C11.1	Posterior wall of nasopharynx, nasopharyngeal tonsils (adenoids), pharyngeal tonsil
C11.2	Lateral wall of nasopharynx, Rosenmuller fossa
C11.3	Anterior wall of nasopharynx
~~C11.8~~	~~Overlapping lesion of nasopharynx~~
~~C11.9~~	~~Nasopharynx, NOS~~
C12.9	Pyriform sinus
C13.0	Postcricoid region
C13.1	Hypopharyngeal aspect of aryepiglottic fold

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Comparison of CAP & AJCC Protocols - Minor Salivary Glands

C13.2	Posterior wall of the hypopharynx
~~C13.8~~	~~Overlapping lesion of hypopharynx~~
~~C13.9~~	~~Hypopharynx, NOS~~
~~C14.0~~	~~Pharynx, NOS~~
~~C14.2~~	~~Waldeyer ring~~
~~C14.8~~	~~Overlapping lesion of lip, oral cavity, and pharynx~~
C15.0	Cervical esophagus
~~C15.3~~	~~Upper third of esophagus~~ CAP uses cervical esophagus
C30.0	Nasal cavity, septum, floor, lateral wall, vestibule
C30.1	Middle ear
C31.0	Maxillary Sinus
C31.1	Ethmoid sinus
C31.2	Frontal sinus
C31.3	Sphenoid sinus
~~C31.8~~	~~Overlapping lesion of accessory sinuses~~
~~C31.9~~	~~Accessory sinus, NOS~~
C32.0	Glottis, true vocal cord, anterior commissure, posterior commissure
C32.1	Supraglottis, epiglottis, aryepiglottic folds, false vocal cords, ventricle
C32.2	Subglottis
~~C32.3~~	~~Laryngeal cartilage~~
~~C32.8~~	~~Overlapping lesion of larynx~~
~~C32.9~~	~~Larynx, NOS~~
C33.9	Trachea
C41.1	Mandible

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ENE – Extranodal Extension

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ENE Key Features

- Imaging-detected ENE (iENE)
  - Indistinct nodal margin
  - Irregular nodal capsular enhancement
  - Infiltration into adjacent fat or muscle
  - CT or MR imaging has low sensitivity, high specificity for ENE
  - Ultrasound less accurate, interrupted/undefined nodal contours suggest ENE
- Clinical ENE
  - Invasion of skin
  - Infiltration of musculature/dense tethering to adjacent structures
  - Cranial nerve, brachial plexus, sympathetic trunk, or phrenic nerve invasion with dysfunction
- Pathological ENE based on microscopic review for pathology report

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Important Statement for New Version 9 Staging

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Alert – Registry Staging Must be Version 9

Effective January 1, 2026, all Salivary Gland and HPV Associated Oropharyngeal Carcinomas are to be staged using the AJCC Version 9 protocols.

However, because the corresponding CAP Cancer Protocols will not be released until March 2026, pathology reports issued prior to that date may continue to reference AJCC 8th Edition. {released 4/1/2026}

*Clinical teams should **base staging on the relevant AJCC Version 9** clinical and pathological elements.*

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Future Changes to Version 9 Protocols

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Version 9 Streamlining for 2027

- AJCC decided to streamline Version 9 protocols
- Starting with protocols released this year, implemented in 2027
- Limited to staging
- Focus on key information regarding assigning stage
- Remove workup and treatment guidelines
- Remove sections taken from/reiterating “Principles of Cancer Staging”

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Clarification of Staging Issues

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General Guidelines for Assigning Stage Group

- If TNM & Prognostic Factors belong to only ***one*** stage group, assign it
  - Stage groups are mutually exclusive
  - Patient case must always belong to only one stage group to be assigned
  - Not new rule, always part of AJCC principles of staging

- Examples
  - Category is unknown but doesn't affect stage group assignment
    - Grade information is unknown, but every TNMGrade combination results in same stage group
  - Only main category known, not subcategory, but still in same stage group
    - T1 is assigned, do not know if T1a or T1b – T1aNM & T1bNM combination in same stage group

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Explanation of Clinical Stage pM1 Rule

- Patient diagnosed with pM1 AND no surgical treatment
  - Does not apply to cM1
- Use clinical stage for pathological stage
- Rationale: nothing can change case to higher stage, allows for analysis
- Assign
  - Clinical stage: cT blank cN2 pM1c
  - Pathological stage: cT blank cN2 pM1c
  - NOT allowed to assign pT or pN, no resection

pM1 in stage groups	If a patient has microscopic confirmation of distant metastases (pM1) during the diagnostic workup, the patient may be classified as clinical Stage IV and pathological Stage IV, regardless of whether the T and N are classified by clinical or pathological means. **Example:** For pM1 and cT and cN, the patient may be assigned both: • clinical stage group, and • pathological stage group *Note*: This rule does not apply to patients with clinical metastases without microscopic confirmation. These patients may be staged only clinically.

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Registrars Must Use Valid AJCC Categories

- Registrars must use valid AJCC categories in registry software
  - Critical for accurate data analysis in NCDB
  - Each different type of registry shorthand counted separately, confounds data
  - Must use exact format specified in AJCC staging system
- 2018 forward – every T, N, and M must contain 3 essential parts
  - Classification of c, p, yc, or yp
  - Category of T, N, or M
  - Value of X, 0, IS, a, 1, 2, 3, 4, or 1a, 1b, 1c, 2a, etc
  - Example: cT1b, pN1c, cM1
  - CANNOT be shortened like c1, T1, 1, 1a, etc
  - 8 years later and data still submitted to NCDB incorrectly

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yc Staging – Requirement Changes for 2027

- ***ALL*** cases with systemic/radiation assigned yc
  - yc no longer restricted to certain cases (surgery cancelled)

Staging	Required Based on Treatment
c, yc	Systemic/radiation alone
c, yc, yp	Systemic/radiation neoadjuvant with surgical resection

- Necessary for no surgery planned
  - Increasing cases where systemic/radiation successful – complete response
  - Data critical for analysis of patient outcomes
- Will not be extra work to assign yc when yp is assigned
  - Registrars had to know yc stage to assign yp stage
  - yp = yc stage info + operative findings + resected specimen path report
  - Now document what you always knew

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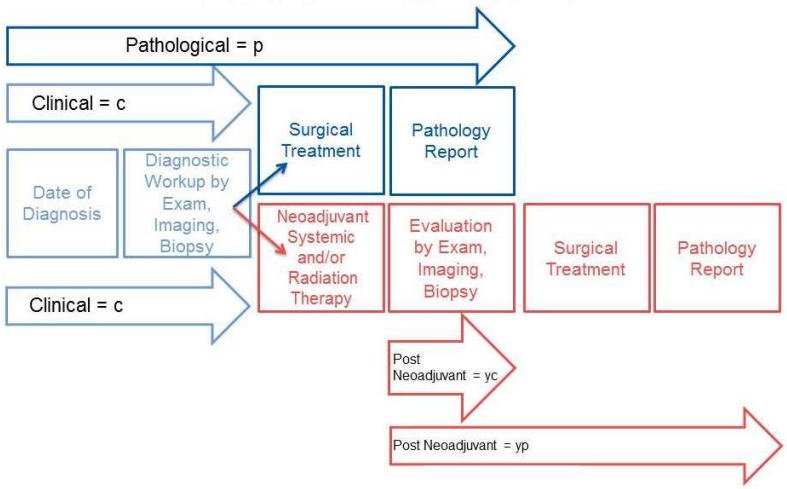
Timing is Everything

AJCC Stage Classifications

Defining Time Frame and Criteria



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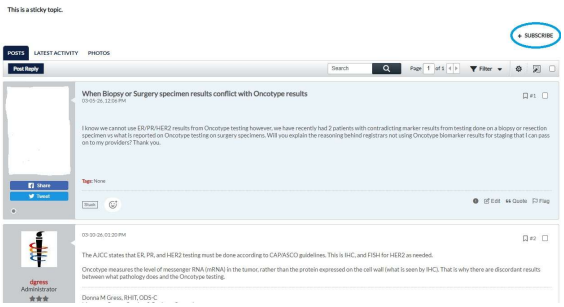
CAnswer Forum Best Practices

- Want to follow post, SUBSCRIBE
  - Click on SUBSCRIBE for that post
  - Don't post saying you are following

When Biopsy or Surgery specimen results conflict with Oncotype results



- Don't post on someone's question
  - Until after question answered
    - Confuses everyone, first question answer follows your question
  - Unless exactly same issue as ***title***
    - Post **title** must reflect your question
    - Users search mainly title keywords, not finding information needed
    - Differences in your scenario confuses those reading answers
    - If different, please start new post

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Information and Questions on AJCC Staging

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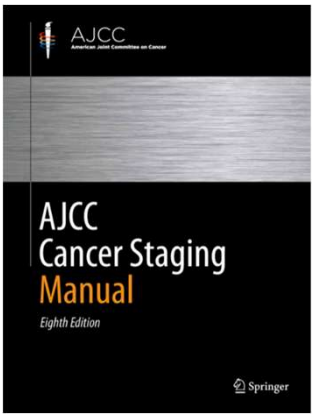
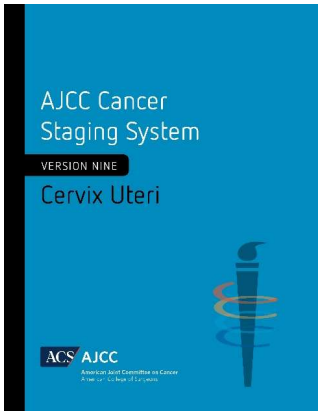
AJCC Web Site

- https://**cancerstaging.org**
- https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/

- General information
  - Overview
  - AJCC Staging Online
  - Version 9
  - Cancer Staging Systems
    - AJCC 8th edition Chapter 1: Principles of Cancer Staging
  - Cancer Staging Education
  - FAQ & Resources





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AJCC 8th Edition or Version 9

- Determine if 8th Edition still in effect or updated to Version 9
- Table revised yearly
- For more info visit ***cancerstaging.org***
- Table on main page and Version 9 page

AJCC Current Staging System
Determine if 8th Edition still in effect or has been updated to Version 9.
Table revised yearly as additional disease sites updated. For more info visit https://cancerstaging.org

#	8th Edition Chapter Title	Edition/ Version	Version 9 Protocol Title	Current/Expected Version 9 Year
Part I: General Information on Cancer Staging and End Results Reporting				
1	Principles of Cancer Staging	8		
2	Organization of AJCC Cancer Staging Manual	8		
3	Cancer Survival Analysis	8		
4	Risk Models for Individualized Prognosis	8		
Part II: Head and Neck				
5	Staging Head and Neck Cancers	8		
6	Cervical Nodes & Unknown Primary H&N	8		
7	Oral Cavity	8		
8	Major Salivary Glands	9	Salivary Glands	2026
9	Nasopharynx	9	Nasopharynx	2025
10	HPV-Mediated (p16+) Oropharynx	9	Oropharynx (HPV-Associated)	2026
11	Oropharynx (p16-) and Hypopharynx	8		
12	Nasal Cavity and Paranasal Sinuses	8		
13	Larynx	8		
14	Mucosal Melanoma of the Head and Neck	8		
15	Cutaneous Ca of the Head and Neck	8		
Part III: Upper Gastrointestinal Tract				
16	Esophagus & Esophagogastric Junction	8		
17	Stomach	8		
18	Small Intestine	8		
Part IV: Lower Gastrointestinal Tract				
19	Appendix Carcinoma	9	Appendix Carcinoma	2023
20	Colon & Rectum	8		
21	Anus	9	Anus	2023
Part V: Hepatobiliary System				

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AJCC Webinars & Handouts

- Principles of Cancer Staging
  - Blank Vs. X Definitions and Data Interpretation for AJCC Staging
  - Do Not Use Registry Ambiguous Terminology for AJCC Staging
- AJCC 8th Edition Staging – Posted Fall 2023
  - Breast
  - Colorectal
  - Lung
  - Melanoma
  - Prostate
- Critical Clarifications
  - AJCC 8th Edition Melanoma Staging – 1-page resource highlighting rules
- AJCC handouts from past NCRA Annual Conference presentations

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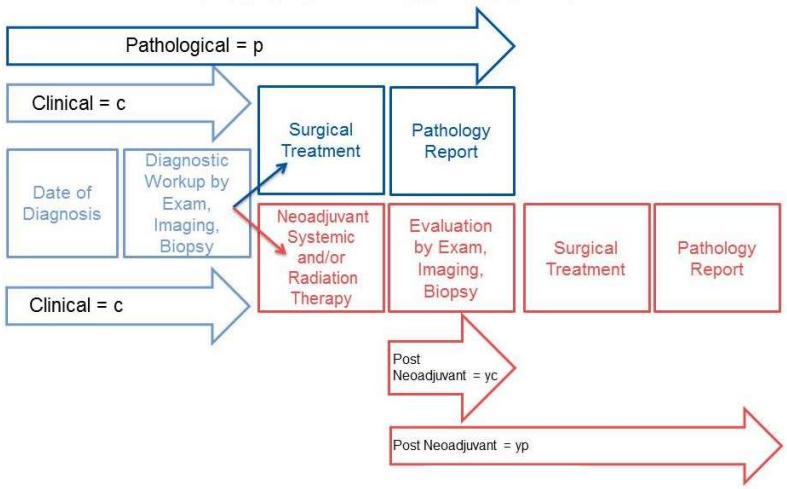
Timing is Everything

AJCC Stage Classifications

Defining Time Frame and Criteria



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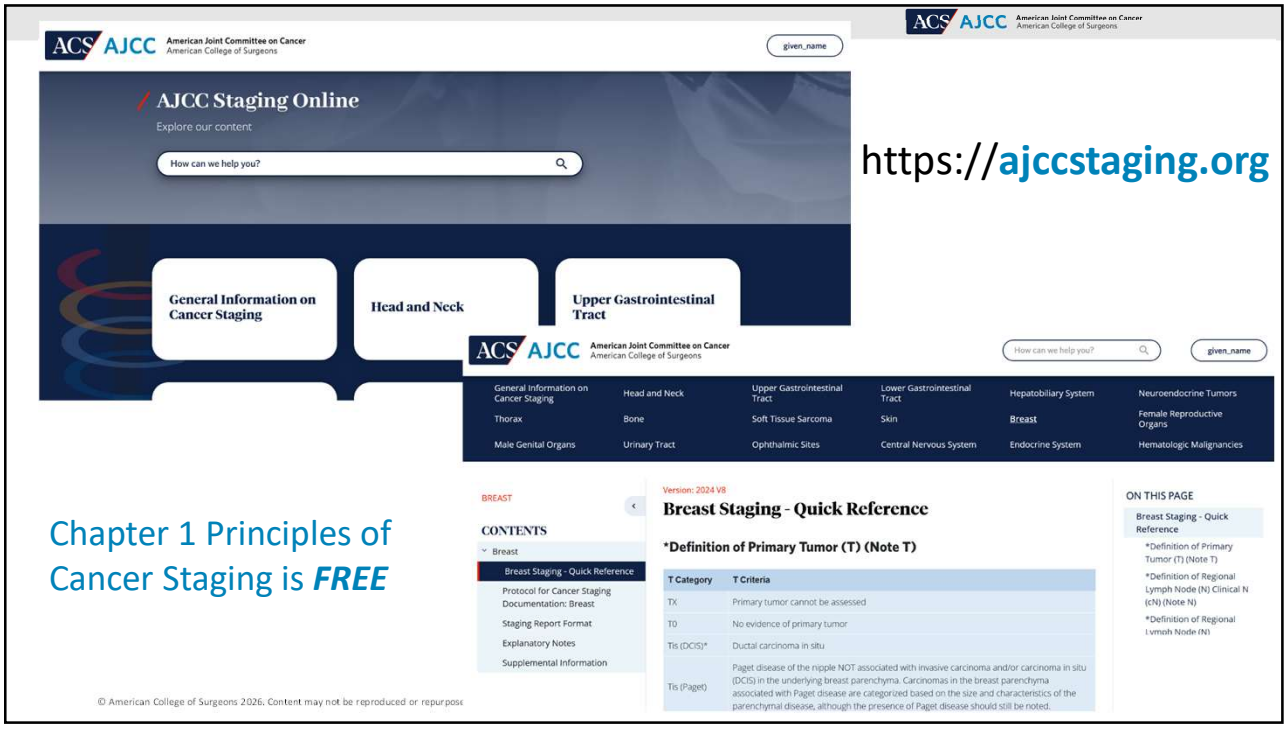

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CAnswer Forum

- 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/

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Summary

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Summary

- Discussed key points of two new AJCC Version 9 protocols
  - Understanding strategies of new staging systems
- Dissected changes in the new staging systems
  - Identified areas of change
  - Explored rationale and highlighted important information
- Examined common questions and staging issues
  - Provided guidance and rationale

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Thank You

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