

# AJCC Staging Moments

AJCC TNM Staging 8th Edition

Rectal Case #3



AJCC

**American Joint Committee on Cancer**

Validating science. Improving patient care.

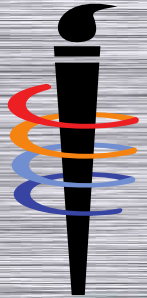
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# Rectal Case # 3

## Presentation of New Case

- Newly diagnosed rectal cancer patient
- Presentation at Cancer Conference for treatment recommendations and clinical staging



# Rectal Case # 3

## History & Physical

- 51 yr old male who presented with diarrhea and abdominal pain
- No family history of colon or rectal cancer

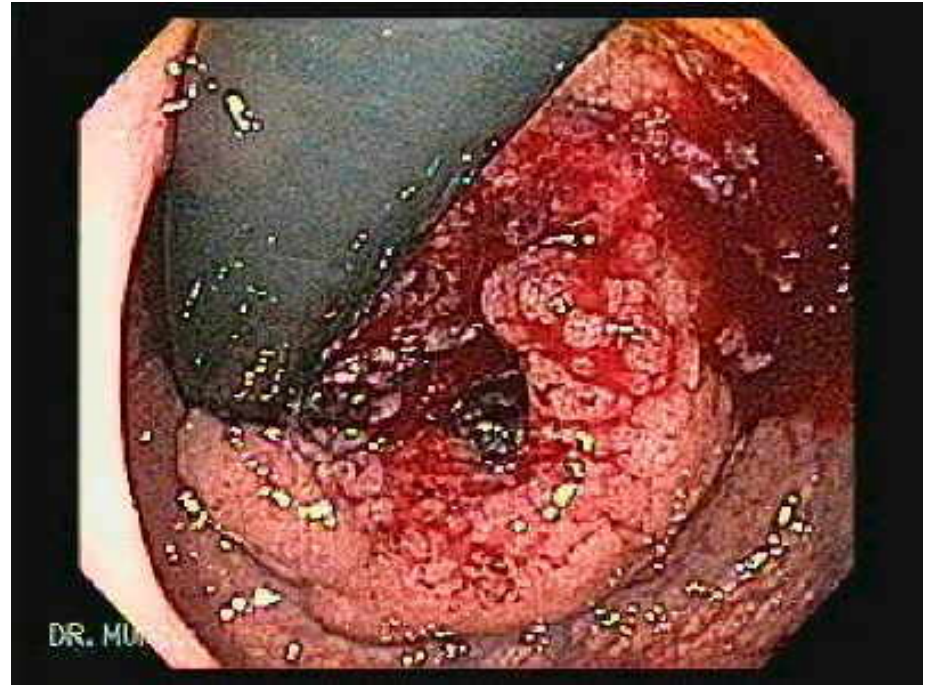


# Rectal Case # 3

## Imaging & Endoscopy Results

- Colonoscopy-  
single large  
circumferential fungating  
mass in rectum 2 to 5cm  
from anus

Retroflexed endoscope  
with rectal tumor



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Julio Murra-Saca, MD  
El Salvador Atlas of  
Gastrointestinal Video Endoscopy



# Rectal Case # 3

## Diagnostic Procedure

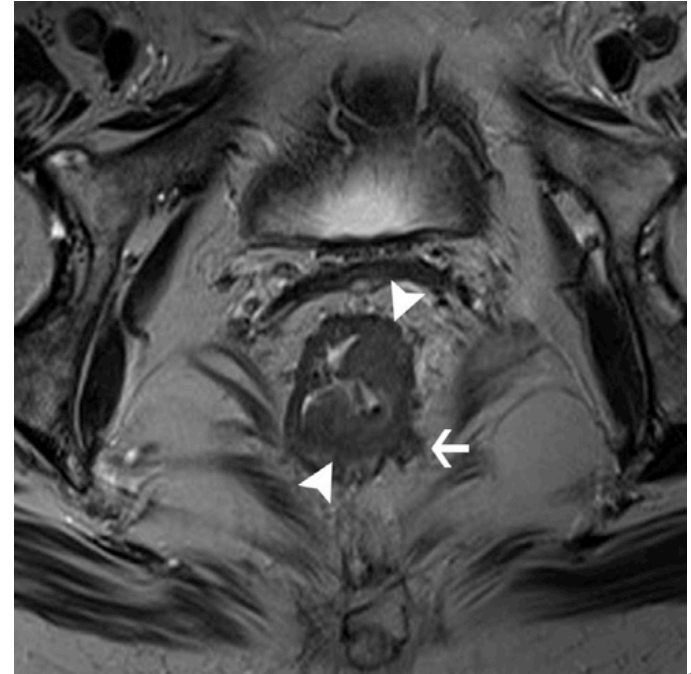
- Procedure
  - Biopsy rectal mass
- Pathology Report
  - Adenocarcinoma, invasive
  - Grade 2
- CEA: 4.3



# Rectal Case # 3

## Imaging Results

- Endorectal ultrasound
  - Invasion into peri-rectal fat
- CT chest/abd/pelvis
  - Thickening in rectal and perirectal soft tissue
  - 1.7cm perirectal lymphadenopathy
  - No liver metastases
- Pelvic MRI
  - CRM margin involvement
  - 3 enlarged peri-rectal nodes



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# Rectal Case # 3

## Clinical Staging

- Clinical staging
  - Uses information from the physical exam, imaging, and diagnostic biopsy
- Purpose
  - Select appropriate treatment
  - Estimate prognosis





# Rectal Case # 3

## Clinical Staging

- Synopsis: patient with rectal mass and perirectal tissue involvement, and clinically involved nodes
- What is the clinical stage?
  - T\_\_\_\_\_
  - N\_\_\_\_\_
  - M\_\_\_\_\_
  - Stage Group\_\_\_\_\_



# Rectal Case # 3

## Clinical Staging

- Clinical Stage correct answer
  - cT3
  - cN1
  - cM0
  - Stage Group IIIB
  
- Based on stage, treatment is selected
  
- Review treatment guidelines for this stage



# Rectal Case # 3

## Clinical Staging

- Rationale for staging choices
  - cT3 for into non-peritonealized pericolic or perirectal tissues
  - cN1 because nodes were clinically positive on imaging, number cannot always be determined on imaging
  - cM0 because there was nothing to suggest distant metastases; if there were, appropriate tests would be performed before developing a treatment plan



# Rectal Case # 3

## Treatment Options

- Review treatment guidelines for this stage
- Discuss appropriate treatment plans for this patient



# Rectal Case # 3

## Clinical Response to Treatment

- Patient chose neoadjuvant Rx with chemotherapy and radiation therapy
- Patient may be assessed with physical exam and imaging following neoadjuvant therapy
- May be assigned a posttherapy y-clinical (yc) stage



# Rectal Case # 3

## Surgery & Findings

- Patient presents for surgical resection 12 weeks following neoadjuvant Rx with chemotherapy and radiation
- Procedure
  - Robotic-assisted low anterior resection with colo-anal anastomosis and diverting loop ileostomy



# Rectal Case # 3

## Pathology Results

- Residual adenocarcinoma, rectum
- Tumor size - 3cm
- Grade 3, poorly differentiated
- Through muscle wall into pericolonic soft tissue
- Margins negative
- Circumferential resection margin clear by 8mm
- Mets 3/12 regional nodes
- No perineural or lymphovascular invasion
- Tumor deposits were not identified



# Rectal Case # 3

## Posttherapy y-pathological Staging

- Posttherapy y-pathological staging
  - Uses information from y-clinical staging after neoadjuvant therapy, operative findings, and resected specimen pathology report
  - yp is assessment at conclusion of neoadjuvant therapy followed by surgical resection
- Purpose
  - Additional precise data for estimating prognosis
  - Calculating end results (survival data)
  - yp – extent of response to neoadjuvant therapy followed by surgical resection





# Rectal Case # 3

## Posttherapy y-pathological Staging

- Synopsis: patient with rectal ca into pericolic soft tissue, and positive nodes after neoadjuvant chemo and RT
- What is the posttherapy y-pathological stage?
  - T\_\_\_\_\_
  - N\_\_\_\_\_
  - M\_\_\_\_\_
  - Stage Group\_\_\_\_\_



# Rectal Case # 3

## Posttherapy y-pathological Staging

- Posttherapy y-pathological Stage correct answer
  - ypT3
  - ypN1b
  - cM0
  - ypStage Group IIIB
- Based on y-pathological stage, there is more information to estimate prognosis and adjuvant treatment is selected



# Rectal Case # 3

## Posttherapy y-pathological Staging

- Rationale for staging choices
  - ypT3 for tumor into non-peritonealized pericolic or perirectal tissues after neoadjuvant chemo/RT
  - ypN1b because 3 nodes were positive on exam after neoadjuvant chemo/RT
  - cM0 - classified by M status prior to therapy
  - Posttherapy y-pathological used to show stage following neoadjuvant therapy and surgical resection



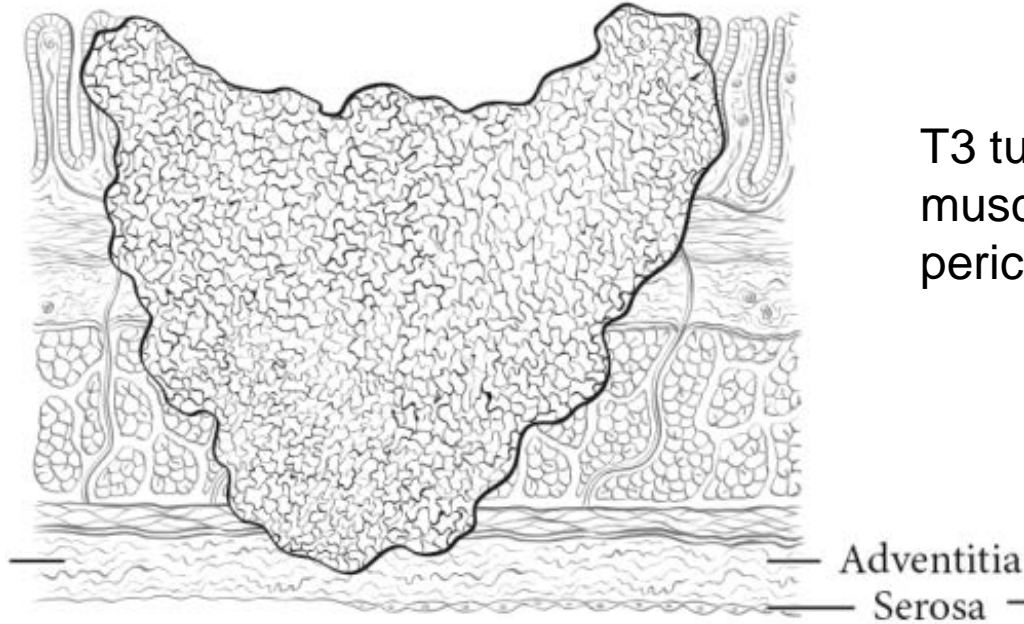
# Prognostic Factors/Registry Data Collection

- Applicable to this case
  - CEA: 4.3
  - Circumferential resection margin: 8mm
  - Lymphovascular invasion: no
  - Perineural invasion: no
  - KRAS



# T3

## T3



T3 tumor invades through muscularis propria into pericorectal tissues



# Rectal Case # 3

## Recap of Staging

- Summary of correct answers
  - Clinical stage cT3 cN1 cM0 Stage Group IIIB
  - Posttherapy y-pathologic stage ypT3 ypN1b cM0 ypStage Group IIIB
- The staging classifications have a different purpose and therefore can be different. Do not change clinical staging based on posttherapy y-pathological staging information.



# Staging Moments Summary

- Review site-specific information if needed
- Clinical Staging
  - Based on information before treatment
  - Used to select treatment options
- Posttherapy y-pathological Staging
  - Based on y-clinical data after neoadjuvant therapy but before surgery, PLUS operative findings and resected specimen pathology report following neoadjuvant therapy
  - Assesses response to neoadjuvant treatment
  - Used to evaluate end-results (survival)

