



The American Joint Committee on Cancer (AJCC) was established in 1959 to develop an efficient system for cancer staging. Both the AJCC based at the American College of Surgeons in Chicago, IL, and the International Union Against Cancer (UICC) based in Geneva, Switzerland, use the tumor, node, and metastasis (TNM) staging system.

The mission of the AJCC is to create and promote a classification of different cancers that accurately predicts outcomes by incorporating traditional (TNM) and newer information in a timely and dynamic process.

The AJCC promotes the use of the universal TNM staging system as the standard for reporting clinical research in medical journals, for use by cooperative groups that develop new cancer treatments, and in reports at scientific meetings. The AJCC encourages the education of doctors, nurses, and cancer care workers in the TNM system of cancer staging.



**american joint committee on cancer**

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as a service to patients.

## CANCER STAGING

# What You Need to Know



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## What is cancer staging?

An important part of treating a patient's cancer is to first find out how far it has spread—or what “stage” it has reached. Staging is a system that is used to classify the extent of cancer and to help you and your doctor decide what treatment is best for you. Usually, your doctor stages the cancer at the time of diagnosis and finds out the “clinical stage” of the disease. If you have an operation, a pathologist studies tissue the surgeon removed and assigns it a “pathologic stage.” In general, the pathologic stage is the most important one in making treatment decisions.

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## What is the TNM system?

Doctors throughout the world use the tumor, lymph node, and metastasis (TNM) system for staging most cancers. The American Joint Committee on Cancer (AJCC) developed the TNM system and maintains and updates it. It is the standard system for cancer staging that physicians and scientists use. The TNM system serves as a “common language” in cancer care.

The “T” in TNM relates to tumor. It indicates tumor size, extent, or penetration (depth) of the tumor. The “N” stands for node. It indicates the number of lymph nodes with cancer or the location of the cancer-involved lymph nodes. The “M” stands for distant metastasis, or spread of the cancer to other parts of the body. It indicates cancer cells outside the local area of the tumor and its surrounding lymph nodes.

Different tumors may spread to different parts of the body. Clearly, it is important to test whether the tumor has spread to other organs. You may have tests such as computed tomography (CT scans), magnetic resonance imaging (MRI), or positron emission tomography (PET scans). After staging of the cancer, you and your doctor can make a treatment plan.

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## What are the most common staged cancers?

The most common cancers that doctors stage using the TNM system are breast, colon and rectal, stomach, esophagus, pancreas, and lung. Other cancers staged with the TNM system include soft tissue sarcoma and melanoma. Staging systems exist for 52 sites or types of cancer.

Some cancers are not staged using the TNM system. Cancers of the blood, bone marrow, brain, and other sites might not use the TNM staging. Gynecologic cancers use another staging system, which doctors can translate into TNM.

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## What does stage grouping mean?

Once doctors have determined the TNM categories, they can place the cancer into a “stage group.” Stage grouping uses Roman numeral I, II, III, or IV. The larger the number, the more advanced the stage of cancer is. If you will take part in a clinical trial, the stage group of the cancer first must be known. It allows you to be placed into the proper treatment group. (A clinical trial is a research study that is conducted with the patient's permission to see how effective and safe a new treatment is.)

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## What is the purpose of a cancer registry?

After diagnosing a cancer, the doctor passes the information along to the hospital cancer registry. The cancer stage also is important in this process. Your doctor enters this designation into the cancer registry to track your response to treatment. A Certified Tumor Registrar (CTR) then sends this information to the state cancer registry. State registries are supported by either the Centers for Disease Control and Prevention or the National Cancer Institute. The information also goes to the National Cancer Data Base (NCDB), which is supported by the American College of Surgeons and the American Cancer Society. All workers with access to your personal information closely protect it to ensure your privacy. Thanks to cancer staging, researchers

can study large groups of patients and assess the outcomes of various treatments so that cancer patients can be given the best care for their individual situation.

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## Resources

For more information, visit these Web sites.

### **American Joint Committee on Cancer**

*[www.cancerstaging.org](http://www.cancerstaging.org)*

### **CancerCare**

*[www.cancer.org](http://www.cancer.org)*

### **American Cancer Society**

*[www.cancer.org](http://www.cancer.org)*

### **American Society of Clinical Oncology's *People Living with Cancer***

*[www.plwc.org](http://www.plwc.org)*