7th Edition Changes for Breast, Lung, Colon, and Prostate
Debunking Urban Legends in Staging

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Highlights of Changes - Breast

**T**
- Guidance on determining tumor size
- Clarification of inflammatory carcinoma
- Recommend grading with Nottingham

**N**
- Classification of isolated tumor cells is more stringent
- Restricted use of (sn) modifier to 5 or fewer nodes

**M**
- Created new cM0 (i+) category
- Disseminated tumor cells detectable in bone marrow
- Circulating tumor cells
- Incidental in other tissues < 0.2 mm
Highlights of Changes - Lung

• Classification recommended for
  – Non-small cell carcinomas
  – Small cell lung carcinomas
  – Carcinoid tumors

• T
  – New tumor sizes and subclassifications
  – Multiple tumors in same lobe now T3
  – Multiple tumors in same lung different lobe now T4

• N
  – New international lymph node map

• M
  – Malignant pleural effusion now M1a
Highlights of Changes - Colon

• **T**
  – T4 subdivided based on differential prognosis

• **N**
  – Potential importance of satellite tumor deposits
  – Defined by site-specific factor Tumor Deposits (TD)
  – TD but no lymph node metastasis classified as N1c
  – N1 and N2 subdivided

• **M**
  – M1a for single metastatic site
  – M1b for multiple metastatic sites

• Stage Groups redefined
Highlights of Changes - Prostate

• T
  – Microscopic bladder neck invasion is now T3a

• Gleason Score now recognized as the preferred grading system

• Prognostic factors incorporated into Anatomic Stage/Prognostic Groups
  – Gleason Score
  – Preoperative prostate-specific antigen (PSA)
Conclusions

• Accurate staging is crucial for
  – Treatment planning
  – Prognosis and outcomes analysis

• Effective with cases diagnosed on or after

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