AJCC Cancer Staging System, 8th Edition: UPDATE

Creating the Bridge from a “Population Based” to a More “Personalized” Approach
Learning Objectives

• Examine highlights of 8th edition content

• Outline 8th edition release information

• Identify plans for AJCC education and training
AJCC Overview
“Philosophy of staging by the TNM system”:

“*It is intended to provide a way by which designation for the state of a cancer at various points in time can be readily communicated to others to assist in decisions regarding treatment and to be a factor in judgment as to prognosis. Ultimately, it provides a mechanism for comparing like or unlike groups of cases, particularly in regard to the results of different therapeutic procedures*”
### AJCC Cancer Staging Manual editions

<table>
<thead>
<tr>
<th>Edition</th>
<th>Publication</th>
<th>Effective dates for cancer diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>1977</td>
<td>1978 - 1983</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>1983</td>
<td>1984 - 1988</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>1988</td>
<td>1989 - 1992</td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>1992</td>
<td>1993 - 1997</td>
</tr>
<tr>
<td>5&lt;sup&gt;th&lt;/sup&gt;</td>
<td>1997</td>
<td>1998 - 2002</td>
</tr>
<tr>
<td>6&lt;sup&gt;th&lt;/sup&gt;</td>
<td>2002</td>
<td>2003 - 2009</td>
</tr>
<tr>
<td>7&lt;sup&gt;th&lt;/sup&gt;</td>
<td>2009</td>
<td>2010 - 2016</td>
</tr>
<tr>
<td>8&lt;sup&gt;th&lt;/sup&gt;</td>
<td>2016</td>
<td>2017 -</td>
</tr>
</tbody>
</table>
• AJCC has become the standard for TNM information and the way cancer is communicated worldwide
  • Validating
  • Revising
  • Restructuring
  • Publishing

• Widely used by
  • Clinicians
  • Surveillance community & tumor registrars
  • Researchers
  • Patient advocates
  • Patients
Roles:

- Communication
  - Standardized nomenclature of cancer
- Clinical practice
  - Staging & prognosis
  - Treatment recommendations
- Clinical trials
  - Eligibility
  - Stratification
- Research at all levels
- Reporting – population science
  - Longitudinal cancer instance
  - Changing spectrum of disease
  - Efficacy of treatment
  - Quality of care
Highlights of 8th Edition

Work started immediately in 2010
More formalized approach April 2013
Development process 2013-2016 – almost 4 years
8E Planning: April 2013 - Sept 2014

- Structure
- Process
- Standardization
- Journey to Personalized Medicine
- Culture of EBM Principles
- Roadmap to electronic applications – EHR, point-of-care, etc.
8th Edition Editorial Organization & Structure

DISEASE SITE EXPERT PANELS

Bone Expert Panel
- Expert Panel Chair
- Expert Panel Vice Chair
- Disease Team Lead(s)
- Disease Team(s)

Breast Expert Panel
- Expert Panel Chair
- Expert Panel Vice Chair
- Disease Team Lead(s)
- Disease Team(s)

18 Expert Panels

Expert Panel Composition:
- Approx. 20 members
- Surgical Oncologist(s)
- Medical Oncologist(s)
- Radiation Oncologist(s)
- Radiologist(s)
- Expert Pathologist(s) – Anatomic and Molecular
- Appointed Representative of College of American Pathologists (CAP) Cancer Committee
- Appointed Representative of Union for International Cancer Control (UICC)

*Chair reports to Editorial Board through appointed Editorial Board Liaison

CORES

Administrative Core
- Evidence Based Medicine & Statistics Core
- Precision Medicine Core
- Content Harmonization & Data Collection
- Data Collection Core
- Imaging Core
- Professional Organization & Corporate Relations Core

Review Cores provide content review specific to their areas of expertise and sign-off prior to final submission.
8th Edition Editorial Organization & Structure

AJCC
American Joint Committee on Cancer

AJCC Cancer Staging System
8th Edition

EDITOR-IN-CHIEF
Mahul B. Amin, MD, FCAP

EDITORIAL BOARD

Stephen B. Edge, MD, FACS
Frederick L. Greene, MD, FACS
Richard L. Schilsky, MD, FACP, FASCO
Laurie E. Gaspar, MD, MBA, FACR
Mary Kay Washington, MD, PhD
Daniel C. Sullivan, MD
Robert K. Brookland, MD, FACP, FACRO
James D. Brierley, MB, FRCR, FRCR, FRCPSC
UICC Representative
Charles M. Balch, MD, FACS
Professional Organization and Corporate Relationship Core Chair
Carolyn C. Compton, MD, PhD, FCAP
Precision Medicine Core Chair
Kenneth R. Hess, PhD
Evidence Based Medicine and Statistics Core Chair
Jeffrey E. Gershenwald, MD, FACS
Content Harmonization Core Chair

J. Milburn Jessup, MD
Data Collection Core Chair
David R. Byrd, MD, FACS
AJCC Chair
Administrative Core Chair
Martin Madera, MA
AJCC Manager
Administrative Core Manager
Elliot A. Asare, MD
AJCC Clinical Scholar-in-Residence

Each major specialty & most core leaders represented
# 8th Edition Expert Panels

## EXPERT PANEL LEADERS

### Bone
- Jeffrey S. Kneisl, MD, FACS, Chair
- Andrew Rosenberg, MD, Vice-Chair

### Breast
- Gabriel N. Hortobagyi, MD, FACP, Co-Chair
- Armando Giuliano, MD, Co-Chair

### Central Nervous System
- Edward R. Laws, Jr., MD, FACS, Chair
- Walter Curran, MD, Vice-Chair

### Endocrine
- Nancy Pelletier, MD, Chair
- Herbert Chen, MD, Vice-Chair

### Gynecologic
- David G. Mutch, MD, Chair
- Alexander B. Oliva, MD, Vice-Chair

### Head and Neck
- Jatin P. Shah, MD, FACS, Chair
- William Lydiatt, MD, FACS, Vice-Chair

### Hematologic Malignancies
- John P. Leonard, MD, Chair
- Elaine Jaffe, MD, Vice-Chair

### Hepatobiliary
- Nicolas Vauthey, MD, Chair
- Timothy Pawlik, MD, Vice-Chair

### Kidney/Urinary Tract
- Walter M. Stadler, MD, FACP, Chair
- James M. McKiernan, MD, Vice-Chair

### Lower GI
- J. Milburn Jessup, MD, Chair
- Richard M. Goldberg, MD, FACP, Vice-Chair

### Male Genital
- Daniel Lin, MD, Chair
- Howard Sandler, MD, Vice-Chair

### Melanoma
- Jeffrey E. Gershenwald, MD, FACS, Chair
- Richard Scolyer, MD, Vice-Chair

### Neuroendocrine Tumors
- Eugene Woltering, MD, Chair
- Emily Bergsland, MD, Vice-Chair

### Non-Melanoma Skin
- Arthur Sober, MD, Chair
- Timothy M. Johnson, MD, Vice-Chair

### Ophthalmic
- Paul T. Finger, MD, FACS, Chair
- Sarah Coupland, MBBS, PhD, Vice-Chair

### Soft Tissue Sarcoma
- Raphael Pollock, MD, PhD, FACS, Chair
- Robert Maki, MD, Vice-Chair

### Thoracic
- Valerie W. Rusch, MD, FACS, Chair
- Douglas Wood, MD, Vice-Chair

### Upper GI
- Wayne Ichimura, MD, Chair
- David Kelsen, MD, Vice-Chair

## AJCC EXECUTIVE DIRECTOR
- David P. Winchester, MD, FACS

## AJCC STAFF
- Laura Meyer, CAPM
  - 8th Edition Project Administrator
- Donna Gress, RHIT, CTR
  - Technical Specialist
- Ashley Yannello
  - Electronic Production Administrator
- Judy Janes
  - Coordinator
AJCC 8th Edition

• 18 Expert panels
  – 5 continents
  – 22 countries
  – 420 individual contributors

• 7 Cores including Data Collection Core & Content
  Harmonization Core

• Partnerships
  – UICC
  – CAP Protocols
  – NCCN guidelines
  – Other endeavors
Related Publications to Facilitate Staging

- In the interest of promoting high quality care, and to facilitate international collaboration in cancer research and comparison of data among different clinical studies, the AJCC uses information from other organizations and publications to facilitate staging.
- **World Health Organization Classification of Tumours, Pathology and Genetics.**
- **WHO International Classification of Diseases for Oncology (ICD-O), 3rd edition.** numerical classification and coding system by topography and morphology
- **American College of Radiology Appropriateness Criteria®.** The ACR maintains guidelines and criteria for use of imaging including the extent of imaging that is recommended for the diagnostic evaluation of the extent of disease of the primary tumor, nodes, and distant metastases in a number of cancer types. The ACR Appropriateness Criteria® are updated regularly ([http://www.acr.org/ac](http://www.acr.org/ac)).
- **CAP Cancer Protocols.** The College of American Pathologists publishes standards for pathology reporting of cancer specimens for all cancer types and cancer resection types. These specify the elements necessary for the pathologist to report the extent and characteristics of cancer specimens ([http://www.cap.org](http://www.cap.org)).
- **National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology (NCCN Guidelines®).** The NCCN provides practice guidelines for most types of cancers. These guidelines are updated at least annually. They include recommendations for diagnostic evaluation and imaging for the primary tumor and screening for metastases for each cancer type that may be useful to guide staging ([http://www.nccn.org](http://www.nccn.org)).
- **American Society of Clinical Oncology (ASCO) Guidelines.** ASCO develops guidelines and technical assessments for an array of clinical situations and tools. These include disease and modality specific guidelines and assessments of tools such as the use of biomarkers in certain cancers. These may be found at the ASCO website [www.asco.org](http://www.asco.org).
8th Edition – What’s New?

• Formally incorporate evidence based and biostatistics rigor while evaluating new recommendations and changes through the Evidence Based Medicine and Statistics Core
Philosophy

• Levels of evidence for key information ensure transparency

• Changes must be based on data

• Data sources
  – NCDB
  – SEER
  – Multi-institutional databases
  – International databases
  – Publications
Levels of Evidence - Abbreviated

- **I:** The available evidence includes consistent results from multiple appropriate studies.
- **II:** The available evidence is obtained from at least one appropriate study with external validation.
- **III:** The available evidence is problematic.
- **IV:** The available evidence is nonexistent.
Imaging Section

• Imaging section in each chapter

• Provides guidance to physicians when ordering tests

• Information for radiologists on reporting results
  – Structured reporting is being promoted

• Aids communication for assigning stage
Persistent Challenges to TNM Staging

• TNM does not meet needs of clinicians and patients
  – Individualized prognosis
  – Predict value of therapy
  – TNM risks marginalization

• TNM largely limited to anatomic information
  – Lacks biologic data and impact of response
  – Creates ‘bins’ of like patients

TNM must maintain anatomic base
- Population incidence and impact
- Longitudinal changes
- World wide use
The 8th edition of the American Joint Committee on Cancer (AJCC) will provide the definitive, comprehensive, proactive, global, evidence-based, contemporary, clinically relevant taxonomy of human neoplasia.

In promoting this classification, the 8th edition will:

- Retain its base on anatomic stage and extent of disease which will be enhanced by incorporation of molecular biomarkers for more accurate disease stratification
- Retain its fundamental role in defining prognosis and appropriate disease management which will be enhanced by its ability to guide precision therapy
“The Next Generation” AJCC TNM Staging System: The Bridge from a “Population Based” to a “More Personalized” Approach

- **All disease sites will incorporate** non-anatomic prognostic factors for stage grouping, if and as relevant.
- **PM Core will lead linking of** prognostic non-anatomic factors to an “AJCC-approved” prognostic risk calculating model.
  - **Sites:** breast, melanoma, colon, prostate, lung, head and neck, soft tissue sarcoma and select hematolymphoid malignancies.
The Transition from Population Based to a more “Personalized” Approach

AJCC/UICC TNM Stage (Basic Classification)

AJCC Stage (Advanced Clinical Relevance)

AJCC “Personalized” (Advanced Clinical + Personalized Relevance)

Population Survival Outcomes

Personalized Survival Outcomes
AJCC Vision

...and Where It Fits in the 8th Edition:

Cancer Stage → Comprehensive Cancer Profile

Definitions of TNM

Prognostic Factors

Clinical Trial Stratification

Prognostic and Risk Assessment Models

Population

Personalized
8th Edition

- **Content Harmonization Core** empowered to clarify and resolve inconsistencies and update General Staging Rules (GSR) and their application

8E Team is Comprehensive
Content Harmonization

• Charge - critical review of the “purposes and principles of cancer staging”
  – Clarity
  – Accuracy
  – Minimizing ambiguity
  – Harmonization of terms/definitions across chapters
  – Removal of obsolete content
  – Introduction of pertinent new concepts to staging
Chapter 1 Staging Rules

• Team of 15 physicians reviewed Chapter 1
  – Extensive line by line review
  – Over a span of two years

• Harmonization Summit September 2015
  – Full day for vetting staging rules
  – Audience response system for voting
  – Approximately 60 physicians in attendance
  – Registrars also participated

• Final chapter reviewed/edited by 8 physicians
Chapter 1 Staging Rules

• Expansion of chapter 1 rules
  – Explains the basics of staging
  – Clarify terminology
  – Describes timeframe and criteria for each classification

• A few new rules based on changes in medical practice

• Detailed rules for clinical and pathological classifications
  – Guidance for T, N, and M for both classifications

• Detailed rules for stage groups

• Rules in table format for easy reference
Assigning Stage – The Role of the Managing Physician

• Staging requires the collaborative effort many professionals, including the managing physician, pathologist, radiologist, cancer registrar and others

• While the pathologist and the radiologist provide important staging information, and may provide important T-, N-, and/or M-related information, stage is defined ultimately from the synthesis of an array of patient history and physical examination findings supplemented by imaging and pathology data

• Only the managing physician can assign the patient’s stage, since only (s)he routinely has access to all of the pertinent information from physical exam, imaging studies, biopsies, diagnostic procedures, surgical findings, and pathology reports
### Classification
A lower case prefix describes the time point in a patient’s cancer continuum when stage is assigned, including:
- c: clinical
- p: pathological
- Yc/yp: post neoadjuvant (radiation or systemic) therapy – clinical/pathological
- a: autopsy

### Category
T-, N-, and M-specific data are used to assign a cancer site-specific T, N, and M category for a patient at a given classification.

### Subcategory
Some disease sites have subcategories devised to facilitate reporting of more detailed information and often more specific prognostic information. Examples:
- breast cancer: T1mi, T1a, T1b, T1c
- breast cancer: N2a, N2b
- prostate cancer: M1a, M1b, M1c

### Prognostic Stage Groups (Stage Groups)
Prognostic stage groups are assigned based on disease site-specific T, N, and M categories and relevant prognostic factors to group patients with similar prognosis and/or treatment approach.
AJCC Cancer Staging System, 8th Edition

1 of 8 vision statements for 8E

- Retain its role in providing interoperable data for determining efficacy of treatment and surveillance modalities; these will be enhanced by a robust interactive knowledge management informatics system available at point of care, data accrual and research facilities.
Content Management System will help AJCC

- Improve the efficiency of updates and publishing for future editions
- Harmonize terminology and structure across the staging system
- Enhance content to help eliminate errors in staging rule application
- SINGLE SOURCE CONTENT
8th Edition – What’s New?

• For content harmonization across all chapters and to facilitate standardized incorporation into electronic health products and other publications; organized around the three principles of use, utility and maintainability

Content Management System (CMS)
Content Development and Publishing Model

API: Application Programing Interface
Milestones

• Authoring (Expert Panels) - Sept 2014- Dec 2015
  • Literature review
  • Deliberations
  • Staging recommendations
  • Chapter writing

• Editorial Review & Approval of All Chapters – Nov 2015- March 2016
Changes for 8th Edition
Overview

• AJCC Cancer Staging Manual
  – Supplies T, N, M, and stage groups
  – Provides critical information to understand staging system
    • General information and anatomy
    • Criteria for clinical and pathological classifications
    • Guidance on applying T, N, M category criteria
    • Evidence used for changes
    • Explanations for prognostic factors
    • Grade system for that chapter
    • Comments on histologies
### Chapter Outline

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chapter Summary</strong></td>
<td>Summary of major changes and applicable diseases.</td>
</tr>
<tr>
<td></td>
<td>• Cancers staged using this staging system</td>
</tr>
<tr>
<td></td>
<td>• Cancers not staged using this staging system</td>
</tr>
<tr>
<td></td>
<td>• Summary of Changes</td>
</tr>
<tr>
<td></td>
<td>• ICD-O-3 Topography Codes</td>
</tr>
<tr>
<td></td>
<td>• WHO/IARC Histology Codes</td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
<td>General information on the disease site such as background, trends and recent discoveries</td>
</tr>
<tr>
<td><strong>Anatomy</strong></td>
<td>• Primary Site(s)</td>
</tr>
<tr>
<td></td>
<td>• Regional Lymph Nodes</td>
</tr>
<tr>
<td></td>
<td>• Metastatic Sites</td>
</tr>
<tr>
<td><strong>Rules for Classification</strong></td>
<td>• Clinical</td>
</tr>
<tr>
<td></td>
<td>○ Imaging</td>
</tr>
<tr>
<td></td>
<td>• Pathological</td>
</tr>
</tbody>
</table>
# Chapter outline for the AJCC Cancer Staging Manual, 8th Edition

## Prognostic Factors

Identification and discussion of non-TNM prognostic factors important in each disease.

- Prognostic Factors Required for Prognostic Stage Grouping
- Additional Factors Recommended for Clinical Care
- Emerging Factors for Clinical Care – Web Only

## Risk Assessment Models

Prognostic and predictive models that have been validated by the AJCC’s acceptance criteria for inclusion of risk models for individualized prognosis in the practice of precision medicine.

- Continuous updates will be available on www.cancerstaging.org.

## Recommendations for Clinical Trial Stratification

Recommended factors for partitioning patients entering into a clinical trial – Web Only
## Definitions of AJCC TNM
- Definition of Primary Tumor (T)
- Definition of Regional Lymph Node (N)
- Definition of Distant Metastasis (M)

## AJCC Prognostic Stage Groupings
Organization of T, N, M, and any additional categories into groups.

## Registry Data Collection Variables
Prognostic variables recommended for collection in cancer registries

## Histologic Grade (G)
Grading system to be used

## Histopathologic Type
Discussion or listing of histopathologic types

## Survival Data
Survival data is the basis for anatomic stage and prognostic groups

## Bibliography
References for chapter
Changes for 8th Edition

• Updates
  – Updated General Staging Rules
  – Updated staging systems
  – Updated histologic classifications and grading systems
  – Updated WHO/IARC histology codes
  – More illustrations
Changes for 8th Edition

• New paradigms
  – HPV (oropharyngeal ca staging systems based on HPV status)
  – Separate staging system for patients with neoadjuvant therapy (yc or yp systems)
    • Esophagus and Stomach
  – Bone and Soft Tissue Sarcoma
    • Separate staging systems based on anatomic sites
Changes for 8th Edition

• New features
  – Levels of Evidence
  – Imaging section
  – Risk Assessment Models for select cancer sites
  – Recommendations for Clinical Trial Stratification
  – Prognostic factors
    • Required for prognostic stage grouping
    • Recommended for clinical care
    • Emerging factors
Changes for 8th Edition

• New chapters/staging systems
  – Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck
  – Pharynx - HPV-Mediated Oropharynx Cancer (p16+)
  – Cutaneous Squamous Cell Carcinoma of the Head and Neck
  – Thymus
  – Bone: Appendicular Skeleton/Trunk/Skull/Face, Pelvis, and Spine
  – Soft Tissue Sarcoma of the Head and Neck
  – Soft Tissue Sarcoma of the Trunk and Extremities
  – Soft Tissue Sarcoma of the Abdomen and Thoracic Visceral Organs
  – Soft Tissue Sarcoma of the Retroperitoneum
  – Soft Tissue Sarcoma – Unusual Histologies and Sites
  – Parathyroid
  – Leukemia
Changes for 8th Edition

- Split chapters
  - p16 negative oropharynx and hypopharynx (previously pharynx)
  - Nasopharynx (previously pharynx)
  - Pancreas – exocrine (previously endocrine/exocrine pancreas)
  - Pancreas – endocrine (previously endocrine/exocrine pancreas)
  - Neuroendocrine Tumors of the Stomach
  - Neuroendocrine Tumors of the Duodenum and Ampulla of Vater
  - Neuroendocrine Tumors of the Jejunum and Ileum
  - Neuroendocrine Tumors of the Appendix
  - Neuroendocrine Tumors of the Colon and Rectum
  - Neuroendocrine Tumors of the Pancreas
  - Thyroid – Differentiated and Anaplastic
  - Thyroid – Medullary
  - Adrenal Cortical Carcinoma
  - Adrenal – Neuroendocrine
Changes for 8th Edition

• Merged chapters
  – Ovary, Fallopian Tube, and Primary Peritoneal Carcinoma

• Deleted chapters
  – Cutaneous Squamous Cell Carcinoma and Other Cutaneous Carcinomas
    • See cutaneous carcinoma of the head and neck
Registry Data Collection

• Most factors similar to 7th edition

• Prognostic factors distinguished by their purpose

• Factors Required for Staging
  – Collected along with TNM to assign stage group

• Factors Recommended for Collection
  – Collected at discretion of standard setters
Registry Data Collection

• Prognostic factors clearly defined in 8th Edition
  – Prognostic factors required for staging explicitly labeled
  – Standard setters CoC, CDC and SEER will determine which additional factors are required for collection

• Physician guidance on data collection
  – Parameters for data: first/last, negative/positive test result
  – Location of information in medical record: H&P, pathology, lab, imaging

• Prognostic factor coding tables and instructions in FORDS manual
Electronic Updates

• Future Updates at www.cancerstaging.org

• 8th Edition content available to EHR vendors, registry software vendors and other users through Application Programming Interface (API)

• Cancer staging forms available in PDF format

• Rolling Updates
  – Emerging Factors for Clinical Care
  – Risk Assessment Models for additional cancers
Release of 8th Edition

- Cancer Staging Manual will be released October 31, 2016
  - Full size print manual
  - Additional illustrations
  - Complete definitions, tables, rules, and explanations

- 8th Edition effective with cases diagnosed January 1, 2017

- AJCC making content available to vendors through API
  - Registry vendors providing feedback during development
  - Will be available for licensing August 2016
AJCC Education
Education Topics

• Chapter 1 staging rules

• Disease site topics
  – Changes from 7th edition
  – Factors required for assigning stage group
  – Important criteria
  – Special site rules
  – Factors for registry data collection
Physician Education Plans

• Staging education will be offered to physicians

• Submitting abstracts for major medical specialty meetings

• Posting short education pieces on AJCC Web site

• Topics
  – Staging rules
  – 8th edition disease site changes
Registrar Education Plans

- Education plans are in development
  - 7th edition disease site education this summer and fall
  - 8th edition will be scheduled for next year

- Schedule for release of education will be share

- Registrar education will be free

- Format
  - Self-study was well received and will continue
  - Webinars to reinforce self-study and answer questions
Dedications

• 2\textsuperscript{nd} Edition
  • Murray M. Copeland, M.D.
    – First Chairman of AJCC

• 3\textsuperscript{rd} Edition
  • W. A. D. Anderson, M.D.
  • Marvin Pollard, M.D.
  • Paul Sherlock, M.D.
    – Contributed greatly to AJCC & recommendations on staging

• 4\textsuperscript{th} Edition
  • Harvey Baker, M.D.
    – AJCC Chair, initiated universal agreement on staging with UICC
Dedications

• 5th Edition
• Oliver Howard Beahrs, M.D
  – Instrumental in previous editions of AJCC Manual

• 6th Edition
• Robert V. P. Hutter, M.D.
  – Leader in effort to achieve worldwide staging using TNM system

• 7th Edition
• Irvin D. Fleming, M.D.
  – Past Chair AJCC, Past President Am Cancer Society
8th Edition Dedication
The AJCC Cancer Staging Manual, Eighth Edition is dedicated to all **CANCER REGISTRARS** in recognition of their:

- education and unique commitment to the recording and maintenance of data that are so vital for the care of the cancer patient;

- professionalism in the collection of factors that are fundamental to sustaining local, state and national cancer registries;

- dedication to the cataloging of information crucial to cancer research;

- leadership, support and promulgation of the principles of cancer staging;

- AND THEIR POSITIVE IMPACT ON CANCER PATIENT OUTCOMES
Summary
Summary

• 8th edition is a significant step forward

• Education planned for physicians and registrars

• Significant disease site changes will be communicated

• AJCC Web site will provide a roadmap for information on 8th edition

• Congratulations to Cancer Registrars on 8th edition dedication