Timing is the Key to AJCC Staging

Donna M. Gress, RHIT, CTR

AJCC
American Joint Committee on Cancer

Validating science. Improving patient care.
Overview

• Timeframe critical to understanding AJCC staging classifications

• Staging timeframe in relationship to patient care continuum

• Staging criteria for each classification timeframe

• M category

• X or Blank is not a choice, but follows definitions of AJCC
Learning Objectives

• Define staging classifications (c, p, yp) as points in time of a patient's care

• Identify timeframes for staging classifications

• Compare rule differences between M and T & N

• Examine AJCC rules relationship to current medical practice

• Distinguish differences between X and Blank

• Practice using physician stage for registry data items
Cannot See the Future
Real Life

• Staging is real life
  – The life of a patient
  – Do not know what will happen tomorrow

• Not a mystery novel where you can
  – jump ahead or
  – look at the ending

• Clinical stage is the first part

• Cannot use the ending to change the beginning
Like a Vacation

• Planning a vacation is like clinical stage

• Decide you want to go on a vacation (diagnosis)

• Explore maps – plan which roads to take

• Choose important sights (museums, landmarks) to visit

• Select activities to participate in
Like a Vacation

• Being on vacation is like pathologic stage

• Start on the trip (surgical treatment)

• Encounter obstacles such as closed roads and detours

• Bad weather may cancel activities

• Museums may be closed, other surprises along the way

• **May not be what you planned**

• **Clinical and pathologic staging are NOT the same**
Perspective

- Child in football uniform, maybe Halloween costume
Perspective

• Nebraska football team

Red-White game 2013
Perspective

• Child in football uniform, maybe Halloween costume (clinical stage)

• Widen the picture – see a new perspective
  – Child is part of Nebraska football team (pathologic stage)

• Seeing the team doesn’t mean first picture is not a child

• It is your perspective that has changed

• Cannot skew data by
  – Saying it isn’t a child (changing clinical stage)
  – Based on whole team (pathologic stage) that you see later
Perspective
Jump from the Airplane
Jump from the Airplane

• Like jumping out of an airplane after assigning clinical stage

• There is no going back

• Plane has moved on and you are in mid air

• Can’t climb back through the air into the plane

• Cannot change clinical stage

• Take clinical info with you when jumping for pathologic stage
What Time is It?
What Time is It?

• Staging classifications are points in time of patient's care

• **Not** type of tests or procedures being performed

• **Not** whether there was tissue or specimens examined

• Pathologists do **not** assign pathologic stage
Clinical Classification - c

- **Point in time for clinical classification**

- **Patient is diagnosed** (date of diagnosis)

- **Diagnostic workup**
  - Physical examination
  - Imaging
  - Biopsies of primary site, nodes, distant mets
  - Endoscopies and surgical explorations

- **Information needed to**
  - Establish tumor burden, and
  - Choose appropriate treatment plan
Pathologic Classification - p

• **Point in time for pathologic classification**

• **All info from date of diagnosis until going for surgery**

• **Surgical treatment operative findings**

• **Specimen analysis pathology report**

• **Includes imaging following and based on surgical findings**
Posttherapy Clinical- yc

• Point in time for posttherapy clinical classification

• Patient finished systemic or radiation therapy
  – May be only treatment
  – May be neoadjuvant to be followed by surgery

• Evaluation to assess response to treatment
  – Physical examination
  – Imaging

• Information needed to
  – Establish remaining tumor burden
  – Choose next steps
Posttherapy Pathologic - yp

- Point in time for posttherapy pathologic classification
- All info from y-clinical evaluation (physical exam & imaging)
- Surgical treatment operative findings
- Specimen analysis pathology report
Stage Classifications

- Pathologic – p
- Clinical - c
- Date of Diagnosis
- Diagnostic Workup – phy exam, imaging, bx
- Clinical - c
- Surgical Treatment
- Pathology Report
- Systemic or Radiation Therapy
- Evaluation by imaging & physical exam
- Surgical Treatment
- Pathology Report
- Posttherapy - yc
- Posttherapy - yp
M Category Options

• M category rules are different from T and N

• Critical to know if mets are microscopically confirmed
  – Data analysis uses this information

• Clinical & Pathological classification M category options
  – cM0
  – cM1
  – pM1
Only 1 M Category Assigned

• Diagnostic workup
  – Patient has bone scan showing osteolytic lesions
  – Bone biopsy shows metastatic adenocarcinoma on pathology report

• Clinical M Category assigned pM1

• Do **NOT** assign cM1 for clinical stage
  – Even if pathological stage is assigned pM1

• Assign correct M category for the patient

• Staging is for patient care
  – It is not about coding all test results, imaging and biopsies
X and Blank
Do You or Don’t You

• Qualify for, meet criteria
  – Can’t go to college until you complete high school
  – Can’t submit CE hours if you don’t have the credential

• Expected
  – Complete time card only for days you are scheduled to work

• Don’t report what was not done, when not expected
  – Don’t need to comment did not work on Saturday or Sunday
  – No operative report to say no surgery was done
  – No pathology report to say no specimen

• All or nothing
  – Complete entire 1040 tax form, cannot do just part of it
All or Nothing

• Staging classifications are all or nothing

• If criteria are met, stage must be assigned
  – All categories – T, N, and M
  – Stage group, if possible or available

• If criteria are NOT met, nothing may be assigned

• Staging is about the patient
  – It is not about coding information
X or Blank

X

• If criteria is met, stage is assigned
  – Must use X if category information is unknown
  – Must use X if group cannot be assigned
  – Cannot leave some information blank

Blank

• If criteria is NOT met, stage is blank
  – All categories are blank
  – Stage group is blank
  – Cannot use X
Rare Exception

• Staging criteria met and registrar does not have information

• X would be misleading
  – Can’t use X, does not meet the TX or NX criteria
  – Implies physician did not know information
  – Leave field blank
  – Need methods to obtain information

• Partial staging information is not useful
  – Case cannot be used for data analysis
  – Need T, N, and M for data analysis

• X defined by AJCC
  – If not X - only option is blank
Documenting AJCC Stage in Registry Data Items
AJCC Stage in Registry Data Fields

• AJCC stage
  – Use physician assigned stage
  – Registrar assigns AJCC stage by rules

• Registry data fields
  – Put each T, N, and M category into correct data field

• Changes for 2016
  – In situ cases
    • Allow pTis to be entered into clinical T data field
    • Allow cN0 to be entered into pathologic N data field
  – M category
    • Allow pM to be entered into clinical M data field
    • Allow cM to be entered into pathologic M data field
Diagnostic Workup Case Scenario

• Physician states tumor invades adjacent tissue – cT3
• CT/PET imaging demonstrates nodal involvement – cN2
• Nuclear med bone scan shows lytic lesions – cM1
• Biopsy of iliac crest shows metastatic carcinoma – pM1

QUESTIONS
• What is the M category for clinical staging?
  – A. cM1
  – B. pM1

• How is M1 recorded in clinical stage M registry data item?
  – A. cM1
  – B. pM1
  – C. blank
AJCC Stage in Registry Data Fields

• Physician stage
  – cT3 cN2 pM1 clinical stage IV
  – cT3 cN2 pM1 pathologic stage IV

• Registry fields prior to 2016
  – Clinical  T3  N2  M blank  stage 4
  – Pathologic  T blank  N blank  M1  stage 4

• Registry fields 2016
  – Clinical  cT3  cN2  pM1  stage 4
  – Pathologic  T blank  N blank  pM1  stage 4

• Presentation on AJCC Web site with more examples
Information and Questions on AJCC Staging
AJCC Web site

• https://cancerstaging.org

• Cancer Staging Education Registrar menu includes
  
  – Presentations
    • Registrar’s Guide to Chapter 1, AJCC Seventh Edition
    • Explaining Blanks and X, Ambiguous Terminology and Support for AJCC Staging
    • AJCC T, N, and M Category Options for Registry Data Items in 2016

  – AJCC Curriculum for Registrars
    • Free self-study modules I - IV of increasing difficulty on staging rules
      – Each modules consists of 7 lessons
      – Including recorded webinar with quizzes
AJCC Web site

- https://cancerstaging.org

- Cancer Staging Education Physician menu includes
  - Articles
    • 18 articles on AJCC staging in various medical journals
  - Webinars
    • 14 free webinars on staging rules and some disease sites

- Cancer Staging Education General menu includes
  - Staging Moments
    • 15 case-based presentations in cancer conference format to promote accurate staging with answers and rationales
CAnswer Forum

• Submit questions to AJCC Forum
  – Located within CAnswer Forum
  – Provides information for all
  – Allows tracking for educational purposes

• http://cancerbulletin.facs.org/forums/
Summary

• Staging timeframes – cannot go back in time

• Define the different points in time
  – In a patient’s care
  – Staging classifications

• M category rules
  – cM0, cM1, pM1 used for clinical and pathological classifications

• Differences between X and Blank
Thank you

Donna M. Gress, RHIT, CTR
AJCC Technical Specialist

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633 N. Saint Clair, Chicago, IL 60611-3211
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