Group Assignment

• Group numbers correlate with worsening prognosis
  – Stage 0
    • Carcinoma in situ and melanoma in situ
  – Stage I
    • Tumor confined to primary site with better prognosis
  – Stages II and III
    • Increasing local and regional nodal involvement
  – Stage IV
    • Distant metastatic disease

• Groups expand into subsets for more refined prognosis
  – Stage II becomes IIA and IIB
Define Separate Groups

• Must define separate stage groups for each classification
  – Each are different
  – Have different purposes

• Documenting stage in medical health care record
  – Critical to document clinical and pathologic
  – Postneoadjuvant therapy (yp) may replace pathologic
  – If applicable, retreatment

• Once assigned, stage is **NOT** changed
  – Assigned based on appropriate timing and rules
  – Not changed based on information *after* appropriate timing
  – Not changed based on subsequent stage classifications
Similar Prognosis

• Cases with similar prognosis are grouped together

• Clinical stage groups based on
  – cT  cN  c/pM

• Pathologic stage groups based on
  – pT  pN  c/pM

• Disease specific groups of T, N, and M are defined
  – In each chapter
  – Unique for that site or disease
Use of TX and NX

• Minimize use of TX and NX

• May be assigned for legitimate situations
  – Evaluation of tumor necessary to assign T category not done
  – Evaluation of nodes necessary to assign N category not done

• Use of X may render case unstageable

• Stage only assigned if other categories determine stage
  – Belongs in one and only one stage regardless of unknown category

• Cases without stage omitted from comparison analyses
• “Anatomic Stage/Prognostic Groups” is proper name
  – Commonly referred to as “stage groups”
  – Due to inclusion of non-anatomic factors as categories

• Certain stage groups require non-anatomic factors
  – These factors are a category
  – Included in the stage group tables

• If factor category information is not available or uncertain
  – Assign X for factor category, or
  – Assign lowest category (best prognosis) of factor category
Uncertain Information

• Define uncertain information
  – Ambiguity about involvement
  – Details to meet stage group criteria are unclear
  – Choosing between two stage groups

• Correct stage group for uncertain information
  – Lower or less advanced group used

• Define unknown information
  – Unknown to the physician
  – Not used to describe situation where registrar does not have access to the information

• Correct stage group for unknown information
  – Do not assign a group
  – Never assign lowest group
Thank you

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