Lesson 15
Classifications

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Clinical

• Surgical exploration during resection
  – **NOT** used for clinical stage
  – Surgeon always evaluates/explores before performing resection
  – Part of pathologic stage, it is the operative findings

• Extensive imaging **not** needed to assign stage
  – Assign stage based on physician assessment and judgment
  – Recommended workup helpful in determining stage
  – Imaging choices may point to stage
  – Imaging may not be performed
    • Due to low stage and not appropriate, or
    • Comorbidities precluding treatment choices, affecting prognosis

• Guides to accepted standards for diagnostic evaluation
  – American College of Radiology Appropriateness Criteria
  – Practice Guidelines of National Comprehensive Cancer Network
Pathologic

• Operative findings
  – Can overrule pathology report **IF**
    • Tissue was not submitted to pathology
  – pT does **NOT** have to be tissue proven

• Pathologist cannot assign final pT and pN
  – Provides helpful information, not final categories
  – Cannot provide stage group unless pM1
Postneoadjuvant Therapy

• ycTNM
  – Used with T and N categories only
  – M category is
    • Defined at the time of diagnostic workup
    • Never changed after neoadjuvant therapy

• yc denotes response
  – After systemic and/or radiation therapy
  – Before surgical resection
  – Clinical information is used
    • Physical exam
    • Imaging

• Registrars cannot record
  – No data fields in registry for yc
Postneoadjuvant Therapy

- ypTNM
  - Used with T and N categories only
  - M category is
    - Defined at the time of diagnostic workup
    - Never changed after neoadjuvant therapy

- yp denotes response that is proven
  - After systemic and/or radiation therapy and
  - After surgical resection
  - Surgery and pathology information is used
    - Operative findings
    - Pathology report of surgical resection specimen

- Registrars must use AJCC stage descriptor “y” data field
  - Cannot be analyzed with pathologic staged cases
Retreatment

- Recurrence - apply in cases when
  - Further treatment planned for
  - Cancer that recurs
  - After disease-free interval

- Information obtained from
  - Clinical staging extent of disease
  - Therapeutic procedures (including surgical treatment)

- Information may be prognostic for patients

- Extent of recurrent disease guides therapy for patients
  - Primary treatment
  - Adjuvant therapy
Retreatment

• Recurrence confirmation

  – Biopsy confirmation is important
    • If clinically feasible
    • Not required

  – May not be appropriate for each category: T, N, and M

  – Clinical evidence may be used as needed for confirmation
    • Clinical exam
    • Imaging
    • Endoscopic procedures
    • Exploratory procedures
    • Other related methods
Autopsy

• Apply to cases where

  – Cancer **NOT** evident prior to death

  – **NO** suspicion of cancer

  • No signs/symptoms

  • No clinical findings

  • No imaging findings
Thank you

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