Lesson 4
Stage Groups Put Together Cases With Similar Prognosis

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Purpose of Stage Groups

• Reproducible and easily communicated summary of staging information

• Patient care
  – Helps patients understand the extent of their disease
  – Communicate treatment and prognosis with patients
  – Ease of communication between physicians

• Data analysis
  – Larger numbers of similar patients
  – Statistically significant
Creation of Stage Groups

- Basic premise – patients with similar prognosis

- Stage group made up of these categories
  - T
  - N
  - M
  - Can include other additional categories

- Group patients with similar prognosis
  - Creates groups with specific category criteria
  - Consolidates many combinations into a few groups

- Groups may contain
  - Variance within categories, T1 N0 M0 and T2 N0 M0
  - Variance between categories, T1 N1 M0 and T2 N0 M0
  - As long as their outcomes are similar
Designation of Stage Groups

• Roman numerals I through IV
  – Higher numbers indicate increasing severity
  – 0 (zero) also used

• General meaning of stage groups, exceptions allowed
  – 0 – in situ
  – I – small tumors, less deeply invasive, negative nodes
  – II – increasing tumor and nodal extent
  – III – increasing tumor and nodal extent
  – IV – distant metastasis

• Subsets
  – Expand groupings using A, B, C
  – More refined prognostic information
Meaning of Stage Groups

• Stage groups have prognostic meaning
  – Must have statistically significant separation between stages
  – Higher number stages must have worse prognosis than lower numbers
  – Not just split of cases between numbers I through IV
  – Not just a range of better to worse and patients fit on that continuum

• All cases within group have same outcome
  – Even though their burden of disease may vary
Changes in Stage Groups

• Category combinations moved when outcomes change

• Must maintain separation between stages for outcomes analysis

• Changes may be due to
  – Improved clinical staging techniques better define the disease
  – Improvements in treatment change prognosis in certain types of involvement, for example
    • New surgical techniques for local extent
    • New systemic drugs for nodal involvement
Thank you

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