Clinical – Time Frame

• Diagnostic workup – defined in next bullet

• From
  – Moment of diagnosis
  – Through diagnostic workup
  – Until / before first treatment

• First treatment includes
  – All therapeutic modalities
  – Active surveillance or watchful waiting
  – Decision not to treat

• Staging stops if documented progression of disease

• In absence of documentation, 4 month cutoff allowed
Clinical – Information Included

- Clinical history and symptoms
- Physical exam
- Lab tests
- Imaging
- Endoscopy
- Biopsy of primary site
- Biopsy of regional lymph nodes
- Biopsy of distant metastatic site
- Surgical exploration without resection
- Other relevant exams and diagnostic procedures
Clinical – Purpose and Use

• Define prognosis

• Select initial therapy / treatment

• Used for comparisons
  – Only point in time all patients can be compared
  – Differences in primary therapy impede later comparisons

• TNM or cTNM
Pathologic – Time Frame

- Diagnostic workup through definitive surgical treatment

- From
  - Moment of diagnosis
  - Through diagnostic workup
  - Including operative findings during surgical resection/treatment
  - Including pathology report findings from surgical resection/treatment

- Surgical resection/treatment defined
  - In AJCC Chapters
  - Different based on anatomy & biology
  - Varies from resection of tumor to resection of organ/structure

- In absence of documentation, 4 month cutoff allowed
Pathologic – Information Included

• Encompasses 3 equal pieces
  – All clinical classification information
  – Operative findings
  – Pathology report of resected specimen

• Clinical information is a valid piece
  – Used unless disproven by operative findings and/or path report

• Operative findings contribute to stage
  – Does not have to be sampled to be included
  – Surgeon judgment can be used to assign stage

• Pathology report is NOT the final word for stage
  – Helpful information but must look at other pieces of info
  – Can NEVER assign stage group if no distant mets
Pathologic – Purpose and Use

• Most precise prognosis

• Select subsequent/adjuvant therapy
  – Systemic or radiation therapy needed based on surgery results

• Provides additional precise and objective data
  – More precise than clinical classification
  – Used for survival and outcomes data

• pTNM
Postneoadjuvant Therapy – Time Frame

Postneoadjuvant therapy clinical
• Between completion of neoadjuvant therapy and surgery

• From
  – After completion of last systemic and/or radiation therapy treatment
  – Before definitive surgical resection

Postneoadjuvant therapy pathologic
• After both neoadjuvant therapy and surgery

• From
  – Operative findings during surgical resection
  – Including pathology report findings from surgical resection
Postneoadjuvant therapy – Information Included

Postneoadjuvant therapy clinical
- Physical exam
- Symptoms
- Imaging
- Lab tests
- Use clinical stage/pretreatment M category status

Postneoadjuvant therapy pathologic
- Operative findings
- Pathology report of resected specimen
- Use clinical stage/pretreatment M category status

Neoadjuvant therapy includes
- Radiation therapy
- Systemic therapy: chemo, hormone, immuno
Postneoadjuvant Therapy – Purpose and Use

Postneoadjuvant therapy clinical
• Response to therapy assessment is prognostic
  – Compare to clinical stage to assess response
• Helps direct extent of surgery to be performed

• ycTNM

• Not collected by cancer registrars, no data fields

Postneoadjuvant therapy pathologic
• Response to therapy assessment is prognostic
  – Compare to clinical stage to assess response
• Helps direct subsequent systemic and/or radiation therapy

• ypTNM
Retreatment

Time Frame
• At time of retreatment for
  – Recurrence (must have a disease free interval) or
  – Disease progression

Information Included
• All clinical and pathologic information available at
  – Time of retreatment
  – Time of recurrence

Purpose and Use
• Select treatment and analyze recurrences
• Original stages assigned at initial Dx and Rx do NOT change
• rTNM

• Not collected by cancer registrars, no data fields
Autopsy

Time Frame
• At time of autopsy for
  – Previously undiagnosed cancer
  – Cancer not evident prior to death

Information Included
• All clinical and pathologic information obtained at
  – Time of death and
  – Postmortem examination

Purpose and Use
• Analysis of unsuspected cancers prior to death
  – Separate from cases where medical intervention was possible
• aTNM

• Not collected by cancer registrars, no data fields
General – All Classifications

• Microscopic confirmation
  – Required / should be confirmed for classification
  – Rare cases without microscopic confirmation
    • May be staged
    • May affect data analysis if truly not cancer

• ICD-O-3 codes identify cases pertaining to each chapter
  – International Classification of Diseases for Oncology, 3rd Edition
  – Topography codes to identify primary site
  – Histology code ranges to identify morphology (cell type)

• Recommend CAP cancer protocol usage for reporting
Stage Classification Based on Treatment

• Surgical Treatment
  – Clinical
  – Pathologic

• Systemic and/or Radiation ONLY
  – Clinical

• Neoadjuvant Therapy
  – Clinical
  – yclinical (after systemic/radiation but before surgery)
  – ypathologic (after systemic/radiation AND surgery)

  – Can NEVER do pathologic after neoadjuvant therapy
  – Registrars do not have data field to record yc
Thank you

Donna M. Gress, RHIT, CTR
AJCC Technical Specialist

AJCC
American Joint Committee on Cancer
Validating science. Improving patient care.

633 N. Saint Clair, Chicago, IL 6011-3211
cancerstaging.org

No materials in this presentation may be repurposed without the express written permission of the American Joint Committee on Cancer. Permission requests may be submitted at CancerStaging.net