Seventh Edition Staging 2017
Melanoma

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Overview

• Provide key information for melanoma on
  – Common staging issues and questions
  – Exceptions and cautions for T, N, M
  – Diagnostic procedures vs. treatment
  – Treatment satisfying stage classification criteria
  – Blank vs. X
Learning Objectives

• Analyze common staging issues and questions

• Determine exceptions and cautions for T, N, M

• Distinguish diagnostic procedures vs. treatment

• Identify treatment satisfying stage classification criteria

• Recognize difference between blank vs. X
Melanoma Staging
Clinical T Category

- Diagnostic biopsy to establish diagnosis and T category

- Determining thickness for T category
  - Must be measured by pathologist
  - Cannot use Clark level to infer thickness

- Mitosis required for T1 subcategories
  - May not assign T1a without mitosis
  - If ulceration present, mitosis not required for T1b

- Clark level not used in T category
  - Do not assign T based on Clark levels
  - Do not correlate Clark level with T category if thickness unavailable
Clinical T Category

• Ulceration is **NOT** seen by physicians or patients

• Determining ulceration for T category
  – **Never** on physical exam, cannot be seen
  – Only by pathologist
  – Only determined by histopathological exam

• Direct extension **not** a factor in T category
  – Staging does not use extension into
    • Cartilage
    • Skeletal muscle
    • Bone
    • Other subcutaneous tissue
Clinical N and M Categories

• Clinical N category assessment
  – Only based on physical exam and imaging
  – Biopsies are not allowed

• Clinical N subcategories
  – No subcategories of a or b assigned
  – N2c subcategory may be assigned

• N category criteria defined
  – Satellite tumors around a primary tumor
  – In transit tumors between primary tumor and nodal basin

• Clinical M category cautions
  – Need LDH for M1 subcategory
  – Must be distant skin and distant soft tissue for M1
Pathologic T Category

• Do **NOT** use treatment information to change cT

• **Definition of melanoma ulceration**
  – Absence of completely intact epidermis above melanoma
  – Based only on histopathologic exam

• **pT assignment uses all of the following**
  – Use cT information
  – Operative findings
  – Resected primary tumor specimen

• **Primary information for pT may come from clinical staging**
  – Most if not all tumor may be removed in diagnostic biopsy
  – cT may be most of the information for pT assignment
Pathologic N Category

- **Micromets for N category**
  - Only diagnosed microscopically on resected nodes

- **Macromets for N category**
  - Diagnosed clinically, confirmed microscopically on resected nodes
  - Nodal mets exhibit gross extracapsular extension

- **Intralymphatic for N category: intransit and/or satellites**

- **Isolated tumor cells (ITC) considered positive nodes**

- **Stage group 0 or IA**
  - Node microscopic evaluation not required
  - Assign cN0
Pathologic M Category

- **M category clarification**
  - If microscopic proof, pM used
  - If no microscopic proof of *any* met site, cM use

- **Multiple metastatic sites**
  - Only *one* site must have microscopic proof to assign pM
  - All sites do not need microscopic proof to assign pM

- **LDH unavailable**
  - Must have LDH for M1 subcategory
Criteria for Clinical Classification

• Patient undergoing diagnostic workup
  – Physical exam of primary site
  – Assessment of risk factors
  – Physical exam of potential regional nodes, no biopsies
  – Adequate biopsy to assess T category
    • Shave biopsy, incisional biopsy, or excisional biopsy
  – Imaging in higher T category or involved nodes
  – If distant mets are suspected
    • Imaging
    • LDH
  – Critical Clarifications: AJCC 7th Edition Melanoma Staging

• Rare incidental findings
  – Resections for other lesions do not meet surgical treatment criteria
  – Most incidental findings would be part of diagnostic workup
Diagnostic vs. Treatment

• Diagnostic procedures
  – Excisional biopsy of lesion (pupil) to assess thickness (pupil or less)
  – Smaller biopsies may be needed for certain sites
  – Do NOT change staging based on subsequent info

• Surgical treatment of primary site
  – Resection with 1-2cm margin from tumor on all sides
    • Circle (iris) drawn around lesion (pupil) to establish boundaries
    • Draw football around circle to close wound
  – If nodal dissection not done, still considered treatment
Treatment Satisfying Stage Classification

• Pathologic staging
  – Wide excision or re-excision of tumor
  – Nodal sampling or dissection
    • Sentinel nodes
    • Node dissection
    • Not required to qualify for staging
    • Not required for stage 0 or IA
  – Need LDH if distant metastasis are present
  – Critical Clarifications: AJCC 7th Edition Melanoma Staging

• Postneoadjuvant therapy staging
  – Clinical trials with chemotherapy and immunotherapy
  – NPCR: NO requirement for postneoadjuvant therapy staging
    • NPCR does NOT require or request submission of yp staging data
    • If neoadjuvant Rx, NPCR requires path stage group to be unknown
Blank vs. X

• Tell patient’s story through staging

• Clinical staging – story of pt’s diagnosis and workup
  – cTX = physician did not examine patient, inadequate biopsy
  – cT blank = registrar had no access to information
  – cT blank = no workup for pt, incidental finding at surgical treatment

• Pathologic staging – pt’s story through surgical treatment
  – pTX = someone lost specimen between OR and path dept
  – pT blank = pt didn’t have surgical treatment
  – pT blank = registrar had no access to information
Case Scenario
Diagnostic Workup

- **History/chief complaint**
  - 78 year old male with long farming history referred to general surgeon for skin concerns

- **Physical exam**
  - Dark lesion on right upper extremity approximately 2x2cm
  - Golf ball sized soft tissue mass on right upper extremity

- **Imaging**
  - PET/CT: no findings of concern for metastases

- **Procedure**
  - No information provided on initial biopsy

- **Pathology report**
  - No pathology report on initial biopsy

*Case submitted by NPCR ETC*
Clinical Staging Information

• Physical exam
  – No information on arm primary lesion, need thickness
  – Large soft tissue mass rt arm possible in transit mets

• Imaging
  – No mets
  – Unsure what area of body was scanned, no information provided

• Procedure
  – No information provided by registrar
  – Biopsy is first step, needed to confirm melanoma
  – Always need microscopic proof prior to extensive treatment

• Pathology report
  – No information provided by registrar
Clinical Staging Answer & Rationale

• cT blank
  – No information on thickness, ulceration, or mitosis from registrar
  – Physician would have information since this is standard of care

• cN2c
  – Potential in transit mets

• cM0
  – No signs or symptoms of mets

• Stage III
  – Any T with N category involvement, no distant mets
Treatment

• History & physical
  – 78 year old male, farming history indicates potential sun exposure
  – 2x2cm dark lesion on arm, large soft tissue mass arm
  – Lacking information on microscopic confirmation of diagnosis
  – Physician must have information to plan treatment

• Operative report
  – Wide local excision rt arm lesion, excision soft tissue arm mass, attempted sentinel node procedure
  – Wide local re-excision for margins

• Pathology report
  – Melanoma, Breslow 1.9mm, Clark’s level IV, no surface ulceration
  – Mitotic index 4/mm², no LVI or neurotropism, no satellites
  – Extends focally to lateral margins, 0.5cm from deep margin
  – In transit mets or node completely replaced, no nodes identified
  – No residual tumor on re-excision, margins free
Pathologic Staging Information

• Surgery
  – Patient had surgical resection qualifying for pathologic staging

• Clinical staging information
  – cT blank cN2c cM0

• Operative report
  – Dye injection did not identify nodes

• Pathology report
  – Melanoma, Breslow 1.9mm, no surface ulceration, no satellites
  – In transit mets or node completely replaces, no nodes identified

• Oncology consult
  – More than 2cm from primary, consistent with in transit mets
Pathologic Staging Answer & Rationale

- **pT2a**
  - 1.9mm Breslow thickness
  - No ulceration

- **pN2c**
  - In transit mets
  - No nodes identified on sentinel node procedure

- **cM0**
  - No signs or symptoms of mets

- **Stage IIIB**
Information and Questions on AJCC Staging
Stage Classifications

Pathologic – p

Clinical - c

Date of Diagnosis

Diagnosis 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
AJCC Web site

- https://cancerstaging.org

- Cancer Staging Education Registrar menu includes
  - Timing is Everything – Stage Classifications
  - Critical Clarifications for Registrars
  - Disease Site Webinars
    - 5 sites: melanoma, lung, breast, prostate, colorectum
  - AJCC Curriculum for Registrars
    - 4 free self-study modules of increasing difficulty on staging rules
      - Each module consists of 7 lessons, including recorded webinar with quizzes
  - Presentations
    - Self-study or group lecture materials, including blank vs. X
AJCC Web site

• https://cancerstaging.org

• Cancer Staging Education Physician menu includes
  – Articles
    • 18 articles on AJCC 7th edition staging in various medical journals
  – Webinars
    • 14 free webinars on 7th edition 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

• Employ critical thinking to understand disease site
  – Analyze common staging issues affecting stage assignment
  – Determine exceptions and cautions for T, N, M
  – Utilize guidelines available to registrars

• Tell patient’s story through accurate staging
  – Utilize correct stage classifications
  – Distinguish diagnostic procedures vs. treatment
  – Identify treatment satisfying stage classification criteria
  – Recognize difference in story between blank vs. X

• Identify resources for AJCC staging
Thank you

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