


Seventh Edition Staging 2017
Melanoma

Donna M. Gress, RHIT, CTR



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National Center for Chronic Disease Prevention and Health Promotion
National Program of Cancer Registries



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




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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

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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

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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



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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



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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



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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



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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



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Criteria for Clinical Classification

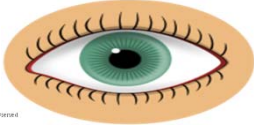
- Patient undergoing diagnostic workup
 - Physical exam of primary site
 - Assessment of risk factors
 - Physical exam of potential regional nodes, no biopsies
 - Adequate biopsy to assess T category
 - Shave biopsy, incisional biopsy, or excisional biopsy
 - Imaging in higher T category or involved 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



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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



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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**



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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



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Case Scenario



Diagnostic Workup

Case submitted by NPCR ETC


- 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



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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




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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


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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


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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


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Pathologic Staging Answer & Rationale

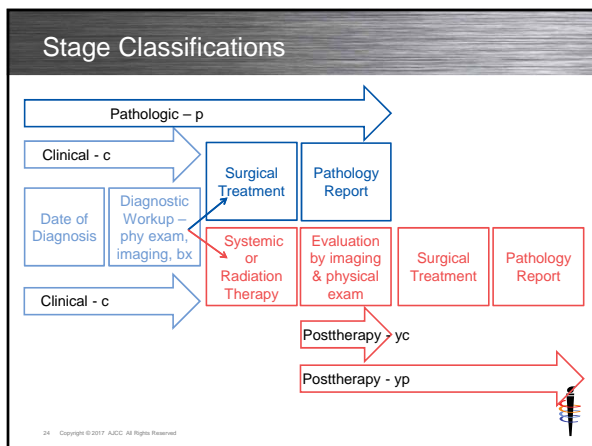
- pT2a
 - 1.9mm Breslow thickness
 - No ulceration
- pN2c
 - In transit mets
 - No nodes identified on sentinel node procedure
- cM0
 - No signs or symptoms of mets
- Stage IIIB

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Information and Questions on AJCC Staging






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


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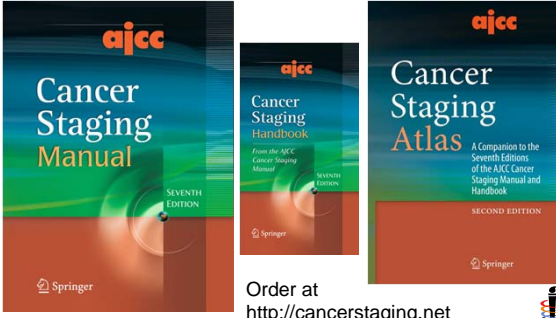
AJCC Web site

- <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

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AJCC Cancer Staging Manual and Atlas




Order at <http://cancerstaging.net>

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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/>




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Summary



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



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Thank you

Donna M. Gress, RHIT, CTR
AJCC Technical Specialist



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Upcoming Webinar

Seventh Edition Staging 2017

Colorectum Cancer
August 24, 2017

Q&A from Registry Visits
September 14, 2017



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