Seventh Edition Staging 2017

Melanoma

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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

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

- **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

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
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
  - 16 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

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/

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

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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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