

Since the publication of the 7th edition of the *AJCC Cancer Staging Manual*, a few minor staging clarifications were warranted as shown in Table 1. However, please be assured that the content of the 7th edition, as published in October 2009, is **sound and accurate**. The clarifications are listed below in ascending frequency of diagnosis and includes **critical** information for rules based cancer staging:

Table 1:

Ch	Publication/Page	Chapter Name	Section	Change
41	Manual – p.457, 461 Handbook – p.525, 534	Prostate	Anatomic Stage/ Prognostic Groups	For Stage IIA, for T2a N0 M0 PSA<20 the Gleason score should be 7 (not ≤ 7) Add T2a N0 M0 PSA≥10<20 Gleason ≤ 6
42	Manual – p.469, 472 Handbook – p.539, 544	Testis	Anatomic Stage/ Prognostic Groups	Serum tumor markers used in staging should all be measured post-orchietomy
33	Manual – p.380 Handbook – p.465	Vulva	Regional Lymph Nodes (N)	In the regional lymph node definitions (yellow box) revise N1a to “One or two lymph node metastases”
30	Manual – p.315, 319 Handbook – p.378, 384	Merkel Cell Carcinoma	Anatomic Stage/ Prognostic Groups	In the shaded stage group box, for Stage IIIB add cn1

The following further clarifications include non-essential but **useful** information in using the AJCC 7th Edition as shown in Table 2:

Table 2:

Ch	Publication/Page	Chapter Name	Section	Change
14	Manual – p.153 Handbook – p.193	Colon and Rectum	Prognostic Features	Change T4b;R2 to T3;R2 on Figure 14.3
15	Manual – p.169 Handbook – p.216	Anus	Regional Lymph Nodes (N)	Replace Figure 15.10 image with new image C13F9a.tif
16	Manual – p.177 Handbook – p.223	Gastrointestinal Stromal Tumor	Regional Lymph Nodes (N)	Delete NX Regional lymph nodes cannot be assessed Insert asterisk after metastasis in N0 line Add: *If regional node status is unknown, use N0, not NX
16	Manual – p.177	Gastrointestinal Stromal Tumor	Anatomic Stage/ Prognostic Groups	Change *Note to **Note: Also to be used for esophagus...
20	Manual – p.212 Handbook – p.257	Gallbladder	Regional Lymph Nodes	Delete periduodenal, peripancreatic. Revised:Celiac and superior mesenteric artery node involvement is now considered distant metastatic disease.
25	Manual – p.263 Handbook – p.317	Lung	Distant Metastasis (M)	add (in extrathoracic organs) to M1b
27	Manual – p.282 Handbook – p.335	Bone	Pathologic Staging	Replace stage with grade: two-tiered (low vs. high grade) for recording stage
27	Manual – p.284 Handbook – p.338	Bone	Anatomic Stage/ Prognostic Groups	Add High grade to Stage III
29	Manual – p.307 Handbook – p.371	Cutaneous Squamous Cell Carcinoma	Primary Tumor (T)	Add asterisk to T2: **
29	Manual – p.307 Handbook – p.372	Cutaneous Squamous Cell Carcinoma	Definitions of TNM	Change location to: primary site hair-bearing lip
30	Manual – p.315, 319 Handbook – p.378, 384	Merkel Cell Carcinoma	Anatomic Stage/ Prognostic Groups	Add: Note: Isolated tumor cells should be considered positive nodes, similar to melanoma (see Chapter 31)
30	Manual – p.318 Handbook – p.383	Merkel Cell Carcinoma	Regional Lymph Nodes (N)	Add to **: Isolated tumor cells in a lymph node are classified as micrometastases (N1a) and the presence of isolated tumor cells recorded using the prognostic factor.

36	Manual – p.407 Handbook – p.487	Corpus Uteri	Notes on Pathologic Grading	Change Note 1 to: increases the tumor grade by 1.
39	Manual – p.439 Handbook – p.509	Gestational Trophoblastic Tumors	Prognostic Index Scores	Change to: Low risk is a score of 6 or less, and high risk is a score of 7 or greater.
40	Manual – p.449 Handbook – p.518	Penis	Pathologic Staging	Add Ta on the left side of Figure 40.1
42	Manual – p.470, 472 Handbook – p.541, 545	Testis	Clinical Staging and Prognostic Factors	Revise to: Serum tumor markers, including AFP, hCG, and LDH, should be obtained prior to orchiectomy, but levels after orchiectomy are used to complete the status of the serum tumor markers (S), taking into account the half file of AFP and hCG. Stage grouping classification of Stage IS requires persistent elevation of serum tumor markers following orchiectomy.
42	Manual – p.472 Handbook – p.545	Testis	Prognostic Factors	Add: (AFP) - half life 5-7 days, (hCG) - half life 1-3 days
43	Manual – p.484	Kidney	Primary Tumor (T)	Revise Figure 43.6 to: (B) T3b:Tumor grossly extends into the vena cava below the diaphragm.
43	Handbook – p.554	Kidney	Anatomic Stage/ Prognostic Groups	Change Stage IIII to Stage II
51	Manual – p.551 Handbook – p.619	Malignant Melanoma of the Uvea	Distant Metastasis (M)	Change M1c to 8.1cm
53	Manual – p.571 Handbook – p.634	Carcinoma of the Lacrimal Gland	Histopathologic Type	Change Low Grade to extension ≤ 1.5 mm

Additionally, after the publication of 7th edition a validation of the ICD-O-3 site/type labels was performed by staff from the National Cancer Data Base and Surveillance, Epidemiology and End Results (SEER) to support cancer surveillance activities. As a result topography and histology codes were updated. These codes are used *primarily by cancer registry staff* and not clinicians. A complete table of updated topography and histology codes may be [downloaded here](#). The updated codes are reflected in Table 3 below:

Table 3:

Ch	Publication/Page	Chapter Name	Topography & Histology Codes
5	Manual – p.57 Handbook – p.81	Larynx	Delete C32.3 Clarify C32.8, C32.9 - stage by location of tumor bulk or epicenter
9	Manual – p.97 Handbook – p.123	Mucosal Melanoma of the Head and Neck	Change 8020-8090 to 8720-8790
10	Manual – p.104 Handbook – p.130	Esophagus and Esophagogastric Junction	Add 8247-8248
11	Manual – p.118 Handbook – p.146	Stomach	Add 8247-8248
12	Manual – p.127 Handbook – p.153	Small Intestine	Add 8247-8248
14	Manual – p.144 Handbook – p.174	Colon and Rectum	Add 8247-8248
16	Manual – p.175 Handbook – p.219	Gastrointestinal Stromal Tumor	Replace C17.4 with C17.8 Replace C48.1 with C48.0-C48.8
17	Manual – p.181	Neuroendocrine Tumors	Add C18.0, C18.2-C18.9
33	Manual – p.379 Handbook – p.463	Vulva	Change 8276 to 8576
37	Manual – p.419 Handbook – p.493	Ovary and Primary Peritoneal Carcinoma	Revise to 8000-8576, 8590-8671, 8930-9110 (C56.9 only) 8000-8576, 8590-8671, 8930-8934, 8940-9110 (C48.1-C48.8 only)

53	Manual – p.569 Handbook – p.631	Carcinoma of the Lacrimal Gland	Change 8982 to 8981
54	Manual – p.577 Handbook – p.637	Sarcoma of the Orbit	Revise to 8800-8936, 8940-9136, 9141-9508, 9520-9582

The following changes *critical* for accurately staging cancer cases have been made to the staging forms as shown in Table 4.

Table 4:

Ch	Publication/Page	Chapter Name	Section	Change
3	Manual – p.40	Lip and Oral Cavity	Staging Form	Replace 5 and 6 with new image H-NBothSides.tif
4	Manual – p.56	Pharynx	Staging Form	Replace 4 and 5 with new image H-NBothSides.tif
5	Manual – p.67	Larynx	Staging Form	Replace 5 and 6 with new image H-NBothSides.tif
6	Manual – p.78	Nasal Cavity and Paranasal Sinuses	Staging Form	Replace 4 and 5 with new image H-NBothSides.tif
7	Manual – p.83	Major Salivary Glands	Staging Form - (T)	Fix alignment of T categories and description
7	Manual – p.86	Major Salivary Glands	Staging Form	Replace 3 and 4 with new image H-NBothSides.tif
8	Manual – p.96	Thyroid	Staging Form	Replace 2 and 3 with new image H-NBothSides.tif
13	Manual – p.139	Appendix	Staging Form	Add under Carcinoid - *Penetration of the mesoappendix does not seem to be as important a prognostic factor as the size of the primary tumor and is not separately categorized.
14	Manual – p.161	Colon and Rectum	Staging Form - (T)	T4b: replace structures^,** with structures**,*** Replace ^ with ** for Note: Direct invasion... Replace ** with *** for Tumor that is adherent...
16	Manual – p.179	Gastrointestinal Stromal Tumor	Staging Form	Gastric GIST - add omentum to list for also used
16	Manual – p.179	Gastrointestinal Stromal Tumor	Staging Form - (N)	Add asterisk after No regional lymph node metastasis Add *If regional node status is unknown, use N0, not NX. Delete <input type="checkbox"/> NX from both Clinical and Pathologic columns, delete NX text
16	Manual – p.179	Gastrointestinal Stromal Tumor	Staging Form - (M)	Delete M1a and M1b under Distant Metastasis (M)
16	Manual – p.179	Gastrointestinal Stromal Tumor	Staging Form	Small Intestinal GIST - add mesentery to list for also used Group IA should be Group I for Clinical and Pathologic Small Intestinal GIST
25	Manual – p.267	Lung	Staging Form - (M)	Add (in extrathoracic organs) to M1b
25	Manual – p.270	Lung	Staging Form	Replace with Figure 25.3 and Illustration text with: The IASLC lymph node map shown with the proposed amalgamation of lymph node levels into zones (©Memorial Sloan-Kettering Cancer Center, 2009).
27	Manual – p.289	Bone	Staging Form	Add High grade to Stage III (both clinical and pathologic)
29	Manual – p. 311	Cutaneous Squamous Cell Carcinoma	Staging Form – (T)	Add asterisk to T2: **
30	Manual – p.321	Merkel Cell Carcinoma	Staging Form - (N)	Move <input type="checkbox"/> cN0 from pathologic column to clinical column Add to **: Isolated tumor cells in a lymph node are classified as micrometastases (N1a) and the presence of isolated tumor cells recorded using the prognostic factor.
30	Manual – p.321	Merkel Cell Carcinoma	Staging Form	Add: Note: Isolated tumor cells should be considered positive nodes, similar to melanoma (see Chapter 31)
31	Manual – p.342	Melanoma of the Skin	Staging Form - Clinical	Replace Any N>N0 with ≥N1
32	Manual – p.376	Breast	Staging Forum	Replace with new image of both breasts
33	Manual – p.383	Vulva	Staging Form - Pathologic	Change N1b to FIGO IIIA

34	Manual – p.391	Vagina	Staging Form - (M)	Delete <input type="checkbox"/> M0 under Pathologic column
35	Manual – p.400	Cervix Uteri	Staging Form - (M)	Add paraaortic lymph nodes to M1
36	Manual – p.412	Corpus Uteri	Staging Form	Change Group I to IA for T1a
37	Manual – p.425	Ovary and Primary Peritoneal Carcinoma	Staging Form - (M)	Delete <input type="checkbox"/> M0 under Pathologic column
38	Manual – p.433	Fallopian Tube	Staging Form	Change Pathologic T boxes and labels to match Clinical T
39	Manual – p.441	Gestational Trophoblastic Tumors	Staging Form - (M)	Delete <input type="checkbox"/> M0 under Pathologic column
40	Manual – p.453	Penis	Staging Form	Change <input type="checkbox"/> to pN labels and align with text
41	Manual – p.466	Prostate	Staging Form	For Stage IIA: T2a N0 M0 PSA<20 Gleason should be 7 (not ≤7) Add T2a N0 M0 PSA>10<20 Gleason<6
42	Manual – p.475	Testis	Staging Form - (N)	Remove <input type="checkbox"/> from pN2 and pN3 clinical column
42	Manual – p.475	Testis	Staging Form - (M)	M1a should be Nonregional nodal
42	Manual – p.476	Testis	Staging Form - Prognostic Factors	Revise to: Serum tumor marker levels should be measured prior to orchiectomy, but levels after orchiectomy are used for assignment of S category, taking into account the half life of AFP and hCG. Stage grouping classification of Stage IS requires persistent elevation of serum tumor markers following orchiectomy. Add: (AFP) - half life 5-7 days, (hCG) - half life 1-3 days
43	Manual – p.488	Kidney	Staging Form - Prognostic Factors	Add: Extranodal extension and Size of metastasis in lymph nodes
48	Manual – p.528	Carcinoma of the Eyelid	Staging Form - Prognostic Factors	Change Required for Staging to None
51	Manual – p.556	Malignant Melanoma of the Uvea	Staging Form - (M)	Change M1c to 8.1cm

Questions related to the 7th edition *Manual* and *Handbook* should be directed to ajcc@facs.org.