



AJCC 8th Edition Melanoma Staging

The following rules and associated rationale are for Melanoma of the Skin in the Eighth Edition AJCC Cancer Staging Manual. General rules are described in Chapter 1 Principles of Cancer Staging. Please refer to the Melanoma chapter for additional information.

CLINICAL STAGING CLASSIFICATION RULES

- **General:** includes information from the time of the diagnosis up until the definitive treatment
- **T category** – excision of the primary tumor which may include shave bx, punch bx, incisional bx, excisional bx, or complete excisional bx, called microstaging
- **N category** – physical exam, imaging, FNA or core needle bx, excisional biopsy, sentinel node biopsy
- **M category** – clinical history, physical exam, imaging, FNA or biopsy

Rationale

- General rules still apply since the full excision of the lesion is the proper medical procedure for a suspected melanoma lesion given that the depth of invasion is critical knowledge
Transecting the melanoma can make it difficult to ascertain the accurate thickness when putting this information together with the definitive surgical treatment
That is why there is a slight difference in melanoma where most of the tumor, or sometimes all of the tumor, is removed through the diagnostic biopsy
- Initial biopsy, even a complete excisional biopsy, is not considered definitive treatment qualifying for pathological staging
- N category terminology clinically occult for not detected on imaging or exam, and clinically detected for identified on imaging or exam
- Clinical N category is cN even if based on lymph node biopsy
- Clinical M category is cM if based on history, physical exam and imaging, pM1 if based on microscopic evidence of involvement

PATHOLOGICAL STAGING CLASSIFICATION RULES

- **General:** includes all information from the time of diagnosis (clinical stage), with the surgeon's operative findings, and the pathology report from the resected specimen
- **T category** – now includes the definitive treatment specimen, as well as the clinical biopsy information
- **N category** – biopsies, sentinel node biopsy, and/or node dissection along with the information from the clinical staging exam, imaging, and biopsies
- **M category** – history, physical exam, imaging, FNA or biopsy, resection

Rationale

- Wide-excision or re-excision of the melanoma is considered the definitive treatment and used for pathological staging
- Pathological staging is based on synthesis of all information and not solely on resected specimen pathology report – pathologist cannot assign final stage
- Pathological M category is cM if based on physical exam and imaging, pM1 if based on microscopic evidence of involvement, "pM0" is NOT a valid category

POST NEOADJUVANT THERAPY STAGING CLASSIFICATION RULES

- **yc posttherapy clinical:** includes physical exam and imaging assessment after neoadjuvant systemic/radiation therapy
- **yp posttherapy pathological:** includes all information from yc staging, surgeon's operative findings and pathology report from resected specimen