

AJCC Staging Moments

AJCC TNM Staging 8th Edition

Colon Case #2



AJCC

American Joint Committee on Cancer

Validating science. Improving patient care.

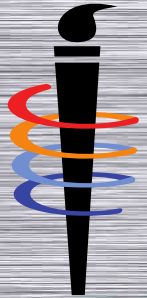
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Colon Case # 2

Presentation of New Case

- Newly diagnosed colon cancer patient
- Presentation at Cancer Conference for treatment recommendations and clinical staging



Colon Case # 2

History & Physical

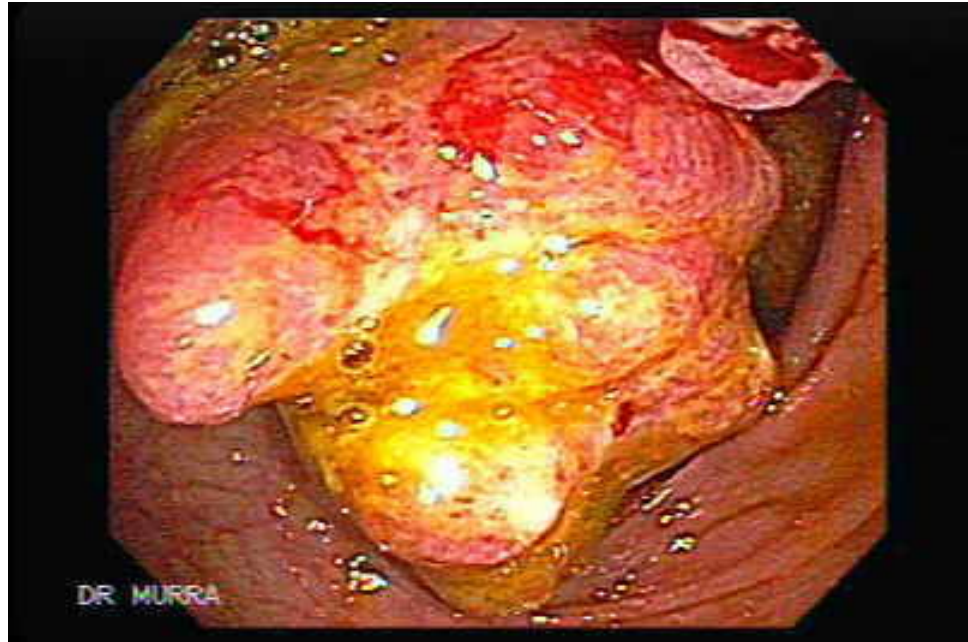
- 55 yr old female who presented with possible appendicitis
- No family history of any cancer



Colon Case # 2

Imaging & Endoscopy Results

- CT abd/pelvis-prominent pericecal nodes not diagnostic
- Colonoscopy-
large circumferential
mass in cecum



used with permission
Julio Murra-Saca, MD
El Salvador Atlas of
Gastrointestinal Video Endoscopy



Colon Case # 2

Diagnostic Procedure

- Procedure
 - Colonoscopy & biopsy
- Pathology Report
 - Adenocarcinoma, invasive
 - Grade 2
- Pre-op CEA was 1.7



Colon Case # 2

Clinical Staging

- Clinical staging
 - Uses information from the physical exam, imaging, and diagnostic biopsy
- Purpose
 - Select appropriate treatment
 - Estimate prognosis



Colon Case # 2

Clinical Staging

- Synopsis: patient with large cecal mass, clinically negative nodes
- What is the clinical stage?
 - T_____
 - N_____
 - M_____
 - Stage Group_____



Colon Case # 2

Clinical Staging

- Clinical Stage correct answer
 - cTX
 - cNX
 - cM0
 - Stage Group unknown
- Based on stage, treatment is selected
- Review treatment guidelines for this stage



Colon Case # 2

Clinical Staging

- Rationale for staging choices
 - cTX for cannot be assessed
 - cNX because nodes cannot be adequately assessed on imaging especially in view of inflammation
 - cM0 because there was nothing to suggest distant metastases; if there was, appropriate tests would be performed before developing a treatment plan



Colon Case # 2

Treatment Options

- Review treatment guidelines for this stage
- Discuss appropriate treatment plans for this patient



Colon Case # 2

Presentation after Surgery

- The procedure chosen based on the large cecal mass with unknown nodal involvement and no clinical evidence of distant spread (stage unknown), is resection
- Presentation at Cancer Conference for treatment recommendations and pathologic staging



Colon Case # 2

Surgery & Findings

- Procedure
 - Right hemicolectomy
- Pre-op CEA was 1.7
- Operative findings
 - Mobile cecum without retroperitoneal invasion
 - No palpable liver metastases



Colon Case # 2

Pathology Results

- Adenocarcinoma, cecum
- Size of tumor - 4.2cm
- Grade 2
- Penetrates through wall into mesentery with perforation and perforates visceral peritoneum
- Margins negative
- Circumferential resection margin was clear by 3mm
- 25 mesenteric nodes negative
- No perineural or lymphovascular invasion
- Tumor deposits were not identified



Colon Case # 2

Pathological Staging

- Pathological staging
 - Uses information from clinical staging, operative findings, and resected specimen pathology report
- Purpose
 - Additional precise data for estimating prognosis
 - Calculating end results (survival data)



Colon Case # 2

Pathological Staging

- Synopsis: patient with 4.2cm cecal mass perforating mesentery and visceral peritoneum, nodes negative
- What is the pathological stage?
 - T_____
 - N_____
 - M_____
 - Stage Group_____



Colon Case # 2

Pathological Staging

- Pathological Stage correct answer
 - pT4a
 - pN0
 - cM0
 - Stage Group IIB
- Based on pathological stage, there is more information to estimate prognosis and adjuvant treatment is discussed



Colon Case # 2

Pathological Staging

- Rationale for staging choices
 - pT4a is penetrates to surface of visceral peritoneum
 - pN0 because mesenteric nodes were negative
 - cM0 - use clinical M with pathologic staging unless there is microscopic confirmation of distant metastases



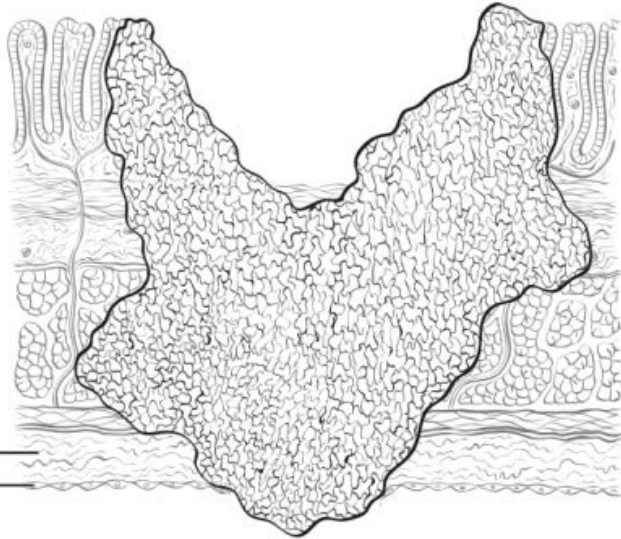
Prognostic Factors/Registry Data Collection

- Applicable to this case
 - CEA: 1.7
 - Circumferential resection margin: 3mm
 - Lymphovascular invasion: no
 - Perineural invasion: no
 - KRAS

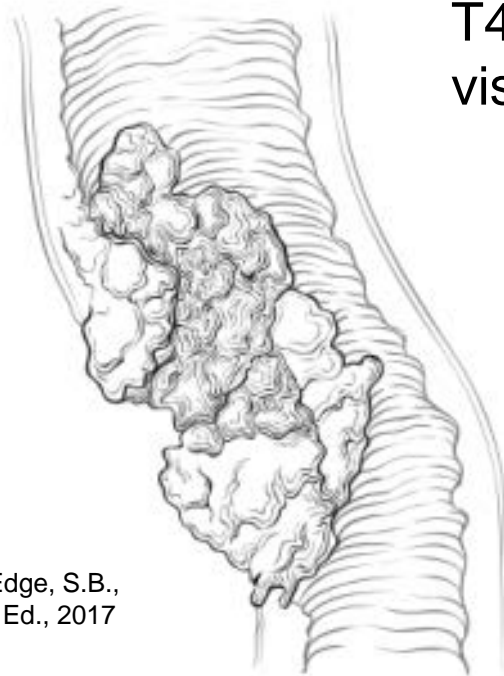


T4a

T4



T4a



T4a invades through
visceral peritoneum

Jessup, Goldberg, et al. Colon and Rectum. In Amin, M.B., Edge, S.B.,
Greene, F.L., et al. (Eds.) AJCC Cancer Staging Manual. 8th Ed., 2017



Colon Case # 2

Recap of Staging

- Summary of correct answers
 - Clinical stage cTX cNX cM0 Stage Group unknown
 - Pathological stage pT4a pN0 cM0 Stage Group IIB
- The staging classifications have a different purpose and therefore can be different. Do not go back and change the clinical staging based on pathological staging information.



Staging Moments Summary

- Review site-specific information if needed
- Clinical Staging
 - Based on information before treatment
 - Used to select treatment options
- Pathological Staging
 - Based on clinical data PLUS operative findings and resected specimen pathology report
 - Used to evaluate end-results (survival)

