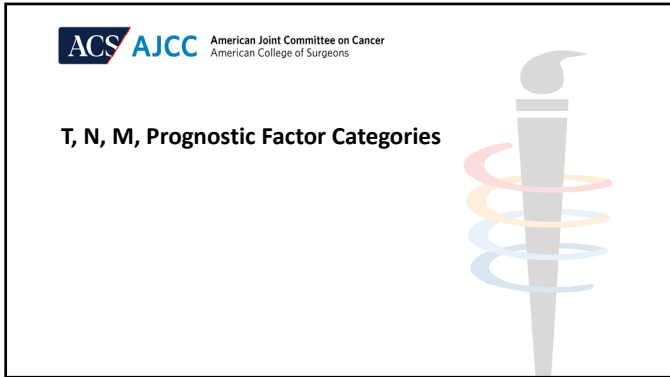
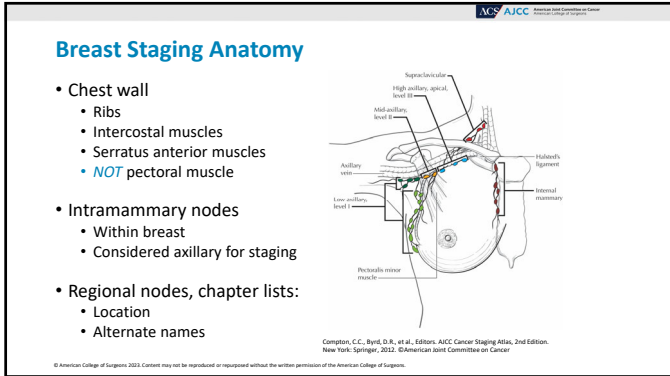


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ACS AJCC American Joint Committee on Cancer
Breast Cancer Staging System

Clinical T Category

- Determining size for T category
 - Most accurate size needed
 - Don't just choose largest
 - Review physical exam, mammogram, ultrasound, biopsy
 - Physician statement
- Multiple simultaneous ipsilateral tumors
 - T category based on largest of multiple tumors
 - Must use (m) suffix
- Skin dimpling or nipple retraction not used for staging

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Breast Cancer Staging System

Clinical T Category

- Chest wall structures
 - Ribs
 - Intercostal and serratus anterior muscles
- Skin involvement
 - Ulceration
 - Satellite nodules must be *macroscopic* and *separate* from primary tumor
 - Edema or peau d'orange not meeting inflammatory criteria
- Inflammatory carcinoma
 - Diffuse erythema and edema (peau d'orange)
 - Specific size *NOT* used to diagnose inflammatory ca
 - "Approximately a third or more" is general guidance *NOT* a measurement
 - Clinical diagnosis, microscopic evidence not required
 - Rare, progresses quickly within days/weeks

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Pathological T Category

- Size for T category
 - Nearest mm used, tenths of mm rounded to assign T
 - >1.0 mm to 1.4 mm **rounded to 2 mm**
 - Avoid assigning "microinvasion" T1mi category to cancer >1.0 mm
 - Do not add core biopsies to residual tumor in resection
 - May need to use either core biopsy or resection to assign T
- Complex shapes may represent one tumor
 - Macroscopically distinct tumors that are very close together
 - May find microscopic subtle areas of continuity between foci
 - Need contiguous uniform tumor density in intervening tissue
 - Does not apply to macroscopic tumor with microscopic satellites
 - Determined by pathological and imaging findings
 - Need managing physician and pathologist statements
- Multiple simultaneous/synchronous ipsilateral tumors
 - T category based on largest of multiple tumors
 - Must use (m) suffix

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Clinical N Category

- Clinically fixed or matted denotes
 - Nodes attached to each other or other structures
 - Extracapsular extension or inflammatory process
- Consider as movable if no statement
 - Physicians document exam findings, not what is absent
- Micromets will be designated as such
 - Consider as metastasis, >2.0 mm if no statement
- Important to note physical exam and imaging for nodes
 - Negative exam or imaging
 - Clinically detected on imaging or physical exam
 - Nodes fixed
 - No description implies movable
 - Level of nodes involved

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Pathological N Category

- pN category
 - **Must** have microscopic assessment of at least 1 node to assign
 - Microscopic assessment includes
 - FNA or core needle biopsy
 - Sentinel node procedure
 - Axillary node dissection
 - Include nodes not microscopically confirmed to assign pN
 - No microscopic assessment is pNX
- 3 categories for size of nodal involvement
 - Isolated tumor cells (ITC) is pN0(+), size ≤ 0.2mm
 - Micrometastasis is pN1mi, size > 0.2mm but ≤ 2.0mm
 - Metastasis in lymph node, size at least **one** metastasis > 2.0mm
 - Applies to all pN+ subcategories except pN1mi

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Clinical M and Pathological M Categories

- M category assessment
 - Based on physical exam signs or symptoms of mets
 - Imaging is not required
 - Assign cM0 or cM1 based on physical exam or imaging
 - Assign pM1 based on FNA or biopsy of involved metastatic site
 - Assign cM0(+) for CTC in blood or DTC in bone marrow/non-regional tissue
- M category for postneoadjuvant therapy staging (yc) and/or (yp)
 - Same as M category assigned for clinical stage
 - If M1 before Rx, M1 for yc and/or yp even if mets no longer detected
 - Survival will not be same as patients who were never M1

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Stage Classification – Diagnostic Workup & Treatment



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Anatomic Stage Groups

- May **never** use anatomic stage group table
 - Even if prognostic factor categories are missing
 - Even if stage group will be unknown
 - Will skew stage group data
- **ONLY** for global regions where biomarker tests unavailable
- Physicians in U.S. **must** use prognostic tables **ONLY**
- Cancer registries in U.S. **must** use prognostic tables **ONLY**

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Clinical and Pathological Staging

- Clinical Staging
 - Most definitive size from imaging, physician examination, or biopsy
 - Biopsy of primary site, potentially nodal or mets biopsy
- Pathological Staging
 - Use clinical stage information together with
 - Operative findings and
 - Pathology report of resected specimen

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Posttherapy Staging

- Neoadjuvant therapy eligible based on NCCN guidelines
 - Operable: criteria for breast-conserving surgery except tumor size
 - Inoperable or locally advanced
- NOT neoadjuvant therapy: few days to 2-4 weeks of endocrine therapy
 - Few days or week to test response
 - Clinical trials using imaging assessment pre & post 2-4 weeks of Rx
 - Early response may be surrogate for long-term endocrine benefit after surgical resection
- yc staging
 - Initial treatment must be neoadjuvant
 - Assessment by exam, imaging, biopsies
 - No stage group
- yp staging
 - Initial treatment must be neoadjuvant
 - All information from yc clinical staging with
 - Operative findings and
 - Pathology report of resected specimen
 - No stage group

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Criteria for Clinical Classification - PreTreatment

- Patient undergoing diagnostic workup
 - Exam of breast, skin, and lymph nodes
 - Imaging of breast: mammogram, ultrasound, MR
 - Diagnostic FNA, core needle biopsy, or surgical biopsy of breast
 - Diagnostic FNA or sentinel biopsy of nodes
 - Diagnostic FNA or biopsy of metastatic sites
 - Imaging of other sites, see NCCN or radiology guidelines
- Incidental finding during excision benign tumor
 - Start of diagnostic workup for malignant tumor
 - Not considered treatment for malignant tumor

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Diagnostic vs. Treatment

- Diagnostic procedures
 - Sampling of breast tumor
 - Not intended to remove entire tumor
 - Not known if entire tumor is removed at this point
 - Do NOT change staging based on subsequent info
- Surgical treatment of primary site
 - Resection of breast tumor
 - Margin status does not determine whether considered resection
 - Margin status may necessitate re-excision
 - 20% of lumpectomies have re-excision
 - If nodal dissection not done, still considered treatment

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Treatment Satisfying Stage Classification


- Pathological staging
 - Excision of tumor
 - Intent is treatment, not sampling
 - Usually no macroscopic tumor left behind
 - Re-excision for margin involvement, both surgeries are treatment
 - Nodal dissection not required to qualify for staging
- Postneoadjuvant therapy staging
 - **Must** meet standard guidelines, such as NCCN or ASCO
 - Usually 4-6 cycles of chemo, sometimes more
 - Usually 4-6 months of endocrine therapy, may be up to 1 year
 - Short course endocrine therapy does **NOT** qualify
 - Rule for staging, not for registry treatment data items

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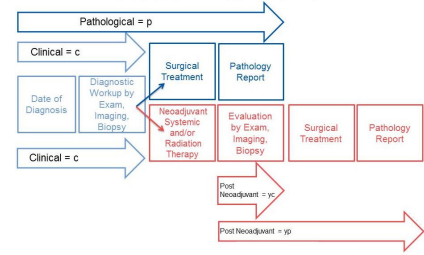
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Information and Questions on AJCC Staging



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Timing is Everything
AJCC Stage Classifications
Defining Time Frame and Criteria

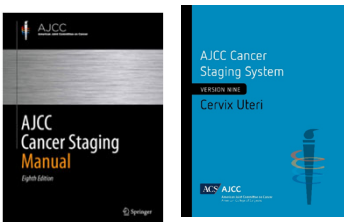


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AJCC Web Site

- <https://cancerstaging.org>
- <https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/>
- General information
 - Overview
 - Version 9
 - Cancer Staging Systems
 - AJCC 8th edition Chapter 1: Principles of Cancer Staging
 - Cancer Staging Education
 - FAQ & Resources




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CAnswer Forum

- Submit questions to AJCC Forum
 - Version 9 Forum
 - 8th Edition Forum
- Located within CAnswer Forum
- Provides information for all
- Allows tracking for educational purposes
- <http://cancerbulletin.facs.org/forums/>




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Thank You

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