



# Lesson 15

## Classifications



- Surgical exploration during resection
  - **NOT** used for clinical stage
  - Surgeon always evaluates/explores before performing resection
  - Part of pathological stage, it is the operative findings
- Extensive imaging **not** needed to assign stage
  - Assign stage based on physician assessment and judgment
  - Recommended workup helpful in determining stage
  - Imaging choices may point to stage
  - Imaging may not be performed
    - Due to low stage and not appropriate, or
    - Comorbidities precluding treatment choices, affecting prognosis
- Guides to accepted standards for diagnostic evaluation
  - American College of Radiology Appropriateness Criteria
  - Practice Guidelines of National Comprehensive Cancer Network

- Operative Findings
  - Can overrule pathology report **IF**
    - Tissue was not submitted to pathology
  - pT does **NOT** have to be tissue proven
  
- Pathologist cannot assign final pT and pN
  - Provides helpful information, not final categories
  - Cannot provide stage group unless pM1

- ycTNM
  - Used with T and N categories only
  - M category is
    - Defined at the time of diagnostic workup
    - Not changed after neoadjuvant therapy even if mets no longer evident
- yc denotes response
  - After systemic and/or radiation therapy
  - Before surgical resection
  - Clinical information is used
    - Physical exam
    - Imaging
    - Diagnostic biopsies and procedures
- Cases diagnosed 2021 and forward registrars will record yc

- ypTNM
  - Used with T and N categories only
  - M category is
    - Defined at the time of diagnostic workup
    - Not changed after neoadjuvant therapy even if mets no longer evident
  
- yp denotes response that is proven
  - After systemic and/or radiation therapy *and*
  - After surgical resection
  - yc staging, surgery findings and pathology information is used
    - yc posttherapy clinical stage
    - Operative findings
    - Pathology report of surgical resection specimen

- Recurrence - apply in cases when
  - Further treatment planned for
  - Cancer that recurs
  - After disease-free interval
- Information obtained from
  - Clinical staging extent of disease
  - Therapeutic procedures (including surgical treatment)
- Information may be prognostic for patients
- Extent of recurrent disease guides therapy for patients
  - Primary treatment
  - Adjuvant therapy

- Recurrence Confirmation
  - Biopsy confirmation is important
    - If clinically feasible
    - Not required
- May not be appropriate for each category: T, N, and M
- Clinical evidence may be used as needed for confirmation
  - Clinical exam
  - Imaging
  - Endoscopic procedures
  - Exploratory procedures
  - Other related methods

- Apply to cases where
  - Cancer **NOT** evident prior to death
  - **NO** suspicion of cancer
    - No signs/symptoms
    - No clinical findings
    - No imaging findings





Developed through generous support from  
the American Cancer Society.



Thank You