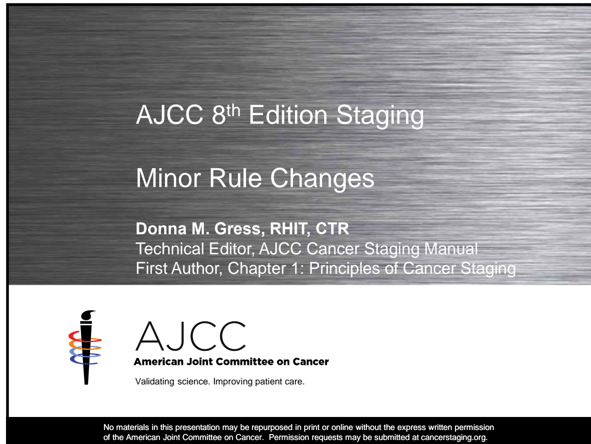

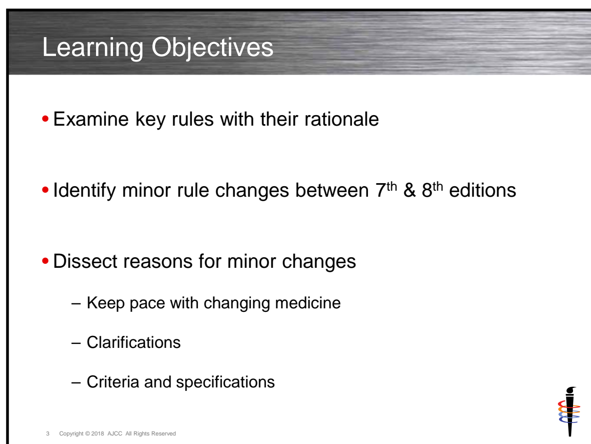

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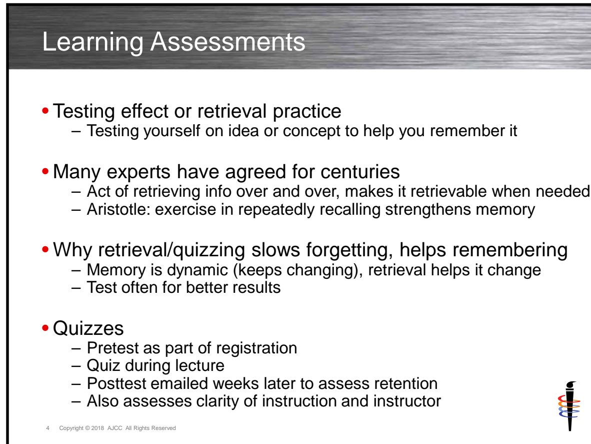

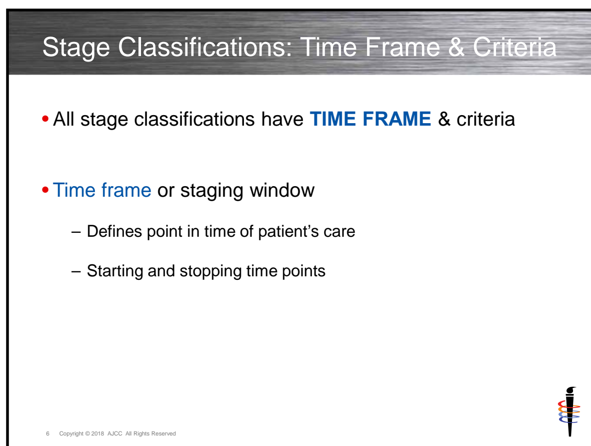

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Stage Classifications: Time Frame & Criteria

- All stage classifications have time frame & **CRITERIA**
- Criteria defined by
  - Diagnostic workup
  - Definitive treatment
- Diagnostic procedures are **sample**
  - No intent to remove entire tumor
  - Do not know entire tumor removed until *after* treatment performed
  - Surgical diagnostic procedures ≠ surgical treatment
- Definitive treatment
  - Surgical treatment meets resection requirement in chapter
  - Neoadjuvant therapy **must satisfy** NCCN/ASCO/other guidelines

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Diagnostic vs. Treatment

- **Do not** use old registry rules for staging
  - Anything that modified, removed, controlled, or destroyed tumor is considered treatment
- Diagnostic
  - Procedures to diagnose
  - Procedures to further define/stage in order to develop treatment plan
- Treatment
  - Treatment definition based on patient outcome/survival
  - Intent to remove all or most of cancer
  - Planned significant impact on cancer burden
  - Provides patient with greatest chance of survival

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Scenario

- Pt had hematuria and underwent TURB. Path showed urothelial carcinoma into muscularis propria.
- Only clinical staging assigned for this case
- TURB
  - While it is a type of resection
  - TURB is NOT considered treatment for staging
- Pathological staging requires at least partial cystectomy

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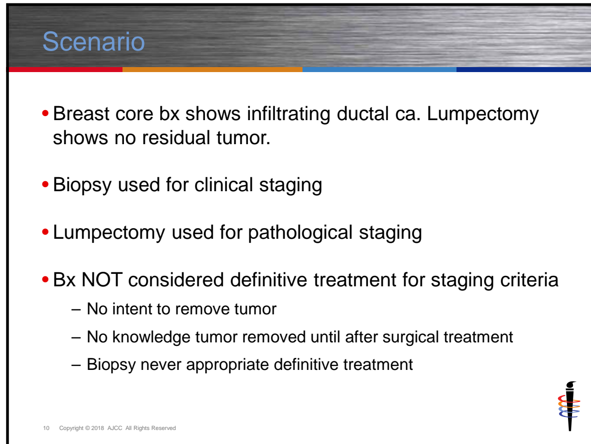

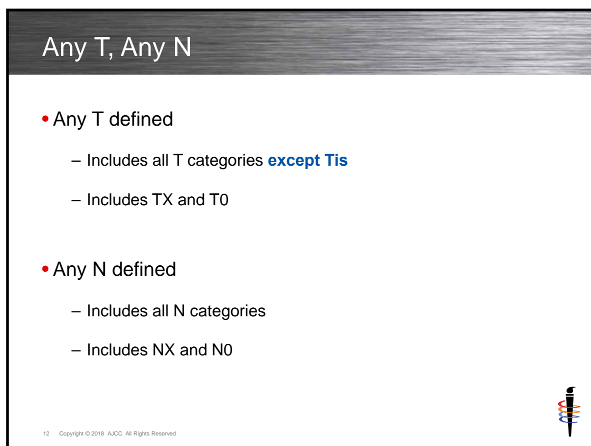

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Scenario

- Cystectomy showing T4b bladder ca, no nodes removed.
- Ileum resection, no primary tumor found, 2 regional nodes for pN1, no distant mets.
- Registry documents pT4b pNX cM0 stage IVA
  - Any N includes NX

T4b	Any N	M0	IVA

- Registry documents pT0 pN1 cM0 stage IIIA
  - Any T includes T0

Any T	N1	M0	IIIA

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Stage Classification Criteria

- Clinical staging criteria: known or suspected tumor
  - **Must** be known or suspected
  - Have diagnostic workup including at least history & physical exam
  - NOT incidental finding at time of surgical treatment
  - No retrospective assignment during/after treatment
- Pathological staging criteria: primary tumor surgical resection
  - **Must** meet surgical resection criteria
  - Surgical resections ranges from
    - Resection of tumor, up to
    - Complete resection of organ, and
    - Usually includes resection of some regional lymph nodes
  - Depends on site-specific info necessary to determine
    - Adjuvant therapy
    - Patient's prognosis

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Scenario

- Patient has gastric sleeve surgery for weight loss. Path report shows adenocarcinoma.
- No clinical stage assigned
  - Not known or suspected prior to surgery
  - Incidental finding at surgical resection
  - No retrospective assignment after surgery

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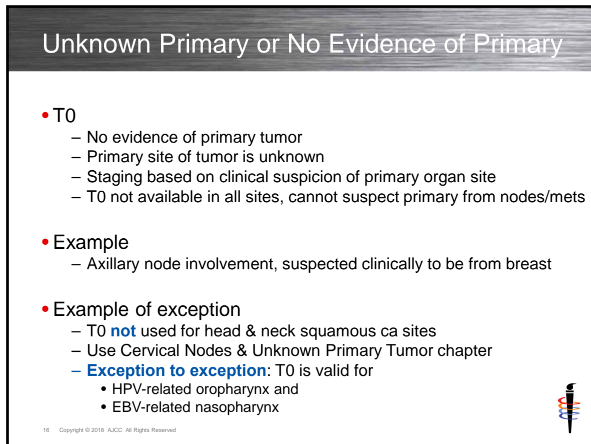

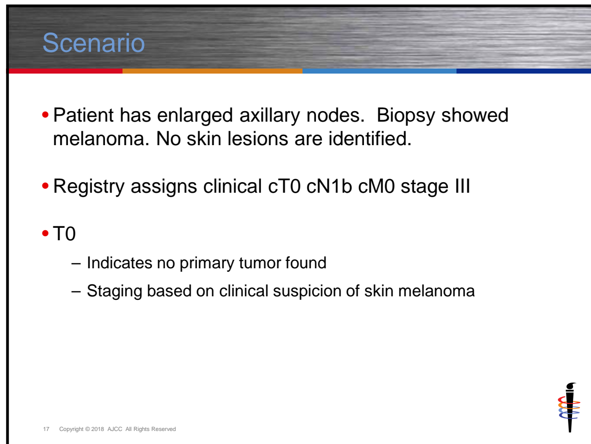

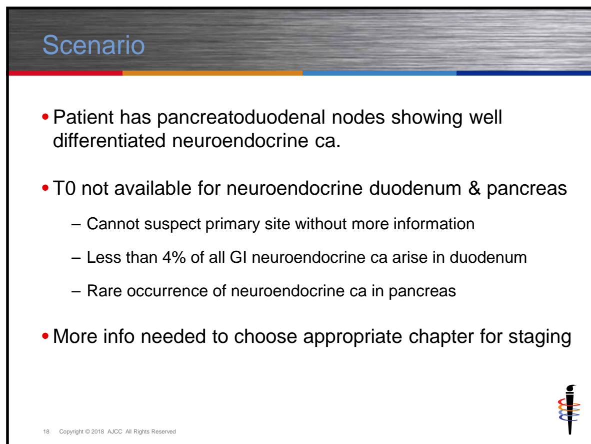

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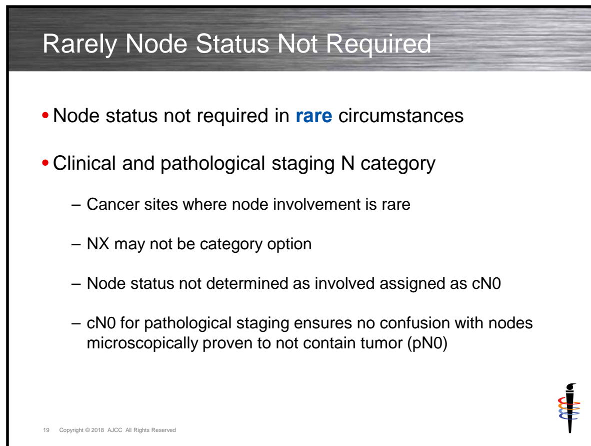

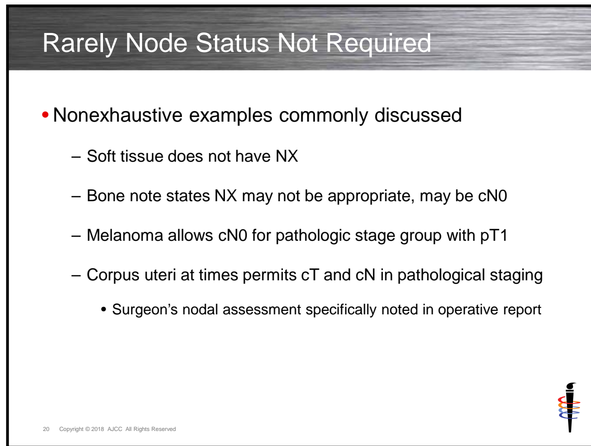

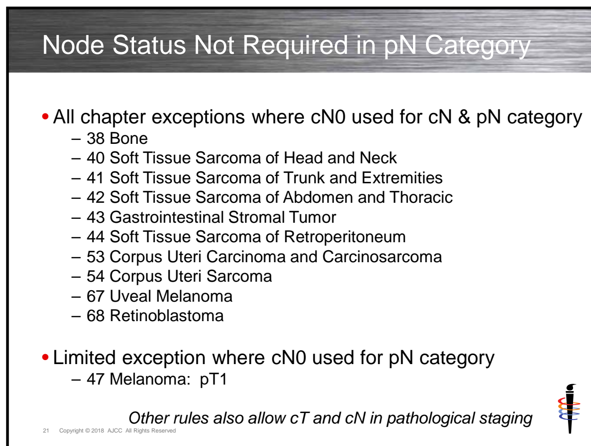

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Scenario

- CT and image guided bx confirm 6cm FNCLCC grade 2 retroperitoneal sarcoma.
- Retroperitoneal sarcoma resection shows 6.5cm tumor, FNCLCC grade 1, no nodes removed.
- Registry assigns clinical stage cT2 cN0 cM0 G2 stage IIIA
  - Physician judgment and imaging allow cN0
- Registry assigns pathological stage pT2 cN0 cM0 G2 stage IIIA
  - Exception allowing cN0 used for pathological staging
  - **Rare** nodal involvement
  - Path stage = clinical stage + op findings + path resected specimen
  - Grade 2 used for pathological staging

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Microscopic Assessment cN & pN

- Microscopic assessment for cN and pN
  - Fine needle aspiration (FNA)
  - Core (needle) biopsy
  - Incisional biopsy
  - Excisional biopsy
  - Sentinel node biopsy/procedure
  - pN ONLY: regional lymph node dissection
- Specifies **cytology** just as valid as tissue
  - Pathologists confirmed
  - Registrars should not doubt cytology

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Microscopic Assessment pN

- Requirements for assigning pN category
  - Pathological documentation of presence/absence of ca in 1 node
  - Pathological assessment primary tumor, except in T0
  - **FNA and core needle biopsy** of node both satisfy requirement
- cN microscopic info included in pathological staging
  - Path staging = clinical stage + op findings + path resected specimen
  - Always use cN microscopic info in pathological staging
  - Include imaging/physical exam cN info **IF** pN requirement met

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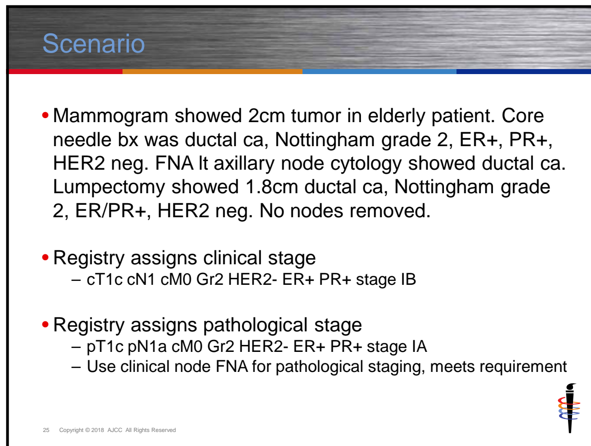

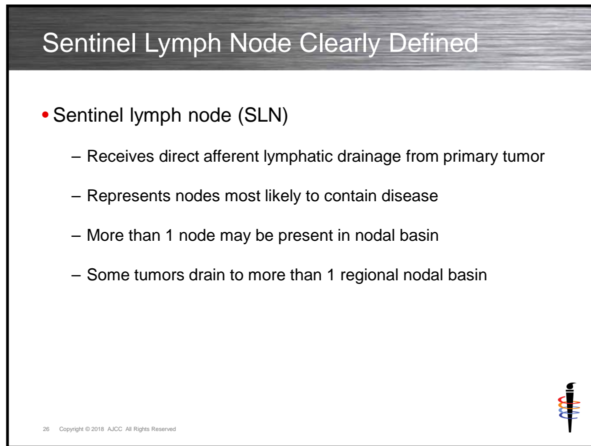

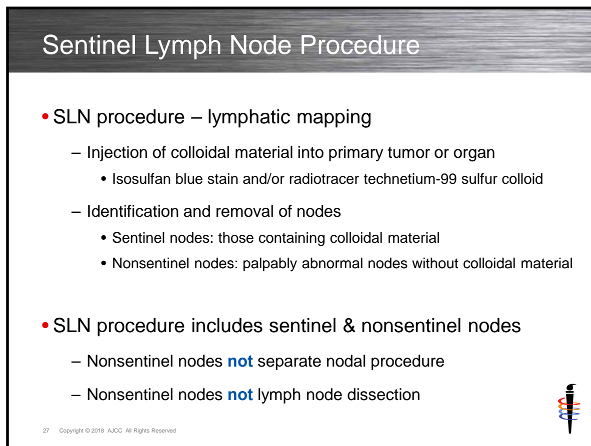

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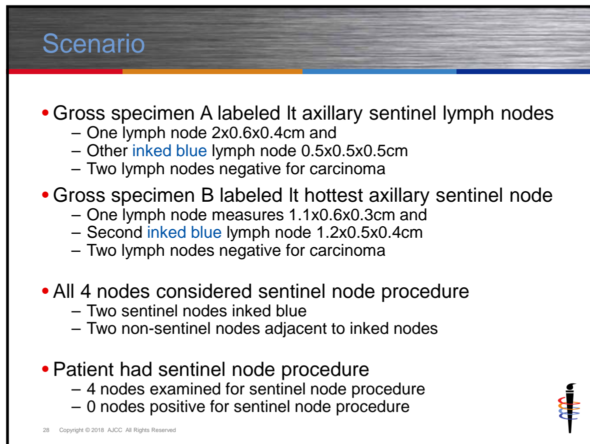

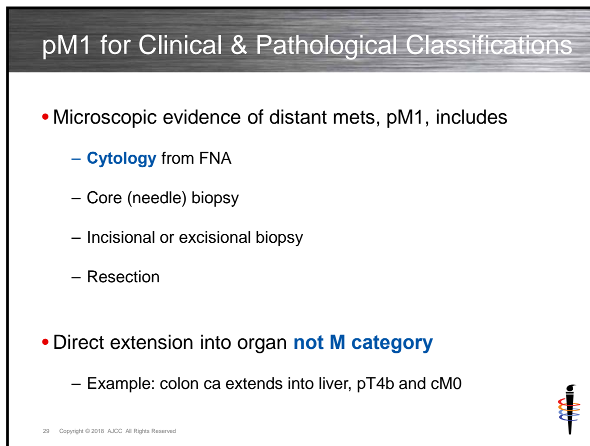

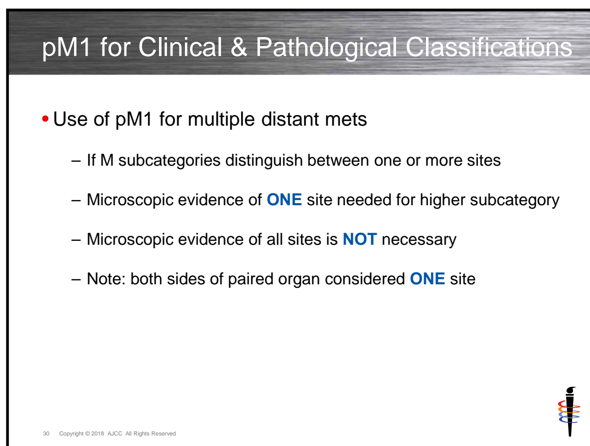

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Scenario

- Near total gastrectomy pathology report showed large stomach tumor extending into transverse colon and liver, and ten nodes negative for cancer.
- pT4b pN0 cM0 stage IIIA
- Direct extension into liver is pT4b, **NOT** M1

T4b	Tumor invades adjacent structures/organs

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Scenario

- CT guided lung bx showed adenoca. Bone scan indicated mets in lt hip. FNA liver cytology showed metastatic adenoca.
- Assign clinical M category as pM1c
- Cytology is valid microscopic evidence
- Only evidence of one met is required for higher subcategory

M1b	Single extrathoracic metastasis in a single organ (including involvement of a single nonregional node)
M1c	Multiple extrathoracic metastases in a single organ or in multiple organs

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Criteria for Neoadjuvant Therapy

- Not all medication meets criteria for neoadjuvant therapy
  - Examples include *short course* endocrine Rx for breast & prostate
  - Provided for variable and often unconventional reasons
  - Not categorized as neoadjuvant therapy ***for AJCC staging***
  - Do ***not*** assign yp, surgical resection staging is p (pathological)
- Treatments that **satisfy** definition of neoadjuvant therapy
  - NCCN Guidelines
  - ASCO Guidelines
  - Other treatment guidelines
- Recent trend
  - Physician experts provided clarification, applies to 7th edition
  - Valid for 7th edition AJCC staging **and** 8th edition AJCC staging

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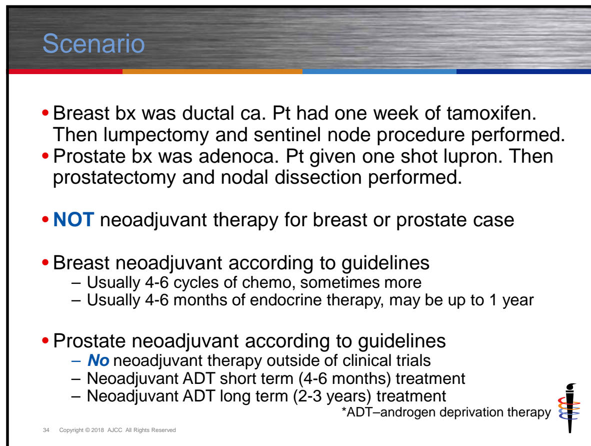

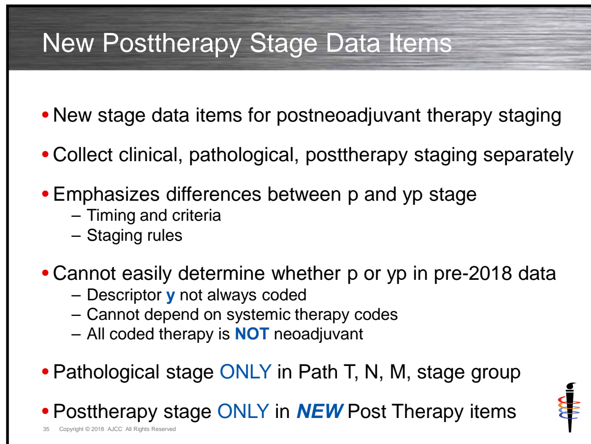

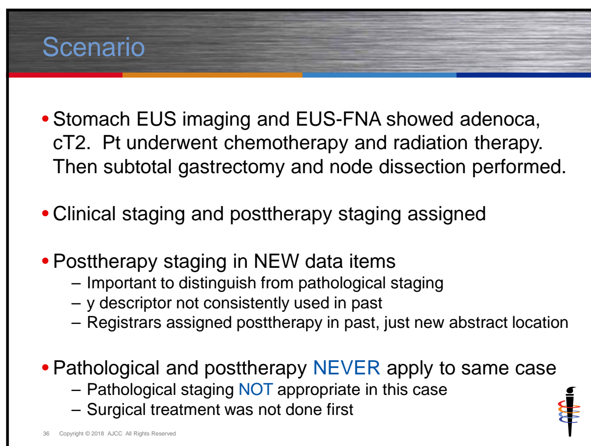

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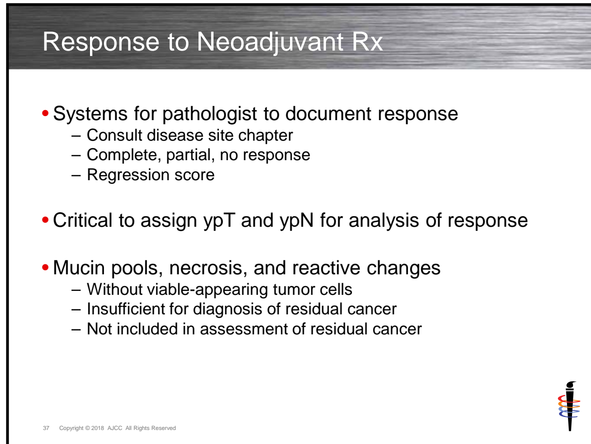
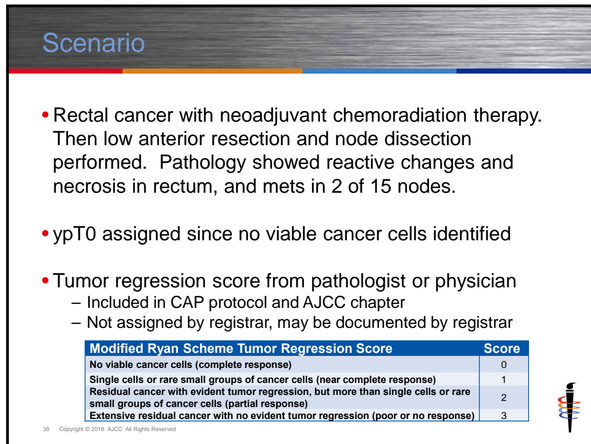
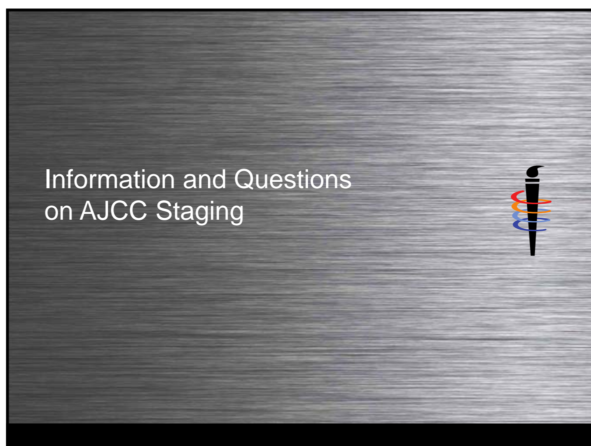




Modified Ryan Scheme Tumor Regression Score	Score
No viable cancer cells (complete response)	0
Single cells or rare small groups of cancer cells (near complete response)	1
Residual cancer with evident tumor regression, but more than single cells or rare small groups of cancer cells (partial response)	2
Extensive residual cancer with no evident tumor regression (poor or no response)	3



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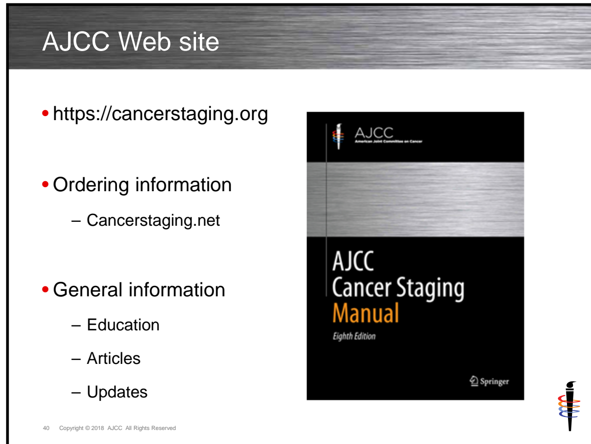

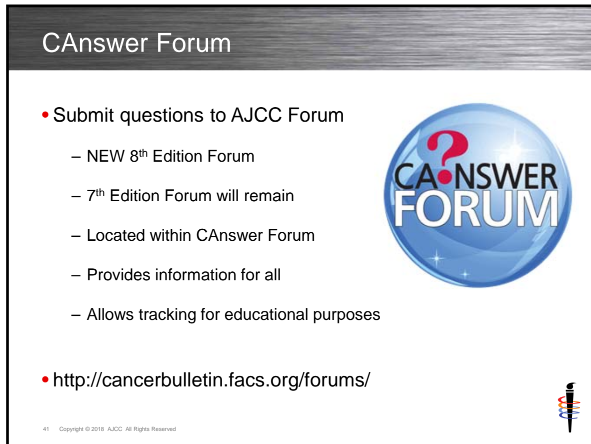

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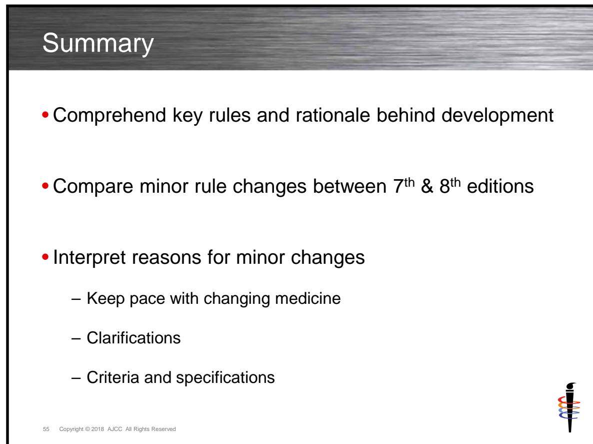

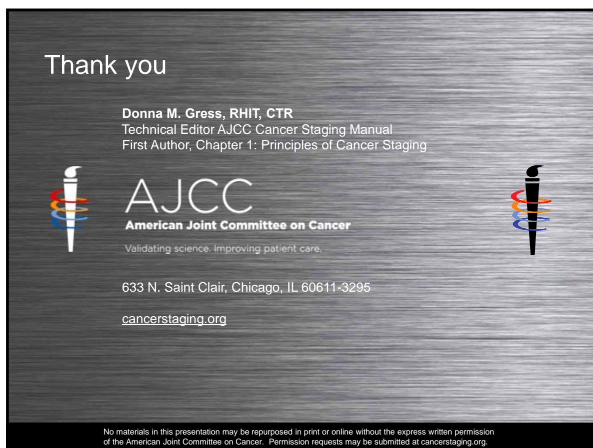

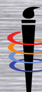

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