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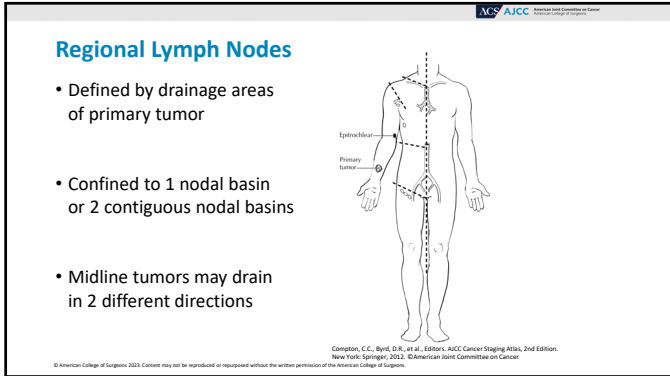
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Breast Cancer Staging System

### Clinical T Category

- Diagnostic biopsy to establish diagnosis and T category
- Determining thickness for T category
  - Measured by pathologist
    - Nearest 0.1mm (tenth)
    - NOT nearest 0.01mm (hundredth) due to impracticality and imprecision
  - **Cannot** use Clark level to infer thickness
- Skin thickness rationale
  - Skin thickness varies on different parts of the anatomy
  - Skin thickness varies by person
  - Extension into other structures is not same thickness
  - Example: wrist skin compared to heel skin thickness
  - Therefore skin thickness is critical

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### Clinical T Category

- Ulceration is **NOT** seen by managing physicians or patients
- **Must** have clear statement on ulceration
  - **Cannot** presume no ulceration if not stated
  - **Never on physical exam**, cannot be seen
  - Determined by histopathological exam **only**
- Direct extension not a factor in T category
  - Staging does not use extension into
    - Cartilage
    - Skeletal muscle
    - Bone
    - Other subcutaneous tissue

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### Pathological T Category

- Do **NOT** use treatment information to change cT
- Definition of melanoma ulceration
  - Absence of completely intact epidermis above melanoma
  - Based only on histopathological exam
- pT assignment uses **all** of the following
  - Use cT information
  - Operative findings
  - Path report of resected primary tumor specimen
- Main information for pT may come from clinical staging
  - Most if not all tumor may be **removed in diagnostic biopsy**
  - cT may be most of the information for pT assignment

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### Clinical N and Pathological N Categories

- Node assessment
  - Based on exam and imaging: CT, PET/CT, ultrasound
  - Abnormally large, hypermetabolic, or have characteristic abnormalities
  - Proven by fine-needle aspiration biopsy, needle/core biopsy, sentinel node biopsy
- Clinically occult N1–N3(a)
  - Not identified on imaging or exam
  - Identified only microscopically on biopsy or resection
- Clinically detected N1–N3(b)
  - Identified on imaging or exam
- Isolated tumor cells (ITC) considered **positive nodes**
  - **Only melanoma and Merkel cell have this exception**

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### Clinical N and Pathological N Categories

- In-transit, satellite, microsatellite mets
  - Designated as N1c, N2c, N3c
  - With or without nodal involvement as per definitions
- N category non-nodal criteria defined
  - **Microsatellite:** microscopic mets found **adjacent or deep to primary**
  - **Satellite:** grossly visible cutaneous/subcutaneous mets **≤ 2cm of primary**
  - **In transit:** clinically evident dermal/subcutaneous mets **> 2cm from primary**, between primary and first echelon of regional nodes

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### Clinical M and Pathological M Categories

- M category clarification
  - If microscopic evidence, pM used
  - If no microscopic evidence of **any** met site, cM used
- Multiple metastatic sites
  - Only one site must have microscopic evidence to assign pM
  - All sites do not need microscopic evidence to assign pM
- LDH for M1 subcategory of (0) or (1)
  - Part of M category, not a suffix
  - Examples: M1a(1), M1c(0)
- Must be distant skin and distant soft tissue for M1a

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### Stage Classification – Diagnostic Workup & Treatment



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**Criteria for Clinical Classification - PreTreatment**

- Patient undergoing diagnostic workup
  - Physical exam of primary site
  - Assessment of risk factors
  - Physical exam of potential regional nodes
  - Adequate biopsy to assess T category
    - Shave biopsy, incisional biopsy, or excisional biopsy
  - Imaging in higher T category or involved nodes
  - If distant mets are suspected, imaging, LDH
  - **Critical Clarifications** on AJCC website: AJCC 8<sup>th</sup> Edition Melanoma Staging
- Rare incidental findings
  - Resections for other lesions do not meet surgical treatment criteria
  - Most incidental findings would be part of diagnostic workup

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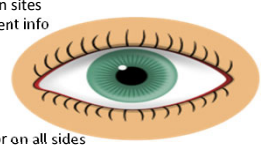
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**Diagnostic vs. Treatment**

- Diagnostic procedures
  - Excisional biopsy of lesion (**pupil**) to assess thickness (**pupil or less**)
  - Smaller biopsies may be needed for certain sites
  - Do NOT change staging based on subsequent info
- Surgical treatment of primary site
  - Resection with 0.5-2cm margin from tumor on all sides
    - Circle (**iris**) drawn around lesion (**pupil**) to establish margin boundaries
    - Draw football/oval (**eyelids**) around circle to close wound
    - **MUST** be description of procedure to be wide local excision for pathological staging
  - If nodal dissection not done, still considered treatment



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**Treatment Satisfying Stage Classification**

- Pathological staging
  - Wide excision or re-excision of tumor
    - **Must** include appropriate margins around tumor
    - Football shaped excision to close wound
  - Nodal sampling or dissection
    - Sentinel nodes
    - Node dissection
    - Not required to qualify for staging
    - Not required for stage 0 or IA
  - LDH for M1 subcategory of (0) not elevated or (1) elevated
  - **Critical Clarifications** on AJCC website: AJCC 8<sup>th</sup> Edition Melanoma Staging
- Postneoadjuvant therapy staging
  - Clinical trials with chemotherapy and immunotherapy

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**Information and Questions on AJCC Staging**



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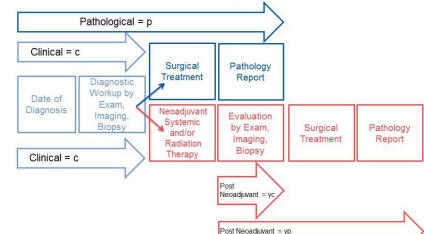
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**Timing is Everything**

**AJCC Stage Classifications**  
Defining Time Frame and Criteria



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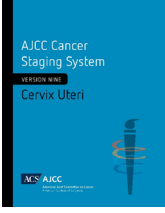
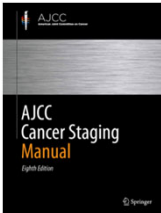
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**AJCC Web Site**

- <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

**Donna M. Gress, RHIT, CTR**  
Manager, Cancer Staging and Registry Operations  
AJCC and Cancer Programs

[cancerstaging.org](http://cancerstaging.org)  ACS Cancer Programs  @AJCCancer

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