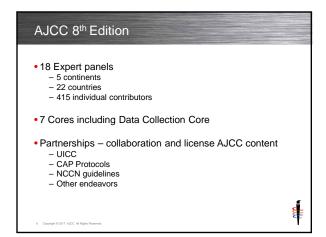


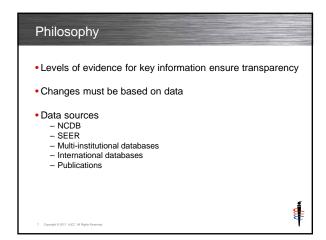


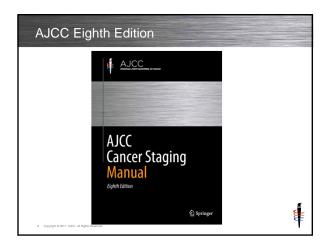
Learning Objectives	
Review development of AJCC 8 <sup>th</sup> Edition	
Outline Chapter 1 – Principles of Cancer Staging	
Explain fundamental changes to disease site chapters	
Summarize new and changed disease site chapters	
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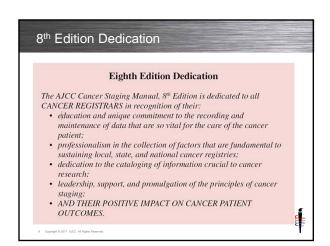


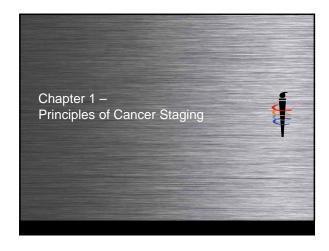
# AJCC TNM is used worldwide Not just for use in the US International collaboration International databases used to develop staging systems AJCC Cancer Staging Manual Supplies T, N, M, and stage groups Provides critical information to understand staging system General information and anatomy Criteria for clinical and pathological classifications Guidance on applying T, N, M category criteria Evidence used for changes Explanations for prognostic factors Grade system for that chapter Comments on histologies







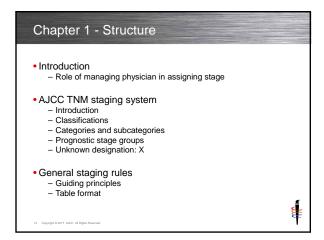


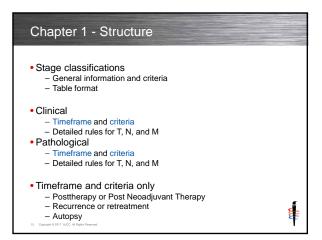


#### • Team of physicians reviewed Chapter 1 - Extensive line by line review - Over a span of two years • Harmonization Summit September 2015 - Full day for vetting staging rules - Audience response system for voting - Approximately 60 physicians in attendance - Registrars also participated • Final chapter reviewed/edited by 7 physicians

#### Chapter 1 Staging Rules Expansion of chapter 1 rules Explains the basics of staging Clarify terminology Describes time frame and criteria for each classification A few new rules based on changes in medical practice Detailed rules for clinical and pathological classifications Guidance for T, N, and M for both classifications Detailed rules for stage groups Rules in table format for easy reference

# Pathological is new classification term for 8<sup>th</sup> edition Previous editions: pathologic staging 8<sup>th</sup> edition: changed to pathological staging • Emphasize T, N, M are categories Example: T category, not T stage Subcategories • Ensured each subcategory has a main category in the table • New term for stage groups The edition: anatomic stage/prognostic groups 8<sup>th</sup> edition: prognostic stage groups





# • AJCC Prognostic stage groups - Rules for stage group assignment - Table format • Additional staging descriptors and guidelines - N suffixes include • Sentinel nodes (sn) • FNA or core biopsy (f) - Multiple primary tumors (m) - Guidance on synchronous and metachronous primaries - Unknown primary site T0

# Chapter 1 - Structure Additional staging descriptors and guidelines Histologic codes for staging Grade General rules Cancer registry documentation LVI Coding structure with new options Residual tumor and surgical margins Guidance and coding instructions Response to neoadjuvant therapy assessment Guidance for pathologists in determining response



# New AJCC staging based on Sites or subsites Histologies Split current chapters in some sites, based on Anatomic subsites Differences in staging due to histology 83 chapters in 8th edition 7th edition had 57 Chapters updated to keep pace with medical advances

# Part I through Part XVIII Part I through Part

# New Features • Levels of Evidence • Imaging • Risk Assessment Models • Recommendations for Clinical Stratification • Prognostic factors • Required for stage grouping • Recommended for clinical care • Emerging factors (available online only)

#### Imaging Section Imaging section in each chapter Guidance for physicians when ordering tests Information for radiologists on reporting results Structured reporting is being promoted Aids communication for assigning stage

#### Factors and Registry Data Collection Most factors similar to 7<sup>th</sup> edition Prognostic factors distinguished by their purpose Prognostic factors required for stage grouping Categories assigned along with TNM Additional factors recommended for clinical care Important for physicians in care of their patients Emerging factors Latest information, will be reevaluated as evidence grows Registry data collection variables

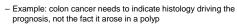
Recommended by physician experts
Guidance for surveillance community

#### WHO Classification of Tumors used for 8<sup>th</sup> Edition Defined list of histology codes and terms included in chapter Histology code Indicates prognostic staging is only for those histologies Does not indicate histology may not occur in that disease site Does not include terms no longer in common usage

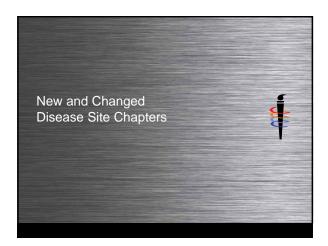
#### Histology Code Changes Histology codes No longer range of ICD-O-3 histologies Previously were inclusive of all histologies common in registries Discussions ongoing with SEER

- Guidance provided by AJCC experts

- Regarding MPH rules



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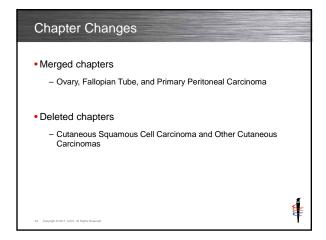
#### New Paradigms • Mediating variable affecting the cancer and staging • Separate stage groups for post neoadjuvant therapy staging • Based on specific anatomic sites and subsites • Unknown primaries with nodal involvement • Inclusion of staging for sites not in previous editions

# New Chapters New disease site chapters for staging Head and Neck Cervical Lymph Nodes & Unknown Primary HPV-Mediated (p16+) Oropharynx Cancer Cutaneous Squamous Cell Carcinoma of the Head and Neck Thorax Thymus Endocrine System Parathyroid Adrenal Neuroendocrine Tumors Hematologic Malignancies Leukemia

#### Chapter Changes Split chapters resulting in some new staging Pancreas Exocrine Pancreas – Hepatobiliary System Neuroendocrine Tumor of Pancreas – Neuroendocrine Tumors Neuroendocrine Tumors Neuroendocrine Tumors of the Stomach Neuroendocrine Tumors of the Duodenum and Ampulla of Vater Neuroendocrine Tumors of the Jejunum and Ileum Neuroendocrine Tumors of the Appendix Neuroendocrine Tumors of the Colon and Rectum Neuroendocrine Tumors of the Pancreas

#### Chapter Changes Split chapters or sections resulting in some new staging Bone – one chapter, multiple staging sections Appendicular Skeleton/Trunk/Skull/Face Pelvis Spine Soft Tissue Sarcoma Introduction to Soft Tissue Sarcoma Soft Tissue Sarcoma of Head and Neck Soft Tissue Sarcoma of Trunk and Extremities Soft Tissue Sarcoma of Abdomen and Thoracic Visceral Organs Soft Tissue Sarcoma of Retroperitoneum Soft Tissue Sarcoma – Unusual Histologies and Sites

# Chapter Changes Split chapters – may be in different disease systems Head & Neck Pharynx Nasopharynx HPV-Mediated (p16+) Oropharynx Oropharynx (p16-) and Hypopharynx Appendix Appendix Appendix Appendix Appendix – Lower Gastrointestinal Tract Neuroendocrine Tumors of Appendix – Neuroendocrine Tumors Endocrine System Thyroid Thyroid – Differentiated and Anaplastic Thyroid – Medullary





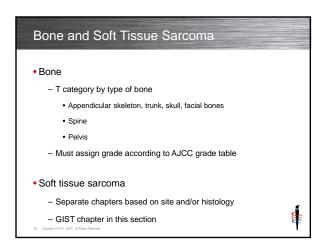
#### • Cervical Nodes and Unknown Primary - New criteria for extranodal extension (ENE) - Extranodal extension designated as ENE(+) or ENE(-) - Occult primary tumors (unknown primary) are T0 - If EBV-related stage with nasopharynx - If HPV-related stage with oropharynx - All other cases use this chapter • HPV-mediated (p16+) Oropharyngeal Cancer - Test utilized is p16 (cyclin-dependent kinase inhibitor 2A) - p16+ staged with this chapter - p16- staged with Oropharynx (p16-) and Hypopharynx chapter • Cutaneous Squamous Cell Ca of Head & Neck - Staging system does not change reportability requirements

#### Different stage group tables for clinical, pathological, ypathological Change in tumor location criteria Change in proximal stomach location for EGJ tumors Stomach Different stage group tables for clinical, pathological, ypathological Change in proximal stomach location for EGJ tumors

#### Colon and Rectum Histology codes do not include polyp origin Histology driving prognosis utilized Discussions with SEER for MPH rules Anus Lesions overlying perineal body are perianal or vulvar Perianal are staged with this chapter Anatomical illustrations for perianal vs skin

# Neuroendocrine Tumors • Well differentiated is not the grade – It is histologic type • NET may be Grade 1, Grade 2, or Grade 3 – Most common is G1 and G2 – Rare well differentiated NET G3 are included • Grade based on – Mitotic count – Ki-67 index

# • Lung - New designations to specify type of in situ - New size cut points - New T1mi - Tables with criteria for multiple tumors vs separate tumors - Revisions and new M1 subcategories



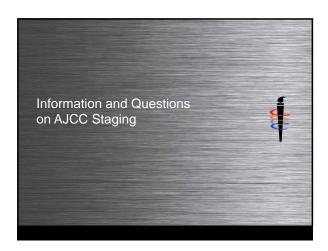
# • Merkel cell carcinoma - Rule changes for cN category - Critical to indicate sentinel nodes only - Different stage groups for clinical and pathological • Melanoma - New size cut points for T category - Mitotic rate no longer used - Redesigned stage tables - Different stage groups for clinical and pathological

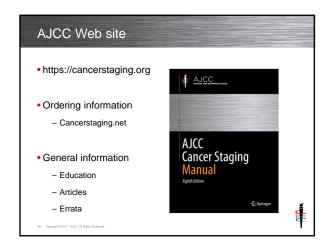
## Prognostic stage group Only in global regions where biomarkers tests not routinely available Prognostic stage group Used in countries where biomarker tests routinely performed Cancer registries must use Prognostic Stage Group table If biomarkers not available, case reported as unstaged T, N, M information assigned, but registry stage group is 99 Lobular carcinoma in situ not staged Does not affect reportability – ask your standard-setter

# Male Genital Organs Prostate Grade Group WHO and International Society of Urologic Pathologists (ISUP) Formalized changes to Gleason scoring Adoption of prognostically important Grade Groups Table in AJCC chapter No pT2 subcategories

# Endocrine System Thyroid Differentiated and Anaplastic Differentiated New age cut point <55 or ≥55</li> Anaplastic New T categories

# Hematologic Malignancies Hodgkin and Non-Hodgkin Lymphomas Lugano SLL/CLL now uses Lugano and Rai Plasma Cell Myeloma RISS staging Leukemia Prognostic factors required for clinical care









# Summary • 8th edition is a significant step forward • Education planned for physicians and registrars • Significant disease site changes will be communicated • AJCC Web site provides roadmap for information • Congratulations to Cancer Registrars on 8th edition dedication



