



Lesson 8

Classifications



- Diagnostic workup
- From
 - Moment of diagnosis
 - Through diagnostic workup
 - Until / before first treatment
- First treatment includes
 - All therapeutic modalities
 - Active surveillance or watchful waiting
 - Decision not to treat
- Staging stops if documented progression of disease
- In absence of documentation, 4 month cutoff allowed

Clinical – Information Included

- Clinical history and symptoms
- Physical examination
- Lab tests
- Imaging
- Endoscopy
- Biopsy of primary site
- Biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T
- Biopsy of distant metastatic site
- Surgical exploration without resection
- Other relevant examinations and diagnostic procedures

- Define prognosis
- Select initial therapy / treatment
- Used for comparisons
 - Only point in time all patients can be compared
 - Differences in primary therapy impede later comparisons
- TNM or cTNM

- Diagnostic workup through definitive surgical treatment
- From
 - Moment of diagnosis
 - Through diagnostic workup
 - Including operative findings during surgical resection/treatment
 - Including pathology report findings from surgical resection/treatment
- Surgical resection/treatment defined
 - In AJCC Chapters
 - Different based on anatomy & biology
 - Varies from resection of tumor to resection of organ/structure
- In absence of documentation, 4 month cutoff allowed

Pathological – Information Included

- Encompasses 3 equal pieces
 - All clinical classification information
 - Operative findings
 - Pathology report of resected specimens
- Clinical information is a valid piece
 - Used unless disproven by operative findings and/or path report
- Operative findings contribute to stage
 - Does not have to be sampled to be included
 - Surgeon judgment can be used to assign stage
- Pathology report is **NOT** the final word for stage
 - Helpful information but must look at other pieces of info
 - Can NEVER assign stage group if no distant mets

- Most precise prognosis
- Select subsequent/adjuvant therapy
 - Systemic or radiation therapy needed based on surgery results
- Provides additional precise and objective data
 - More precise than clinical classification
 - Used for survival and outcomes data
- pTNM

Postneoadjuvant therapy clinical

- Between completion of neoadjuvant therapy and surgery
- From
 - After completion of last systemic and/or radiation therapy treatment
 - Before definitive surgical resection

Postneoadjuvant therapy pathological

- After both neoadjuvant therapy and surgery
- From
 - Postneoadjuvant therapy clinical information
 - Operative findings during surgical resection
 - Including pathology report findings from surgical resection

Postneoadjuvant Therapy – Information Included

- **Postneoadjuvant therapy clinical**
 - Physical exam
 - Symptoms
 - Imaging
 - Lab tests
 - Use clinical stage/pretreatment M category status
- **Postneoadjuvant therapy pathological**
 - Postneoadjuvant therapy clinical information
 - Operative findings
 - Pathology report of resected specimen
 - Use clinical stage/pretreatment M category status
- **Neoadjuvant therapy includes**
 - Radiation therapy
 - Systemic therapy: chemo, hormone, immuno

Postneoadjuvant therapy clinical

- Response to therapy assessment is prognostic
 - Compare to clinical stage to assess response
- Helps direct extent of surgery to be performed
- For cases diagnosed 2021 and forward this will be collected by Registrars
- ycTNM

Postneoadjuvant therapy pathological

- Response to therapy assessment is prognostic
 - Compare to clinical stage to assess response
- Helps direct subsequent systemic and/or radiation therapy
- ypTNM

Time Frame

- At time of
 - Recurrence (must have a disease free interval) or
 - Disease progression

Information Included

- All clinical and pathological information available at
 - Time of retreatment
 - Time of recurrence
- May collect clinical and pathological information separately

Purpose and Use

- Select treatment and analyze recurrences
- Original stages assigned at initial Dx and Rx do NOT change
- Not collected by cancer registrars, no data fields
- rTNM, rcTNM, rpTNM

Time Frame

- At time of autopsy for
 - Previously undiagnosed cancer
 - Cancer not evident prior to death

Information Included

- All clinical and pathological information obtained at
 - Time of death and
 - Postmortem examination

Purpose and Use

- Analysis of unsuspected cancers prior to death
 - Separate from cases where medical intervention was possible
- Not collected by cancer registrars, no data fields
- aTNM

- Microscopic confirmation
 - Required / should be confirmed for classification
 - Rare clinical scenarios, patients who do not have any biopsy or cytology of the tumor
 - May be staged
 - May affect data analysis if truly not cancer
- ICD-O-3 codes identify cases pertaining to each chapter
 - International Classification of Diseases for Oncology, 3rd Edition
 - Topography codes to identify primary site
 - Histology codes to identify morphology (cell type)
- Recommend CAP cancer protocol usage for reporting

Stage Classification Based on Treatment

- Surgical Treatment
 - Clinical
 - Pathological
- Systemic and/or Radiation **ONLY**
 - Clinical
 - Posttherapy Clinical (appropriate according to AJCC, but not required for registrars)
- Neoadjuvant Therapy
 - Clinical
 - Posttherapy clinical (after systemic/radiation but before surgery)
 - Posttherapy pathological (after systemic/radiation AND surgery)
 - Can NEVER do pathological after neoadjuvant therapy



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Thank You