<u>Completing the Puzzle</u> AJCC TNM Staging Kidney

Nicole Catlett, CTR 2017 Kentucky Cancer Registry Fall Conference, September 21 & 22, 2017

OBJECTIVES

- Understanding of Kidney TNM staging
- Identify clinical versus pathologic information to use in staging cases
- Case eligibility for pathologic staging

KIDNEY TOPOGRAPHY CODES ICD-O-3

ICD-O-3 Term C64.9 Kidney, NOS



Anatomical site of the kidney.



Kidney Anatomy



1.Parenchyma
2.Cortex
3.Medulla
4.Perirenal fat
5.Capsule
6.Ureter
7.Pelvis of kidney
8.Renal vessels
9.Hilum
10.Calyx

Source: SEER Training Modules, Kidney Anatomy



Regional lymph nodes of the kidney.



Regional lymph nodes of the kidney.

AJCC T classifications

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- **T1** Tumor 7 cm or less in greatest dimension, limited to kidney
- **T1a** Tumor 4 cm or less in greatest dimension, limited to kidney
- T1b Tumor more 4 cm but not more than 7 cm in greatest dimension, limited to kidney



T1a is defined as tumor that is 4 cm or less in greatest dimension, limited to the kidney.



T1b is defined as tumor that is more than 4 cm but not more than 7 cm in greatest dimension, limited to the kidney.

AJCC T classifications

- **T2** Tumor more than 7 cm in greatest dimension, limited to the kidney
- T2a Tumor more than 7 cm but less than or equal to 10 cm in greatest dimension, limited to the kidney
- T2b Tumor more than 10 cm, limited to the kidney



T2a is defined as tumor that is more than 7 cm but less than or equal to 10 cm in greatest dimension, limited to the kidney.



T2b is defined as tumor that is more than 10 cm in greatest dimension, limited to the kidney.

AJCC T classifications

- T3 Tumor extends into major veins or perinephric tissues but not into the ipsilateral adrenal gland and not beyond Gerota's fascia
- T3a Tumor grossly extends into the renal vein or its segmental (muscle containing) branches, or tumor invades perirenal and/or renal sinus fat but not beyond Gerota's fascia
- **T3b** Tumor grossly extends into the vena cava below the diaphragm
- T3c Tumor grossly extends into the venal cava above the diaphragm or invades the wall of the vena cava



T3a is defined as tumor that extends into perinephric tissues but not into the ipsilateral adrenal gland or beyond Gerota's fascia (illustrated on the left) or T3a is tumor that grossly extends into the renal vein (illustrated on the right).



T3b is defined as tumor that grossly extends into the vena cava below the diaphragm.



T3c is defined as tumor that grossly extends into vena cava above diaphragm or invades the wall of the vena cava.

AJCC T classifications

• T4 Tumor invades beyond Gerota's fascia (including contiguous extension into the ipsilateral adrenal gland)



T4 is defined as tumor that invades beyond Gerota's fascia.



T4 is defined as tumor that extends contiguously into the ipsilateral adrenal gland.

AJCC N classifications

- NX Regional Lymph nodes cannot be assessed
 NO regional lymph node metastases
- **ON1** Metastasis in regional lymph node(s)



Two views of N1, defined as metastasis in regional lymph node(s): N1, on the left, is metastasis in a single regional lymph node. N1, on the right, is metastasis in more than one regional lymph node (here showing three involved regional lymph nodes).

AJCC M classifications

- **•M0** No distant metastasis
- **OM1** Distant metastasis

KIDNEY ANATOMIC STAGE/PROGNOSTIC GROUPS

Stage I Stage II Stage III

Stage IV

T1	NO	MO
T2	NO	MO
T1 or T2	N1	MO
ТЗ	N0 or N1	MO
Τ4	Any N	MO
Any T	Any N	M1

AJCC Staging for Kidney Cases

- For clinical staging to apply, there must be a suspicion of cancer.
- For pathologic staging to apply you must meet one of the following criteria:
- 1. Surgical resection per AJCC Kidney chapter including partial nephrectomy, total nephrectomy, radical nephrectomy
- 2. Biopsy of highest T category PLUS biopsy of highest N category. (T4/N1 proven).
- 3. Positive histologic confirmation of a metastatic site. (M1 proven).

Clinical Staging for Kidney cases

Imaging (CXR, CT chest/Abdomen/Pelvis, MRI, PET)
 FNA/CT guided BX (regional LNs without resection of primary tumor)

• O70 year old WF presents with abdominal and back pain. CT Abdomen/Pelvis revealed a suspicious 5 cm right kidney mass. No involvement of renal vein or adrenal gland. No LAD. No distant METS. Patient taken to surgery for a right total nephrectomy. Path report: 4.9 cm tumor size confined to kidney. No LNs received with specimen.

• Does our case meet eligibility for clinical staging ? YES

There is a suspicion of cancer so clinical staging must be completed.

What information can be used for clinical staging?

Imaging (CT Abdomen/Pelvis)Physical Exam

• What is our clinical T classification?

cT1b

What is this based on ?

Imaging showing 5.0 cm tumor confined to kidney.

OWhat is our clinical N classification?

What is this based on ? Imaging stated no LAD present.

OWhat is our clinical M classification?

cM0

What is this based on ?

Imaging showing no evidence of METS, also based on H&P with no signs or symptoms of METS present.

OWhat is our clinical staging? cT1b cN0 cM0 cStage I

ODoes our case meet eligibility for pathologic staging ? YES

There has been surgical resection of the primary tumor.

OWhat is our pathologic T classification? **pT1b**

What is this based on ?

Pathology report showing a 4.9 cm tumor confined to the kidney.

OWhat is our pathologic N classification? **pNx**

What is this based on ?

No LNs were removed for evaluation.
KIDNEY CASE example

OWhat is our pathologic M classification? cM0

What is this based on ? Imaging showed no METS.

KIDNEY CASE example

OWhat is our pathologic staging? pT1b pNx cM0 pStage 99 Unk (w/ pNx)

• It's time to put you to work...

• One side is Yellow = which indicates either "No" or "Disagree" = X

• One side is Pink = which indicates "YES" or "Agree" =

 58 yo Asian female presents with complaints of back pain and chest pain. A CT chest identified a suspicious kidney mass. CT A/P revealed a 10 cm left kidney mass involving the renal vein.
No distant METS. A radical left nephrectomy performed.
Pathology report: 9.8 cm Left kidney mass, involving the renal vein. No LNs received with specimen. Margins negative. No further treatment recommended.

ODoes our case meet eligibility for clinical staging?

YES Cancer has been diagnosed so clinical staging must be completed

Based on the information given what is the clinical T classification ?

Answer? CT3a Involves renal vein per CT Do you agree?

Based on the information given what is the clinical N classification? Answer? cNx (per imaging) Do you agree?

Based on the information given what is the clinical M classification ?

cM0 (per imaging)

Do you agree ?

Answer?

Based on the information what would the clinical staging be? Answer cT3a cN0 cM0 cStage III

Based on the information given does the case meet criteria to be pathologically staged ?

Answer?

(Nephrectomy performed, surgical resection of primary tumor).

Based on the information given what is the pathologic T classification ?

Answer?

Do you agree ?

pT3a Involves renal vein.



Based on the information given what is the clinical M classification ?

Answer?

Do you agree ?

cM0

Based on the information what would the pathologic staging be?

Answer pT3a pNx cM0 pStage III

KIDNEY ANATOMIC STAGE/PROGNOSTIC GROUPS

Stage I	T1	NO	M0
Stage II	T2	NO	MO
Stage III	T1 or T2	N1	MO
	<u>T3</u>	<u>N0 or N1</u>	<u>M0</u>
Stage IV	T4	Any N	MO

• A 64 year old white male presents to ER with increasing abdominal pain & discomfort. A CT abd/pelvis revealed a 8 cm right kidney mass suspicious for cancer. It appeared to be directly invading the ipsilateral adrenal gland. A CT chest performed showed diffuse lung nodules consistent with lung METS. PT had CT guided BX of the largest left lung nodule with Path showing metastatic RCC.

• Does clinical staging apply ?

 What info can be used ? Imaging (CT chest, abdomen/pelvis, additional imaging, Biopsies)

O Does pathologic staging apply?

O Why? There is positive confirmation of a metastatic site (Lung BX +)

• CStaging: cT4 (invasion of ipsilateral adrenal gland per imaging) cN0 (per imaging) pM1 (Lung METS per Positive BX confirmation) cStage IV O pStaging: pT blank pN blank pM1 (Positive confirmation of Lung METS per BX path) pStage IV

O 79 yo black male with presents with back pain. Imaging performed revealed a large right para-aortic mass thought to represent LAD. Right kidney was abnormal but no info available on specifics. A CT guided BX was performed of the para-aortic mass with path showing Metastatic RCC in LN tissue. PT opted for Hospice.

O Does Clinical Staging Apply ?

O Does Pathologic Staging Apply ?

OWhat is Clinical Staging ? cTx cN1 cM0 cStage 99 Unk (w/ Tx)

• 40 year old female had an incidental 1.9 cm left lower pole kidney mass found during surveillance CT for her history of colon cancer. No LAD or distant METS were seen. A left partial nephrectomy was performed. Path report: 1.8 cm RCC confined to kidney. No LNs identified in the specimen.

- Clinical Staging ?
- o cT1a cN0 cM0 cStage I
- Pathologic Staging ?
- O pT1a pNx cM0 pStage 99 Unk (w/ pNx)



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