AJCC

2021 UPDATES



Moving from Edition to Version

AJCC is changing how it updates and releases content.

- Shifting from Cancer Staging Manual to Cancer Staging System
 - Moving from Editions to Versions
 - Better aligns with
 - Software development and
 - Number of users
 - Users want AJCC content in their everyday software products
 - Medicine changing more rapidly than new book every 7 years
 - Critical to provide new staging content to improve patient care



Annual Updates

- Cervix Uteri first cancer updated as version
 - Effective with cancers diagnosed January 1, 2021
 - Replaces 8th edition cervix content from Staging Manual
- Version 9 Cervix Uteri Release
 - Electronic tables distributed to licensed software developers
 - Electronic version of new content includes tables, notes, illustrations
 - Available for purchase soon by physicians, registrars and other users
 - Will be standalone product, final details coming by Fall 2020
- Other disease sites updated to Version 9 in coming years



Neoadjuvant Treatment Post-Therapy Clinical (yc)



Post-Therapy Clinical Stage (yc)

CoC is collecting yc staging starting in 2021

Neoadjuvant Treatment is given as a first step to shrink a tumor before the main treatment, which is usually surgery, is given. Examples of neoadjuvant therapy include chemotherapy, radiation therapy, and hormone therapy.

There are 3 Types of Neoadjuvant Therapy Patients:

- Good Response: Surgical resection completed (yp Staging)
- No Response: Surgery canceled (yc Staging)
- Excellent Response: No surgery is needed (yc Staging)



The importance of (yc):

- Shows that surgery was part of the initial treatment
- It shows if the treatment plan was changed due to the patient's response to neoadjuvant therapy
- T, N, M shows the level of response compared to the clinical stage
 - No response (surgery canceled)
 - Excellent response (no surgery needed)
- Distinguished between when no surgery was planned and when the surgery being cancelled due to response to treatment.



Missing piece of neoadjuvant with surgery canceled

- Skewed picture of patient outcomes
- Could lead to erroneous conclusions about neoadjuvant success
- Affects many patient populations

Critical to capture data on missing piece

- Cannot keep telling just part of the story
- Complete story must be told to evaluate all treatment results
- Treatment completeness quality issue



AJCC Stages

- Clinical
- Pathological
- Post-Therapy Clinical (yc)
- Post-Therapy Pathological (yp)

	AJCC Stage			
Treatment Scenario	Clinical	Pathological	Post-Therapy Clinical (yc)	Post-Therapy Pathological (yp)
No treatment planned	<u>_X</u>			
Surgery or Surgery, followed by adjuvant treatment	×	x		
Neoadjuvant treatment, followed by surgery	x			x
Neoadjuvant treatment, sugery canceled (due to poor or excellent response)	X		X	
Systemic and/or Radiation only	x			

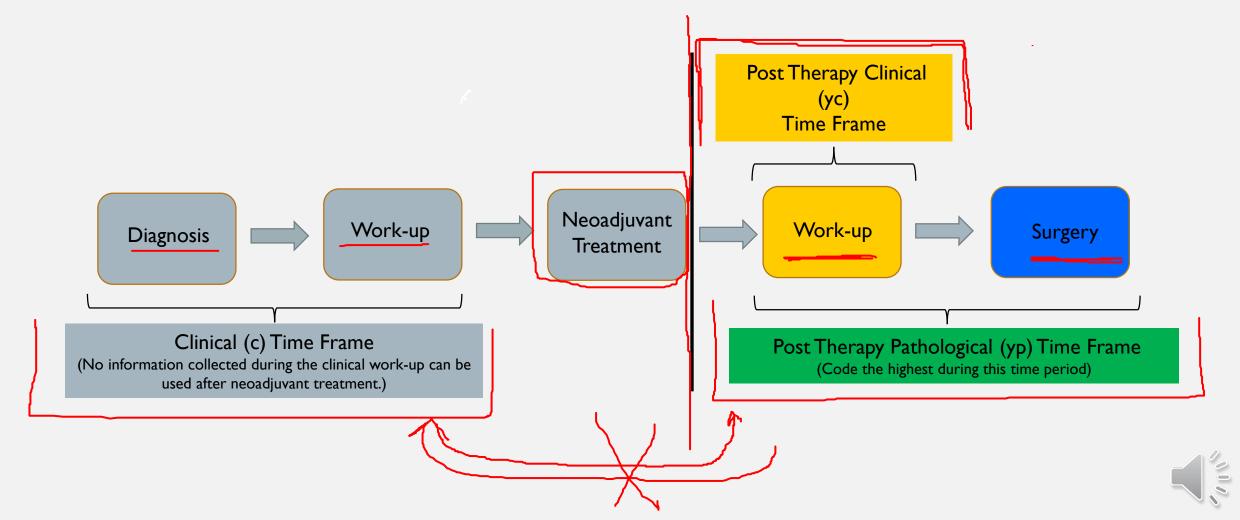


Important:

- A registrar will never assign more than 2 AJCC stage classifications for a case.
- Only record (yc) when (yp) cannot be assigned (surgery canceled).
 - Poor response
 - Excellent response
- Evaluations for (yc):
 - Evaluation by physical exam
 - imaging
 - biopsy
 - any diagnostic procedures
- At this time, there is no (yc) stage group



Post Therapy Clinical (yc) vs Post Therapy Pathological (yp)



Neoadjuvant Treatment

- Neoadjuvant therapy for posttherapy yc and yp staging should meet national treatment guidelines
- Systemic therapy (chemo/hormone/immunotherapy)
 must
 - Be provided by dosage and time frame
 - Meeting standard national treatment guidelines
 - To be considered course of treatment
- Drug guidelines have been proven to have treatment effect on patients when followed



- Providing drug in any dosage for any length of time does not make it treatment
 - Short course of tamoxifen not treatment
 - Given to see if cells react to drug as surrogate of tumor response
 - Predicts if given for standard 5-10 years as treatment after surgery
- Drugs given for unconventional reasons prior to surgery
 - Physician experts and national treatment guidelines make it clear
 - These drugs not given to treat cancer and
 - Do not provide treatment to patient



Treatment During the Pandemic

- Do not confuse bridge therapy cases with true neoadjuvant
- Few months is not neoadjuvant
- In cases were neoadjuvant therapy was part of the original treatment plan:
 - Would finish entire course systemic therapy
 - Would not take to surgery early, as soon as pandemic allowed
- If bridge therapy is administered
 - AJCC: stage as pathological (p)
 - This is still to be recorded in your Treatment Data Items



Lack of Response is Not Progression

- No response to neoadjuvant is not considered progression
- If patient does not respond to neoadjuvant therapy
 - Tumor cells continue to divide and grow
 - As they had been since day cancer cells started
 - Causes tumor to expand and invade additional tissue and nodes
- Assign posttherapy stage indicating further involvement
 - cT3, now posttherapy pathological ypT4
 - cN0, now posttherapy pathological ypN2



Take home point

- The AJCC is changing from Chapters to Versions
- Cervix will be the first version introduced, with other sites to follow
- Post Therapy Clinical has been introduced to help complete the patient's story
- You will never compete more than 2 AJCC stages per case
- To be considered Neoadjuvant, it must follow the AJCC and NCCN guidelines
- Bridge therapy done during the pandemic is not neoadjuvant therapy



Upcoming Trainings

- The AJCC is planning two upcoming trainings
 - ▶ The Dates are to be determined
 - Late 2020 (November/December)
 - Early 2021 (February)



- https://cancerstaging.org
- General information
 - Education
 - Articles
 - Updates
- For Registrars
 - Webinars with free CE hrs
 - Critical Clarifications
 - Staging Moments
 - Submit Questions to:
 - http://cancerbulletin.facs.org/forums/



Questions?

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