

What's New for 8th Edition

KCR 2018 SPRING TRAINING

Overview

- What's New
- New Chapters for 8th Editions
- Chapters That Split in 8th Edition
- Merged 8th Edition Chapters
- Blanks vs Xs
- How to Navigate Through The Manual
- Criteria for Staging

What's New

- Enhanced Chapter 1 - Principles of Cancer Staging
 - With better descriptions of staging rules
- Timing for Staging
 - Including timing and criteria for post-therapy staging (yp)
- Clinical Staging Criteria and General Rules
- Pathologic Staging Criteria and General Rules
- Rules for Assigning T, N, and M Category Codes and Prognostic Stage Group
- Rules for Determining 12 new staging systems
- 83 total chapters defined by site/subsite and specific histologies

New chapters for 8th edition

Endocrine

- Parathyroid
- Adrenal Neuroendocrine Tumors

Head and Neck

- Cervical Nodes and Unknown Primary
- HPV Mediated (p16+) Oropharynx
- Cutaneous Squamous Cell Carcinoma (ex. vermillion border of lip)

Hematologic

- Leukemia

Thorax

- Thymus

Chapters that split in 8th edition

Pancreas

- Exocrine Pancreas – Hepatobiliary System
- Neuroendocrine Tumor of Pancreas

Neuroendocrine Tumors (NET)

- NET of Stomach
- NET of Duodenum and Ampulla of Vater
- NET of Jejunum and Ileum
- NET of Appendix
- NET of Colon and Rectum
- NET of Pancreas

Chapters that split in 8th edition

Bone

- Appendicular Skeleton
- Pelvis
- Spine

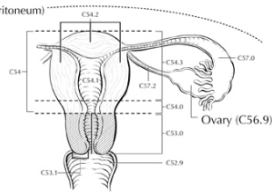
Soft Tissue Sarcoma

- Soft Tissue Sarcoma (Includes GIST)
- Soft Tissue Sarcoma of Abdomen and Thoracic Visceral Organs
- Soft Tissue Sarcoma of Head and Neck
- Soft Tissue Sarcoma of Retroperitoneal
- Soft Tissue Sarcoma of Trunk and Extremity
- Soft Tissue Sarcoma of Unusual Histologies

Merged chapters for 8th edition

Ovary, Fallopian Tube, Primary Peritoneal Carcinoma

Allows Gyn Staging of C48.2 Cases



General rules + site specific rules

Assigning T, N, and M categories generally follows general rules. If there are exceptions to the general rules they are outlined in the disease site specific chapter

The role of the T tumor size and/or contiguous spread are specifically defined for each chapter

Use of TX category should be minimized as much as possible

If you are uncertain on which stage group to choose between two groups you should always choose the lower category, subcategory, or group for T, N, or M or stage group

You should not choose the lower category based on unknown or missing information

General rules + site specific rules

If the information is not available to the cancer registrar for documentation of a subcategory, the main category should be assigned

If the specific information to assign the stage group is not available to the cancer registrar (including subcategories or missing prognostic factor categories), the stage group should not be assigned but assigned as unknown

If the required prognostic factors are not available, the category used to assign the stage group should be X unless the physician has assigned the stage group using clinical judgement. Registrars should not assign the stage group without required prognostic factors.

Blanks vs x

"X" indicates something was done for T or N Category Code but result was not clear in the test report to assess the primary tumor size/extent or nodal status. "X" does not equal "Unknown"

<blank> indicates no test was performed, patient not eligible to stage, no info available in medical record on staging to determine T or N Category Code

M Category always has to be coded when the patient meets eligibility criteria for staging. There can never be a mX or a blank M category when T and N are coded.

cM0 can be used for clinical no evidence of mets AND for pathological when mets not proven histologically

pM1 is histologically proven mets (bx or resection) and can be used for clinical and pathological

How to navigate through the new ajcc 8th edition manual for staging

Cancers Staged Using This Staging System

Invasive (infiltrating) carcinoma of the breast, ductal carcinoma *in situ* of the breast

Cancers Not Staged Using This Staging System

These histopathologic types of cancer...	Are staged according to the classification for...	And can be found in chapter...
Breast sarcomas	Soft tissue sarcoma of the trunk and extremities	41
Phyllodes tumor	Soft tissue sarcoma – unusual histologies and sites	45
Breast lymphomas	Hematologic malignancies	79-81

How to navigate through the new ajcc 8th edition manual for staging

ICD-O-3 Topography Codes

Code	Description	Code	Description
C50.0	Nipple	8002	Fibromyxoid carcinoma
C50.1	Central portion of breast	8003	Spindle cell carcinoma
C50.2	Upper-inner quadrant of breast	8035	Carcinoma with osteoclast-like stromal giant cells
C50.3	Lower-inner quadrant of breast	8041	Neuroendocrine carcinoma, poorly differentiated (small cell carcinoma)
C50.4	Upper-outer quadrant of breast	8070	Squamous cell carcinoma
C50.5	Lower-outer quadrant of breast	8200	Adenoid cystic carcinoma
C50.6	Axillary tail of breast	8201	Cribiform carcinoma
C50.8	Overlapping lesion of breast	8211	Tubular carcinoma
C50.9	Breast, NOS	8246	Neuroendocrine tumor, well-differentiated
		8290	Oncocytic carcinoma
		8314	Lipid-rich carcinoma
		8315	Glycogen-rich clear cell carcinoma
		8410	Sebaceous carcinoma
		8430	Mucopidermoid carcinoma
		8480	Mucinous carcinoma
		8500	Ductal carcinoma <i>in situ</i>
		8505	Invasive carcinoma of no special type (NST) with medullary features
		8500	Invasive carcinoma of no special type (NST)

Criteria for staging

Rules for Classification – Breast

- Clinical Classification – history, physical exam, imaging studies
 - Cases with a biopsy of lymph nodes or metastatic sites may be staged clinically, including the biopsy information
- Imaging – The imaging most commonly used for breast to determine T and N are mammogram and ultrasound.
- Pathological Classification – clinical staging info, surgical exploration and resection information, and pathological examination (gross and microscopic) of the primary site, regional lymph nodes, metastatic sites

New suffix choices for AJCC 8th edition staged cases

T suffix	Description	N suffix	Description
(m)	Multiple synchronous tumors OR For thyroid differentiated and anaplastic only, Multifocal tumor	(sn)	Sentinel node procedure without resection of nodal basin
(s)	For thyroid differentiated and anaplastic only, Solitary tumor	(f)	FNA or core needle biopsy without resection of nodal basin
Blank	No information available; not recorded	Blank	No suffix needed or appropriate; not recorded

What Will TNM Staging Look Like in 2018?

AJCC TNM Clin T	AJCC TNM Path T	AJCC TNM Post Tx T
AJCC TNM Clin T Suffix	AJCC TNM Path T Suffix	AJCC TNM Post Tx T Suffix
AJCC TNM Clin N	AJCC TNM Path N	AJCC TNM Post Tx N
AJCC TNM Clin N Suffix	AJCC TNM Path N Suffix	AJCC TNM Post Tx N Suffix
AJCC TNM Clin M	AJCC TNM Path M	AJCC TNM Post Tx M
AJCC TNM Clin Clin Stage Group	AJCC TNM Path Stage Group	AJCC TNM Post Tx Stage Group

Thank you!
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