

AJCC 7thFAQ-1

General Rules for Staging

Question:

AJCC 7th edition said if in doubt about correct T, N, or M value, use the lower (less advanced) category and if in doubt about stage grouping, choose the lower stage.

I wonder if physician only mentioned cT4 (but there may be T4a/T4b of colon cancer), may I report cT4a directly?

Answer :

There is no T4 on p155 in the colon chapter of AJCC 7th edition. There is a possibility the physician is using the 6th edition, where there was a T4. This should be discussed with the physician.

The rule about choosing the lower stage is NOT for unknown information being downstaged, but only for where the evidence (physical exam, imaging, etc) is unclear and it is difficult to choose the correct category.

Question:

The physician couldn't determine it is T4a or T4b from imaging and other exam, so only given cT4 for coding. The rule about choosing the lower stage is suitable in this situation?? Thanks!!

Answer :

If the physician cannot determine, then he should assign the lowest category which is CT4a. There is NO category for T4 in the 7th edition for colon.

AJCC 7thFAQ-2

Clinical Metastases Staging

Question:

If a colon patient has a liver meta proven on imaging and physician states cM1, after surgery that biopsy showed the liver meta is negative. Do we need change cM1 to cM0?

Answer :

No, you would not change the clinical staging based on information found after surgical treatment. The clinical stage is what was known at that point in time and is the basis for choosing the treatment. The pathologic stage would include cM0.

Question:

Then, could you clarify the statement of AJCC 7th Manual about M classification (Table 1.7, page 11). It said "Stage a case with a negative biopsy of suspected metastatic site as cM0". Is it only appropriate before surgical treatment?

Answer :

If the negative biopsy is part of the diagnostic workup, then cM0 would be part of the clinical staging. If the negative biopsy took place during the treatment, then it is part of the pathologic staging.

AJCC 7thFAQ-3

Pathologic Stage of Liver

Question:

A liver cancer patient had the surgery, but the physician did not detect the regional lymph node (pNx). Therefore, we should code the pathologic TNM as pT1-4 Nx M(blank) and stage 999. We wonder that if we can use pT cN cM for grouping pathologic stage in this case?

Answer :

If lymph nodes were not removed and examined, the the pN must be pNX. The M should not be blank. The rules in Chapter 1 of the AJCC 7th edition state that the M for the pathologic stage may be either clinical or pathologic. This is most likely cM0. The rules do NOT allow you to use a cN in the pathologic stage. This stage group cannot be assigned unless the N value would not change the stage group, which only applies to Stage IVB. It is important to also record the clinical stage.

AJCC 7thFAQ-4

Positive Biopsy of Highest Category = Pathologic Staging

Question:

It isn't clear in Chapter 1 whether the statement 'microscopic confirmation of the highest T/N/M category is sufficient to assign a pathologic stage' means the highest numeric category (for example lung has 3 N categories) or the highest subcategory in the highest category (for example breast has N3a, N3b and N3c subcategories). Please clarify whether the rule/statement includes the highest alphabetic subcategory classifications or just the numeric categories.

Answer :

We have always considered the umbrella category (T2, T4, N3, etc) as sufficient unless the sub-category changes the stage group.

For example, in cases where the T4a and T4b are in the same stage group, it would be wrong to not assign cT4a and pT4a just because there wasn't enough information to assign the pT4b when the stage group table only has T4 without the further breakdowns. If the T4a and T4b are in different stage groups, then you must have the cT4b in order to use it to assign the pT4b.

The intent is that from a biopsy or other microscopic confirmation you are able to assign the highest T, which lets you assign the highest/worst stage group, knowing that no additional information from a resection could assign a higher stage group. That is how the same information can be used for both the clinical stage T category and the pathologic stage T category. The same logic would apply to the highest N category.

AJCC Expert Panel Members (consensus with UICC Experts)

AJCC 7thFAQ-5

Coding Clinical /Pathological M

Question:

Colon cancer patient with multiple metastatic sites (proven by CT/MRI). Physician only performed a biopsy on one metastatic site which was positive. In this case, the clinical M would be coded to M1b but how should the pathological M be coded to M1a or M1b (pathology stage 4a or 4b)?

Answer :

The pathologic M would be M1a, since there is a possibility that the other metastatic site if biopsied is not cancer. But remember that either a pM or a cM may be used when assigning the stage group. Since the cM is a higher category, I would assign pT pN cM and pathologic stage group.

AJCC 7thFAQ-6

Staging of Esophagus

Question:

We found that definition of T could be coded for T4 , T4A and T4B in the Esophagus chapter of AJCC 7th. However, the grouping table only includes T4A and T4B. If the physician only mentioned T4 in the medical record, should we report T4A directly? And using T4A for staging? Or can we just using T4 for staging?

Answer :

You cannot use T4 for assigning the stage group. It appears in the T category table to help clearly describe the category, but the physician must provide the correct T4a or T4b or the case may not be assigned a stage group. To just make all of the T4's a T4a would skew the data, and cannot be done.

AJCC 7thFAQ-7

Tis of Breast

Question:

According to AJCC 7th page12, it said "CIS is an exception to the stage grouping guidelines, and pTis cN0 cM0 should be reported as both clinical and pathologic stage0." Is that mean, in any situation (even though the doctor staged a breast cancer patient as cT1cN1cM0 stage 1A by imaging), we have to report clinical stage as stage0?

Answer :

No, that statement means that if you have a patient with a pTis cN0 cM0, in the 6th edition rules it was to only be reported as a clinical stage 0, but we now allow that combination to be used for a pathologic stage 0, even though no nodes were removed.

Question:

So, the other exception about " case with cT and cN and pM1 staged as clinical and pathologic stage group". Is that mean, in any situation (even though the doctor staged a breast cancer patient as cT1cN1cM0 stage 1A by imaging), we have to report clinical stage as stage4?

Answer :

No, you are reading too much into those statements. It just means that IF you have a that situation you can use it for a clinical stage group, whereas in the 6th edition, you could not.