



CRStar Insights

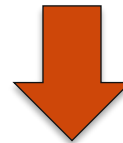
AJCC Staging Manual On Demand

This CRStar Insight will provide instruction on CRStar's newest enhancement, AJCC Staging Manual On Demand. Available for 2018 cases to current and the 8th edition forward, CRStar will display four very important sections of the AJCC manual to assist the user in assigning AJCC stage. The AJCC Staging Manual content is available in the same split screen view as the Quick Links. The staging content will only be accessible on the staging screen.

Each chapter of the AJCC Staging Manual displayed is dependent on the schema of the case. The staging information is available on all three tabs of the staging screen: Staging, Site-Specific Data Items and AJCC TNM Staging.

The four sections displayed are:

- Clinical Classification
- Pathologic Classification
- Prognostic Factors
- TNM Staging Definitions



Lookup Patient Diagnosis **Staging** Treatment Outcomes State Specific CPM BPM RPM User Defined Case Admin Clinical Research Retired

50047420 COLON SHANNON Seq Prim: 00 Hosp: 01 Acc Nbr: 01202100491

Topo Code: C187 Class: 12 Dob: 03/28/1971 Diagnosis Date: 03/05/2021 Histology: Adenocarcinoma, NOS; Adenocarcinoma

Staging Site-Specific Data Items AJCC TNM Staging

AJCC Basis: p TNM Edition Number: 08 Size Summary: 043

AJCC TNM Clinical
Grade: 9
T: cTX
N: cN0
M: cM0
Grp: 99
c Staged By:
c Stg Descriptor: 0
Size Clinical:

AJCC TNM Pathological
Grade: 2
T: pT3
N: pN0
M: cM0
Grp: 2A
p Staged By:
p Stg Descriptor: 0
Size Pathologic:

AJCC TNM Post Therapy Clinical
Grade:
T:
N:
M:
Grp:

AJCC TNM Post Therapy Pathological
Grade:
T:
N:
M:
Grp:

Colon and Rectum

PATHOLOGICAL CLASSIFICATION

Most cancers of the colon and many cancers of the rectum are pathologically staged after microscopic examination of the resected specimen (pTNM) resulting from surgical exploration of the abdomen and cancer-directed surgical resection.

Primary Tumor

Tis and T1. Regarding the colorectum, pathologists apply the term *high-grade dysplasia* to lesions that are confined to the epithelial layer of crypts and lack invasion through the basement membrane into the lamina propria. The term *intraepithelial carcinoma* is synonymous with *high-grade dysplasia* but rarely is used to apply to the colorectum. High-grade dysplasia should not be assigned to the Tis category or recorded in cancer registries, because these lesions lack potential for tumor spread. However, Tis is assigned to lesions confined to the mucosa in which cancer cells invade into the lamina propria and may involve but not penetrate through the muscularis mucosa. (These lesions are more correctly termed *intramucosal carcinoma*.) Although invasion through the basement membrane in all gastrointestinal sites is considered invasive, in colorectal tumors, invasion of the lamina propria without penetration through the muscularis mucosa (intramucosal carcinoma) is designated Tis, as it is associated with a negligible risk for metastasis. Because there is potential for missing deeper invasion because of sampling, such lesions should be recorded in the cancer registry. The term

AJCC_BASIS - Pathological Classification

Save Previous Next Exit Text

In addition to the Clinical and Pathologic Classification sections as illustrated on page 1, site-specific Prognostic Factors and TNM staging definitions are also available. See examples below. Note: The user can use both the vertical and horizontal scroll bars to see all text.

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Clinical Pathological **Prognostic Factors** Definitions

Colon and Rectum

PROGNOSTIC FACTORS

Beyond the factors used to assign T, N, or M categories, no additional prognostic factors are required for stage grouping.

Factors Important to Consider in Making Decisions about Treatment

Eight prognostic factors now are judged to be clinically significant in colorectal carcinoma and should be considered when physicians and patients are deciding on what treatments to use. These factors, which have varying degrees of usefulness depending on disease stage, are as follows:

1. Serum CEA levels in patients who are to undergo surgery for potential cure (e.g., patients with Stage III colorectal carcinoma or Stage IV patients undergoing metastectomy) and changes in CEA as a response marker during chemotherapy for Stage IV disease. Data must be recorded as XXXX.X ng/mL
2. Tumor regression score in rectal carcinoma, which quantitates the pathological response to neoadjuvant therapy (similar to the pathological complete response measurement in breast cancer, which is FDA approved as a marker for drug development)
3. Circumferential resection margin (CRM), measured in millimeters from the edge of the tumor to the nearest

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Clinical Pathological **Prognostic Factors** **Definitions**

Colon and Rectum

DEFINITIONS OF AJCC TNM

Definition of Primary Tumor (T)

cT Category	cT Criteria
cTX	Primary tumor cannot be assessed
cT0	No evidence of primary tumor
cTis	Carcinoma in situ, intramucosal carcinoma (involvement of lamina propria with no extension through muscularis mucosae)
cT1	Tumor invades the submucosa (through the muscularis mucosa but not into the muscularis propria)
cT2	Tumor invades the muscularis propria
cT3	Tumor invades through the muscularis propria into pericolorectal tissues
cT4	Tumor invades the visceral peritoneum or invades or adheres to adjacent organ or structure
cT4a	Tumor invades through the visceral peritoneum (including gross perforation of the bowel through tumor and continuous invasion of tumor through areas of inflammation to the surface of the visceral peritoneum)
cT4b	Tumor directly invades or adheres to adjacent organs or structures

Direct invasion in T4 includes invasion of other organs or other

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