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**Staging Cancer:
Blending Information for Different Needs**

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- Grouping of cancer cases according to similar degrees of spread or extent of disease

- Stage based on:
 - Anatomy
 - Natural history behavior cell types

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- Determine appropriate treatment
- Predict prognosis
- Evaluate results of treatment
- Facilitate exchange of information
- Contribute to research of human cancer

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- Used to select primary treatment
- Each site has specific guidelines of what is acceptable under cTNM:
Physical exam Radiology
Endoscopy Biopsy

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- Based on pre-treatment evidence and/or subsequent surgery
- Used to:
 - Determine adjuvant therapy
 - Estimate prognosis
 - Report end results

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PE: Palpable UIQ L breast mass, no axillary adenopathy

Mammo: 4cm UIQ spiculated mass suspicious for breast cancer

Bone scan: negative

L breast biopsy: Infiltrating ductal carcinoma

Mastectomy: Ductal carcinoma of the UIQ breast, tumor size: 5.5cm, with axillary LNs negative, mets to 5 of 7 ipsilateral internal mammary LNs and mets to 1 of 4 ipsilateral supraclavicular LNs

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- **Clinical AJCC (6th ed.) Staging:**
 - Breast Case Rules
 - Palpation skin and LNs
 - Imaging
 - Pathologic Exam to diagnose cancer

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- **Pathologic Staging AJCC (6th ed.):**
 - Breast Case Rules:
 - Includes all data used for clinical staging
 - Surgical exploration and resection
 - Pathologic examination:
 - Primary carcinoma
 - Regional LNs
 - Metastatic sites (if applicable)
 - No macroscopic tumor in margins

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- cT2
 - Tumor more than 2cm but not more than 5cm in greatest dimension
- cN0
 - No regional LN involved
- cM0
 - No distant metastasis

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- Importance of staging
- Quality of the data
- New manuals/rules for 2010

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