



## TNM 7th Edition

## USE OF BLANK

- Blank means rules for classification have not been met
- Blank means patient does not meet criteria for staging
- Blank means registrar had no access to information. Specific component unknown to *Registrar*
- cT, cN, cM blank – No workup for patient, incidental finding at surgical treatment, did not qualify for clinical staging
- pT blank – Patient did not have surgical treatment, did not qualify for pathologic staging
- Leave the pT **and** pN blank if the rules for classification of the T value have not been met
- If the rules for **pN have been met, but the rules for pT have not been met** leave *both blank*

## cN IN THE pN FIELD

- There are relatively few chapters in TNM that allow for use of cN in the pN field for 7<sup>th</sup> Ed. Chapters allowing cN in the pN field:
  - \* In-Situ
  - \* pT1a Melanoma
  - \* Endometrium
  - \* GIST
  - \* Bone
  - \* Sarcoma
- Keep in mind... As of 1/1/2018 there will be a Web Plus edit in place to catch errors in the pN entry. Pathologic stage group may also need to be corrected

## Remember:

**X and Blank both mean different things according to the interpretation by our Standard Setters**

## USE OF X

- X means specific component unknown to *Physician*
- cTX – Specific component cannot be accessed. When physician cannot “examine” the tumor, such as the patient is refusing imaging scans, or refusing other tests that would evaluate tumor
- cTX – Physician did a test, but it did not provide enough information or type of information needed. Such as a colonoscopy will show the tumor, but not the depth of invasion needed to assign cT category
- cTX – Physician did not examine patient or do enough clinical workup to determine status, inadequate biopsy
- pTX – Specimen is lost between OR and pathology department
- If the rules for **pT have been met** but rules for **pN have not been met**, assign the appropriate T value and assign **pNX**


**TNM 7th Edition (continued)**
**pN NODES**

- Pathologic assessment of primary tumor pT is necessary to assign pathologic nodes pN
  - \* Except for Unknown Primary/No evidence of Primary Tumor (T0)
  - \* Example: An axillary node is biopsied and shows mets from a breast cancer, but the breast is normal on physical exam, and the mammogram and ultrasound do not show any breast tumor.
  - \* A true unknown primary C809 would not be TNM staged.
  - \* Assign a pathologic T0 for no residual tumor after neoadjuvant treatment ypT0
- If pathologic T is available, then any microscopic evaluation of nodes is pathologic N

**CLINICAL AND PATHOLOGIC M**

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- cT, cN, cM blank – No workup for patient, incidental finding at surgical treatment, did not qualify for clinical staging
- pT blank – Patient did not have surgical treatment, did not qualify for pathologic staging
- Leave the pT **and** pN blank if the rules for classification of the **T** value have not been met

**Sources:** AJCC 7<sup>th</sup> Ed. Manual, CAnswer Forum-TX vs. T0-04/10/17, AJCC Melanoma webinar for MCR-08/10/17, NAACCR AJCC Staging webinar-01/12/17, AJCC Staging for Registrars, Module IV.