



2016 AJCC TNM

Effective for 2016 cases

Most of the following was taken directly from the *North American Association of Central Cancer Registries 2016 Implementation Guidelines and Recommendations, Version 1.4 (For NAACCR Standards Volume II, Data Standards and Data Dictionary, Version 16, effective with cases diagnosed on or after January 1, 2016)*. This report includes information on indicators, conversion, abstraction of 2016 cases, clarifications, and direct coding guidelines. This information is intended to assist in understanding the new AJCC rules implemented for 2016.

ADDITION OF CLINICAL AND PATHOLOGIC INDICATORS TO AJCC T, N, AND M VALUES

The primary considerations when assigning AJCC staging classifications are timeframe and criteria. The clinical staging (or classification) timeframe includes information obtained from the time of diagnosis throughout the diagnostic workup and ends at the initiation of definitive treatment. Within the clinical staging timeframe, criteria include physical exam, imaging, endoscopies, and diagnostic biopsies. It is important to emphasize that the mere existence of a pathology report that includes microscopic assessment does not exclude it from the clinical staging criteria. If the assessment was a part of the diagnostic workup, it has occurred within the clinical timeframe and can be used for clinical staging.

The pathologic staging/classification timeframe includes information obtained from the moment of diagnosis and throughout the diagnostic workup (i.e., all information from clinical classification), the operative findings and pathology report from the definitive surgery. Within the pathologic staging timeframe, criteria include all of the clinical staging criteria, operative findings from the surgeon, and the pathology report for the resected specimen. Observations from the surgeon in the operative findings that are not accompanied by a biopsy are included in the pathologic staging criteria (e.g., observation of extension without a tissue sample for pathologic review). Similarly, involvement found on imaging is considered in the pathologic staging criteria even in the absence of tissue biopsy.

According to the AJCC manual and trainings, the appropriate T, N, and M categories should be assigned based on the above AJCC rules. This may entail allowing, for example, the pathologic staging M category to be properly assigned as cM1. However, cancer registry abstracting software is currently set up to code two separate and mutually exclusive clinical and pathologic strings of T, N, M, and stage categories, with an implied “c” in the clinical TNM string, and an implied “p” in the pathologic TNM string. Upon abstraction, the registrar has no way of recording the appropriate M category for the pathologic stage if it is cM1. This discrepancy between registry software data items and AJCC staging classification rules causes a dilemma for registrars when abstracting the T, N, and M data items and results in inconsistent coding practices and data loss.

Consequently, as part of the transition away from Collaborative Stage towards directly-assigned TNM stage, all of the standard setting organizations have agreed to address this issue by adding clinical and pathologic indicators to the AJCC T, N, and M data items [940, 950, 960, 880, 890, and 900]. The indicators will be incorporated by adding the prefixes of “c” and “p” to existing valid clinical and



pathologic T, N, and M codes respectively, modifying a few of the existing codes for the individual T, N, and M data items, as well as adding and deleting specific existing codes newly prefixed with a 'c' or 'p' (for example, addition of c0, c1, c1A, c1B, c1C, c1D, and c1E to the list of valid values for pathologic M data item). In addition, in some cases conversion of historical data will be required.

This will allow for selection of necessary 'p' values within the clinical string and selection of necessary 'c' values within the pathologic string within NAACCR Version 16-compliant abstraction software. See Table 1 below for an example of valid values. The benefits of this implementation will reduce coding confusion and increase registrar confidence in coding AJCC stage, decrease data compromise and loss and increase data integrity, and reduce the time and resources registrars and standard setters currently spend addressing these issues. AJCC will be providing trainings to reinforce the proper abstraction of clinical and pathologic T, N, and M data items and assignment of AJCC stage. See *FORDS Revised for 2016* for valid values and instructions for coding.

Table 1. TNM Clin T [940]

Code	Definition	Code	Definition	Code	Definition
(blank)	Not recorded	c1B	cT1b	c3	cT3
cX	cTX	c1B1	cT1b1	c3A	cT3a
c0	cT0	c1B2	cT1b2	c3B	cT3b
pA	pTa	c1C	cT1c	c3C	cT3c
pIS	pTis	c1D	cT1d	c3D	cT3d
pISU	pTispu	c2	cT2	c4	cT4
pISD	pTispd	c2A	cT2a	c4A	cT4a
c1MI	cT1mi, cT1 mic	c2A1	cT2a1	c4B	cT4b
c1	cT1	c2A2	cT2a2	c4C	cT4c
c1A	cT1a	c2B	cT2b	c4D	cT4d
c1A1	cT1a1	c2C	cT2c	c4E	cT4e
c1A2	cT1a2	c2D	cT2d	88	Not applicable

Deleted codes: A [Ta], IS [Tis], ISPU [Tispu], ISPD [Tispd]
Added codes: pA [pTa], pIS [pTis], pISU [pTispu], pISD [pTispd]

CONVERSION SPECIFICATIONS FOR AJCC T, N, AND M DATA ITEMS [940, 950, 960, 880, 890, AND 900] FOR HISTORICAL DATA

The following is information from the same document related to conversion of AJCC T, N, and M data items. This provides you information on how the 2015 and back data was converted based on these rules.

1.	Add prefix "c" to any existing clinical T (except A, IS, ISPU, ISPD, SU, SD)
2.	Add prefix "c" to any existing clinical N and M value
3.	Do not prefix blank or 88
4.	Add prefix "p" to any existing pathologic T (except ISPU, ISPD, SU, SD)
5.	Add prefix "p" to any existing pathologic N and M value
6.	Do not prefix blank or 88
7.	For clinical T:
a.	Revise the following values:
i.	A [Ta] to pA [pTa]
ii.	IS [Tis] to pIS [pTis]
iii.	ISPU [Tispu] to pISU [pTispu]
iv.	ISPD [Tispd] to pISD [pTispd]
v.	SU [Tsu] to pISU [pTispu]



vi.	SD [Tsd] to pISD [pTisd]
8.	For pathologic T :
a.	Revise the following values:
i.	ISPU [Tispu] to pISU [pTisu]
ii.	ISPD [Tispd] to pISD [pTisd]
iii.	SU [Tsu] to pISU [pTisu]
iv.	SD [Tsd] to pISD [pTisd]
SU and SD were valid for 5th and 6th editions of AJCC.	

IF YOU ABSTRACTED 2016 CASES AND YOUR REGISTRY HAD NOT CONVERTED TO NAACCR v16

For cases diagnosed in 2016 that are initially abstracted in NAACCR version 15-compliant software, the T, N, and M categories will not be converted fully (i.e., existing T, N, and M categories will be copied over but the c and p prefixes will not be added by the conversion process). When abstracting these cases registrars should be sure to clearly document the appropriate T, N, and M categories in text. For these 2016 cases, upon upgrade to NAACCR Version 16-compliant software, only the original T, N, and M categories assigned by the registrar will be retained. As a result, these cases will not pass the new v16 TNM data quality edits that require a c or p prefix for the T, N, and M data items. Therefore, the registrar will have to accurately re-assign the new T, N, and M categories (that include c and p designations) for these cases from within their NAACCR Version 16-compliant software based on review of the textual documentation.

As a reminder: 1) Although CS is not required for 2016 the CSv2 items and algorithm will remain in place for coding historical cases diagnosed from 2004-2015. 2) The direct coding of Summary Stage became effective again for all cases starting in 2015. 3) In 2016 you are required to code both Summary Stage and AJCC TNM.

CRITICAL CLARIFICATIONS FOR REGISTRARS – AJCC 7TH EDITION

According to the AJCC training website, AJCC will be providing clarifications to better assist registrars in staging. Some clarifications have been issued and are available on the website. Two clarifications have been issued: *AJCC Melanoma Staging* and *Timing is everything*. Check out the website at <https://cancerstaging.org/Pages/default.aspx>.

DIRECT CODING OF AJCC TNM

All registries should be directly coding AJCC TNM. Registries should be using their AJCC coding manual and rules only. External tools, such as the SEER*RSA, should not be used on your data. Even if your registry or vendor thinks the external tool includes the capability of restoring originally coded staging data values through an algorithm. The ability of any algorithm to process directly coded TNM staging data into other coding systems and then convert the data back into directly coded TNM staging values cannot be guaranteed to the satisfaction of many National Coordinating Council for Cancer Surveillance (NCCCS) members. Again, do not use any tool to code AJCC TNM; you must directly code these data items.



TNM PATH STAGED BY (930) AND TNM CLIN STAGED BY (990)

These two data items have expanded to 2-digits for 2016 and a conversion is required for the NAACCR v16.0 software. The following is information in case you should have questions of how the data is being converted. Again, this is taken from the NAACCR Implementation Guidelines.

The following conversion tables are designed to expand the 1-character codes formerly assigned to the TNM Path Staged By and TNM Clin Staged By data items to 2-character codes. Refer to the most recent version of FORDS for code definitions. The conversion below will be performed across all diagnosis years (cases diagnosed in 2016 for which abstraction is started in NAACCR Version 15-compliant software will be converted). These conversions are mutually exclusive. Blank fields are not included in the below tables and should remain blank.

Part 1: TNM Clin Staged By and TNM Path Staged By codes 0-8 Conversion

The first step of the conversion is a direct conversion of the 1-character TNM Clin Staged By and TNM Path Staged By codes to the corresponding 2-character codes.

TNM Clin Staged By and TNM Path Staged By (Version 15)	Convert TNM Clin Staged By and TNM Path Staged By (Version 16)
0	00
1	10
2	14
3	15
4	10
5	20
6	30
7	50
8	88

Part 2: TNM Clin Staged By and TNM Path Staged By code 9 Conversion

The second step of the conversion determines how to convert TNM Clin Staged By (see A below) and TNM Path Staged By (see B below) code 9 using the related TNM T, N, M, and Stage Group values.

A.

If TNM Clin Staged By (version 15) = 9 and				Then convert TNM Clin Staged By (version 16) to
TNM Clin T (version 15) =	TNM Clin N (version 15) =	TNM Clin M (version 15) =	TNM Clin Stage Group (version 15) =	
Blank	Blank	Blank	Blank	00
X	X	X	99	00
88	88	88	88	88

B.

If TNM Path Staged By (version 15) = 9 and				Then convert TNM Path Staged By (version 16) to
TNM Path T (version 15) =	TNM Path N (version 15) =	TNM Path M (version 15) =	TNM Path Stage Group (version 15) =	
Blank	Blank	Blank	Blank	00
X	X	X	99	00
88	88	88	88	88

C. Remaining cases with TNM Clin Staged By and TNM Path Staged By = 9 are to be converted to 99