



## Advice from the Histopathology SAC and the Working Group on Cancer Services on the implementation of TNM 7 classification

The TNM classification is an internationally accepted system for staging all forms of cancer. The system was developed under the aegis of the International Union Against Cancer (UICC), a non-governmental, non-profit, non-political and non-sectarian organization, which was founded in 1933 and is based in Geneva, Switzerland. The UICC has over 300 member organisations from more than 100 countries across the world that “specialize and engage in cancer control”. There is close collaboration between the UICC, AJCC and FIGO to maintain uniformity in cancer staging systems that are in worldwide use. However, concerns about the implementation of TNM 7 have arisen recently within the UK.

In view of these concerns, the College’s Specialty Advisory Committee (SAC) on Histopathology and Working Group on Cancer Services (WGCS) invited all subspecialty leads in histopathology and the lead authors of the corresponding cancer datasets to confer, seek the views of their allied professional organisations and provide a policy statement on the implementation of TNM 7 for their particular subspecialty cancer site. This process has now been completed and the recommendations are tabulated below.

Subspecialty	TNM 7 implementation	Comment
<b>Breast pathology</b>		
Breast carcinoma	Yes	
<b>Dermatopathology</b>		
Basal cell carcinoma	No	AJCC 7 <sup>th</sup> Edition
Malignant melanoma	No	AJCC 7 <sup>th</sup> Edition
Merkel cell tumours	No	AJCC 7 <sup>th</sup> Edition
Squamous carcinoma	No	AJCC 7 <sup>th</sup> Edition
<b>Endocrine pathology</b>		
Adrenal	Yes	
Parathyroid	Not applicable	
Thyroid	Yes	



Subspecialty	TNM 7 implementation	Comment
<b>Gastrointestinal pathology</b>		
Colorectum	No	TNM 5 (see Quirke P, Cuvelier C, Ensari A, Glimelius B, Laurberg S, Ortiz H, Piard F, Punt CJ, Glenthoj A, Pennickx F, Seymour M, Valentini V, Williams G, Nagtegaal ID. Evidence-based medicine: the time has come to set standards for staging. <i>J Pathol</i> 2010;221:357–60).
Gastric	Yes	
GI endocrine (including pancreas)	No	European Neuroendocrine Tumour Society staging system.
GIST	Yes	Not yet in widespread use in the UK.
Liver	Yes	The new separate staging for intrahepatic cholangiocarcinoma and hilar cholangiocarcinoma (previously not distinguished from HCC) is useful. The more detailed text in the AJCC publication clarifies most areas that are not sufficiently described in TNM 7.
Oesophagus	Yes	Cancer datasets should include those data items which would allow pathologists to take account of the status of the coeliac nodes (TNM 6) should they be so inclined. The version of the TNM staging system should be specified, i.e. TNM 6, TNM 7.
Pancreaticobiliary tumours	Yes	The splitting of extrahepatic bile ducts into separate proximal and distal sites is felt to be an improvement for the dataset (which only addresses distal extrahepatic bile duct carcinoma).
<b>Gynaecological pathology</b>		
Cervix	See comment	Either FIGO staging system and TNM 7, or FIGO and recording of lymph node status.
Endometrium	No	FIGO staging system.
Ovary and primary peritoneum	No	FIGO staging system.
Uterine sarcoma	No	FIGO staging system.
Vulva	No	FIGO staging system.
<b>Haematopathology</b>		
Lymphoma	Not applicable	Ann Arbor staging (both Hodgkin and non-Hodgkin lymphomas).

Subspecialty	TNM 7 implementation	Comment
<b>Head and neck pathology</b>		
Oral pathology	Yes	
Salivary tumours	Yes	
Sinonasal mucosal melanoma	Yes	
Squamous carcinoma	Yes	
<b>Neuropathology</b>		
CNS tumours	Not applicable	
<b>Ophthalmic pathology</b>		
Conjunctival melanoma	Yes	
Retinoblastoma	Yes	
Uveal melanoma	Yes	
<b>Osteoarticular pathology</b>		
Bone tumours	Yes; but see comment	All sarcomas should be graded; the suggestion that ungraded sarcomas should be assumed to be low grade is not acceptable practice.
Sarcomas	Yes; but see comment	Note the definitions of “superficial” and “deep” which now apply refer to tumours above or below the <b>deep</b> fascia.
<b>Paediatric pathology</b>		
Nephroblastoma	Not applicable	International Society of Paediatric Oncology (SIOP) staging system used.
Neuroblastoma	Not applicable	Staged according to the International Staging System for Neuroblastoma (INSS) and also International Neuroblastoma Risk Group (INRG) Staging System.
<b>Pulmonary pathology</b>		
Lung carcinoma	Yes	
<b>Urinary tract and testis</b>		
Adult kidney	See comment	Substaging of pT2 is useful, contiguous involvement of adrenal gland changed from pT3a to pT4, renal vein invasion from pT3b to pT3a. Record data items and specify the version of TNM used.
Penis	No, no change to RCPATH dataset recommendation	Verrucous carcinoma should be recorded as pT1 or above. Level of corpus involvement (cavernosum or spongiosum) should be specified for treatment planning.

<b>Subspecialty</b>	<b>TNM 7 implementation</b>	<b>Comment</b>
Prostate	See comment	Clarification that invasion of bladder neck not pT4 but pT3a. Record data items and specify the version of TNM used.
Testis	Yes	No change.
Urinary collecting system	See comment	Clarification that invasion of subepithelial stroma of prostatic urethra is not pT4, only prostatic stromal invasion is pT4. Record data items and specify the version of TNM used.

Fellows should note that since previous versions of TNM are recommended for some cancer sites (gastrointestinal and uropathology in particular), it is recommended that **pathology reports for these cancer sites should always indicate which version of TNM is being used.**

Newly commissioned cancer datasets and datasets that are undergoing major revision will incorporate TNM 7 where this staging system has been adopted. However, those datasets that require only minor revision or modification to staging systems (TNM 7, FIGO, etc), will be subject to a modified consultation process.

Recently, the SAC approved a proposal from the WGCS to modify the consultation on relatively minor changes to cancer datasets, e.g. updating references, adding new non-core data items or updating cancer staging. For such minor changes, a short note of the proposed changes will be placed on the College website for one month for Fellows' attention. If Fellows do not object to the changes, the short notice of change will be added to the existing introduction section of the dataset and the full revised version (incorporating the changes) will replace the existing version on the Publications page of the College website. It is expected that those datasets that currently require amendments to TNM or other staging systems will undergo this abridged consultation process over the next few months.

We are grateful to the subspecialty leads in histopathology for their contributions.

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**Chair of the Specialty Advisory Committee on Histopathology**

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