- AJCC established in 1959 (60th Anniversary!)
- Formulate and publish systems of classification of cancer, including staging and end-results reporting
- Goal: Create acceptable tools to be used by the medical profession for selecting-the most effective treatment,
- determining prognosis, and continuing evaluation of cancer control measures
- 8th Edition Published October 6, 2016
- Prostate is Chapter #58
- Effective for all cased diagnosed on or after January 1, 2018

- Review site-specific information & rules

- Clinical Staging

Based on information before treatment
Used to select treatment options

- Pathological Staging

Based on clinical data PLUS operative findings
resected specimen pathology report
Used to evaluate end-results (survival)

- Definition of Primary Tumor (T): Pathological organ-confined disease (after radical prostatectomy) is now all pT2 and not subdivided into pT2a,pT2b, or pT2c

- Histologic Grade (G): The Gleason score (2014 criteria) and the Grade Group (1-5) should both be reported.

- AJCC Prognostic Stage Groups: Stage III includes select organ-confined disease tumors based on prostate-specific antigen (PSA) and Gleason/Grade Group status.

- In the 8th Edition, clinical T-category should still be based only on the digital rectal examination (DRE) findings.

- Neither imaging information or tumor laterally information from the prostate biopsy should be used for clinical T category.

- A tumor that is found in one or both sides by needle biopsy, but is not palpable is classified as T1c

- Clinical T category should always reflect DRE findings only

- Although imaging, particularly multi-parametric prostate MRI, has improved, imaging should NOT be used for T-category assessment.

- Pathological Stage is defined after a radical prostatectomy
- The old 7th Edition AJCC divided pathologic stage T2 into three groups: pT2a, pT2b, and pT2c.
- The new 8th Edition AJCC has all organ-confined post surgical cases as pT2
- Tumor detected in apex/distal margin is pT2
- There is no pT1 category
- Clinical staging retains the three tier system (cT2a, cT2b, cT2c)
- pT3a: unilateral or bilateral extra-prostatic extension
- pT3b: tumor invading the seminal vesicle(s)
- Margin status is technically NOT part of current AJCC staging

- Group 1: Gleason <=6

- Group 2: Gleason 3+4=7

- Group 3: Gleason 4+3=7

- Group 4: Gleason 8

- Group 5: Gleason 9 or 10

- Grade group is prognostic for PSA recurrence and prostate cancer mortality (AJCC Level of Evidence: I)

- Prostate-specific Antigen (PSA) blood test
- Protein produced by cells of the prostate gland
- The KEY tumor marker for screening and management
- The higher the PSA, the greater the risk of diagnosis and mortality of prostate cancer
- PSA< 10: "low" or "low risk"
- PSA 10-20: "intermediate" or "Intermediate risk"
- PSA>20: "High" or "High Risk"
- PSA>100: without clinical metastases is associated with much poorer survival (AJCC Level of Evidence: I)
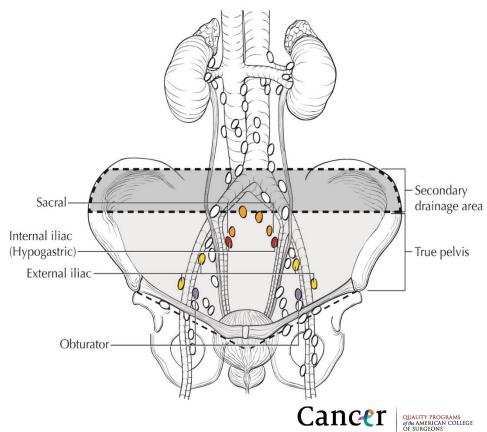
- Primary Tumor: T-category, Serum PSA, Grade Group (1-5) with Gleason score, Number and percentage of positive biopsy regions (i.e. biopsy "cores")

- Regional Lymph Nodes/Distant Metastases: performance status, M0 versus M1 category; Extranodal extension of cancer, M1b (bone) versus M1c (lung, liver, brain, with or without bone)

- Nodal disease below the Pelvic brim is N1 and NOT M1.

- Modern PET scanning is detecting nodal disease more accurately

- Clinical importance for new Rx for M0 castrate resistant prostate cancer (Apalutamide, Enzalutamide)

Sacral

Internal iliac (Hypogastric)

External iliac

Obturator

Secondary drainage area

True pelvis

Prostate-AJCC TNM Staging 8th Edition

- https://cancerstaging.org
- Ordering information: Cancerstaging.net
- Submit questions to AJCC Forum: http://cancerbulletin.facs.org/forums/
- Twitter: @AJCCancer

- Thank you very much! Judd.moul@duke.edu