

GUIDELINES FOR STAGING PATIENTS WITH CANCER

1. PURPOSE

This document provides guidance regarding the staging of cancer patients in Ontario for clinical care purposes, and informs the surveillance¹ data reporting requirements of Ontario's cancer care providers². This document replaces the CCO Policy entitled "Recording of Stage Information (26-June-2003)".

2. VISION

Vision For Cancer Surveillance Data Collection In Ontario:

In support of our Mission and Vision, Cancer Care Ontario will collect the data elements required to determine stage at diagnosis for adult patients, using the Collaborative Staging methodology, for surveillance purposes. Each location of patient contact will transmit the data elements to Cancer Care Ontario electronically in a synoptic format. Staging information will be made available in as timely fashion as possible to users.

3. BACKGROUND

3.1. Definition of Staging:

Stage is defined as the classification of patients with cancer into prognostically similar groups according to the extent of disease.

3.2. Reasons to Stage:

There are two main reasons for staging cancer:

- i) Patient Care: Physicians need stage information in order to determine prognosis and make informed treatment decisions.
- ii) Surveillance: At the population level (e.g. local, regional, provincial & beyond) stage is required to:
 - Determine survival by stage;
 - Evaluate interventions (e.g. treatment, screening, and concordance with guidelines);
 - Compare information across populations and over time;
 - Support planning and administration (e.g. planning treatment facilities, developing budgets); and
 - Populate the Ontario Cancer Registry, which is administered by Cancer Care Ontario (CCO), in order that Ontario data can be compared with national and international comparators.

¹ Surveillance is defined as population level analysis for the purposes of research, planning, performance management and quality monitoring.

² Detailed data reporting requirements are published in the CCO Data Book

3.3. Staging Classifications

i) Tumour/Node/Metastasis (TNM)

TNM is the most widely used classification. It is based on the extent of the primary tumour (T), the extent of regional lymph node involvement (N) and the extent of metastasis (M).

TNM has been accepted by the International Union Against Cancer (UICC) and the American Joint Committee on Cancer (AJCC) as the preferred classification. It applies to almost all cancers that occur in adults. For a detailed description of the TNM classification, see the UICC³ or AJCC⁴ staging handbooks.

TNM staging is usually carried out by the responsible physician with the help of cancer registrars, or in some constituencies, by the registrars (who have access to the raw data) with the help of physicians. For patient care purposes, the stage in a given patient is used to determine treatment and prognosis. For surveillance purposes, the stage is then submitted to and entered into a central cancer registry.

ii) Other staging classifications include:

- The Surveillance, Epidemiology and End Results (SEER) classifications (i.e. Summary Stage and Extent of Disease classifications); and
- A number of disease specific staging classifications (e.g. Ann Arbor for lymphoma, FIGO for gynecologic malignancies).

3.4. Collaborative Staging Methodology⁵

Collaborative Staging (CS) is not a new staging classification but rather a method of collecting the elements of staging that can be translated, by computer algorithm, into the commonly used staging systems including TNM. The data elements required for staging are captured from the records and reports of surgeons, pathologists, oncologists, imaging and laboratory physicians.

There are a number of advantages in using CS for surveillance:

- CS retains the data elements (e.g. tumour size) so that valid comparisons can be made over time even though TNM definitions change;
- CS allows the addition of important non-anatomic risk factors to the collected information; and
- Use of the CS methodology provides an internationally recognized standardized data set for analysis.

³ Sobin LH, Wittekind C, International Union against Cancer. TNM classification of malignant tumours. 6th ed. New York; Wiley-Liss, 2002.

⁴ Greene FL, Page DL, Fleming ID, Fritz AG, Balch CM, Haller DG, et al. AJCC Cancer Staging Handbook. New York: Springer, 2002.

⁵ Collaborative Staging Manual and Coding Instructions, v. 1.0, 2004, Collaborative Staging Task Force of the American Joint Committee on Cancer, NIH Publication Number 04-5496, U.S. Department of Health and Human Services, National Institutes of Health National Cancer Institute.

http://training.seer.cancer.gov/module_collab_stage/unit01_sec01_whatis.html

The Canadian Council of Cancer Registries and the North American Association of Central Cancer Registries have both endorsed the Collaborative Staging methodology as the preferred method for collecting staging elements for population-based surveillance purposes. It has been implemented in the U.S. hospitals accredited by the American College of Surgeons Commission on Cancer, although physician based TNM staging continues in parallel.

4. GUIDELINES FOR STAGING

4.1. Collaborative Staging Methodology for Surveillance

The Collaborative Staging methodology will be implemented in Ontario for surveillance purposes.

The required data elements will be collected for all adult patients⁶ with cancer, at the time of diagnosis⁷, and reported to Cancer Care Ontario in keeping with the Collaborative Staging Manual and the CCO Data Book.

In accordance with CCO policies on data use and disclosure, staging information will be made available to eligible users (for example, clinicians, epidemiologists, researchers, institutions, those who provided the data) and the Canadian Cancer Registry in as timely a fashion as possible.

4.2. Staging for Patient Care

The development of Collaborative Staging does not free physicians from the responsibility of staging their patients for the purposes of patient care.

For this purpose, T, N, M categories and stage grouping should be recorded according to the UICC or AJCC staging handbooks for every case where the TNM classification system is applicable.

5. TRANSITION TO COLLABORATIVE STAGING METHODOLOGY

CCO will accept either the Collaborative Staging data set or TNM data set for a transition period, beginning with the first Data Book submission of 2006/07. The timeline for the transition to accepting only the Collaborative Staging data set will be determined following consultations and impact analyses to be conducted in 2006/07.

⁶ Adult is defined as 18 years of age and older.

⁷ Diagnosis of cancer is defined as the first positive histo- or cyto-pathology. The date of diagnosis is defined as the date on which the sample was obtained e.g. the date of biopsy.