

Grading / Staging Notes w/ Dr. Porter

Definitions

- Grading- histologic appearance of tumor, based on cellular anaplasia, mitotic activity, presence/absence of abnormal mitotic figures, amount of necrosis
 - LOW GRADE- well differentiated, few mitosis, moderate cellular atypia
 - HIGH GRADE- poorly differentiated, evidence of microvascular invasion, inc cellularity
- Staging- grade + tumor size, depth, presence of distant mets, etc (is it in one compartment?)

Staging

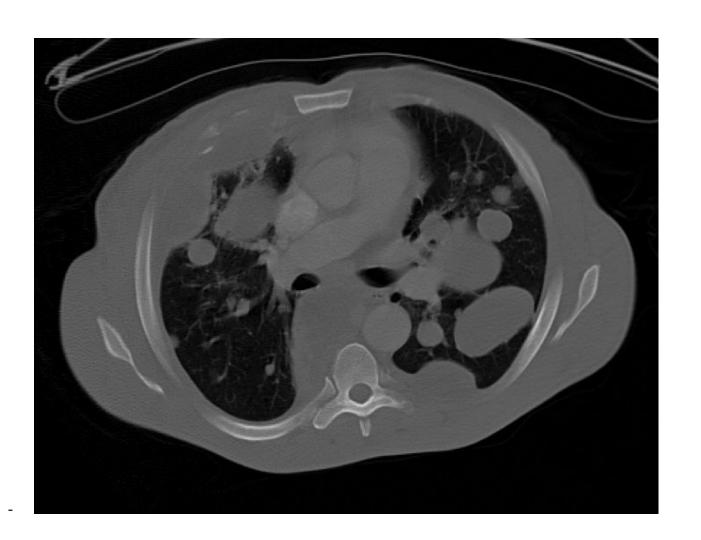
- Clinical estimate of disease burden
- Allows clinical comparisons for relatively similar disease burdens between authors and institutions

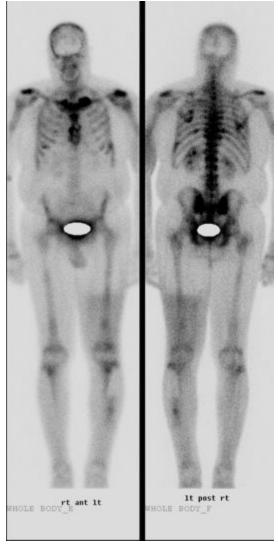
Order of importance

- Distant disease
- Regional disease
- Local disease
 - Histology
 - Size (+/-/ 5-8cm)
 - Depth

Distant disease

- CT chest (MC met site)
- Bone scan
- PE of lymph nodes?





Staging orgs

- AJCC- American joint committee on Cancer
- UICC- International Union Against Cancer (European)
- Hadju, Enneking, MSK?

AJCC/ UICC

- TNM system
 - T- local tumor burden
 - Size, depth, and histological grade
 - T1, T2
 - A/B (Superficial/Deep)
 - Grade
 - Biopsy, get axial imaging
 - 1-4, 1-3, or low v high grade
 - Low grade lesions 15% risk of mets
 - High grade lesions- 50% risk of mets
 - N- regional Nodal burden

- N0 (none), N1 (present)
- M- presence of mets
 - M0 none
 - M1A- lungs, M1B elsewhere
- Most important PROGNOSTIC factor- distant mets*

Staging

- Applicable to soft tissue and bone sarcomas
- Soft tissue / bone staging slightly different
- Both different than carcinoma/melanoma

Bone V Soft Tissue Sarcoma

Bone staging

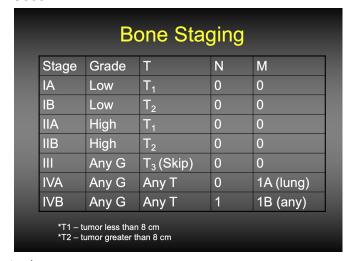
- Classic teaching is that tumors existed in a compartment
- A/B intra v extra compartmental
- No TNM

Enneking Classification

| Enneking Classification | | | | | |
|-------------------------|--------------|-----------------|------|--|--|
| Stage | Grade | Tumor | Mets | | |
| IA | Low | T1 | 0 | | |
| IB | Low | T2 | 0 | | |
| IIA | High | T1 | 0 | | |
| IIB | High | T2 | 0 | | |
| Ш | Either grade | Either location | 1 | | |
| *T1 – intraco | | | | | |

Newer Staging- AJCC/UICC

- Uses TNM



Bone staging

- Histological grade is important
- High grades are stage II no matter the size
- Less predictable than soft tissue staging
- Bone mets- 0% survival at 5 yrs
- Lung mets- 20% survival at 5 yrs

Soft tissue staging

- Histological grade is more important
- Stage I- 90% survival at 5 yrs
- Stage II- 80% survival at 5 yrs
- Stage III- 55% survival at 5 yrs

| je III- 55% Surviva | III- 55% survival at 5 yrs | | | | | | |
|---------------------|----------------------------|-------------|-------|---|--|--|--|
| Soft Tissue Staging | | | | | | | |
| Stage | Grade | Т | N | М | | | |
| 1 | Low | Any T | 0 | 0 | | | |
| Ш | High | T1a, 1b, 2a | 0 | 0 | | | |
| III | High | T2b | 0 | 0 | | | |
| IVa | Any G | Any T | 1 | 0 | | | |
| IVb | Any G | Any T | Any N | 1 | | | |
| | | | | | | | |

Benign bone staging

- 1-3 (note no roman numerals)
 - 1- near normal bone architecture
 - 2- everything between 1-3
 - 3- very aggressive destructive- lesion