International Seminars in Surgical Oncology

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Book review

The American Joint Committee on Cancer staging (AJCC) Atlas, by Greene FL, Compton CC, Fritz AG, Shah JP, Winchester DP

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The AJCC cancer staging atlas is the official publication of the American Joint Committee on Cancer, the world's foremost authority on cancer staging information.

This is the first edition of this book, created as a compendium to the AJCC Cancer Staging Manual and Handbook, now in their sixth editions.

This is an impressive and extremely valuable small book, which is easily transportable due to its small size, 20 × 12.5 cm (Figure 1). It is also set out in a logical manner.

It contains over 400 illustrations to facilitate an understanding for the stage of a tumour, and can easily be referenced for individual patients. Each chapter is extremely detailed, and indexed at the page margin, so one can easily access the pertinent chapter in this way rather than going to the index or table of contents each time (Figure 2).

The atlas is divided into eight parts, covering all the major systems/sites of cancer, with an introductory chapter on the principles and purposes of staging. It is packed full of useful illustrations.

One of the most useful aspects of this atlas is the summary of changes for staging at the beginning of each system chapter (Figure 2).

I would recommend this publication to all health care professionals actively involved in the treatment of cancer patients, as the illustrations and text make the concept of the disease and its staging very simple to understand. It would also appeal to research students and post-doctoral scientists.

From a training perspective, the book is probably more suited to postgraduate oncology or surgery trainees.

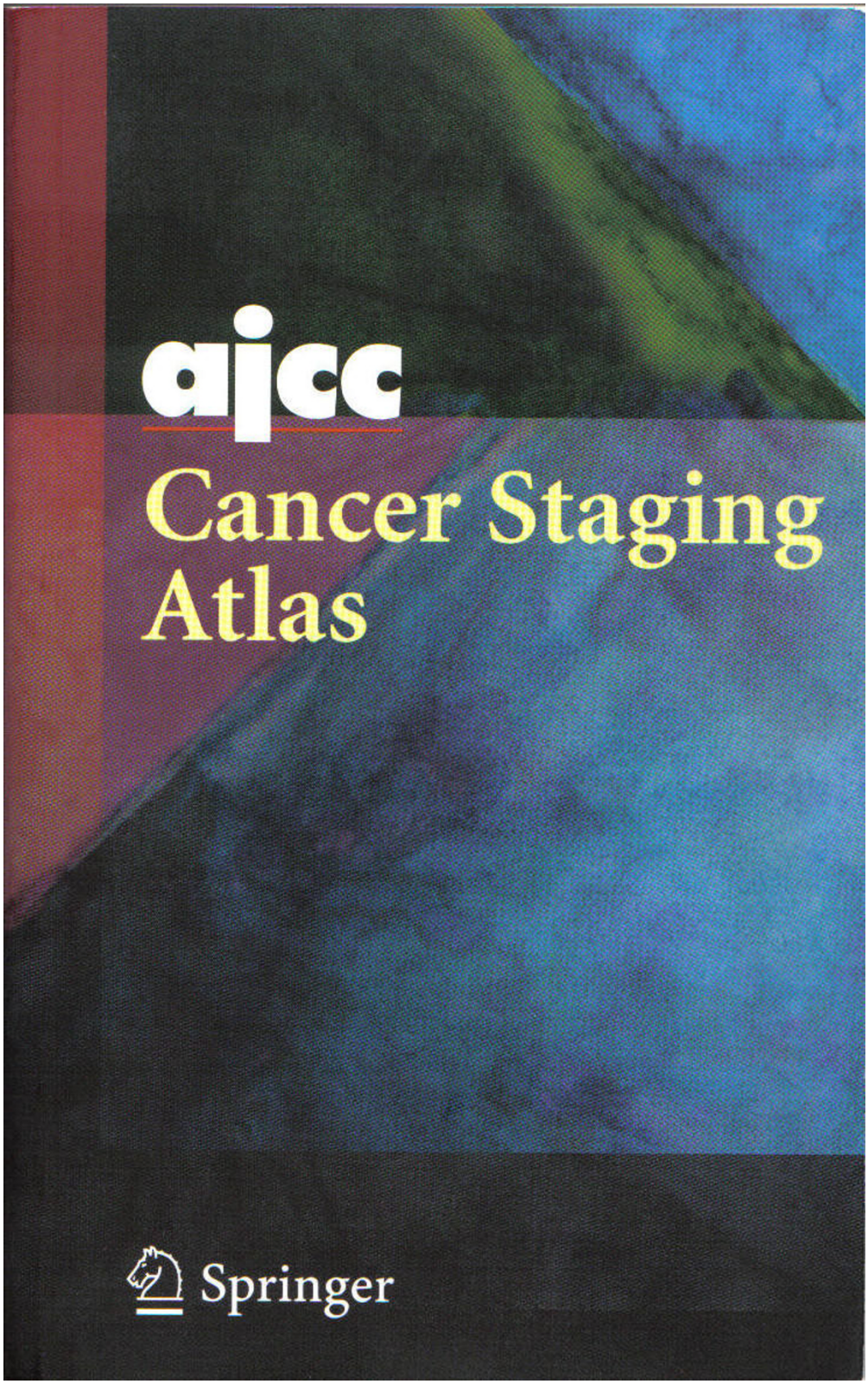
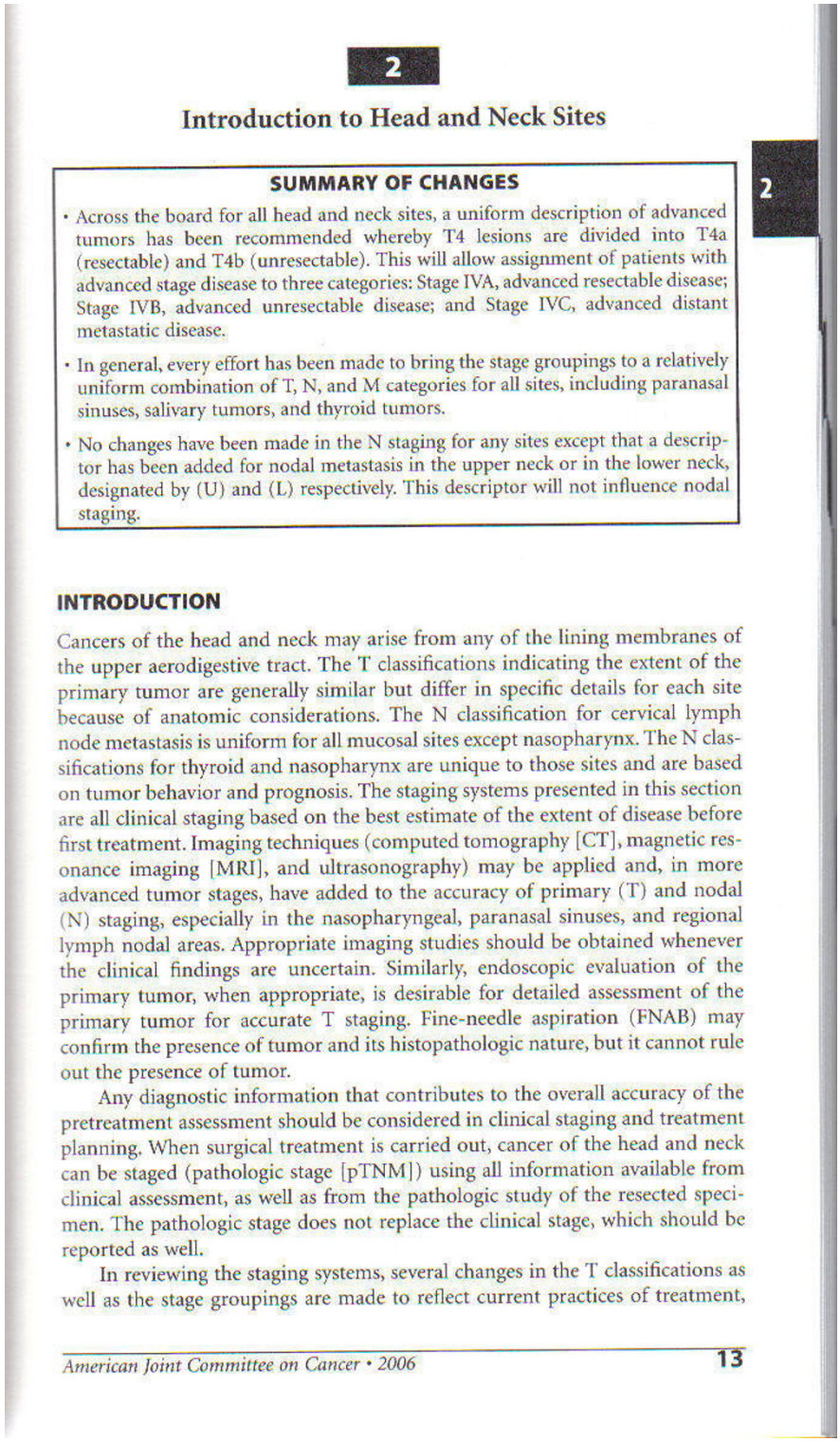


Figure 1
Front Cover of the Staging Atlas.



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Introduction to Head and Neck Sites

SUMMARY OF CHANGES

- Across the board for all head and neck sites, a uniform description of advanced tumors has been recommended whereby T4 lesions are divided into T4a (resectable) and T4b (unresectable). This will allow assignment of patients with advanced stage disease to three categories: Stage IVA, advanced resectable disease; Stage IVB, advanced unresectable disease; and Stage IVC, advanced distant metastatic disease.
- In general, every effort has been made to bring the stage groupings to a relatively uniform combination of T, N, and M categories for all sites, including paranasal sinuses, salivary tumors, and thyroid tumors.
- No changes have been made in the N staging for any sites except that a descriptor has been added for nodal metastasis in the upper neck or in the lower neck, designated by (U) and (L) respectively. This descriptor will not influence nodal staging.

INTRODUCTION

Cancers of the head and neck may arise from any of the lining membranes of the upper aerodigestive tract. The T classifications indicating the extent of the primary tumor are generally similar but differ in specific details for each site because of anatomic considerations. The N classification for cervical lymph node metastasis is uniform for all mucosal sites except nasopharynx. The N classifications for thyroid and nasopharynx are unique to those sites and are based on tumor behavior and prognosis. The staging systems presented in this section are all clinical staging based on the best estimate of the extent of disease before first treatment. Imaging techniques (computed tomography [CT], magnetic resonance imaging [MRI], and ultrasonography) may be applied and, in more advanced tumor stages, have added to the accuracy of primary (T) and nodal (N) staging, especially in the nasopharyngeal, paranasal sinuses, and regional lymph nodal areas. Appropriate imaging studies should be obtained whenever the clinical findings are uncertain. Similarly, endoscopic evaluation of the primary tumor, when appropriate, is desirable for detailed assessment of the primary tumor for accurate T staging. Fine-needle aspiration (FNAB) may confirm the presence of tumor and its histopathologic nature, but it cannot rule out the presence of tumor.

Any diagnostic information that contributes to the overall accuracy of the pretreatment assessment should be considered in clinical staging and treatment planning. When surgical treatment is carried out, cancer of the head and neck can be staged (pathologic stage [pTNM]) using all information available from clinical assessment, as well as from the pathologic study of the resected specimen. The pathologic stage does not replace the clinical stage, which should be reported as well.

In reviewing the staging systems, several changes in the T classifications as well as the stage groupings are made to reflect current practices of treatment,

Figure 2
A Section Of The Atlas Detailing Layout And Ease Of Reference.