

# **NEOPLASIA**

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#### References:

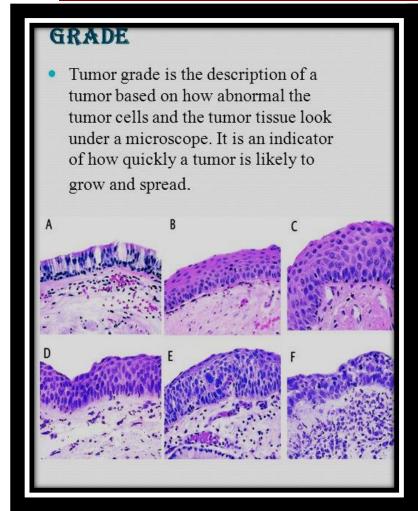
- Robbins & Cotran Pathologic Basis of Disease- 9<sup>th</sup> edition
- IMAGES- Above mentioned book & internet

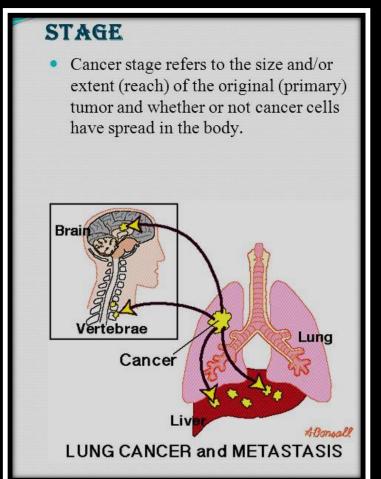


# GRADING AND STAGING OF TUMOURS



# GRADING AND STAGING







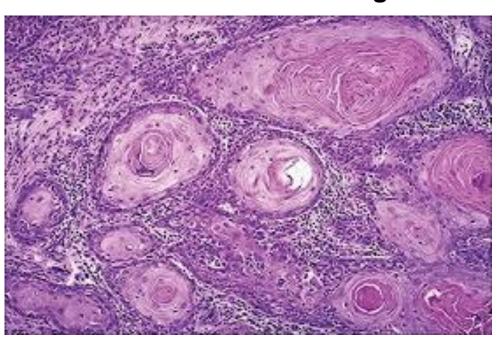
#### **GRADING** (histological)

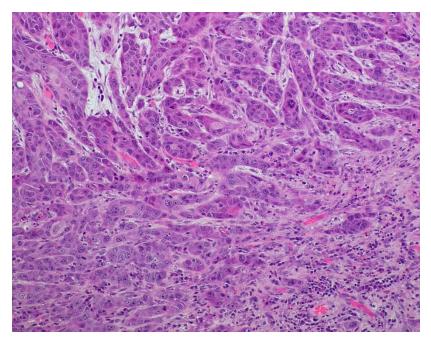
- Degree of differentiation of the tumour cell
- Number of mitoses within the tumour/ architectural features

Correlates with the aggressiveness of tumour



#### **Degree of differentiation**



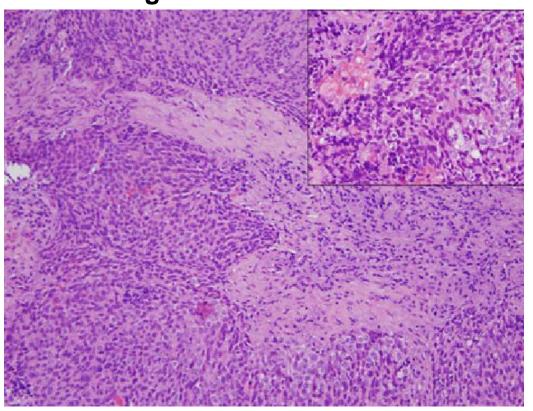


Well differentiated squamous cell carcinoma

Moderately differentiated squamous cell carcinoma

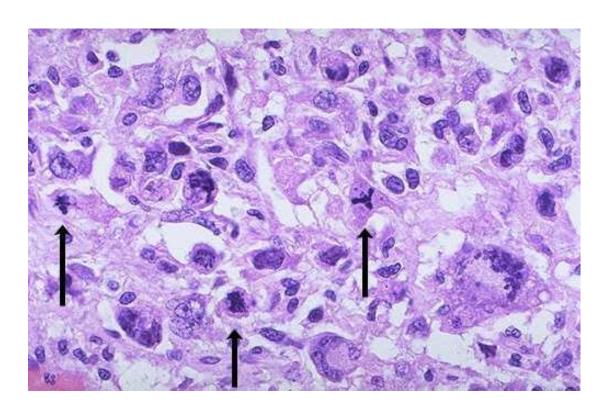


#### **Degree of differentiation**



Poorly differentiated squamous cell carcinoma





**Mitosis** 



- Tumour grade helps in treatment plan
- Predict the prognosis



#### The tumour can be graded as

- Well, moderately or poorly differentiated
- Grade 1,2,3
- Grade I,II,III,IV



- Broder's grading for squamous cell carcinoma
- Gleason system for prostate cancer
- Bloom Richardson for breast cancer
- Fuhrman nuclear grading for renal cell carcinoma
- WHO grading for CNS tumours



#### TUMOUR STAGING

#### **STAGING (Clinical assessment)**

- It signifies the extent of tumour
- Staging is based on
- > The size of the primary lesion
- Extent of spread to regional LN
- Presence/absence blood borne metastasis



#### TUMOUR STAGING

#### Done by

- Clinical examination
- Imaging
- Surgical exploration



#### TUMOUR STAGING

#### **STAGING (Clinical assessment)**

- ☐ The major staging system currently in use is the American Joint Committee (AJC) on Cancer Staging
- ☐ This system uses a classification called the TNM system
- T for primary tumor
- N for regional lymph node involvement
- M for distant metastases



# The TNM Staging System

The TNM staging system shows the anatomic extent of disease and is based on three components

 A number is added to each letter to indicate the size or extent of the tumour and the extent of spread.



#### Numerical Subsets of TNM

#### T- Tumour size

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1-4 Increasing size and/or local extent of the primary tumor



#### Numerical Subsets of TNM

#### N- Involvement of Regional Lymph Nodes

- NX Regional lymph nodes cannot be assessed
- No regional lymph node metastasis
- N1-3 Increasing involvement of regional lymph nodes



#### Numerical Subsets of TNM

#### **M- Distant Metastasis**

MX Distant metastasis cannot be

assessed

M0 No distant metastasis

• M1, M2 Distant metastasis

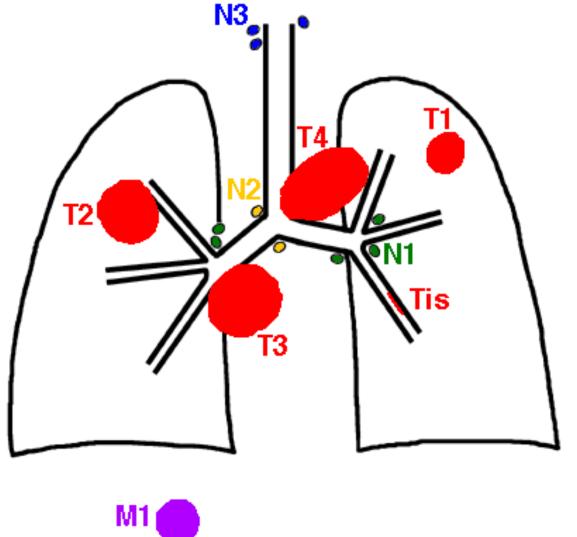


# TNM staging

- For example, breast cancer T3 N2 M0 refers to a large tumor that has spread outside the breast to nearby lymph nodes, but not to other parts of the body.
- Prostate cancer T2 N0 M0 means that the tumor is located only in the prostate and has not spread to the lymph nodes or any other part of the body.



# TNM: Staging of tumor:





# AJC System

The cancers are divided into stages 0-IV

- Stage 0- carcinoma in situ
- Stage I,II,II- higher numbers indicate more extensive disease; greater tumour size, and/ or spread to nearby lymph nodes and/ or organs adjacent to the primary nodes
- Stage IV- the cancer has spread to another organ



# Purposes and principles of staging

- Aids the physician in planning treatment
- Gives some indication of prognosis
- Assists in evaluating the results of treatment
- Facilitates the exchange of information between treatment centers



#### **GRADE AND STAGE**

- Both have prognostic value
- Staging is valuable as it indicates the extent of disease at presentation
- Staging has greater clinical value than grading

# Thank you

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