Global Advisory Group National Committees

National and International roles, influence, and achievements
Plan

- History
- Structure of the TNM prognostic factors project
- Roles and influence - National Committees
- Achievements – some examples
- An introduction to current issues
  - Process for change
  - International harmonisation
  - Biomarkers and extent of disease
Why TNM? The Objectives of Staging

- To aid in the planning of treatment
- To give some indication of prognosis
- To assist in evaluation of the results of treatment
- To facilitate the exchange of information and aid research
- To contribute to research
- To support cancer control activities – added 7th edition
Classification before TNM

- Aristotle
- Linnaeus
- John Fothergill – diphtheria
- Radiological Sub-Commission of the Cancer Commission of the League of Nations Health Committee – Cervical cancer treatment results
- FIGO
History of the UICC TNM Project

- 1943-52  TNM system proposed - Pierre Denoix
- 1950-54  UICC Committee on Clinical Stage Classification and Applied Statistics
- 1958-59  TNM proposals for breast & larynx
- 1960-67  TNM Committee - 26 sites
- 1968     First Edition Livre de Poche
- 1977     AJCC Manual of Staging
- 1980     Site Specific Check Forms - Sellers
- 1987     Unified UICC/AJCC TNM

Later incorporated FIGO and ANN ARBOR
UICC

TNM Prognostic Factors Project

Co-chairs M Gospodarowicz, J Brierley
CDC Grant 2014-2019

- Maintain Stability of cancer staging
- Maintain international consensus
- Propose new classifications
- Establish new partnerships
- Expand publications communication
- Educate
TNM Groups: composition and functions

- Standing groups & task forces
  - Core Committee
  - Evaluation Committee
  - Prognostic Factors Task Force
  - Education and Communications Group
- Expert Panels
- Editorial Task Forces (MCO 9th, TNM 8th, Suppl. 5th)
- Global Advisory Group & National committees
TNM Helpdesk and Website

- TOTAL hits 62,049 since 2013
  - Home page: 34,885 in last year
  - Help desk 2,466 in last year
- In total, 232 technical questions
- Education modules via eCancer
  - Introduction
  - Colorectum/Breast/Prostate/Cervix/Lung/Oral Cavity
Expert panels

- Expertise judged by publications, engagement in clinical trial groups
- Multidisciplinary
- International representation
- Involved in the evaluation of the annual literature search
- Intended not to be onerous
Annual meeting - Geneva
Roles and influence
Global Advisory Group

• Representation from the National Staging Committees from different countries should be an integral part of the TNM Prognostic Factors Project.

• Represent a national constituency with interest and needs related to activities of the Project
Global Advisory Group

NATIONAL COMMITTEES
Belgium
Brazil
Canada
China/Hong-Kong/Macau
German speaking countries
Gulf Federation
India
Israel
Italy
Japan
Netherland
Poland
Singapore
SLACOM
South Africa
Spain
Turkey
UK
USA/AJCC
TNM National/Regional Committees
Covering 59% of world population
National Committees - the mission: cancer staging systems AND prognostic factors

• Identify **opportunities for strengthening** current systems
• Provide **evidence-based expert opinion** on development and enhancement
• **Recommend** appropriate courses of action to national bodies/constituency
To be an expert resource to other national organisations

- identifying opportunities to stimulate awareness, to build knowledge and to facilitate the implementation of routine cancer staging in the country/constituency
- proactively promoting the use of internationally recognized staging systems in the country/constituency
Publications – to enhance, educate, and promote

- 7th edition of the UICC TNM Classification of Malignant Tumours - Translations
- 4th edition of TNM Supplement
- 6th edition of the UICC TNM Atlas
- 9th edition of the UICC Manual of Clinical Oncology
- 8th edition of the UICC TNM Classification of Malignant Tumours - 2017
Some achievements (UK)

- Piloting of the UK TNM ‘forum’
- Hosting of UICC prognostic factor ‘retreats’
- Development of some eCancer learning modules
- Recording of stage as a UK national cancer standard
- Collection of stage by UK cancer registries
**Target Audience**
Oncologists.

**Learning Objectives**
By the end of this module, you should be able to:
- Know the current status of the UICC TNM Classification of Urogenital Tumors.
**Forum:** Proposals for TNM 8th Edition

*Formal proposals which have been made to the UICC TNM Evaluation Committee can be discussed here. Links will be made available to the specific proposals.*

<table>
<thead>
<tr>
<th>TOPICS</th>
<th>POSTS</th>
<th>LAST POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>by masonmd on Wed Jun 17, 2015 12:09 pm</td>
</tr>
</tbody>
</table>
Current Issues
Developing a process for change
7th Edition: a new UICC process for evaluating proposals

• Changes should be evidence based

• A continuous systematic approach composed of two arms has been introduced:
  • procedures to address formal proposals from investigators
  • periodic literature search for articles about improvements to TNM
UICC Process: the Evaluation Committee

- Proposals and results of the literature search are evaluated by:
  - UICC panel of experts
  - TNM Prognostic Factors committee
  - AJCC and the other national TNM experts

- Exemplar: changes to lung cancer staging proposed by the IALSC and adopted (**Over 80,000 pt database** was used for TNM 7)
Annual Literature search
(‘literature watch’)

- Structured literature search for TNM-related publications
- Triage, collation
- Critical review by evaluation committee
- External review
  - Expert panels
- Share with GAG
  - Inc AJCC Task Forces
International Harmonisation
Foster cooperation and partnership with other national and international organisations and agencies:

• Advising on strategic links with national and international groups, particularly the International Union Against Cancer (UICC) and the American Joint Committee on Cancer (AJCC) and FIGO

• Represent the national organisations on appropriate national and international cancer staging committees
Global harmonization of cancer staging classifications
- close collaboration with key stakeholders

- WHO – ICD 11
- IARC
- IACR
- IALSC
- AJCC
- FIGO
- CDC
- ICCR - International Collaboration on Cancer Reporting
AJCC and FIGO

- Representation on UICC
- UICC representation on AJCC Task Forces
- UICC representation on FIGO staging call
Comparability of stage data in cancer registries in six countries: lessons from the International Cancer Benchmarking Partnership

Sarah Walters¹, Camille Maringe¹, John Butler², James D. Brierley³, Bernard Rachet¹ and Michel P. Coleman¹

- UK, Sweden, Norway, Denmark, Canada and Australia.
- One-year and five-year relative survival were lowest in the UK and Denmark, highest in Sweden, Canada and Australia, and intermediate in Norway.

Comparability of stage data six countries

- Second phase of analysis:
  - Are differences explained by stage at diagnosis and stage-specific survival?
  - If so, delayed diagnosis and/or stage-specific treatment variation?
- The ICBP protocol specified stage data according to TNM
Comparability of stage data six countries

- Editions TNM Used: 5, 6 and 7th
- Other classifications used:
  - Dukes
  - FIGO
  - Norway - Localized, Regional, Distant
  - New South Wales - Localized, Regional, Distant
- Geographical comparisons are VERY complicated!
Is there a future for TNM?
The accusation..

“TNM is redundant because of identification of other important prognostic factors….”

ER, PR, Her2-neu Status
PSA, Gleason
HPV

….plus p53, k-ras, EGFR,
“Is any non-anatomical factor so powerful that extent of disease is unimportant”?
Extent of Disease

- Even in tumours in which tumour profile has proven benefit, anatomical extent of disease is essential
- e.g. Triple Negative Breast Cancer is treated differently if localized than if metastatic
- Extent of disease an essential component of nomograms
**Adjuvant! Online**

Decision making tools for health care professionals

**Adjuvant! for Breast Cancer (Version 8.0)**

**Patient Information**

- **Age:** 60
- **Comorbidity:** Average for Age
- **ER Status:** Positive
- **Tumor Grade:** Grade 1
- **Tumor Size:** 2.1 - 3.0 cm
- **Positive Nodes:** 1 - 3

**Adjuvant Therapy Effectiveness**

- **Horm:** Tamoxifen (Overview 2000)
- **Chemo:** CMF-Like (Overview 2000)
- **Hormonal Therapy:** 40
- **Chemotherapy:** 12
- **Combined Therapy:** 47

**Risk Calculations**

- **No additional therapy:**
  - 52.9 alive and without cancer in 10 years.
  - 37.8 relapse.
  - 9.3 die of other causes.

- **With hormonal therapy:** Benefit = 12.2 without relapse.

- **With chemotherapy:** Benefit = 3.4 without relapse.

- **With combined therapy:** Benefit = 14.6 without relapse.

© 2003-2010 Adjuvant! Inc.
Major impediment in correlating biomarkers with outcome: “In practice, differences in how patients are assessed, and in how those assessments are reported by different physicians in different medical centres and in different countries”

Consistent Biomarker Terminology not discussed

Thanks to B. O’Sullivan
Current status of Prognostic Factor (biomarkers) Research

- Biomarker research efforts
  - Generally much too small, poorly designed and analysed, and incorrectly interpreted to provide reliable evidence
  - Studies of poor quality obscure rather than clarify the prognostic importance of tumour markers

Douglas Altman PhD
Categorization of Terminology (AJCC:UICC Lexicon Project)

Terms can be categorized into groups pertaining to the following: Anatomic Stage, Tumor Profile, Patient Profile and Environment.

- **Anatomic Stage**: Terms for extent of disease in the patient at the time of diagnosis. Data about the patient, the tumor or the practice environment in the medical setting are not in this category of terms.

Thanks to Donna Gress
Example of UICC Prognostic Factors Summary “Grid”
(from chapter 3, MCO 9th ed)

<table>
<thead>
<tr>
<th>Prognostic factors</th>
<th>Tumour related</th>
<th>Host related</th>
<th>Environment related</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential*</td>
<td>Anatomical disease extent</td>
<td>Age</td>
<td>Availability of access to a radiotherapy facility</td>
</tr>
<tr>
<td></td>
<td>Histological type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional</td>
<td>Tumour bulk</td>
<td>Race</td>
<td>Expertise of a treatment at the specific level (e.g. surgery or radiotherapy)</td>
</tr>
<tr>
<td></td>
<td>Tumour marker level</td>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Programmed death 1 (PD-1) receptor and its ligands (PD-L1)</td>
<td>Cardiac function</td>
<td></td>
</tr>
<tr>
<td>New and promising</td>
<td>Epidermal growth factor receptor (EGFR) (lung, head and neck)</td>
<td>Germline $p53$</td>
<td>Access to information</td>
</tr>
<tr>
<td></td>
<td>Gene expression patterns</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The origin of essential factors as imperatives for treatment decisions is known and available clinical practice guidelines.
In development: concise TNM
Summary and welcome aboard!

- The National Committees have substantial influence – nationally and internationally

- Please help us to
  - Develop and maintain the international consensus
  - Preserve the integrity of anatomic vs non-anatomic factors
  - Educate about and promote TNM
  - Improve prognostic factor research

- Hope to see you represented in Geneva
Welcome Note from the Host

ALIAM & the French League against cancer will host the 2016 World Cancer Congress held in Paris from 31 October - 3 November.

Call for Sessions now open

Welcome Note from the Host

Subscribe to the 2016 WCC Newsletter

UICC World Cancer Congress