AJCC Sarcoma Staging:

Planning for the 9th Edition

Chandrajit P Raut, MD, MSc

TARPSWG Meeting at CTOS

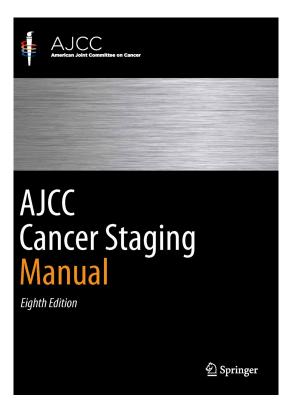
November 12, 2025







AJCC Staging



FNCLCC Histologic Grade

| Score | Definition |
|-----------------|--|
| Differentiation | |
| 1 | Sarcomas closely resembling normal adult mesenchymal tissue (e.g., low-grade LMS) |
| 2 | Sarcomas for which histologic typing is certain (e.g., myxoid/round cell LPS) |
| 3 | Embryonal and undifferentiated sarcomas, sarcomas of doubtful type, synovial sarcomas, soft tissue osteosarcoma, Ewing/PNET of soft tissue |
| Mitotic Count | |
| 1 | 0-9 mitoses per 10 HPF |
| 2 | 10-19 mitoses per 10 HPF |
| 3 | ≥ 20 mitoses per 10 HPF |
| Necrosis | |
| 0 | No necrosis |
| 1 | < 50% tumor necrosis |
| 2 | ≥ 50% tumor necrosis |

| Grade | Definition |
|-------|--|
| GX | Cannot be assessed |
| G1 | Differentiation + mitotic count + necrosis score 2-3 |
| G2 | Differentiation + mitotic count + necrosis score 4-5 |
| G3 | Differentiation + mitotic count + necrosis score 6-8 |

- 1 HPF at 400x magnification = 0.1734 mm²
- 10 successive HPF assessed using a 40x objective

Histology-Specific Differentiation Score

| Histologic Type | Score |
|--|-------|
| ALT/WDLPS | 1 |
| LPS, myxoid | 2 |
| LPS, round cell | 3 |
| LPS, pleomorphic | 3 |
| DDLPS | 3 |
| Fibrosarcoma | 2 |
| Myxofibrosarcoma | 2 |
| UPS | 3 |
| LMS, well-differentiated | 1 |
| LMS, conventional | 2 |
| LMS, poorly diff/pleomorphic/epithelioid | 3 |
| Synovial sarcoma, biphasic/monophasic | 3 |
| Synovial sarcoma, poorly differentiated | 3 |
| Rhabdomyosarcoma, pleomorphic | 3 |
| Chondrosarcoma, mesenchymal | 3 |
| Osteosarcoma, extraskeletal | 3 |
| Ewing sarcoma/primitive neuroectodermal tumor (PNET) | 3 |
| Malignant rhabdoid tumor | 3 |
| Undifferentiated sarcoma, not otherwise specified | 3 |

Not applicable for:

- GIST
- MPNST
- Embryonal and alveolar RMS
- Angiosarcoma
- Extraskeletal myxoid chondrosarcoma
- ASPS
- Clear cell sarcoma
- Epithelioid sarcoma

RPS TNM Staging

American Joint Committee on Cancer, 8th ed

| Category | Definition |
|-------------------|--|
| Tumor status | |
| TX | Primary tumor cannot be assessed |
| то | No evidence of primary tumor |
| T1 | T ≤ 5 cm |
| T2 | T > 5 cm, ≤ 10 cm |
| Т3 | T > 10 cm, ≤ 15 cm |
| T4 | T > 15 cm |
| Lymph node statu | s |
| N0 | No regional LN metastases |
| N1 | Regional LN metastases present |
| Metastasis status | |
| M0 | No distant metastases |
| M1 | Distant metastases present |
| Grade | |
| GX | Cannot be assessed |
| G1 | Differentiation + mitotic count + necrosis score 2-3 |
| G2 | Differentiation + mitotic count + necrosis score 4-5 |
| G3 | Differentiation + mitotic count + necrosis score 6-8 |

Pollock et al, AJCC Cancer Staging Manual

RPS Stage Grouping

| Stage Grouping | Definition | | | |
|-------------------|------------|-------|----|--------|
| IA | T1 | N0 | M0 | GX, G1 |
| IB | T2, T3, T4 | NO | MO | GX, G1 |
| II | T1 | N0 | MO | G2, G3 |
| IIIA | T2 | NO | MO | G2, G3 |
| IIIB | T3, T4 | N0 | M0 | G2, G3 |
| | Any T | N1 | MO | Any G |
| IV | Any T | Any N | M1 | Any G |

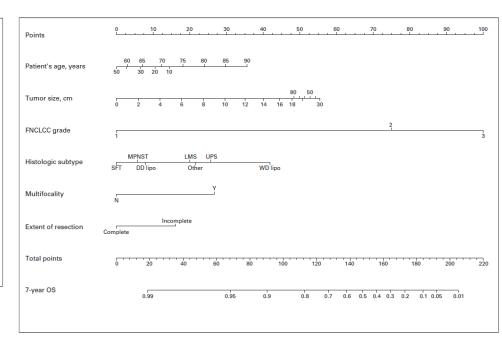
Primary RPS Nomogram

Disease-Free Survival

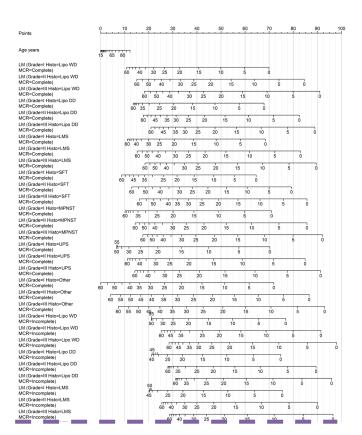
Points Tumor size, cm FNCLCC grade Histologic subtype Multifocality Total points 7-vear DFS

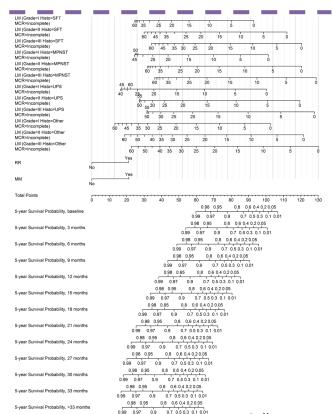
"These are large patient cohorts for this rare disease and robustly confirm the usefulness of this model."

Overall Survival



Dynamic Prognostic Nomogram





ESTS TNM Staging

| Category | Definition |
|-------------------|--|
| | Definition |
| Tumor status | |
| TX | Primary tumor cannot be assessed |
| T0 | No evidence of primary tumor |
| T1 | T ≤ 5 cm |
| T2 | T > 5 cm, ≤ 10 cm |
| Т3 | T > 10 cm, ≤ 15 cm |
| T4 | T > 15 cm |
| Lymph node statu | s |
| NO | No regional LN metastases |
| N1 | Regional LN metastases present |
| Metastasis status | |
| M0 | No distant metastases |
| M1 | Distant metastases present |
| Grade | |
| GX | Cannot be assessed |
| G1 | Differentiation + mitotic count + necrosis score 2-3 |
| G2 | Differentiation + mitotic count + necrosis score 4-5 |
| G3 | Differentiation + mitotic count + necrosis score 6-8 |

ESTS Stage Grouping

| Stage Grouping | Definition | | | |
|-------------------|------------|-------|----|--------|
| IA | T1 | N0 | M0 | GX, G1 |
| IB | T2, T3, T4 | NO | MO | GX, G1 |
| II | T1 | N0 | MO | G2, G3 |
| IIIA | T2 | NO | MO | G2, G3 |
| IIIB | T3, T4 | N0 | M0 | G2, G3 |
| IV | Any T | N1 | M0 | Any G |
| | Any T | Any N | M1 | Any G |

GIST TNM Staging

| Category | Definition | |
|-------------------|----------------------------------|--|
| Tumor status | | |
| TX | Primary tumor cannot be assessed | |
| ТО | No evidence of primary tumor | |
| T1 | T ≤ 2 cm | |
| T2 | T > 2 cm, ≤ 5 cm | |
| Т3 | T > 5 cm, ≤ 10 cm | |
| T4 | T > 10 cm | |
| Lymph node status | | |
| N0 | No regional LN metastases | |
| N1 | Regional LN metastases present | |
| Metastasis status | | |
| M0 | No distant metastases | |
| M1 | Distant metastases present | |
| Mitotic rate | | |
| Low | ≤ 5 per 5 mm², or per 50 HPF | |
| High | > 5 per 5 mm², or per 50 HPF | |

GIST Stage Grouping

American Joint Committee on Cancer, 8th ed

Gastric and Omental

| Stage Grouping | | D | efinition | |
|-------------------|--------|-------|-----------|------------------|
| IA | T1, T2 | N0 | M0 | Low |
| IB | Т3 | N0 | M0 | Low |
| ., | T1, T2 | N0 | M0 | High |
| II | T4 | N0 | MO | Low |
| IIIA | Т3 | N0 | M0 | High |
| IIIB | T4 | N0 | MO | High |
| IV | Any T | N1 | M0 | Any mitotic rate |
| | Any T | Any N | M1 | Any mitotic rate |

Small Intestinal, Esophageal, Colorectal, Mesenteric, and Peritoneal

| Stage Grouping | | D | efinition | |
|-------------------|------------|-------|-----------|------------------|
| ı | T1, T2 | N0 | M0 | Low |
| II | Т3 | N0 | M0 | Low |
| 111.4 | T1 | N0 | M0 | High |
| IIIA | T4 | N0 | M0 | Low |
| IIIB | T2, T3, T4 | N0 | M0 | High |
| 1)./ | Any T | N1 | M0 | Any mitotic rate |
| IV | Any T | Any N | M1 | Any mitotic rate |

Head and Neck Sarcoma TNM Staging

American Joint Committee on Cancer, 8th ed

| Category | Definition |
|-------------------|---|
| Tumor status | |
| TX | Primary tumor cannot be assessed |
| T1 | T ≤ 2 cm |
| T2 | T > 2 cm, ≤ 4 cm |
| Т3 | T > 4 cm, ≤ 15 cm |
| T4 T4a T4b | Tumor with invasion of adjoining structures Tumor with invasion of orbit, skull base/dura, central compartment viscera, facial skeleton, pterygoid muscles Tumor with invasion of brain parenchyma or prevertebral muscle, encasement of carotid artery or involvement of CNS via perineural spread |
| Lymph node status | |
| NO | No regional LN metastases or unknown LN status |
| N1 | Regional LN metastases present |
| Metastasis status | |
| M0 | No distant metastases |
| M1 | Distant metastases present |
| Grade | |
| GX | Cannot be assessed |
| G1 | Differentiation + mitotic count + necrosis score 2-3 |
| G2 | Differentiation + mitotic count + necrosis score 4-5 |
| G3 | Differentiation + mitotic count + necrosis score 6-8 |

- New classification in AJCC 8th edition
- No stage grouping applied
- Not applicable to:
 - Orbital sarcoma separate staging system
 - Rhabdomyosarcoma, embryonal and alveolar
 - Angiosarcoma, cutaneous
 - Kaposi sarcoma consider
 AIDS Clinical Trial Group system
 - DFSP

O'Sullivan et al, AJCC Cancer Staging Manual 2017

Abdominal and Thoracic Visceral Sarcoma TNM Staging

| | American John C |
|-------------------------|--|
| Category | Definition |
| Tumor status | |
| TX | Primary tumor cannot be assessed |
| T1 | Organ confined |
| T2 T2a T2b | Tumor extension into tissue beyond organInvades serosa or visceral peritoneumExtension beyond serosa (mesentery) |
| Т3 | Invades another organ |
| T4 T4a T4b T4c | Multifocal involvement |
| Lymph node status | |
| NO | No regional LN metastases or unknown LN status |
| N1 | Regional LN metastases present |
| Metastasis status | |
| M0 | No distant metastases |
| M1 | Distant metastases present |
| Grade | |
| GX | Cannot be assessed |
| G1 | Differentiation + mitotic count + necrosis score 2-3 |
| G2 | Differentiation + mitotic count + necrosis score 4-5 |
| G3 | Differentiation + mitotic count + necrosis score 6-8 |

- New classification in AJCC 8th edition
- No stage grouping recommended
- Not applicable to:
 - DSRCT
 - EHD
 - IMT
 - PEComa
 - SFT use RPS staging system
 - GIST separate staging system
 - LMS, uterine use corpus uteri (sarcoma) staging system
 - LMS, RP use RPS staging system

Histologies with Unique Anatomic Sites

| Histologic Type | Score |
|------------------------------------|--|
| Clear cell sarcoma | Joint tendons and aponeurosis, small bowel |
| DSRCT | Peritoneum |
| Embryonal sarcoma | Liver |
| Endometrial stromal sarcoma | Uterus |
| Undifferentiated sarcoma | Uterus |
| EHE | Liver, lungs, pleura |
| Epithelioid sarcoma, proximal type | Shoulder girdle, hip musculature |
| Epithelioid sarcoma, distal | Hands, feet |
| GIST | GI tract |
| Phyllodes tumor | Breast |

Clinical Features of Unusal Histologies

| Histologic Type | Features |
|-------------------------------------|--|
| Angiosarcoma | Scalp, radiation-associated breast – multifocal |
| DSRCT | Peritoneum – multifocal |
| Embryonal sarcoma | Liver – stage according to visceral sarcoma |
| Endometrial stromal sarcoma | Uterus – stage according to uterine sarcoma; degree of organ invasion surrogate for tumor size |
| EHE | Liver, lungs – multifocal Pleura – less comon |
| Epithelioid sarcoma, proximal type | Shoulder girdle, hip musculature – multifocal, commonly involves LN |
| Extraskeletal myxoid chondrosarcoma | Indolent course even with lung metastases – stage according to STS |
| IMT | Lung, mesentery, omentum – multifocal, 90% benign |
| Kaposi sarcoma | Skin, viscera – multifocal, Mediterranean or HIV |
| Carcinosarcoma (MMMT) | Uterus – controversy whether to stage as sarcoma or carcinoma |
| Extraskeletal osteosarcoma | Stage according to STS |
| Phyllodes tumor | Stage according to ESTS |
| Rhabdomyosarcoma | Stage according to STS; pediatric staging available for alveolar and embryonal |
| Undifferentiated uterine sarcoma | Uterus – stage according to uterine sarcoma; degree of organ invasion surrogate for tumor size |

Thank you

craut@bwh.harvard.edu

