

# DATA ELEMENTS FOR PROSPECTIVE PHASE OF LUNG STAGING PROJECT

## Pretreatment/Evaluative N Category Based on Clinical and Imaging

Patient ID:       Database ID:

Location of primary tumour:  Location would be repeated here from previous data entry page.

Overall Status:  Select

Nodal map used:  Mountain/Dressler/ATS

Right  ND *Supraclavicular Zone (#1)* Left  ND

Right  ND *Hilar Zone* Left  ND  
 #10R  ND **Hilar** #10L  ND

Right  ND *Upper Mediastinal Zone* Left  ND

Right  ND *Peripheral Zone* Left  ND  
 #11R  ND **Interlobar** #11L  ND  
 #12R  ND **Lobar** #12L  ND  
 #13R  ND **Segmental** #13L  ND  
 #14R  ND **Subsegmental** #14L  ND

Highest mediastinal node\*  ND  
 #2R  ND **Upper paratracheal** #2L  ND  
 #3aR  ND **Pre-vascular** #3aL  ND  
 #3pR  ND **Retrotracheal** #3pL  ND  
 #4R  ND **Lower paratracheal** #4L  ND

*Aorto-Pulmonary Zone*  ND  
 Sub-aortic #5  ND  
 Para-aortic #6  ND

Key to nodal station results:  
 + = At least one node examined in this region was considered to be metastatic.  
 - = All nodes examined in this region were considered to be nonmetastatic.  
 ND = No node examination done in this region or results were equivocal (none considered metastatic).

*Subcarinal Zone*  ND  
 Subcarinal #7  ND

**To Calculate Zone Results, Click Here**

Right  ND *Lower Mediastinal Zone* Left  ND  
 #8R  ND **Paraoesophageal** #8L  ND  
 #9R  ND **Pulmonary ligament** #9L  ND

Calculated N Status:

Zones in grey areas would be calculated fields, not entered by operator. Extra button could allow the user to set all results to 'not explored' for a given section.

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER  
DATA ELEMENTS FOR PROSPECTIVE PHASE OF LUNG STAGING PROJECT  
Pretreatment/Evaluative N Category Based on Clinical and Imaging, Continued

Patient ID: Database ID: 

Size of largest node explored

. cm

Location of largest node explored

Select

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER  
 DATA ELEMENTS FOR PROSPECTIVE PHASE OF LUNG STAGING PROJECT  
 Pre-Treatment/Evaluative N Category Based on Cytology or Biopsy Results

Patient ID:      Database ID:

Location of primary tumour  Location would be repeated here from previous data entry page.

N Status  Select

Right  ND  Supraclavicular Zone (#1) Left  ND

Right  ND  Upper Mediastinal Zone Left  ND

Highest mediastinal node\*  ND

#2R <input type="text"/> ND <input type="text"/>	Upper paratracheal	#2L <input type="text"/> ND <input type="text"/>
#3aR <input type="text"/> ND <input type="text"/>	Pre-vascular	#3aL <input type="text"/> ND <input type="text"/>
#3pR <input type="text"/> ND <input type="text"/>	Retrotracheal	#3pL <input type="text"/> ND <input type="text"/>
#4R <input type="text"/> ND <input type="text"/>	Lower paratracheal	#4L <input type="text"/> ND <input type="text"/>

Aorto-Pulmonary Zone  ND

Sub-aortic #5  ND

Para-aortic #6  ND

Subcarinal Zone  ND

Subcarinal #7  ND

Right  ND  Lower Mediastinal Zone Left  ND

#8R <input type="text"/> ND <input type="text"/>	Paraesophageal	#8L <input type="text"/> ND <input type="text"/>
#9R <input type="text"/> ND <input type="text"/>	Pulmonary ligament	#9L <input type="text"/> ND <input type="text"/>

Nodal map used:  Mountain/Dressler/ATS

Right  ND  Hilar Zone Left  ND

#10R  ND  Hilar #10L  ND

Right  ND  Peripheral Zone Left  ND

#11R <input type="text"/> ND <input type="text"/>	Interlobar	#11L <input type="text"/> ND <input type="text"/>
#12R <input type="text"/> ND <input type="text"/>	Lobar	#12L <input type="text"/> ND <input type="text"/>
#13R <input type="text"/> ND <input type="text"/>	Segmental	#13L <input type="text"/> ND <input type="text"/>
#14R <input type="text"/> ND <input type="text"/>	Subsegmental	#14L <input type="text"/> ND <input type="text"/>

Key to nodal station results:  
 + = At least one node explored in this region was positive for tumour (\*For the "highest" field, this means the highest mediastinal node explored was positive).  
 - = All nodes explored in this region were negative for tumour. (\*For the "highest" field, this means the highest mediastinal node explored was negative).  
 ND = No node exploration done in this region or results were equivocal and no node was positive for tumour.

To Calculate Zone Results, Click Here

Calculated N Status

Zones in grey areas would be calculated fields, not entered by operator. Extra button could allow the user to set all results to 'not explored' for a given section.

## DATA ELEMENTS FOR PROSPECTIVE PHASE OF LUNG STAGING PROJECT

## Pre-treatment/Evaluative N Category Based on Cytology or Biopsy Results, Continued

Patient ID:

Database ID:

Size of largest node explored

 .  cm

Location of largest node explored

Select

Number of N3 nodes explored

Number of positive N3 nodes

N3 extracapsular involvement

Select

Number of N2 nodes explored

Number of positive N2 nodes

N2 extracapsular involvement

Select

Number of N1 nodes explored

Number of positive N1 nodes

N1 extracapsular involvement

Select



INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER  
DATA ELEMENTS FOR PROSPECTIVE LUNG STAGING PROJECT  
T-Descriptors by Post-Surgical/Pathological Findings

Patient ID:

Database ID:

Lung tumour T

Select

by post-surgical/pathological findings

Size of primary tumour

 .  cm  
(Longest Dimension)

by post-surgical/pathological findings

Venous invasion

Select

Status of the fissures

Select

Lymphatic vessel invasion

Select

Pleural lavage cytology

Select

**INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER  
DATA ELEMENTS FOR PROSPECTIVE LUNG STAGING PROJECT  
T-Descriptors by Post-Surgical/Pathological Findings, Continued**

Patient ID:       Database ID:

**For each relevant section (as determined by pT status), please check all that apply:**

- Section 1 (pT1):**
- Tumour  $\leq$  3 cm, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion proximal to lobar bronchi (i.e. not in the main bronchus) (pT1a vs pT1b vs pT1, NOS will be calculated field)
  - Superficial spreading tumour of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus

- Section 2 (pT2-T3):**
- Tumour more than 3 cm but less than or equal to 5 cm in greatest dimension
  - Tumour more than 5 cm in greatest dimension but less than or equal to 7 cm
  - Tumour involves the main bronchus, 2 cm or more distal to the carina
  - Tumour with atelectasis /obstructive pneumonitis extending to hilar region but not involving entire lung
- Tumour invades the visceral pleura
- Specify depth of visceral pleural invasion:  
 Select
- Assessed by elastic stain?  
 Select

(Although these are T2-descriptors, Please complete Section 2 for tumours classified as either T2 or T3 or T4)

- Section 3 (pT3-T4):**
- Tumour greater than 7 cm in greatest dimension
  - Tumour invades chest wall, specify depth of invasion:

(Although these are T3-descriptors, please complete Section 3 for tumours classified as either T3 or T4.)

- Apical chest wall invasion (formerly superior sulcus tumour), check all that apply:
  - Involving subclavian vessels
  - Involving chest wall, including rib
  - Involving brachial plexus
  - Involving sympathetic chain
- Invasion of the diaphragm
- Invasion of mediastinal pleura
- Invasion of parietal pericardium
- Invasion of phrenic nerve
- Tumour in the main bronchus less than 2 cm distal to the carina, but without involvement of the carina
- Tumour with associated atelectasis or obstructive pneumonitis of the entire lung
- Separate tumour nodule(s) of same histologic type in the same lobe as the primary tumour (redirect user)

- Section 4 (pT4):**
- Invasion of mediastinum (mediastinal soft tissue)
  - Invasion of heart
  - Invasion of visceral pericardium
  - Invasion of great vessels, specify:
    - Superior vena cava
    - Inferior vena cava
    - Aorta
    - Main trunk of pulmonary artery
    - Pulmonary artery (within the pericardium)
    - Pulmonary vein (within the pericardium)
  - Invasion of trachea
  - Invasion of oesophagus
  - Invasion of carina
  - Invasion of recurrent laryngeal nerve
  - Apical chest wall invasion (formerly superior sulcus tumour) involving vertebral bone
  - Other invasion of the vertebrae
  - Additional tumour nodule(s) on same side of lung as primary tumour but in different lobe (redirect user)

# INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER DATA ELEMENTS FOR PROSPECTIVE PHASE OF LUNG STAGING PROJECT Post-Surgical/Pathological N Category

Patient ID:      Database ID:

Location of primary tumour:  Location would be repeated here from previous data entry page

pN Status  Select

Nodal map used:  
 Mountain/Dressler/ATS

Right  ND  Supraclavicular Zone (#1)  Left  ND

Right  ND  Hilar Zone  Left  ND

Right  ND  Upper Mediastinal Zone  Left  ND

#10R  ND  Hilum  #10L  ND

Highest mediastinal node\*  ND   
#2R  ND  Upper paratracheal  #2L  ND   
#3aR  ND  Pre-vascular  #3aL  ND   
#3pR  ND  Retrotracheal  #3pL  ND   
#4R  ND  Lower paratracheal  #4L  ND

Right  ND  Peripheral Zone  Left  ND

#11R  ND  Interlobar  #11L  ND   
#12R  ND  Lobar  #12L  ND   
#13R  ND  Segmental  #13L  ND   
#14R  ND  Subsegmental  #14L  ND

Aorto-Pulmonary Zone  ND

Key to nodal station sampling results:  
+ = At least one node sampled in this region was positive for tumour (\*For the "highest" field, this means the highest mediastinal node sampled was positive).  
- = All nodes sampled in this region were negative for tumour. (\*For the "highest" field, this means the highest mediastinal node sampled was negative).  
ND = No node sampling done in this region or results were equivocal and no node was positive for tumour.

Sub-aortic #5  ND   
Para-aortic #6  ND

To Calculate Zone Results, Click Here

Subcarinal Zone  ND   
Subcarinal #7  ND

Calculated pN Status

Right  ND  Lower Mediastinal Zone  Left  ND   
#8R  ND  Paraoesophageal  #8L  ND   
#9R  ND  Pulmonary ligament nodes  #9L  ND

Zones in grey areas would be calculated fields, not entered by operator. Add links to illustrations of nodal maps. Extra button could allow the user to set all results to 'not explored' for a given section.



INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER  
DATA ELEMENTS FOR PROSPECTIVE PHASE OF LUNG STAGING PROJECT  
Post-Surgical/Pathological N Category, Continued

Patient ID:      Database ID:

pN Staging, Continued:

Direct nodal invasion from tumour?

Size of largest node sampled   .  cm

Location of largest node sampled

Number of N3 nodes sampled

Number of positive N3 nodes

N3 extracapsular involvement

Number of N2 nodes sampled

Number of positive N2 nodes

N2 extracapsular involvement

Number of N1 nodes sampled

Number of positive N1 nodes

N1 extracapsular involvement



**INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER  
DATA ELEMENTS FOR PROSPECTIVE LUNG STAGING PROJECT  
M-Descriptors, No Attempt to Resect Primary Tumour**

Patient ID:       Database ID:

User would be prompted to complete this page ONLY if there was no resection attempt of the primary tumour (based on the response to the question on the TREATMENT page).

M status by pre-treatment/evaluative finding  Select

Pleural nodules Specify:  Select Biopsied or resected?  Select

Pleural effusion Specify:  Select Cytology  Select

Pericardial effusion Specify:  Select Cytology  Select

Contralateral lung metastasis  Select

If there is metastasis to contralateral lung, the user would be prompted to enter data in the corresponding section on the "Additional Nodules by Pre-Treatment/Evaluative Findings" page.

Prompted only if "yes" to Q whether any distant site biopsied or resected:

Sites of distant metastases:	Presence/ Number of Lesions	Metastasis biopsied or resected?
Bone	<input type="text"/> Select	<input type="text"/> Select
Liver	<input type="text"/> Select	<input type="text"/> Select
Brain	<input type="text"/> Select	<input type="text"/> Select
Abdominal lymph nodes	<input type="text"/> Select	<input type="text"/> Select
Other distant lymph nodes	<input type="text"/> Select	<input type="text"/> Select
Peritoneum	<input type="text"/> Select	<input type="text"/> Select
Adrenals	<input type="text"/> Select	<input type="text"/> Select
Skin	<input type="text"/> Select	<input type="text"/> Select
Bone marrow	<input type="text"/> Select	<input type="text"/> Select

Were any of these distant sites biopsied or resected?

Please document presence, number of lesions, and whether biopsied/resected for any other

sites of metastasis not listed above:

## DATA ELEMENTS FOR PROSPECTIVE LUNG STAGING PROJECT

### M-Descriptors Before and After Attempted Resection of the Primary Tumour

Patient ID:             Database ID:

User would be prompted to complete this page ONLY if there was a resection attempt of the primary tumour (based on the response to the question on the TREATMENT page).

M Status Before Attempted Resection of the Primary Tumour

Select

M Status After Attempted Resection of the Primary Tumour

Select

Pleural nodules

Specify:

Select

Biopsied  
or resected?

Select

Pleural effusion

Specify:

Select

Cytology

Select

Pericardial effusion

Specify:

Select

Cytology

Select

Contralateral lung metastasis

Select

If yes, prompt to "Additional  
Nodules by Post-Surgical/  
Pathological Findings" page

Were any of the above first diagnosed at resection?

Select

Prompted only if "yes" to  
Q whether any were first  
diagnosed at resection

Check here if first  
diagnosed at resection

Pleural nodules

Pleural effusion

Pericardial effusion

Contralateral lung metastasis

**INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER  
DATA ELEMENTS FOR PROSPECTIVE LUNG STAGING PROJECT  
M-Descriptors Before and After Attempted Resection of the Primary Tumour**

Database ID:

User would be prompted to complete this page ONLY if there was a resection attempt of the primary tumour (based on the response to the question on the TREATMENT page).

Answers repeated from previous page for reference

M Status Before Attempted Resection of the Primary Tumour:

M Status After Attempted Resection of the Primary Tumour:

**Sites of distant metastases:**

	Presence/ Number of Lesions	*Prompted only if "yes" to Question A below: Metastasis biopsied or resected?	** Prompted if "yes, resected" for a given site: Date metastasis resected	Prompted only if "yes" to Question B below: Was metastasis first diagnosed at resection (if yes, check the box)
Bone	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>	<input type="checkbox"/>
Liver	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>	<input type="checkbox"/>
Brain	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>	<input type="checkbox"/>
Abdominal lymph nodes	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>	<input type="checkbox"/>
Other distant lymph nodes	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>	<input type="checkbox"/>
Peritoneum	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>	<input type="checkbox"/>
Adrenals	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>	<input type="checkbox"/>
Skin	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>	<input type="checkbox"/>
Bone marrow	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>	<input type="checkbox"/>

\*Question A: Were any of these distant sites biopsied or resected?

\*\*Question B: Were any of these distant metastases first diagnosed at resection?

Please document presence, number of lesions, histological/cytological confirmation for any other

sites of metastasis not listed above:

Use an asterisk (\*) to identify additional sites of metastasis that were first diagnosed at resection.

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER  
DATA ELEMENTS FOR PROSPECTIVE LUNG STAGING PROJECT  
Follow-Up

Patient ID:

Database ID:

**OUTCOME**

Date of Last Follow-Up:  -  -   
(DD/MM/YY)

Vital Status at Last Contact

Select

Cause of Death, if Deceased:

Select

Check here if results of molecular studies are available for this case.

Check here if tissue available for molecular studies from this case.

## 肺癌

# TNM改定とDB JNCDBの項目

日本PCS肺癌小作業部会

## ガイドラインのUpdate

American Society of Clinical Oncology Treatment of Unresectable Non-Small-Cell Lung Cancer Guideline: Update 2003 ⇒ update in progress

Cancer Care Ontario and ASCO Adjuvant Chemotherapy and Adjuvant Radiation Therapy for Stages I-III A Resectable NSCLC Guideline: 2007

ASTROもガイドライン制定を総会で提案

Evidence-based Medicine (EBM) の手法による

肺癌診療ガイドライン: 2003 ⇒ 2005 ⇒ 2009

放射線治療計画ガイドライン: 2004 ⇒ 2008

日本放射線科専門医会・医会、日本放射線腫瘍学会、

日本医学放射線学会編

## 肺癌に関するQuality Index

ガイドラインのupdateが相次いでおり、その内容をどこまで取り入れるか

- SRTやPETなど施設により可否がわかる内容がある

- Stage I~IIIのAdjuvant療法などコンセンサスが成立していない内容がある

年齢や合併症などの影響

今後の数年は、TNMの改定の影響が大きいと予想されている

## TNM Classification

UICCの重要な活動のひとつである各臓器のTNM病期分類の改訂と維持は、

TNM Prognostic Factors Core Group (L. Sobin委員長、アメリカ) で実施

現行のUICC 6は現在改訂中

2009年に新たなUICC 7が刊行予定

2010年にUICC 7の運用開始予定

## 肺癌のTNM Classification : IASLCによるデータベース構築

肺癌は担当学会である世界肺癌学会 (IASLC、西條長宏理事長) が独自に改定案をまとめた唯一の臓器がん

IASLCは、UICC 7に向けて学会が独自に staging project を立ち上げた

(staging committee、P. Goldstraw委員長)

約10万件の症例を登録したデータベースを構築

NCCN呼吸器外科 淺村尚生

## 肺癌のTNM Classification : IASLCによる改定案策定

IASLCデータベースを基盤とした Staging committeeによる改定案策定

↓ 欧州・北米・アジア・豪州の約10万例を集積

SEERデータ (アメリカ) による

external validation: 妥当性を検証

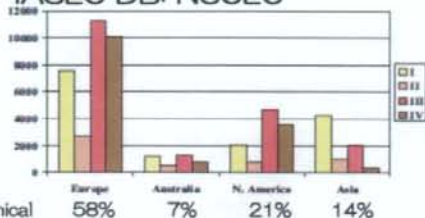
↓

IASLCのproposalとして J Thorac Oncol 誌に公表





## Stage Distribution of IASLC DB: NSCLC

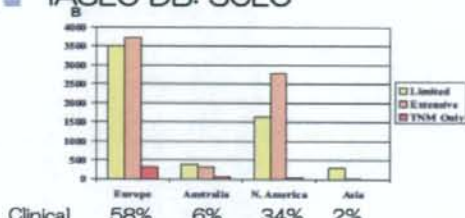


Clinical Stage

- ・欧米からはIII・IV期の割合が高い
- ・アジアからはIV期例の割合が少ない

Groomé PA et al. JTO 2007; 2: 694-705

## Stage Distribution of IASLC DB: SCLC



Clinical Stage

- ・欧米からはExtensiveの割合が高い
- ・アジアからはExtensiveの割合が少ない

Groomé PA et al. JTO 2007; 2: 694-705

## Initial Screening of Submitted Cases

- ・ Total cases submitted 100,869
- ・ Passed initial screen for SCLC and NSCLC analyses 81,015
- ・ Excluded 19,854
  - ・ Carcinoid 546
  - ・ Other tumors (sarcoma, other) 569
  - ・ Other reasons
    - ・ Outside 1990-2000 time frame 5443
    - ・ Incomplete survival data 1505
    - ・ Unknown histology or occult 2468
    - ・ Incomplete stage information 7720
    - ・ Recurrent case (or unknown status) 1536
    - ・ Duplicate cases removed 67

## JNCDB構築の必要性

- ・ 臨床に影響の大きなTNM病期分類の改訂に強い影響力を発揮できるのが、よく整備されたDBである。
  - ・ 病期の情報や予後の情報が完全である必要あり
- ・ 手術・病理病期のみでなく、臨床病期の症例もDBで活用されている。
  - ・ 組織型やStagingを行った肺癌症例を全て登録
  - ・ 予後追跡

## JNCDB案の項目についての検討

### 目的

- ・ 電子カルテに搭載した調査項目の入力率および内容の整合性を検討し、情報収集の精度について検討

### 方法

- ・ JNCDBおよびPCSO305の調査項目の一部をNCCHの電子カルテおよび放射線治療部門システムに搭載し、入力内容を検討
- ・ 2007年5月より2008年5月までに根治照射を施行した165症例について検討
- ・ 電子カルテの修正履歴で修正タイミングを検討

## EMR入力用テンプレート

## EMR入力用テンプレート

- ・ テンプレートに  
PCSやJNCDBの  
項目を搭載
- ・ 必要に応じ編集可能
- ・ 検索機能対応

## EMR入力用テンプレート

## JNCDBデータフォーマットの 精度

- ・ 精度の高い項目
  - 入力不要 (情報の自動取得項目を含む)
    - ・ ID・Pt Name・Gender・Date of Birth
    - ・ Zip Code・Address
    - ・ Height&Weight
  - 入力内容が引用可能
    - ・ Symptom→バラツキあり
    - ・ HistoryのSmoking Index
    - ・ BW loss
    - ・ T-marker/血液ガス
    - ・ Staging検査実施項目
    - ・ Cytology/Pathology→不一致あり

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## JNCDBデータフォーマットの 入力率

- ・ 入力内容に修正率の高い項目
  - 入力内容が引用可能でも修正が多い
    - ・ History：診療科DBと項目を一致させる必要あり
      - ・ 項目が多いDBほど精度が落ちていた
    - ・ KPS：診療科DB かPS
    - ・ TNM：categoryの不一致あり
      - ・ 検査結果の整合性についてどの段階で判断するか
      - ・ 手術症例はLNのstationが明記されているが、非手術症例はstationが不明
      - ・ 放射線治療症例はN2/N3の評価可能であるが化学療法先行症例では解析困難

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## JNCDBデータフォーマット ：治療内容

- ・ 入力率の高い項目
  - 治療方針・Course・入退院
  - 総線量・1回線量・線種/線質・照射方法
  - 術式・sTNM・pTNM
  - 化学療法薬剤・コース数・薬剤
- ・ 入力内容に修正率の高い項目
  - 入力内容が引用可能でも修正が多い
    - ・ Splitの理由：入力忘れがある
    - ・ Curability：入力忘れがある
    - ・ 化学療法のタイミング：維持化学療法が問題

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## JNCDBデータフォーマット ：経過観察

- ・ 入力率の高い項目
  - 来院日と状態
  - 再発や転移の有無
  - 急性有害事象
- ・ 入力内容に修正率の高い項目
  - 入力内容が引用可能でも修正が多い
    - ・ 再発部位
    - ・ 再発形式：Regrowth・Recurrence定義が問題
    - ・ 遅発性有害事象：CTCの利用率が低い

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## 注目すべき項目の 入力・修正率&修正タイミング

N=165	入力率	臨床で修正	調査中修正
Cyto/Patho	100%	9%	2%
合併疾患	82%	22%	11%
KPS	70%	9%	13%
T因子	94%	3%	9%
N因子	96%	11%	13%
再発部位	22%	4%	2%
再発形式	18%	9%	4%
遅発性SE	10%	3%	6%

## JNCDB案の項目について ：まとめ

- ・ 組織型や病期などの重要情報を確実に
  - TNM病期は改定での混乱も考慮する必要あり
  - 選択の根拠となったcategoryが明示されていると修正が容易⇒PCS0305
- ・ 簡略化して精度をあげるべき項目
  - History
  - 治療詳細
  - 再発
  - 有害事象

JNCDB 関連一Ⅲ  
前立腺癌