

Foreword

Documenting the anatomical extent of disease at presentation, or stage at diagnosis, is an integral part of cancer care, guiding decisions on appropriate cancer treatment for individual patients with cancer. Stage is equally valuable in assessing the efficacy of cancer care among all people within a community diagnosed with cancer. Population-based cancer registries (PBCRs) are the key source of such staging information and are front-line in measuring the effectiveness of cancer control implemented at the population level.

The TNM Classification of Malignant Tumours, published by the Union for International Cancer Control (UICC), is an internationally recognized standard that describes and categorizes cancer stage and progression. However, ensuring the routine availability of complete, comparable Tumour, Node, Metastasis (TNM) stage data is a particular challenge to many PBCRs, particularly in transitioning countries, either because the necessary investigations are not performed or because the relevant information is not recorded.

Since its inception in 2015, Essential TNM has sought to close

this gap by providing PBCRs with a means to provide comparable staging data via a simplified TNM system that complements the complete TNM classification. This user's guide, published with the International Association of Cancer Registries (IACR), the professional society of PBCRs, serves to aid cancer registrars in abstracting information on the extent of disease using Essential TNM. The coding flow charts provided for eight cancer types include relevant questions and diagrams to aid identification of the extent of disease. We hope that this publication, which is currently available online in English, French, Portuguese, and Spanish, will be of value to PBCRs in reporting comparable staging as part of their routine work.

At this juncture, and given that the cancer burden is expected to double in many transitioning countries in the next decades, it should go without saying that robust incidence and survival data by cancer type and stage are fundamental to the measurement of progress in cancer control. A coordinated approach to implementing national cancer plans, including scale-up of the World Health Organization

(WHO) signature cancer initiatives, must include a sustainable investment in PBCRs as a "best buy" surveillance system. As an example, as part of the WHO Global Breast Cancer Initiative, PBCRs are unique in being able to validate whether the benchmark of at least 60% of invasive breast cancers diagnosed and treated at early stages (I or II) is attained as part of the strengthening and scale-up of early detection and management services.

We would like to thank UICC and the TNM Working Group for their collaboration and support in this endeavour throughout. Further cancer types, related training courses, and translations into other languages are envisaged as part of our continued engagement with partners within the Global Initiative for Cancer Registry Development (GICR).

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