

Chairperson's Introduction

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Since its introduction over 50 years ago the TNM classification of anatomical extent has become the most important prognostic factor in cancer management. Over this period TNM has been revised periodically to incorporate new evidence and correct deficiencies identified in clinical practice. The process of revision has itself been modified to incorporate the systematic collection of evidence from the literature, to develop a network of National committees and to ensure a consensus between the two major organisations which administer the staging system; the American Joint Committee on Cancer (AJCC) and the International Union Against Cancer (UICC). In this chapter Dr. Mary Gospodarowicz describes the process of revision from a UICC perspective. She catalogues and defines the additional prognostic factors that have developed to challenge and augment the TNM classification of malignant tumours.

In a subsequent section I describe, using the model of lung cancer, deficiencies in the TNM classification,

why revisions remain necessary and how specialists in the field can develop networks and databases to inform the process and empower appropriate stakeholders.

The pace of change in molecular biology brings ever closer the reality of 'biological' staging. Dr. Herve Bonnefoi describes the progress made in validating molecular markers in breast cancer and provocatively asks whether these should replace TNM or whether such additional prognostic/predictive factors should be incorporated into TNM to provide a more useful prognostic model.

Finally, in his presentation, Dr. Daniel Coit considers other multifactorial risk models from the perspective of malignant melanoma.

Conflict of interest statement

None declared.