

SALIVARY GLANDS DATA SHEET (ICD10 C00-C14, C15.0, C15.3, C30-C33, C41.1)

UICC TNM 9th EDITION STAGING SUMMARY

| Stage Group | T stage | N stage | M stage |
|-------------|---------|---------|---------|
| Stage 0 | Tis | N0 | M0 |
| Stage I | T1 | N0 | M0 |
| Stage II | T2 | N0 | M0 |
| Stage IIIA | T3, T4 | N0 | M0 |
| | T1, T2 | N1 | M0 |
| Stage IIIB | T1, T2 | N2 | M0 |
| | T3, T4 | N1, N2 | M0 |
| Stage IV | Any T | Any N | M1 |

TNM Clinical Classification

T – Primary Tumour

| | |
|-------------|---|
| cTX | Primary tumour cannot be assessed |
| cT0 | No evidence of primary tumour |
| cTis | Carcinoma in situ |
| cT1 | Tumour 2 cm or less in greatest dimension without extraparenchymal extension* |
| cT2 | Tumour more than 2 cm but not more than 4 cm in greatest dimension without extraparenchymal extension* |
| cT3 | Tumour more than 4 cm, or gross extraparenchymal or adjacent site mucosal soft tissue extension beyond site without structural involvement |
| cT4a | Tumour invades immediately adjacent structures, including skin, bone**, cartilage, solid organ parenchyma, oesophagus, trachea, and/or named nerve |
| cT4b | Tumour invades beyond adjacent structures, e.g. encasement of carotid artery, and/or base of skull invasion (except nasopharynx), and/or spinal column invasion, and/or intracranial invasion, and/or orbital apex, and/or prevertebral space, and/or mediastinal structures, and/or masticator space, etc. |

* Extraparenchymal extension is clinical or macroscopic evidence of invasion of soft tissues or nerve, except those listed under T4a and T4b. Microscopic evidence alone does not constitute extraparenchymal extension for classification purposes.

** Destruction of intrinsic sinus bones is not considered bone invasion for skull base tumours. Erosion of cortical bone is not considered bone invasion; a minor salivary gland tumour arising within the bone is not considered bone invasion.

| N – Regional Lymph Nodes | |
|--|---|
| cNX | Regional lymph nodes cannot be assessed |
| cN0 | No regional lymph node metastasis |
| cN1 | Metastasis in 1-3 lymph node(s) without unequivocal imaging-detected or clinical extranodal extension |
| cN2 | Metastasis in more than 3 lymph nodes or any lymph node with unequivocal imaging-detected and/or clinical extranodal extension* |
| <p>Note</p> <p>*Extranodal extension can be detected clinically or radiologically. Imaging-detected extranodal extension (iENE) on appropriate morphological imaging refers to unequivocal radiologic signs of tumour invasion through the capsule of a lymph node into either perinodal fat or adjacent tissues (e.g. skin, muscle or neurovascular structures) or a coalescent nodal mass (A coalescent nodal mass comprises ≥ 2 adjacent lymph nodes that have lost their intervening tissue planes and capsules to merge into a single indivisible structure).</p> <p>Clinical extranodal extension is defined as the presence of skin involvement or soft tissue invasion with deep fixation to underlying muscle or adjacent anatomical structures or clinical signs of nerve involvement. Imaging-detected unequivocal extranodal extension is becoming standard. Midline nodes are considered ipsilateral nodes.</p> | |

| M – Distant Metastasis | |
|-------------------------------|-----------------------|
| cM0 | No distant metastasis |
| cM1 | Distant Metastasis |

| TNM Pathological Classification | |
|---|---|
| <i>The pT categories correspond to the T categories</i> | |
| pN – Regional Lymph Nodes | |
| Histological examination of a selective neck dissection specimen should ordinarily include 10 or more lymph nodes. Histological examination of a radical or modified radical neck dissection specimen should ordinarily include 15 or more lymph nodes. Negative pathological examination of fewer lymph nodes is acceptable for pN0 designation. | |
| pNX | Regional lymph nodes cannot be assessed |
| pN0 | No regional lymph node metastasis |
| pN1 | Metastasis in 1-3 lymph nodes without definitive pathological extranodal extension |
| pN2 | Metastasis in >3 lymph nodes OR metastasis in any lymph node with definitive pathological extranodal extension* |
| <p>Note</p> <p>* Pathological extranodal extension (pENE) should only be diagnosed when tumour that is present within the confines of a lymph node definitively transgresses through the entire thickness of the lymph node capsule into the surrounding connective tissue, with or without stromal reaction. A soft tissue deposit should be considered as at least one lymph node with extranodal extension if it occurs at a site where a regional lymph node would be expected.</p> | |