

PHARYNX DATA SHEET

(ICD10 C01, C02.4, C05.1-2, C09, C10.0, C10.2-3, C10.9, C11-13)

UICC TNM 9th EDITION STAGING SUMMARY

NASOPHARYNX			
Stage Group	T stage	N stage	M stage
Stage 0	Tis	N0	M0
Stage IA	T1, T2	N0	M0
Stage IB	T0, T1, T2	N1	M0
Stage II	T0, T1, T2	N2	M0
	T3	N0, N1, N2	M0
Stage III	T4	Any N	M0
	Any T	N3	M0
Stage IVA	Any T	Any N	M1a
Stage IVB	Any T	Any N	M1b

OROPHARYNX – HPV ASSOCIATED			
<i>Clinical</i>			
Stage Group	T stage	N stage	M stage
Stage I	T0	N1	M0
	T1, T2	N0, N1	M0
Stage II	T0, T1, T2	N2	M0
	T3	N0, N1, N2	M0
Stage III	Any T	N3	M0
	T4	Any N	M0
Stage IV	Any T	Any N	M1
<i>Pathological</i>			
Stage Group	T stage	N stage	M stage
Stage I	T0	N1	M0
	T1, T2	N0, N1a, N1b	M0

Stage II	T0, T1, T2	N2, N3	M0
	T3	N0, N1a, N1b, N2	M0
Stage III	T3	N3	M0
	T4	Any N	M0
Stage IV	Any T	Any N	M1

HPV-INDEPENDENT OROPHARYNX AND HYPOPHARYNX			
Stage Group	T stage	N stage	M stage
Stage 0	Tis	N0	M0
Stage I	T1	N0	M0
Stage II	T2	N0	M0
Stage III	T3	N0	M0
	T1, T2, T3	N1	M0
Stage IVA	T1, T2, T3	N2	M0
	T4a	N0, N1, N2	M0
Stage IVB	T4b	Any N	M0
	Any T	N3	M0
Stage IVC	Any T	Any N	M1

TNM Clinical Classification	
<i>Nasopharynx</i>	
T – Primary Tumour	
cTX	Primary tumour cannot be assessed
cT0	No evidence of primary tumour, but EBV-positive (EBV-associated) cervical node(s) metastasis present
cTis	Carcinoma <i>in situ</i>
cT1	Tumour confined to nasopharynx, or tumour extends to oropharynx and/or nasal cavity without parapharyngeal involvement
cT2	Tumour with extension to parapharyngeal space or tumour infiltration of the medial pterygoid, lateral pterygoid, and/or prevertebral muscles
cT3	Tumour invades bony structures of skull base, cervical vertebrae, pterygoid structures, and/or paranasal sinuses
cT4	Tumour with any of the following: <ul style="list-style-type: none"> • Intracranial extension • Unequivocal clinical and/or radiological involvement of cranial nerves • Involvement of hypopharynx • Invading orbit (including inferior orbital fissure)

	<ul style="list-style-type: none"> • Involvement of parotid gland • Infiltration beyond the anterolateral surface of the lateral pterygoid muscle
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N – Regional Lymph Nodes	
<i>Nasopharynx</i>	
cNX	Regional lymph nodes cannot be assessed
cN0	No regional lymph node metastasis
cN1	Unilateral metastasis in cervical lymph node(s), and/or unilateral or bilateral metastasis in retropharyngeal lymph nodes, and 6 cm or less in greatest dimension, and above the caudal border of cricoid cartilage, and without advanced clinical/radiological extranodal extension*
cN2	Bilateral metastasis in cervical lymph nodes, and 6 cm or less in greatest dimension, and above the caudal border of cricoid cartilage and without advanced clinical/radiological extranodal extension*
cN3	Metastasis in cervical lymph node(s) greater than 6 cm in greatest dimension or extension below the caudal border of cricoid cartilage or advanced clinical/radiological extranodal extension*
<p>Note</p> <p>*Advanced radiological and/or clinical extranodal extension is unequivocal evidence of tumour invasion into adjacent structures (i.e. skin, muscle, salivary gland and/or neurovascular bundles) identified by appropriate morphological imaging or clinical examination. Midline nodes are considered ipsilateral nodes.</p>	

M – Distant Metastasis	
<i>Nasopharynx</i>	
cM0	No distant metastasis
cM1	Distant Metastasis cM1a – Distant metastasis. Three or fewer lesion(s) in one or more organs cM1b – Distant metastasis of more than three lesions in one or more organs

TNM Clinical Classification	
<i>Oropharynx – HPV Associated</i>	
T – Primary Tumour	
cT0	No evidence of primary tumour, but p16 positive (HPV-associated) cervical node(s) metastasis present
cT1	Tumour 2 cm or less in greatest dimension*
cT2	Tumour more than 2 cm but not more than 4 cm in greatest dimension

cT3	Tumour more than 4 cm in greatest dimension or extension to lingual surface of epiglottis
cT4	Tumour invades any of the following: larynx**, deep/extrinsic muscle of tongue (genioglossus, hyoglossus, palatoglossus, and styloglossus), medial or lateral pterygoid muscle, hard palate, mandible, pterygoid plates (medial and/or lateral), nasopharynx, skull base, encases carotid artery
Notes	
*The anatomical structure of the tonsillar crypts and lingual tonsil means that the basement membrane is incomplete and no carcinoma in situ is recognised	
**Mucosal extension to lingual surface of epiglottis from primary tumours of the base of the tongue and vallecula does not constitute invasion of the larynx	

N – Regional Lymph Nodes	
<i>Oropharynx – HPV Associated</i>	
cNX	Regional lymph nodes cannot be assessed
cN0	No regional lymph node metastasis
cN1	Metastasis in ipsilateral lymph node(s), all 6cm or less in greatest dimension, without unequivocal imaging-detected and/or clinical extranodal extension.
cN2	Metastasis in ipsilateral lymph node(s), all 6cm or less in greatest dimension, with unequivocal imaging-detected and/or clinical extranodal extension* OR contralateral or bilateral metastasis in lymph node(s), all 6cm or less in greatest dimension, without unequivocal imaging-detected and/or clinical extranodal extension.
cN3	Metastasis in lymph node(s), greater than 6cm in greatest dimension OR contralateral or bilateral metastasis in lymph node(s), with unequivocal imaging-detected and/or clinical extranodal extension*
Note	
*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, which comprises ≥2 adjacent lymph nodes with loss of their intervening tissue planes and capsules to merge into a single indivisible structure.	
Clinical extranodal extension is defined as per Oral Cavity and Mucosal Lip .	
Midline nodes are considered ipsilateral nodes.	

M – Distant Metastasis	
<i>Oropharynx – HPV Associated</i>	
cM0	No distant metastasis
cM1	Distant Metastasis

TNM Pathological Classification	
<i>The pT categories correspond to the cT categories.</i>	
pN – Regional Lymph Nodes	
Oropharynx – HPV Associated	
pNX	Regional lymph nodes cannot be assessed
pN0	No regional lymph node metastasis
pN1	Metastasis in 1-4 lymph nodes without definitive pathologic extranodal extension pN1a – Metastasis in 1 lymph node without definitive pathological extranodal extension pN1b - Metastasis in 2-4 lymph nodes without definitive pathological extranodal extension
pN2	1-4 lymph nodes with definitive pathologic extranodal extension OR metastasis in >4 lymph nodes without definitive pathological extranodal extension
pN3	Metastasis in >4 lymph nodes 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.</p> <p>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>	

TNM Clinical Classification	
Oropharynx – HPV Independent	
T – Primary Tumour	
cTX	Primary tumour cannot be assessed
cT0	No evidence of primary tumour
cTis	Carcinoma in situ
cT1	Tumour 2cm or less in greatest dimension
cT2	Tumour more than 2cm but not more than 4cm in greatest dimension
cT3	Tumour more than 4cm in greatest dimension or extension to lingual surface of epiglottis
cT4a	Tumour invades any of the following: larynx, * deep/extrinsic muscle of tongue (genioglossus, hyoglossus, palatoglossus, and Styloglossus), medial pterygoid, hard palate, mandible
cT4b	Tumour invades any of the following: lateral pterygoid muscle, pterygoid plates, nasopharynx, skull base; or encases carotid artery.
<p>Note</p> <p>*Mucosal extension to the lingual surface or epiglottis from primary tumours of the base of the tongue and vallecula does not constitute invasion of the larynx.</p>	

Hypopharynx	
T – Primary Tumour	
cTX	Primary tumour cannot be assessed
cT0	No evidence of primary tumour
cTis	Carcinoma in situ
cT1	Tumour limited to one subsite of hypopharynx** and 2cm or less in greatest dimension.
cT2	Tumour invades more than one subsite of hypopharynx or an adjacent site OR tumour measures more than 2cm but not more than 4cm in greatest dimension, <i>without</i> fixation of hemilarynx
cT3	Tumour more than 4cm in greatest dimension OR tumour with fixation of hemilarynx OR tumour with extension to oesophageal mucosa
cT4a	Tumour invades any of the following: thyroid/cricoid cartilage, hyoid bone, thyroid gland, oesophagus beyond the mucosa, central compartment soft tissue*
cT4b	Tumour invades prevertebral fascia, encases carotid artery or invades mediastinal structures
<p>Note</p> <p>*Central compartment soft tissue includes prelaryngeal strap muscles and subcutaneous fat.</p> <p>Midline nodes are considered ipsilateral nodes.</p> <p>** Hypopharynx subsites</p> <ol style="list-style-type: none"> 1) Piriform sinus (C12.9): extends from the pharyngoepiglottic fold to the upper end of the oesophagus. It is bounded laterally by the thyroid cartilage and medially by the hypopharyngeal surface of the aryepiglottic fold (C13.1) and the arytenoid and cricoid cartilages. 2) Pharyngo-oesophageal junction (postcricoid area) (C13.0): extends from the level of the arytenoid cartilages and connecting folds to the inferior border of the cricoid cartilage, thus forming the anterior wall of the hypopharynx. 3) Posterior pharyngeal wall (C13.2): extends from the superior level of the hyoid bone (or floor of the vallecula) to the level of the inferior border of the cricoid cartilage and from the apex of one piriform sinus to the other. 	

N – Regional Lymph Nodes	
Oropharynx – HPV Independent and Hypopharynx	
cNX	Regional lymph nodes cannot be assessed
cN0	No regional lymph node metastasis
cN1	Metastasis in a single ipsilateral lymph node, 3cm or less in greatest dimension without clinical extranodal extension
cN2	<p>Metastasis described as:</p> <p>cN2a - Metastasis in a single ipsilateral lymph node more than 3 cm but not more than 6 cm in greatest dimension without clinical extranodal extension</p> <p>cN2b - Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension, without clinical extranodal extension</p> <p>cN2c - Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension, without clinical extranodal extension</p>

cN3a	Metastasis in a lymph node more than 6 cm in greatest dimension without clinical extranodal extension
cN3b	Metastasis in a single or multiple lymph node with clinical extranodal extension*
<p>Note</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 is becoming a standard method of detecting unequivocal extranodal extension.</p> <p>Midline nodes are considered ipsilateral nodes.</p>	

M – Distant Metastasis	
<i>Oropharynx – HPV Independent and Hypopharynx</i>	
cM0	No distant metastasis
cM1	Distant Metastasis

TNM Pathological Classification	
<i>The pT categories correspond to the cT categories.</i>	
Histological examination of a selective neck dissection specimen should ordinarily include six or more lymph nodes. Histological examination of a radical or modified radical neck dissection specimen should ordinarily include 15 or more lymph nodes.	
pN – Regional Lymph Nodes	
<i>Oropharynx – HPV Independent and Hypopharynx</i>	
pNX	Regional lymph nodes cannot be assessed
pN0	No regional lymph node metastasis
pN1	Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension without pathological extranodal extension
pN2	Metastasis described as: pN2a - Metastasis in a single ipsilateral lymph node, 3cm or less in greatest dimension with pathological extranodal extension* OR metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension without pathological extranodal extension pN2b - Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension, without pathological extranodal extension pN2c - Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension without pathological extranodal extension
pN3a	Metastasis in a lymph node more than 6 cm in greatest dimension without pathological extranodal extension
pN3b	Metastasis in a single lymph node more than 3cm in greatest dimension with pathological extranodal extension* OR metastasis in multiple ipsilateral, or any contralateral or bilateral node(s) with pathological extranodal extension*
Notes	

* 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.