

# NASAL CAVITY AND PARANASAL SINUSES DATA SHEET (ICD10 C30.0, C31.0, C31.1)

## UICC TNM 9<sup>th</sup> 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 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

<b>TNM Clinical Classification</b>	
<b>T – Primary Tumour</b>	
<b>Maxillary Sinus</b>	
<b>cTX</b>	Primary tumour cannot be assessed
<b>cT0</b>	No evidence of primary tumour
<b>cTis</b>	Carcinoma in situ
<b>cT1</b>	Tumour limited to the mucosa with no erosion or destruction of bone
<b>cT2</b>	Tumour causing bone erosion or destruction, including extension into the hard palate and/or middle nasal meatus, except extension to posterior wall of maxillary sinus and pterygoid plates
<b>cT3</b>	Tumour invades any of the following: bone of posterior wall of maxillary sinus, subcutaneous tissues, floor or medial wall of orbit, pterygoid fossa or ethmoid sinuses
<b>cT4a</b>	Tumour invades any of the following: anterior orbital contents, skin of cheek, pterygoid plates, infratemporal fossa, cribriform plate and sphenoid or frontal sinuses
<b>cT4b</b>	Tumour invades any of the following: orbital apex, dura, brain, middle cranial fossa, cranial nerves other than maxillary division of trigeminal nerve (V2), nasopharynx, or clivus

<b><i>Nasal Cavity and Ethmoid Sinus</i></b>	
<b>cTX</b>	Primary tumour cannot be assessed
<b>cT0</b>	No evidence of primary tumour
<b>cTis</b>	Carcinoma in situ
<b>cT1</b>	Tumour restricted to one subsite of nasal cavity or ethmoid sinus, with or without bony invasion
<b>cT2</b>	Tumour involves two subsites in a single site or extends to involve an adjacent site within the nasoethmoidal complex, with or without bony invasion
<b>cT3</b>	Tumour extends to invade the medial wall or floor of the orbit, maxillary sinus, palate, or cribriform plate
<b>cT4a</b>	Tumour invades any of the following: anterior orbital contents, skin of nose or cheek, minimal extension to anterior cranial fossa, pterygoid plates, sphenoid or frontal sinuses
<b>cT4b</b>	Tumour invades any of the following: orbital apex, dura, brain, middle cranial fossa, cranial nerves other than V2, nasopharynx, or clivus

<b>N – Regional Lymph Nodes.</b>	
<b>cN1</b>	Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension without clinical extranodal extension
<b>cN2</b>	Metastasis described as:  <b>cN2a</b> - Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension without clinical extranodal extension <b>cN2b</b> - Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension, without clinical extranodal extension <b>cN2c</b> - Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension, without clinical extranodal extension
<b>cN3a</b>	Metastasis in a lymph node more than 6 cm in greatest dimension without extranodal extension
<b>cN3b</b>	Metastasis in a single or multiple lymph nodes 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>	

<b>M – Distant Metastasis</b>	
<b>cM0</b>	No distant metastasis
<b>cM1</b>	Distant Metastasis

## TNM Pathological Classification

### *The pT categories correspond to the T categories*

The pN categories correspond to the cN categories. Extranodal extension however is defined pathologically, not clinically or radiologically. 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

<b>pNX</b>	Regional lymph nodes cannot be assessed
<b>pN0</b>	No regional lymph node metastasis
<b>pN1</b>	Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension without pathological extranodal extension
<b>pN2</b>	Metastasis described as:  <b>pN2a</b> - Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension with pathological extranodal extension* OR metastasis in a single lymph node more than 3 cm but not more than 6 cm in greatest dimension without pathological extranodal extension <b>pN2b</b> - Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension, without pathological extranodal extension <b>pN2c</b> - Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension, without pathological extranodal extension
<b>pN3a</b>	Metastasis in a lymph node more than 6 cm in greatest dimension without pathological extranodal extension
<b>pN3b</b>	Metastasis in a lymph node more than 3 cm 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.