

## LARYNX DATA SHEET (ICD10 C32.0, C32.1, C32.2, C10.1)

### UICC TNM 8<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	T4a	N0, N1	M0
	T1, T2, T3, T4a	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>TX</b>	Primary tumour cannot be assessed
<b>T0</b>	No evidence of primary tumour
<b>Tis</b>	Carcinoma <i>in situ</i>
<b>Supraglottis</b>	
<b>T1</b>	Tumour limited to one subsite of supraglottis with normal vocal cord mobility
<b>T2</b>	Tumour invades mucosa of more than one adjacent subsite of supraglottis or glottis or region outside the supraglottis (e.g., mucosa of base of tongue, vallecula, medial wall of piriform sinus) without fixation of the larynx
<b>T3</b>	Tumour limited to larynx with vocal cord fixation and/or invades any of the following: postcricoid area, pre-epiglottic space, paraglottic space, and/or inner cortex of thyroid cartilage
<b>T4a</b>	Tumour invades through the thyroid cartilage and/or invades tissues beyond the larynx, e.g., trachea, soft tissues of neck including deep/extrinsic muscle of tongue (genioglossus, hyoglossus, palatoglossus, and styloglossus), strap muscles, thyroid, or oesophagus
<b>T4b</b>	Tumour invades prevertebral space, encases carotid artery, or mediastinal structures

<b>Glottis</b>	
<b>T1</b>	Tumour limited to vocal cord(s) (may involve anterior or posterior commissure) with normal mobility <b>T1a</b> - Tumour limited to one vocal cord <b>T1b</b> - Tumour involves both vocal cords
<b>T2</b>	Tumour extends to supraglottis and/or subglottis, and/or with impaired vocal cord mobility
<b>T3</b>	Tumour limited to larynx with vocal cord fixation and/or invades paraglottic space, and/or inner cortex of the thyroid cartilage
<b>T4a</b>	Tumour invades through the outer cortex of the thyroid cartilage, and/or invades tissues beyond the larynx, e.g., trachea, soft tissues of neck including deep/extrinsic muscle of tongue (genioglossus, hyoglossus, palatoglossus, and styloglossus), strap muscles, thyroid, oesophagus
<b>T4b</b>	Tumour invades prevertebral space, encases carotid artery, or mediastinal structures
<b>Subglottis</b>	
<b>T1</b>	Tumour limited to subglottis
<b>T2</b>	Tumour extends to vocal cord(s) with normal or impaired mobility
<b>T3</b>	Tumour limited to larynx with vocal cord fixation
<b>T4a</b>	Tumour invades cricoid or thyroid cartilage and/or invades tissues beyond the larynx, e.g., trachea, soft tissues of neck including deep/extrinsic muscle of tongue (genioglossus, hyoglossus, pala toglossus, and styloglossus), strap muscles, thyroid, oesophagus
<b>T4b</b>	Tumour invades prevertebral space, encases carotid artery, or mediastinal structures

<b>N – Regional Lymph Nodes</b>	
<b>NX</b>	Regional lymph nodes cannot be assessed
<b>N0</b>	No regional lymph node metastasis
<b>N1</b>	Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension without extranodal extension
<b>N2</b>	Metastasis as described below:
	<b>N2a</b> - Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension without extranodal extension <b>N2b</b> - Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension, without extranodal extension <b>N2c</b> - Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension, without extranodal extension
<b>N3a</b>	Metastasis in a lymph node more than 6 cm in greatest dimension without extranodal extension
<b>N3b</b>	Metastasis in a single or multiple lymph nodes with clinical extranodal extension*
	Note – *The presence of skin involvement or soft tissue invasion with deep fixation/tethering to underlying muscle or adjacent structures or clinical signs of nerve involvement is classified as clinical extra nodal extension Midline nodes are considered ipsilateral nodes.

<b>M – Distant Metastasis</b>	
<b>M0</b>	No distant metastasis
<b>M1</b>	Distant Metastasis
Note - The MX category is considered to be inappropriate as clinical assessment of metastasis can be based on physical examination alone. (The use of MX may result in exclusion from staging.)	

<b>TNM Pathological Classification</b>	
<i>The pT categories correspond to the T categories</i>	
<b>pN – Regional Lymph Nodes</b>	
Histological examination of a selective neck dissection specimen will ordinarily include 10 or more lymph nodes. Histological examination of a radical or modified radical neck dissection specimen will ordinarily include 15 or more 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 extranodal extension
<b>pN2</b>	Metastasis as described below:
	<p><b>pN2a</b> - Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension with extranodal extension or more than 3 cm but not more than 6 cm in greatest dimension without extranodal extension</p> <p><b>pN2b</b> - Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension, without extranodal extension</p> <p><b>pN2c</b> - Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension, without extranodal extension</p>
<b>pN3a</b>	Metastasis in a lymph node more than 6 cm in greatest dimension without extranodal extension
<b>pN3b</b>	Metastasis in a lymph node more than 3 cm in greatest dimension with extranodal extension or multiple ipsilateral, or any contralateral or bilateral node(s) with extranodal extension

<b>pM – Distant Metastasis*</b>	
<b>pM1</b>	Distant metastasis microscopically confirmed
Note - *pM0 and pMX are not valid categories	