

LARYNX DATA SHEET

(ICD10 C32.0, C32.1, C32.2, C10.1)

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 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

TNM Clinical Classification

T – Primary Tumour

Supraglottis

cTX	Primary tumour cannot be assessed
cT0	No evidence of primary tumour
cTis	Carcinoma in situ
cT1	Tumour limited to one subsite of supraglottis with normal vocal cord mobility
cT2	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
cT3	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
cT4a	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
cT4b	Tumour invades prevertebral space, encases carotid artery, or invades mediastinal structures

Glottis	
cTX	Primary tumour cannot be assessed
cT0	No evidence of primary tumour
cTis	Carcinoma in situ
cT1	Tumour limited to vocal cord(s) (may involve anterior or posterior commissure) with normal mobility T1a - Tumour limited to one vocal cord T1b - Tumour involves both vocal cords
cT2	Tumour extends to supraglottis and/or subglottis, and/or with impaired vocal cord mobility
cT3	Tumour limited to larynx with vocal cord fixation and/or invades paraglottic space, and/or inner cortex of the thyroid cartilage
cT4a	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
cT4b	Tumour invades prevertebral space, encases carotid artery, or mediastinal structures
Subglottis	
cTX	Primary tumour cannot be assessed
cT0	No evidence of primary tumour
cTis	Carcinoma in situ
cT1	Tumour limited to subglottis
cT2	Tumour extends to vocal cord(s) with normal or impaired mobility
cT3	Tumour limited to larynx with vocal cord fixation
cT4a	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, palatoglossus, and styloglossus), strap muscles, thyroid, oesophagus
cT4b	Tumour invades prevertebral space, encases carotid artery, or invades mediastinal structures

N – Regional Lymph Nodes	
cNX	Regional lymph nodes cannot be assessed
cN0	No regional lymph node metastasis
cN1	Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension without clinical extranodal extension
cN2	Metastasis described as: N2a - Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension without clinical extranodal extension N2b - Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension, without clinical extranodal extension N2c - Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension, without clinical extranodal

	extension
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 nodes with clinical extranodal extension*
	Note * 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. Midline nodes are considered ipsilateral nodes.

M – Distant Metastasis	
M0	No distant metastasis
M1	Distant Metastasis

TNM Pathological Classification	
<i>The pT categories correspond to the T 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	
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, 3 cm 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 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.