

LUNG DATA SHEET (ICD10 C34)

UICC TNM 9th EDITION STAGING SUMMARY

Stage Group	T stage	N stage	M stage
Occult carcinoma	TX	N0	M0
Stage 0	Tis	N0	M0
Stage IA1	T1mi	N0	M0
	T1a	N0	M0
Stage IA2	T1b	N0	M0
Stage IA3	T1c	N0	M0
Stage IB	T2a	N0	M0
Stage IIA	T1	N1	M0
	T2b	N0	M0
Stage IIB	T1	N2a	M0
	T2	N1	M0
	T3	N0	M0
Stage IIIA	T1	N2b	M0
	T2	N2a	M0
	T3	N1, N2a	M0
	T4	N0, N1	M0
Stage IIIB	T1	N3	M0
	T2	N2b, N3	M0
	T3	N2b	M0
	T4	N2a, N2b	M0
Stage IIIC	T3, T4	N3	M0
Stage IVA	Any T	Any N	M1a, M1b
Stage IVB	Any T	Any N	M1c1, M1c2

TNM Clinical Classification	
T – Primary Tumour*	
cTX	Primary tumour cannot be assessed, or tumour proven by the presence of malignant cells in sputum or bronchial washings but not visualised by imaging or bronchoscopy
cT0	No evidence of primary tumour
cTis	Carcinoma in situ ^a
cT1	Tumour 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, or tumour in a lobar or more peripheral bronchus ^b cT1mi - Minimally invasive adenocarcinoma ^c cT1a - Tumour 1 cm or less in greatest dimension ^b cT1b - Tumour more than 1 cm but not more than 2 cm in greatest dimension ^b cT1c - Tumour more than 2 cm but not more than 3 cm in greatest dimension ^b
cT2a	Tumour more than 3 cm but not more than 4 cm in greatest dimension OR tumour not more than 4 cm in greatest dimension that invades one or more of the following <ul style="list-style-type: none"> • The main bronchus (up to the carina, but without involvement of the carina) • Invades visceral pleura • An adjacent lobe • Is associated with atelectasis or obstructive pneumonitis that extends to the hilar region either involving part of or the entire lung • Invades an adjacent lobe
cT2b	Tumour more than 4 cm but not more than 5 cm in greatest dimension
cT3	Tumour more than 5 cm but not more than 7 cm in greatest dimension OR tumour not more than 7 cm that directly invades any of the following: Parietal pleura, chest wall (including superior sulcus tumours), pericardium, phrenic nerve, azygos vein ^d , thoracic nerve roots (i.e., T1, T2), stellate ganglion or separate tumour nodule(s) in the same lobe as the primary
cT4	Tumour more than 7 cm OR tumour of any size that invades any of the following: mediastinum, thymus, trachea, carina, recurrent laryngeal nerve, vagus nerve, oesophagus, diaphragm, heart, aorta, superior or inferior vena cava, intrapericardial pulmonary arteries or veins, supra-aortic arteries, brachiocephalic veins, subclavian vessels, vertebral body, lamina, spinal canal, cervical nerve roots, brachial plexus or separate tumour nodule(s) in a different ipsilateral lobe to that of the primary
<p>Notes</p> <p>General</p> <p>For non-mucinous lung adenocarcinomas, tumour size for the clinical T category is based on the size of the solid component seen on CT at lung windows (continuous thin section thickness, ≤1.5 mm) for part-solid nodules. At pathological assessment, if a nonmucinous adenocarcinoma has both lepidic and invasive components, the size of the invasive part is used for determining the pathological T category. For other tumour types, including invasive mucinous adenocarcinomas, the total tumour size is used both radiologically and pathologically in determination of the size descriptor of the T category.</p> <p>Specific</p> <p>^a Tis includes adenocarcinoma in situ – Tis(AIS) – and squamous carcinoma in situ – Tis (SCIS). Adenocarcinoma in situ by CT imaging should show a pure ground glass nodule ≤3.0 cm for cTis (AIS). For pTis (AIS), the tumour should be of pure lepidic growth without any invasion with a total size ≤3.0 cm, thus having an invasive size of 0 cm.</p>	

- ^b The uncommon superficial spreading tumour of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus, is also classified as T1a.
- ^c Solitary adenocarcinoma (not more than 3 cm in greatest dimension), with a predominantly lepidic pattern and not more than 0.5 cm invasion in greatest dimension.
- ^d Although these structures lie within the mediastinum invasion of these structure is not considered sufficient mediastinal penetration to be classified as a T4 category.

N – Regional Lymph Nodes	
cNX	Regional lymph nodes cannot be assessed
cN0	No regional lymph node metastasis
cN1	Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes and/or intrapulmonary nodes, including involvement by direct extension
cN2	Metastasis in ipsilateral mediastinal and/or subcarinal lymph node station(s) cN2a – Metastasis in a single station cN2b – Metastasis in multiple ipsilateral stations
cN3	Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)

M – Distant Metastasis	
cM0	No distant metastasis
cM1	Distant metastasis cM1a - Separate tumour nodule(s) in a contralateral lobe, tumour with pleural or pericardial nodules or malignant pleural or pericardial effusion ^e cM1b - Single extrathoracic metastasis in a single organ or organ system ^f cM1c - Multiple extrathoracic metastasis in a single or multiple organ(s) or organ system cM1c1 - Multiple extrathoracic metastasis in a single organ or organ system cM1c2 - Multiple extrathoracic metastasis in multiple organs or organ system(s)
Notes	
^e Most pleural (pericardial) effusions with lung cancer are due to the tumour. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumour, and the fluid is non-bloody and is not an exudate. Where these elements and clinical judgment dictate that the effusion is not related to the tumour, the effusion should be excluded as a staging descriptor.	
^f This includes the involvement of a single non-regional node.	

TNM Pathological Classification

The pT and pN categories correspond to the cT and cN categories

pN0	Histological examination of hilar and mediastinal lymphadenectomy specimen(s) should ordinarily include six or more lymph node stations. Three of these stations should be mediastinal, including the subcarinal, and three from N1 stations. Labelling according to the IASLC chart and table of definitions given is desirable (reference). If all the lymph nodes examined are negative, but the number of stations ordinarily examined is not met, classify as pN0.
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