

# BREAST TUMOURS DATA SHEET (ICD10 C50)

## UICC TNM 9<sup>th</sup> EDITION STAGING SUMMARY

Stage Group	T stage	N stage	M stage
Stage 0	Tis	N0	M0
Stage IA	T1*	N0	M0
Stage IB	T0, T1	N1mi	M0
Stage IIA	T0, T1	N1	M0
	T2	N0	M0
Stage IIB	T2	N1	M0
	T3	N0	M0
Stage IIIA	T0, T1, T2	N2	M0
	T3	N1, N2	M0
Stage IIIB	T4	N0, N1, N2	M0
Stage IIIC	Any T	N3	M0
Stage IV	Any T	Any N	M1

\* T1 includes T1mi

### TNM Clinical Classification

#### T – Primary Tumour

<b>cTX</b>	Primary tumour cannot be assessed
<b>cT0</b>	No evidence of primary tumour
<b>cTis</b>	Carcinoma in situ
<b>cTis (DCIS)</b>	Ductal carcinoma in situ
<b>cTis (LCIS)</b>	Lobular carcinoma in situ <sup>a</sup>
<b>cTis (Paget)</b>	Paget disease of the nipple not associated with invasive carcinoma and/or carcinoma in situ (DCIS and/or LCIS) in the underlying breast parenchyma. Carcinomas in the breast parenchyma associated with Paget disease are categorized based on the size and characteristics of the parenchymal disease, although the presence of Paget disease should still be noted.
<b>cT1</b>	Tumour 2 cm or less in greatest dimension <b>cT1mi</b> - Microinvasion 0.1 cm or less in greatest dimension <sup>b</sup> <b>cT1a</b> - More than 0.1 cm but not more than 0.5 cm in greatest dimension <b>cT1b</b> - More than 0.5 cm but not more than 1 cm in greatest dimension <b>cT1c</b> - More than 1 cm but not more than 2 cm in greatest dimension

<b>cT2</b>	Tumour more than 2 cm but not more than 5 cm in greatest dimension
<b>cT3</b>	Tumour more than 5 cm in greatest dimension
<b>cT4</b>	Tumour of any size with direct extension to chest wall and/or to skin (ulceration or skin nodules) <sup>c</sup> <b>cT4a</b> - Extension to chest wall (does not include pectoralis - muscle invasion only) <b>cT4b</b> - Ulceration, ipsilateral satellite skin nodules, or skin oedema (including peau d'orange) <b>cT4c</b> - Both 4a and 4b
<b>cT4d</b>	Inflammatory carcinoma <sup>d</sup>
<p><sup>a</sup> - The AJCC exclude Tis (LCIS).</p> <p><sup>b</sup> - Microinvasion is the extension of cancer cells beyond the basement membrane into the adjacent tissues with no focus more than 0.1 cm in greatest dimension. When there are multiple foci of microinvasion, the size of only the largest focus is used to classify the microinvasion. (Do not use the sum of all individual foci.) The presence of multiple foci of microinvasion should be noted, as it is with multiple larger invasive carcinomas.</p> <p><sup>c</sup> - Invasion of the dermis alone does not qualify as T4. Chest wall includes ribs, intercostal muscles, and serratus anterior muscle but not pectoral muscle.</p> <p><sup>d</sup> - Inflammatory carcinoma of the breast is characterized by diffuse, brawny induration of the skin with an erysipeloid edge, usually with no underlying mass. If the skin biopsy is negative and there is no localized measurable primary cancer, the T category is pTX when pathologically staging a clinical inflammatory carcinoma (T4d). Dimpling of the skin, nipple retraction, or other skin changes, except those in T4b and T4d, may occur in T1, T2, or T3 without affecting the classification.</p>	

<b>N – Regional Lymph Nodes</b>	
<b>cNX</b>	Regional lymph nodes cannot be assessed (e.g., previously removed)
<b>cN0</b>	No regional lymph node metastasis
<b>cN1</b>	Metastasis in movable ipsilateral level I, II axillary lymph node(s)
<b>cN2</b>	Metastasis in ipsilateral level I, II axillary lymph node(s) that are clinically fixed or matted; or in clinically detected* ipsilateral internal mammary lymph node(s) in the <i>absence</i> of clinically evident axillary lymph node metastasis <b>cN2a</b> - Metastasis in axillary lymph node(s) fixed to one another (matted) or to other structures <b>cN2b</b> - Metastasis only in clinically detected* internal mammary lymph node(s) and in the <i>absence</i> of clinically detected axillary lymph node metastasis
<b>cN3</b>	Metastasis in ipsilateral infraclavicular (level III axillary) lymph node(s) with or without level I, II axillary lymph node involvement; or in clinically detected* ipsilateral internal mammary lymph node(s) with clinically evident level I, II axillary lymph node metastasis; or metastasis in ipsilateral supraclavicular lymph node(s) with or without axillary or internal mammary lymph node involvement <b>cN3a</b> - Metastasis in infraclavicular lymph node(s) <b>cN3b</b> - Metastasis in internal mammary and axillary lymph nodes <b>cN3c</b> - Metastasis in supraclavicular lymph node(s)
<p>Note</p> <p>* Clinically detected is defined as detected by clinical examination or by imaging studies (excluding lymphoscintigraphy) and having characteristics highly suspicious for malignancy or a presumed pathological macrometastasis based on fine needle aspiration biopsy with cytological examination. Confirmation of clinically detected metastatic disease by fine needle aspiration without excision biopsy is designated with a (f) suffix, e.g. cN3a(f). Excisional biopsy of a lymph node or biopsy of a sentinel node, in the absence of assignment of a pT, is classified as a clinical N, e.g., cN1.</p>	

Pathological classification (pN) is used for excision or sentinel lymph node biopsy only in conjunction with a pathological T assignment.

### M – Distant Metastasis

<b>cM0</b>	No distant metastasis
<b>cM1</b>	Distant metastasis

### pTNM Pathological Classification

#### pT – Primary Tumour

*The pT category corresponds to the cT category*

When classifying pT, the tumour size is a measurement of the invasive component. If there is a large in situ component (e.g., 4 cm) and a small invasive component (e.g., 0.5 cm), the tumour is coded pT1a.

#### pN – Regional Lymph Nodes

*The pathological classification requires the resection and examination of at least the low axillary lymph nodes (level I). Such a resection will ordinarily include six or more lymph nodes. If the lymph nodes are negative, but the number ordinarily examined is not met, classify as pN0.*

<b>pNX</b>	Regional lymph nodes cannot be assessed (e.g., previously removed, or not removed for pathological study)
<b>pN0</b>	No regional lymph node metastasis*

Note

\* Isolated tumour cell clusters (ITC) are single tumour cells or small clusters of cells not more than 0.2 mm in greatest extent that can be detected by routine H and E stains or immunohistochemistry. An additional criterion has been proposed to include a cluster of fewer than 200 cells in a single histological cross section. Nodes containing only ITCs are excluded from the total positive node count for purposes of N classification and should be included in the total number of nodes evaluated.

<b>pN1</b>	Micrometastases or metastases in 1 to 3 axillary ipsilateral lymph nodes and/or in internal mammary nodes with metastases detected by sentinel lymph node biopsy but not clinically detected* <b>pN1mi</b> - Micrometastases (larger than 0.2 mm and/or more than 200 cells, but none larger than 2.0 mm) <b>pN1a</b> - Metastasis in 1–3 axillary lymph node(s), including at least one larger than 2 mm in greatest dimension <b>pN1b</b> - Internal mammary lymph nodes not clinically detected <b>pN1c</b> - Metastasis in 1–3 axillary lymph nodes and internal mammary lymph nodes not clinically detected
<b>pN2</b>	Metastasis in 4–9 ipsilateral axillary lymph nodes, or in clinically detected* ipsilateral internal mammary lymph node(s) in the absence of axillary lymph node metastasis <b>pN2a</b> - Metastasis in 4–9 axillary lymph nodes, including at least one that is larger than 2 mm <b>pN2b</b> - Metastasis in clinically detected internal mammary lymph node(s), in the <i>absence</i> of axillary lymph node metastasis
<b>pN3</b>	<b>pN3a</b> - Metastasis in 10 or more ipsilateral axillary lymph nodes (at least one larger than 2 mm) <i>or</i> metastasis in infraclavicular lymph nodes/level III lymph nodes <b>pN3b</b> - Metastasis in clinically detected* ipsilateral internal mammary lymph node(s) in the <i>presence</i> of positive axillary lymph

	<p>node(s) or metastasis in more than three axillary lymph nodes <i>and</i> in internal mammary lymph nodes with microscopic or macroscopic metastasis detected by sentinel lymph node biopsy but not clinically detected</p> <p><b>pN3c</b> - Metastasis in ipsilateral supraclavicular lymph node(s)</p>
<p><b>Post-treatment yp Classification:</b></p> <ul style="list-style-type: none"> <li>• Post-treatment y-pathological (yp) classification should be based on the y-clinical stage information supplemented and/or modified by operative findings and pathological evaluation of the resection specimen</li> <li>• ypT and ypN categories correspond to the pT and pN categories respectively. The ypT category must be based on the largest continuous focus of residual invasive cancer (if present and not including treatment-related fibrosis). Multiple foci of residual cancer should be classified accordingly with the 'm' suffix. The inclusion of additional information in the pathology report to estimate the extent of residual disease by the 'residual cancer burden method' is recommended<sup>1</sup></li> <li>• The modifier 'sn' is used only if a sentinel node evaluation was performed after treatment. If no subscript is attached, it is assumed that the axillary node evaluation was by axillary node dissection.</li> <li>• The X classification should be used (ypNX) if no yp post-treatment SN or axillary dissection was performed.</li> </ul>	
<p>Notes</p> <p>* <i>Clinically detected</i> is defined as detected by imaging studies (excluding lymphoscintigraphy) or by clinical examination and having characteristics highly suspicious for malignancy or a presumed pathological macrometastasis based on fine needle aspiration biopsy with cytological examination.</p> <p><i>Not clinically detected</i> is defined as not detected by imaging studies (excluding lymphoscintigraphy) or not detected by clinical examination.</p>	