

UNKNOWN PRIMARY – CERVICAL NODES DATA SHEET (ICD10 C77.0)

UICC TNM 9th EDITION STAGING SUMMARY

RULES FOR CLASSIFICATION

There should be histological confirmation of squamous cell carcinoma with lymph node metastases but without an identified primary carcinoma. Histological methods should be used to identify EBV and HPV/p16-associated tumours. If there is evidence of EBV, the nasopharyngeal classification is applied. If there is evidence of HPV and/or positive immunohistochemistry p16 overexpression, the p16-positive oropharyngeal classification is applied.

EBV NEGATIVE AND HPV INDEPENDENT OR UNKNOWN			
Stage Group	T stage	N stage	M stage
Stage III	T0	N1	M0
Stage IVA	T0	N2	M0
Stage IVB	T0	N3	M0
Stage IVC	T0	N1, N2, N3	M1

HPV ASSOCIATED			
Clinical			
Stage Group	T stage	N stage	M stage
Stage I	T0	N1	M0
Stage II	T0	N2	M0
Stage III	T0	N3	M0
Stage IV	T0	N1, N2, N3	M1
Pathological			
Stage Group	T stage	N stage	M stage
Stage I	T0	N1	M0
Stage II	T0	N2, N3	M0
Stage IV	T0	N1, N2	M1

EBV POSITIVE			
Stage Group	T stage	N stage	M stage
Stage I	T0	N1	M0
Stage II	T0	N2	M0
Stage III	T0	N3	M0
Stage IVa	T0	N1, N2, N3	M1a
Stage IVb	T0	N1, N2, N3	M1b

TNM Clinical Classification	
<i>EBV Negative and HPV Independent or Unknown</i>	
T – Primary Tumour	
cT0	No evidence of primary tumour

N – Regional Lymph Nodes	
<i>EBV Negative and HPV Independent or Unknown</i>	
cN1	Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension without clinical extranodal extension
cN2	Metastasis described as: cN2a – Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension, without clinical extranodal extension. cN2b – Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension, without clinical extranodal extension. cN2c – Metastasis in bilateral 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	
<i>EBV Negative and HPV Independent or Unknown</i>	
cM0	No distant metastasis
cM1	Distant Metastasis

TNM Pathological Classification	
pN – Regional Lymph Nodes	
<i>EBV Negative and HPV Independent or Unknown</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	
pN1	Metastasis in a single lymph node, 3 cm or less in greatest dimension without pathological extranodal extension
pN2	Metastasis described as: pN2a – Metastasis in a single lymph node, 3 cm or less in greatest dimension with pathological extranodal extension* or 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 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 lymph node more than 3 cm in greatest dimension with pathological extranodal extension* or multiple ipsilateral, or any contralateral, or bilateral node(s) with pathological extranodal extension*.
<p>Note</p> <p>* 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.</p> <p>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.</p>	

TNM Clinical Classification	
HPV Associated	
T – Primary Tumour	
cT0	No evidence of primary tumour

N – Regional Lymph Nodes	
HPV Associated	
cNX	Regional lymph nodes cannot be assessed
cN0	No regional lymph node metastasis
cN1	Metastasis in ipsilateral lymph node(s), all 6cm or less in greatest dimension, without unequivocal imaging-detected and/or clinical extranodal extension.
cN2	Metastasis in ipsilateral lymph node(s), all 6cm or less in greatest dimension, with unequivocal imaging-detected and/or clinical extranodal extension* OR contralateral or bilateral metastasis in lymph node(s), all 6cm or less in greatest dimension, without unequivocal imaging-detected and/or clinical extranodal extension.
cN3	Metastasis in lymph node(s), greater than 6cm in greatest dimension OR contralateral or bilateral metastasis in lymph node(s), with unequivocal imaging-detected and/or clinical extranodal extension*
<p>Note</p> <p>*Imaging-detected extranodal extension (iENE) on appropriate morphological imaging refers to unequivocal radiologic signs of tumour invasion through the capsule of a lymph node into either perinodal fat or adjacent tissues (e.g. skin, muscle or neurovascular structures) or a coalescent nodal mass, which comprises ≥ 2 adjacent lymph nodes with loss of their intervening tissue planes and capsules to merge into a single indivisible structure.</p> <p>Clinical extranodal extension is defined as per Oral Cavity and Mucosal Lip.</p> <p>Midline nodes are considered ipsilateral nodes.</p>	

TNM Pathological Classification	
T – Primary Tumour	
HPV Associated	
T0	No evidence of primary tumour

pN – Regional Lymph Nodes	
HPV Associated	
pNX	Regional lymph nodes cannot be assessed
pN0	No regional lymph node metastasis
pN1	Metastasis in 1-4 lymph nodes without definitive pathologic extranodal extension pN1a – Metastasis in 1 lymph node without definitive pathological extranodal extension

	pN1b - Metastasis in 2-4 lymph nodes without definitive pathological extranodal extension
pN2	1-4 lymph nodes with definitive pathologic extranodal extension OR metastasis in >4 lymph nodes without definitive pathological extranodal extension
pN3	Metastasis in >4 lymph nodes with definitive pathological extranodal extension
<p>Note</p> <p>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.</p> <p>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.</p>	

TNM Clinical Classification	
EBV Positive	
T – Primary Tumour	
cT0	No evidence of primary tumour

N – Regional Lymph Nodes	
EBV Positive	
cNX	Regional lymph nodes cannot be assessed
cN0	No regional lymph node metastasis
cN1	Unilateral metastasis in cervical lymph node(s), and/or unilateral or bilateral metastasis in retropharyngeal lymph nodes, and 6 cm or less in greatest dimension, and above the caudal border of cricoid cartilage, and without advanced clinical/radiological extranodal extension*
cN2	Bilateral metastasis in cervical lymph nodes, and 6 cm or less in greatest dimension, and above the caudal border of cricoid cartilage and without advanced clinical/radiological extranodal extension*
cN3	Metastasis in cervical lymph node(s) greater than 6 cm in dimension or extension below the caudal border of cricoid cartilage or advanced clinical/radiological extranodal extension*
<p>Note</p> <p>*Advanced radiological and/or clinical extranodal extension is unequivocal evidence of tumour invasion into adjacent structures (i.e. skin, muscle, salivary gland and/or neurovascular bundles) identified by appropriate morphological imaging or clinical examination.</p> <p>Midline nodes are considered ipsilateral nodes.</p>	

TNM Pathological Classification	
EBV Positive	
<p>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</p> <p>The pN categories correspond to the nasopharynx cN categories, except that extranodal extension is defined pathologically, and evidence of structural (skin, muscle, salivary gland and/or neurovascular bundles) involvement is required.</p>	

M – Distant Metastasis	
EBV Positive	
cM0	No distant metastasis
M1	<p>Distant Metastasis</p> <p>M1a – 1-3 metastatic lesions</p> <p>M1b - >3 metastatic lesions</p>