

CLASSIFICAZIONE TNM – Confronto tra versione 2002 (6° edizione) e versione 2009 (7° edizione) Tabella elaborata da Maria Teresa Giannelli

• NERO: Voci TNM della versione 2002 modificate nell'edizione 2009 • ROSSO: Voci TNM modificate, e debitamente segnalate, nell'edizione 2009 • VERDE: Voci TNM modificate, ma non segnalate, nell'edizione 2009

DISEASE	T (Primary Tumour)		N (Regional Lymphnodes)		M (Distant metastasis)		STAGE GROUPING	
	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.
ANAL CANAL CANCER	Tis: Carcinoma in situ	Tis: Carcinoma in situ, Bowen disease, High grade Squamous Intraepithelial Lesion (HSIL), Anal Intrethelial Neoplasia II-III (AIN II-III)			Mx: Distant metastasis cannot be assessed	Mx 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)		
BREAST CANCER	Tis (Paget's) Paget's disease of the nipple with no tumor Note: Paget's disease associated with a tumor is classified according to the size of the tumor	Tis (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	N1 Metastasis in movable ipsilateral axillary lymph node(s) N2: Metastasis in ipsilateral axillary lymph nodes fixed or matted, or in clinically apparent* ipsilateral internal mammary nodes in the absence of clinically evident axillary lymph node metastasis N2b Metastasis only in clinically apparent* ipsilateral internal mammary nodes and in the absence of clinically evident axillary lymph node metastasis N3 Metastasis in ipsilateral infraclavicular lymph node(s) with or without axillary lymph node involvement, or in clinically apparent* ipsilateral internal mammary lymph node(s) and in the presence of clinically evident axillary lymph node metastasis; or metastasis in ipsilateral supraclavicular lymph node(s) with or without axillary or internal mammary lymph node involvement N3a Metastasis in ipsilateral infraclavicular lymph nodes N3b Metastasis in ipsilateral internal mammary lymph node(s) and axillary lymph node(s) N3c Metastasis in ipsilateral supraclavicular lymph node(s) *Note: clinically apparent is defined as detected by imaging studies (excluding lymphoscintigraphy) or by clinical examination or grossly visible pathologically	N1: Metastasis in movable ipsilateral Level I, II axillary lymph node(s) N2 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 absence of clinically evident lymph node metastasis N2b Metastasis only in clinically detected* internal mammary lymph node(s) and in the absence of clinically detected axillary lymph node metastasis N3 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 N3a Metastasis in infraclavicular lymph nodes N3b Metastasis in internal mammary and axillary lymph node(s) N3c Metastasis in supraclavicular lymph node(s) *Note: Clinically detected is defined as detected by clinical examination or imaging studies (excluding lymphoscintigraphy) and having characteristics highly suspicious for malignancy or a presumed pathological macro-metastasis 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 an (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. Pathological classification(pN) is used for excision or sentinel node biopsy only in conjunction with a pathological T assignment.	Mx Distant metastasis cannot be assessed	Mx 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)	Stage I T1, N0, M0	Stage IA T1, N0, M0 Stage IB T0-1, N1mi, M0

DISEASE	T (Primary Tumour)		N (Regional Lymphnodes)		M (Distant metastasis)		STAGE GROUPING	
	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.
BLADDER CANCER		No modifications	Regional lymph nodes are those within the true pelvis; all others are distant lymph nodes N1 Metastasis in a single lymph node, 2 cm or less in greatest dimension N2 Metastasis in a single lymph node, more than 2 cm but not more than 5 cm in greatest dimension, or multiple lymph nodes, none more than 5 cm in dimension N3 Metastasis in a lymph node > 5 cm in greatest dimension	The regional lymph nodes are those of the true pelvis, which essentially are the pelvic nodes below the bifurcation of the common iliac artery too. Laterality does not affect the N classification N1 Metastasis in a single lymph node in the true pelvis (hypogastric, obturator, external iliac, or presacral) N2: Metastasis in multiple lymph nodes in the true pelvis (hypogastric, obturator, external iliac, or presacral) N3: Metastasis in a common iliac lymph node(s)	Mx Distant metastasis cannot be assessed	Mx 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)		
BRAIN CANCERS	TNM not applicable	TNM not applicable	TNM not applicable		TNM not applicable			
CHOLANGIOCARCINOMA								
COLON AND RECTUM	T4: Tumour directly invades other organs or structures and/or perforates the visceral peritoneum**, *** T4b: Tumour directly invades other organs or structures **, *** **Note: Direct invasion in T4b includes invasion of other organs or segments of the colorectum by way of the serosa, as confirmed on microscopic examination, or for tumours in a retroperitoneal or subperitoneal location, direct invasion of other organs or structures by virtue of extension beyond the muscularis propia *** Tumor that is adherent to other organs or structures, macroscopically, is classified cT4b. However, if no tumor is present in the adhesion, microscopically, the classification should be pT1-3, depending on the anatomical depth of wall invasion	T4: Tumour directly invades other organs or structures and/or perforates visceral peritoneum T4a: Tumour perforates visceral peritoneum T4b: Tumour directly invades other organs or structures **, *** **Note: Direct invasion in T4b includes invasion of other organs or segments of the colorectum by way of the serosa, as confirmed on microscopic examination, or for tumours in a retroperitoneal or subperitoneal location, direct invasion of other organs or structures by virtue of extension beyond the muscularis propia *** Tumor that is adherent to other organs or structures, macroscopically, is classified cT4b. However, if no tumor is present in the adhesion, microscopically, the classification should be pT1-3, depending on the anatomical depth of wall invasion	N1: Metastasis in 1 to 3 regional lymph nodes N2: Metastasis in 4 or more regional lymph nodes	N1: Metastasis in 1 to 3 regional lymph nodes N1a: Metastasis in 1 regional lymph node N1b: Metastasis in 2-3 regional lymph nodes N1c: Tumour deposit(s), i.e., "satellites", in the subserosa, or in non-peritonealized pericolic or perirectal soft tissue without regional lymph node metastasis *Note Tumour deposits (satellites), i.e., macroscopic or microscopic nests or nodules, in the pericolorectal adipose tissue's lymph drainage area of a primary carcinoma without histological evidence of residual lymph node in the nodule, may represent discontinuous spread, various invasion with extravascular spread (V1/2) or a totally replaced lymph node (N1/2). If such deposits are observed with lesions that would otherwise be classified as T1 or T2, then the T classification is not changed, but the nodule(s) is recorded as N1c. If a nodule is considered by the pathologist to be a totally replaced lymph node (generally having a smooth contour), it should be recorded as a positive lymph node and not as a satellite, and each nodule should be counted separately as a lymph node in the final pN determination. N2: Metastasis in 4 or more regional lymph nodes N2a: Metastasis in 4-6 regional lymph nodes N2b: Metastasis in 7 or more regional lymph nodes	MX: Presence of distant metastasis cannot be assessed M1: Distant metastasis	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) M1: Distant metastasis M1a: Metastasis confined to one organ (liver, lung, ovary, non-regional lymph node(s)) M1b: Metastasis in more than one organ or the peritoneum	Stage IIB T4, N0, M0 Stage IIIA T1-2, N1, M0 Stage IIIB T3-4, N1, M0 Stage IIIC T, N2, M0 Stage IV Any T, any N, M1	Stage II T3-4, N0, M0 Stage IIB T4 a, N0, M0 Stage IIC T4b, N0, M0 Stage III Any T, N1-2, M0 Stage IIIA T1-2, N1, M0 T1, N2a, M0 Stage IIIB T3-4a, N1, M0 T2-3, N2a, M0 T1-2, N2b, M0 Stage IIIC T4a, N2a, M0 T3-4a, N2b, M0 T4b, N1-2, M0 Stage IVA Any T, Any N, M1a Stage IVB Any T, Any N, M1b
ENDOMETRIUM	T1 (FIGO I) : Tumour confined to corpus uteri T1a (FIGO IA): Tumour limited to endometrium	T1 (FIGO I) : Tumour confined to corpus uteri * T1a (FIGO IA): Tumour limited to endometrium or invading less than half of myometrium* *Note: Endocervical glandular involvement only should now be considered as Stage I.	N1 (FIGO IIC): Regional lymph node metastasis to pelvic and/or para-aortic nodes	N1 (FIGO IIC) : Metastasis to pelvic or para-aortic lymph nodes IIC1: Metastasis to pelvic lymph nodes *Note: Positive cytology has to be reported separately without changing the stage	Mx: Distant metastasis cannot be assessed	Mx 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)		

DESEASE	T (Primary Tumour)		N (Regional Lymphnodes)		M (Distant metastasis)		STAGE GROUPING	
	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.
ESOPHAGUS	<p>T1: Tumour invades lamina propria or submucosa</p> <p>T4: Tumour invades adjacent structures</p>	<p>T1: Tumour invades lamina propria, muscularis mucosae, or submucosa</p> <p>T1a: Tumour invades lamina propria or muscularis mucosae</p> <p>T1b: Tumour invades submucosa</p> <p>T4: Tumour invades adjacent structures</p> <p>T4a: Tumour invades pleura, pericardium, or diaphragm</p> <p>T4b: Tumour invades other adjacent structures such as aorta, vertebral body, or trachea</p>	<p>N1: Regional lymph node metastasis</p>	<p>N1: Metastasis in 1-2 regional lymph nodes</p> <p>N2: Metastasis in 3-6 regional lymph nodes</p> <p>N3: Metastasis in 7 or more regional lymph nodes</p>	<p>Mx: Distant metastasis cannot be assessed</p>	<p>Mx 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)</p>	<p>Stage I T1 N0 M0</p> <p>Stage IIA T2 N0 M0 T3 N0 M0</p> <p>Stage III T3 N1 M0 T4 AnyN M0</p> <p>Stage IV AnyT,AnyN,M1</p> <p>Stage IVA AnyT,AnyN,M1a</p> <p>Stage IVB AnyT AnyN,M1b</p>	<p>Stage IA T1, N0, M0</p> <p>Stage IB T2, N0, M0</p> <p>Stage IIA T3, N0, M0</p> <p>Stage IIIA T4a, N0, M0 T3, N1, M0 T1-2, N2, M0</p> <p>Stage IIIB T3, N2, M0</p> <p>Stage IIIC T4a, N1-2, M0 T4b, AnyN, M0 AnyT, N3, M0</p> <p>Stage IV AnyT,AnyN,M1</p>
GASTRIC CANCER	<p>Tis: Carcinoma in situ: intraepithelial tumour without invasion of the lamina propria</p> <p>T1 Tumour invades lamina propria or submucosa</p> <p>T2 Tumour invades muscularis propria or subserosa*</p> <p>T2a Tumour invades muscularis propria</p> <p>T2b Tumour invades subserosa</p> <p>T3 Tumour invades the serosa (visceral peritoneum) without invasion of adjacent structures**,**</p> <p>T4 Tumour directly invades adjacent structures**,**</p> <p>Notes: * A tumour may penetrate the muscularis propria with extension into the gastrocolic or gastrohepatic ligaments or into the greater or lesser omentum without perforation of the visceral peritoneum covering these structures. In this case, the tumour would be classified as T2. If there is perforation of the visceral peritoneum covering the gastric ligaments or omenta, the tumour is classified T3. ** The adjacent structures of the stomach are the spleen, transverse colon, liver, diaphragm, pancreas, abdominal wall, adrenal gland, kidney, small intestine, and retroperitoneum. ***Intramural extension into the duodenum or oesophagus is classified by the depth of greatest invasion in any of these sites, including the stomach.</p>	<p>Tis: Carcinoma in situ: intraepithelial tumour without invasion of the lamina propria, high grade dysplasia</p> <p>T1: Tumour invades lamina propria, muscularis mucosae, or submucosa</p> <p>T1a: Tumour invades lamina propria or muscularis mucosae</p> <p>T1b: Tumour invades submucosa</p> <p>T2: Tumour invades muscularis propria</p> <p>T3 : Tumour invades serosa</p> <p>T4: Tumour perforates serosa or invades adjacent structures**,**</p> <p>T4a : Tumour perforates serosa</p> <p>T4b : Tumour invades adjacent structures**,**</p> <p>Notes : *the adjacent structures of the stomach are the spleen, transverse colon, liver, diaphragm, pancreas, abdominal wall, adrenal gland, kidney, small intestine, and retroperineum. **Intramural extension to the duodenum or oesophagus is classified by the depth of greatest invasion in any of these sites, including stomach. *** Tumour that extends into gastrocolic or gastro-hepatic ligaments or into greater or lesser omentum, without perforation of visceral perineum, is T3.</p>	<p>N1 Metastasis in 1 to 6 regional lymph nodes</p> <p>N2 Metastasis in 7 to 15 regional lymph nodes</p> <p>N3 Metastasis in more than 15 regional lymph nodes</p>	<p>N1: Metastasis in 1 to 2 regional lymph nodes</p> <p>N2: Metastasis in 3 to 6 regional lymph nodes</p> <p>N3: Metastasis in 7 or more regional lymph nodes</p> <p>N3a: Metastasis in 7-15 regional lymph nodes</p> <p>N3b: Metastasis in 16 or more regional lymph nodes</p>	<p>Mx: Distant metastasis cannot be assessed</p>	<p>MxThe 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)</p> <p>Note: Distant metastasis includes peritoneal seeding, positive peritoneal cytology, and omental tumour not part of continuous extension.</p>	<p>Stage 0 Tis N0 M0</p> <p>Stage I A T1 N0 M0</p> <p>Stage IB T1 N1 M0 T2a/b N0 M0</p> <p>Stage II T1 N2 M0, T2a/b N1 M0, T3 N0 M0</p> <p>Stage IIIA T2a/b N2 M0 T3 N1 M0 T4 N0 M0</p> <p>Stage IIIB T3 N2 M0</p> <p>Stage IV T4 N1-3 M0 T1-3 N3 M0 Any T Any N M1</p>	<p>Stage 0 Tis N0 M0</p> <p>Stage I A T1 N0 M0</p> <p>Stage IB T2 N0 M0 T1 N1 M0</p> <p>Stage IIA T3 N0 M0 T2 N1 M0 T1 N2 M0</p> <p>Stage IIB T4a N0 M0 T3 N1 M0 T2 N2 M0 T1 N3 M0</p> <p>Stage IIIA T4a N1 M0 T3 N2 M0 T2 N3 M0</p> <p>Stage IIIB T4b N0-1 M0 T4a N2 M0 T3 N3 M0</p> <p>Stage IIIC T4a N3 M0 T4b N2-3 M0</p> <p>Stage IV Any T Any N M1</p>

DESEASE	T (Primary Tumour)		N (Regional Lymphnodes)		M (Distant metastasis)		STAGE GROUPING	
	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.
GASTROINTESTINAL STROMAL TUMOUR (GIST) NOT PREVIOUSLY CLASSIFIED		<p>Tx: Primary tumour cannot be assessed T0: No evidence for primary tumour</p> <p>T1: Tumour 2 cm or less</p> <p>T2: Tumour more than 2 cm but not more than 5 cm in greatest dimension</p> <p>T3: Tumour more than 5 cm but not more than 10 cm in greatest dimension</p> <p>T4: Tumour more than 10 cm in greatest dimension</p>		<p>Nx: Regional lymph nodes cannot be assessed N0: No regional lymph node metastasis</p> <p>N1: regional lymph node metastasis</p> <p>*Note: Nx: Regional lymph node involvement is rare for GISTs, so that cases in which the nodal status is not assessed clinically or pathologically could be considered N0 instead of Nx or pNx.</p>		<p>M0: No distant metastasis</p> <p>M1: Distant metastasis</p>		<p>GASTRIC GIST*</p> <p>Stage IA T1-2, N0, M0 Mitotic rate: Low</p> <p>Stage IB T3, N0, M0 Mitotic rate: Low</p> <p>Stage II T1-2, N0, M0 Mitotic rate: High T4, N0, M0 Mitotic rate: Low</p> <p>Stage IIIA T3, N0, M0 Mitotic rate: High</p> <p>Stage IIIB T4, N0, M0 Mitotic rate: High</p> <p>Stage IV AnyT, N1, M0 Mitotic rate: Any rate AnyT, AnyN, M1 Mitotic rate: Any rate</p> <p>SMALL INTESTINAL GIST*</p> <p>Stage I T1-2, N0, M0 Mitotic rate: Low</p> <p>Stage II T3, N0, M0 Mitotic rate: Low</p> <p>Stage IIIA T1, N0, M0 Mitotic rate: High T4, N0, M0 Mitotic rate: Low</p> <p>Stage IIIB T2,3,4, N0, M0 Mitotic rate: High</p> <p>Stage IV AnyT, N1, M0 Mitotic rate: Any rate AnyT, AnyN, M1 Mitotic rate: Any rate</p> <p>*Note: Staging criteria for gastric tumours can be applied in primary, solitary omental GISTs. Staging criteria for intestinal tumours can be applied to GISTs in less common sites, such as oesophagus, colon, rectum, and mesentery.</p>
LIVER The classification applies to hepatocellular carcinoma. Cholangio-(intrahepatic bile duct) carcinoma of the liver has a separate classification. There should be histological confirmation of the disease	<p>T3: Multiple tumours more than 5 cm or tumours involving a major branch of the portal vein(s)</p>	<p>T3: Multiple tumours more than 5 cm or tumours involving a major branch of the portal vein(s)</p> <p>T3a: Multiple tumours any more than 5 cm</p> <p>T4b: Tumour involving a major branch of the portal or hepatic vein(s)</p>			<p>Mx: Distant metastasis cannot be assessed</p>	<p>Mx 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)</p>	<p>Stage I T1, N0, M0</p> <p>Stage II T2, N0, M0</p> <p>Stage IIIA T3, N0, M0</p> <p>Stage IIIB T4, N0, M0</p> <p>Stage IIIC AnyT, N1, M0</p> <p>Stage IV AnyT, AnyN, M1</p>	<p>Stage I T1; N0; M0</p> <p>Stage II T2; N0; M0</p> <p>Stage IIIA T3a, N0, M0</p> <p>Stage IIIB T3b, N0, M0</p> <p>Stage IIIC T4, N0, M0</p> <p>Stage IVA AnyT, N1, M0</p> <p>Stage IVB AnyT, AnyN, M1</p>

DISEASE	T (Primary Tumour)		N (Regional Lymphnodes)		M (Distant metastasis)		STAGE GROUPING	
	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.
LUNG	<p>T1: Tumour 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus)*</p> <p>T2: Tumour with any of the following features of size or extent:</p> <ul style="list-style-type: none"> • More than 3 cm in greatest dimension • Involving main bronchus, 2 cm or more distal to the carina • Invading the visceral pleura • Associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung <p>T3: : Tumour of any size that directly invades any of the following: chest wall (including superior sulcus tumours), diaphragm, mediastinal pleura, parietal pleura or parietal pericardium; or tumour in the main bronchus less than 2 cm distal to the carina but without involvement of the carina, or associated atelectasis or obstructive pneumonitis of the entire lung</p> <p>T4: Tumour of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina; or separate tumour nodules in the same lobe; or tumour with malignant pleural effusion**</p> <p>*Note: The uncommon superficial tumour of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus, is also classified T1.</p> <p>**Note: Most pleural effusions associated with lung cancer are due to tumour. However, there are a few patients in whom multiple cytopathologic examinations of pleural fluid are negative for tumour. In these cases, fluid is non-bloody and is not an exudate. When these elements and clinical judgement dictate that the effusion is not related to the tumour, the effusion should be excluded as a staging element and the patient should be staged T1, T2, or T3.</p>	<p>T1: Tumour 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus)*</p> <p>T1a: Tumour 2 cm or less in greatest dimension*</p> <p>T1b: Tumour more than 2 cm but not more than 3 cm in greatest dimension*</p> <p>T2: Tumour more than 3 cm but not more than 7 cm; or tumour with any of the following features**</p> <ul style="list-style-type: none"> • Involves main bronchus, 2 cm or more distal to the carina • Involves visceral pleura • Associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung <p>T2a: Tumour more than 3 cm but not more than 5 cm in greatest dimension</p> <p>T2b: Tumour more than 5 cm but not more than 7 cm in greatest dimension</p> <p>T3: Tumour more than 7 cm or one that directly invades any of the following: chest wall (including superior sulcus tumours), diaphragm, phrenic nerve, mediastinal pleura, parietal pericardium; or tumour in the main bronchus less than 2 cm distal to the carina* but without involvement of the carina; or associated atelectasis or obstructive pneumonitis of the entire lung or separate tumour nodule(s) in the same lobe as the primary</p> <p>T4: Tumour of any size that invades any of the following: mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, oesophagus, vertebral body, carina; separate tumour nodule(s) in a different ipsilateral lobe to that of primary tumour</p> <p>*Note: The uncommon superficial tumour of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus, is also classified T1a.</p> <p>**Note: T2 tumours with these features are classified T2a if 5 cm or less, or if size cannot be determined and T2b if greater than 5 cm but not larger than 7 cm</p>			<p>Mx:Distant metastasis cannot be assessed</p> <p>M1: Distant metastasis present</p>	<p>Mx 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)</p> <p>M1: Distant metastasis</p> <p>M1a: Separate tumour nodule(s) in a contralateral lobe; tumour with pleural nodules or malignant pleural or pericardial effusion***</p> <p>M1b: Distant metastasis</p> <p>***Note: Most pleural (pericardial) effusions with lung cancer are due to tumour. In a few patients, however, multiple microscopical 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 judgement dictate that the effusion is not related to the tumour, the effusion should be excluded as a staging element and the patient should be classified as M0</p>	<p>Occult Carcinoma TX, N0, M0</p> <p>Stage 0 Tis, N0, M0</p> <p>Stage IA T1, N0, M0</p> <p>Stage IB T2, N0, M0</p> <p>Stage IIA T1, N1, M0</p> <p>Stage IIB T2, N1, M0 T3, N0, M0</p> <p>Stage IIIA T1, N2, M0 T2, N2, M0 T3, N1, M0 T3, N2, M0</p> <p>Stage IIIB AnyT, N3, M0 T4, AnyN, M0</p> <p>Stage IV AnyT, AnyN, M1</p>	<p>Occult carcinoma TX, N0, M0</p> <p>Stage 0 Tis, N0, M0</p> <p>Stage IA T1a-b, N0, M0</p> <p>Stage IB T2a, N0, M0</p> <p>Stage IIA T2b, N0, M0 T1a-b, N1, M0 T2a, N1, M0</p> <p>Stage IIB T2b, N1, M0 T3, N0, M0</p> <p>Stage IIIA T1a-b, T2a-b, N2, M0 T3, N1-2, M0 T4, N0-1, M0</p> <p>Stage IIIB T4, N2, M0 AnyT, N3, M0</p> <p>Stage IV AnyT, AnyN, M1</p>

DISEASE	T (Primary Tumour)		N (Regional Lymphnodes)		M (Distant metastasis)		STAGE GROUPING	
	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.
NASOPHARYNGEAL CANCER	<p>T1: Tumour is confined to the nasopharynx</p> <p>T2: Tumour extends to soft tissues</p> <p>T2a: Tumour extends to the oropharynx and/or nasal cavity without parapharyngeal extension*</p> <p>T2b: Any tumour with parapharyngeal extension*</p> <p>*Note: Parapharyngeal extension denotes posterolateral infiltration of tumour beyond the parapharyngeal fascia</p>	<p>T1: Tumour is confined to the nasopharynx, or extends to oropharynx and/or nasal cavity</p> <p>T2: Tumour with parapharyngeal extension</p> <p>*Note: Parapharyngeal extension denotes posterolateral infiltration of tumour</p>	<p>N1 Unilateral metastasis in lymph node(s), 6 cm or less in greatest dimension, above the supraclavicular fossa</p>	<p>N1: Unilateral metastasis, in cervical lymph node(s), and/or unilateral or bilateral metastasis in retropharyngeal lymph nodes, 6 cm or less in greatest dimension, above the supraclavicular fossa</p>	<p>Mx: Distant metastasis cannot be assessed</p>	<p>MxThe 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)</p>	<p>Stage IIA T2a,N0, M0</p> <p>Stage IIB T1-2N1M0 T2a-b, N1, M0 T2b, N0-1, M0</p> <p>Stage III T1, N2, M0 T2a-b, N2, M0 T3, N0,1,2, M0</p>	<p>Stage II T1, N1, M0 T2, N0-1, M0</p> <p>Stage III T1-2, N2, M0 T3, N0,1,2, M0</p>
OROPHARYNGEAL CARCINOMA	<p>T3: Tumour more than 4 cm in greatest dimension</p>	<p>T3: Tumour more than 4 cm in greatest dimension or extension to lingual surface or epiglottis*</p> <p>*Note: Mucosal extension to lingual surface of epiglottis from primary tumours of the base of the tongue and vallecula does not constitute invasion of the larynx</p>				<p>Mx: Distant metastasis cannot be assessed</p>	<p>MxThe 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)</p>	
PENILE CARCINOMA	<p>T1: Tumour invades subepithelial connective tissue</p>	<p>T1: Tumour invades subepithelial connective tissue</p> <p>T1a: Tumour invades subepithelial connective tissue without lymphovascular invasion and is not poorly differentiated or undifferentiated</p> <p>T1b: Tumour invades subepithelial connective tissue with lymphovascular invasion or is poorly differentiated or undifferentiated</p> <p>T3: Tumour invades urethra</p>	<p>N0: No regional lymph node metastasis N1: Metastasis in a single superficial, inguinal lymph node</p> <p>N2: Metastasis in multiple or bilateral superficial inguinal lymph nodes</p> <p>N3: Metastasis in deep inguinal or pelvic lymph node(s), unilateral or bilateral</p>	<p>N0: No palpable or visibly enlarged inguinal lymph nodes N1: palpable mobile unilateral inguinal lymph node</p> <p>N2 : Palpable mobile multiple or bilateral inguinal lymph nodes</p> <p>N3 : Fixed inguinal nodal mass or pelvic lymphadenopathy unilateral or bilateral</p>	<p>Mx: Distant metastasis cannot be assessed</p>	<p>MxThe 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)</p>	<p>Stage I T1, N0, M0</p> <p>Stage II T1, N1, M0 T2, N0, M0 T2, N1, M0</p> <p>Stage III T1, N2, M0 T2, N2, M0 T3, N0, M0 T3, N1, M0 T3, N2, M0</p>	<p>Stage I T1a, N0, M0</p> <p>Stage II T1b, N0, M0 T2, N0,1, M0 T3, N0, M0</p> <p>Stage IIIA T1,2,3, N1, M0</p> <p>Stage IIIB T1,2,3, N2, M0</p>
PROSTATE CANCER	<p>T3a: Extracapsular extension (unilateral or bilateral)</p> <p>T4: Tumour is fixed or invades adjacent structures other than seminal vesicles: bladder neck, external sphincter (deleted), rectum, levator muscles, and/or pelvic wall</p>	<p>T3a: Extracapsular extension (unilateral or bilateral) including microscopic bladder neck involvement</p> <p>T4: Tumour is fixed or invades adjacent structures other than seminal vesicles: bladder neck, rectum, levator muscles, and/or pelvic wall</p>			<p>Mx: Distant metastasis cannot be assessed</p>	<p>MxThe 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)</p>	<p>Stage I T1a, N0, M0</p> <p>Stage II T1a, N0, M0 T1b, N0, M0 T1c, N0, M0 T1-2, N0, M0</p>	<p>Stage I T1,2a, N0, M0</p> <p>Stage II T2b,c, N0, M0</p>

DISEASE	T (Primary Tumour)		N (Regional Lymphnodes)		M (Distant metastasis)		STAGE GROUPING	
	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.	2002 6th ED.	2009 7th ED.
RENAL CANCER	<p>T2: Tumor more than 7 cm in greatest dimension, limited to the kidney</p> <p>T3 Tumor extends into major veins or invades adrenal gland or perinephric tissues but not beyond Gerota's fascia</p> <p>T3a Tumor directly invades adrenal gland or perineal and/or renal sinus fat but not beyond Gerota's fascia</p> <p>T3b Tumor grossly extends into the renal vein or its segmental (muscle-containing) branches, or vena cava below the diaphragm</p> <p>T3c Tumor grossly extends into vena cava above diaphragm or invades the wall of the vena cava</p> <p>T4 Tumor invades beyond Gerota's fascia</p>	<p>T2: Tumor more than 7 cm in greatest dimension, limited to the kidney</p> <p>T2a: Tumour more than 7 cm but not more than 10 cm</p> <p>T2b: Tumour more than 10 cm, limited to the kidney</p> <p>T3: Tumor extends into major veins or perinephric tissues but not into the ipsilateral adrenal gland and not beyond Gerota fascia</p> <p>T3a: Tumour grossly extends into the renal vein or its segmental (muscle containing) branches, or tumour invades perirenal and/or renal sinus fat (peripelvic) fat but not beyond Gerota fascia</p> <p>T3b: Tumour grossly extends into vena cava below the diaphragm</p> <p>T3c: Tumor grossly extends into vena cava above diaphragm or invades the wall of the vena cava</p> <p>T4: Tumor invades beyond Gerota fascia (including contiguous extension into the ipsilateral adrenal gland)</p>			Mx: Distant metastasis cannot be assessed	MxThe 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)		
THYROID CANCER	<p>T1: Tumour 2 cm or less, limited to the thyroid</p>	<p>T1: Tumour 2 cm or less, limited to the thyroid</p> <p>T1a: Tumour 1 cm or less in greatest dimention, limited to the thyroid</p> <p>T1b: Tumour more than 1 cm but not more than 2 cm in greatest dimension, limited to the thyroid</p>			Mx: Distant metastasis cannot be assessed	MxThe 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)	<p>PAPILLARY OR FOLLICULAR 45 years or older</p> <p>Stage I T1, N0, M0</p> <p>MEDULLARY</p> <p>Stage I T1, N0, M0</p> <p>Stage II T2, N0, M0</p> <p>Stage III T3, N0, M0 T1,2,3, N1a, M0</p>	<p>PAPILLARY OR FOLLICULAR 45 years or older</p> <p>Stage I T1a,b, N0, M0</p> <p>MEDULLARY</p> <p>Stage I T1a,b, N0, M0</p> <p>Stage II T2,3, N0, M0</p> <p>Stage III T1,2,3, N1a, M0</p>