

Appendix staging (UICC TNM 9)¹

Primary tumour (T)

TX Primary tumour cannot be assessed

T0 No evidence of primary tumour

Tis Carcinoma in situ: intraepithelial or invasion of lamina propria

Tis(LAMN)^a Low-grade appendiceal mucinous neoplasm confined to the muscularis propria; acellular mucin or mucinous epithelium may invade into the muscularis propria

T1 Tumour invades submucosa^b

T2 Tumour invades muscularis propria^b

T3 Tumour invades subserosa or mesoappendix

T4 Tumour perforates visceral peritoneum, including mucinous peritoneal tumour or acellular mucin on the serosa of the appendix or mesoappendix, and/or directly invades other organs or structures^c

T4a Tumour perforates visceral peritoneum, including mucinous peritoneal tumour or acellular mucin on the serosa of the appendix or mesoappendix

T4b Tumour directly invades other organs or structures

Notes

^a The Tis(LAMN) category does not apply to HAMNs; HAMNs are staged using the appendiceal adenocarcinoma T categories.

^b T1 and T2 are not applicable to LAMN; acellular mucin or mucinous epithelium that extends into the subserosa or serosa should be classified as T3 or T4a, respectively.

^c Direct invasion in T4 includes invasion of other intestinal segments by way of the serosa, e.g., invasion of ileum. Tumour that is adherent to other organs or structures, macroscopically, is classified cT4b. However, if no tumour is present in the adhesion, microscopically, the classification should be pT1, 2 or 3.

Regional lymph nodes (N)

NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Metastasis in 1–3 regional lymph nodes
N1a	Metastasis in 1 regional lymph node
N1b	Metastases in 2–3 regional lymph nodes
N1c	Tumour deposit(s), i.e., satellites,* in the subserosa, or in non-peritonealised pericolic or peri-rectal soft tissue without regional lymph node metastasis
N2	Metastasis in 4 or more regional lymph nodes

Notes

* Tumour deposits (TDs) represent discrete tumour nodules of any shape, contour or size in peri-rectal and peri-colonic fat, away from the leading edge of the tumour, within the lymph drainage area of the primary carcinoma. TDs can originate from different histological structures, including lymph nodes, vessels and nerves. Therefore, TDs may contain foci of extramural vascular invasion (EMVI) and perineural invasion (PNI). The feature distinguishing a TD from EMVI and PNI is the presence of unequivocal tumour extension from the vessel or nerve into the surrounding fat or fibroconnective tissue.

When tumour outgrowth from EMVI and/or PNI is present, the diagnosis of TDs and EMVI/PNI should be denoted separately in the report. If the tumour involves an identifiable lymph node, it is considered as lymph node metastasis and not as TDs even if the tumour extends into the perinodal fat.

Distant metastasis (M)

cM0	No distant metastasis
M1	Distant metastasis
M1a	Intraperitoneal acellular mucin only
M1b	Intraperitoneal metastasis only, including mucinous epithelium
M1c	Non-peritoneal metastasis

Stage grouping

Stage 0	Tis	N0	M0	
Stage 0	Tis (LAMN)	N0	M0	
Stage I	T1, T2	N0	M0	
Stage IIA	T3	N0	M0	
Stage IIB	T4a	N0	M0	
Stage IIC	T4b	N0	M0	
Stage IIIA	T1, T2	N1	M0	
Stage IIIB	T3, T4	N1	M0	
Stage IIIC	Any T	N2	M0	
Stage IVA	Any T	Any N	M1a	Any G
	Any T	Any N	M1b	G1
Stage IVB	Any T	Any N	M1b	G2, G3, GX
Stage IVC	Any T	Any N	M1c	Any G

References

1. Brierley JD, Giuliani M, O'Sullivan B, Rous B, Van Eycken L (eds.). *TNM Classification of Malignant Tumours* (9th edition). Oxford, UK: Wiley-Blackwell; 2025.