

Appendix D TNM classification of tumours of the breast (UICC TNM 9)

This update to Appendix D provides updated information on staging using UICC TNM 9, which should be used for all tumours diagnosed on or after 1 January 2026.¹

The breast chapter in UICC TNM 9 does not include substantive changes from UICC TNM 8. Please continue to use the UICC (not AJCC) descriptors and stage groupings below.

Primary tumour (T)

Designation should be made with the subscript ‘c’ or ‘p’ modifier to indicate whether the T classification was determined by clinical (physical examination or radiological) or pathological measurements, respectively.

If the tumour size is slightly less than or greater than a cut-off for a given T classification, it is recommended that the size be rounded to the millimetre reading that is closest to the cut-off, e.g. size of 1.1 mm is reported as 1 mm, or a size of 2.01 cm is reported as 2.0 cm.

TX Primary tumour cannot be assessed

T0 No evidence of primary tumour

Tis Carcinoma in situ

 Tis (DCIS) DCIS

 Tis (LCIS) LCIS

 Tis (Paget’s) Paget’s 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’s disease are categorised based on the size and characteristics of the parenchymal disease, but presence of Paget’s disease should still be noted

T1 Tumour ≤20 mm in greatest dimension

 T1mi Tumour ≤1 mm in greatest dimension

T1a	Tumour >1 mm but ≤5 mm in greatest dimension
T1b	Tumour >5 mm but ≤10 mm in greatest dimension
T1c	Tumour >10 mm but ≤20 mm in greatest dimension
T2	Tumour >20 mm but ≤50 mm in greatest dimension
T3	Tumour >50 mm in greatest dimension
T4	Tumour of any size with direct extension to the chest wall and/or to the skin (ulceration or skin nodules) (Note: invasion of the dermis alone does not qualify as T4)
T4a	Extension to the chest wall, not including only pectoralis muscle adherence/invasion
T4b	Ulceration and/or ipsilateral satellite nodules and/or oedema (including peau d'orange) of the skin, which do not meet the criteria for inflammatory carcinoma
T4c	Both T4a and T4b
T4d	Inflammatory carcinoma

Nodes (pN)

Classification is based on axillary lymph node dissection with or without sentinel lymph node biopsy. Classification based solely on sentinel lymph node biopsy without subsequent axillary lymph node dissection is designated (SN) for 'sentinel node,' e.g. pN0(SN).

pNX Regional lymph nodes cannot be assessed (e.g. previously removed or not removed for histological assessment)

pN0 No regional lymph node metastasis identified histologically

NB: ITCs are defined as small clusters of cells ≤0.2 mm, or single tumour cells, or a cluster of <200 cells in a single histologic cross section. ITCs may be detected by routine H&E or by IHC. Nodes containing only ITCs are excluded from the total positive node count for purposes of N classification but should be included in the total number of nodes evaluated.

pN0(i–) No regional lymph node metastases histologically, negative IHC

pN0(i+)	Malignant cells in regional lymph node(s) ≤ 0.2 mm (detected by H&E or IHC including ITC)	
pN0(mol-)	No regional lymph node metastases histologically, negative molecular findings (RT-PCR)	
pN0(mol+)	Positive molecular findings (RT-PCR), but no regional lymph node metastases detected by histology or IHC	
pN1	Micrometastases	OR
	Metastases in 1–3 axillary lymph nodes	AND/OR
	Metastases in internal mammary nodes with metastases detected by sentinel lymph node biopsy but not clinically detected	
pN1mi	Micrometastases (>0.2 mm and/or >200 cells but none >2.0 mm)	
pN1a	Metastases in 1–3 axillary lymph nodes, at least 1 metastasis >2.0 mm	
pN1b	Metastases in internal mammary nodes with micrometastases or macrometastases detected by sentinel lymph node biopsy but not clinically detected	
pN1c	Metastases in 1–3 axillary lymph nodes and in internal mammary lymph nodes with micrometastases or macrometastases detected by sentinel lymph node biopsy but not clinically detected	
pN2	Metastases in 4–9 axillary lymph nodes	OR
	Metastases in clinically detected internal mammary lymph nodes in the absence of axillary lymph node metastases.	
pN2a	Metastases in 4–9 axillary lymph nodes (at least 1 deposit >2 mm)	
pN2b	Metastases in clinically detected internal mammary lymph nodes in the absence of axillary lymph node metastases	
pN3	Metastases in ≥ 10 axillary lymph nodes	OR
	Metastases in infraclavicular (level III axillary) lymph nodes	OR
	Metastases in clinically detected ipsilateral internal mammary lymph nodes in the presence of 1 or more positive level I, II axillary lymph nodes	OR

Metastases in >3 axillary lymph nodes and in internal mammary lymph nodes with micrometastases or macrometastases detected by sentinel lymph node biopsy but not clinically detected OR

Metastases in ipsilateral supraclavicular lymph nodes

pN3a Metastases in ≥ 10 axillary lymph nodes (at least 1 tumour deposit > 2.0 mm) OR

Metastases in the infraclavicular (level III axillary lymph) nodes

pN3b Metastases in clinically detected ipsilateral internal mammary lymph nodes in the presence of 1 or more positive axillary lymph nodes OR

Metastases in >3 axillary lymph nodes and in internal mammary lymph nodes with micrometastases or macrometastases detected by sentinel lymph node biopsy but not clinically detected

pN3c Metastases in ipsilateral supraclavicular lymph nodes

Post-treatment ypN classification

Post-treatment ypN should be evaluated as for clinical (pre-treatment) 'N' methods above. 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 nodal evaluation was by axillary lymph node dissection (ALND).

The X classification should be used (ypNX) if no yp post-treatment SN or ALND was performed.

N categories are the same as those used for pN.

Distant metastases (M)

This is generally not assessable by the pathologist and cannot, therefore, be included on surgical specimen histology reports.

M0 No clinical or radiological evidence of distant metastases

cM0(i+) No clinical or radiological evidence of distant metastases, but deposits of molecularly or microscopically detected tumour cells in circulating blood, bone marrow, or other non-regional nodal tissue that are ≤ 0.2 mm in a patient without symptoms or signs of metastases

M1 Distant detectable metastases as determined by classic clinical and radiographic means and/or histologically proven >0.2 mm

Post-treatment ypM classification

The M category for patients treated with neoadjuvant therapy is the category assigned in the clinical stage, prior to initiation of neoadjuvant therapy. Identification of distant metastases after the start of therapy in cases where pre-therapy evaluation showed no metastases is considered progression of disease. If a patient was designated to have detectable distant metastases (M1) before chemotherapy, the patient will be designated as M1 throughout.

Helpful rules of thumb for TNM stage

In the case of multiple simultaneous tumours in 1 organ, the tumour with the highest T category should be classified and the multiplicity or the number of tumours should be indicated in parentheses, e.g. T2(m) or T2(5). In simultaneous bilateral cancers of paired organs, each tumour should be classified independently.

If there is doubt concerning the correct T, N or M category to which a particular case should be allotted, then the lower (i.e. less advanced) category should be chosen. This will also be reflected in the stage grouping.

Anatomic stage/prognostic groups

*T0 and T1 tumours with nodal micrometastases only are excluded from Stage IIA and are classified Stage IB.

- M0 includes M0(i+).
- The designation pM0 is not valid; any M0 should be clinical.
- If a patient presents with M1 prior to neoadjuvant systemic therapy, the stage is considered Stage IV and remains Stage IV regardless of response to neoadjuvant therapy.
- Post-neoadjuvant therapy is designated with 'yc' or 'yp' prefix.

Notably, no stage group is assigned if there is a pCR to neoadjuvant therapy, e.g. ypT0ypN0cM0.

Stage	T	N	M
0	Tis	N0	M0
IA	T1 (<i>includes T1mi</i>)	N0	M0
IB	T0	N1mi	M0
	T1 (<i>includes T1mi</i>)	N1mi	M0
IIA	T0	N1*	M0
	T1 (<i>includes T1mi</i>)	N1*	M0
	T2	N0	M0
IIB	T2	N1	M0
	T3	N0	M0
IIIA	T0	N2	M0
	T1 (<i>includes T1mi</i>)	N2	M0
	T2	N2	M0
	T3	N1	M0
	T3	N2	M0
IIIB	T4	N0	M0
	T4	N1	M0
	T4	N2	M0
IIIC	Any T	N3	M0
IV	Any T	Any N	M1

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.