# Appendix B UICC staging of lung carcinomas (TNM 9th edition)*

## Primary tumour (T)

TX Primary tumour cannot be assessed, or tumour proven by the presence of malignant cells in sputum or bronchial washings but not visualised by imaging or bronchoscopy

T0 No evidence of primary tumour

Tis Carcinoma in situ

Tis (AIS) for adenocarcinoma in situ

Tis (SCIS) for squamous cell carcinoma in situ

T1 Tumour 30 mm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal that the lobar bronchus

T1mi Minimally invasive adenocarcinoma

T1a Tumour 10 mm or less in greatest dimension

T1b Tumour more than 10 mm but not more than 20 mm in greatest dimension

T1c Tumour more than 20 mm but not more than 30 mm in greatest dimension

T2a Tumour more than 30 mm but not more than 40 mmin greatest dimension or

Tumour not more than 40 mm in greatest dimension that invades one or more of the following:

- The main bronchus (up to the carina, but without involvement of the carina)
- Invades the visceral pleura
- An adjacent lobe
- Is associated with atelectasis or obstructive pneumonitis that extends to
- The hilar region either involving part of or the entire lung
- Invades an adjacent lobe

T2b Tumour more than 40 mm but not more than 5 cm in greatest dimension

T3 Tumour more than 50 mm but not more than 70 mm in greatest dimension, or one that directly invades one of the following: parietal pleura (PL3), chest wall (including superior sulcus tumours), phrenic nerve, parietal pericardium; or associated separate tumour nodule(s) (intra-pulmonary metastases) in the same lobe as the primary

T4 Tumour more than 70 mm in greatest dimension or one that directly invades one of the following: diaphragm, mediastinum, heart, great vessels, recurrent laryngeal nerve, carina, trachea, oesophagus, vertebra; or separate tumour nodule(s) (intra-pulmonary metastases) in different ipsilateral lobe to that of the primary

## Regional lymph nodes (N)

NX Regional lymph nodes cannot be assessed

N0 No regional node involvement

N1 Metastasis in ipsilateral peribronchial and/or ipsilateral hilar nodes and/or intrapulmonary nodes (node stations 10–14), including involvement by direct extension

N2 Metastasis in ipsilateral mediastinal and/or subcarinal node(s) (node stations 1–9)

- N2a Metastasis in a single station
- N2b Metastasis in multiple ipsilateral stations

N3 Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene or supraclavicular nodes

## Distant metastasis (M)

M1 Distant metastasis

- M1a Separate tumour nodule(s) in a contralateral lobe; tumour with pleural nodules or malignant pleural or pericardial effusion
- M1b Single extrathoracic metastasis in a single organ and involvement of a single distant (non-regional) lymph node
- M1c Multiple extrathoracic metastases in one or several organs
  - M1c1 Multiple extrathoracic metastases in a single organ or organ system
  - M1c2 Multiple extrathoracic metastases in multiple organs or organ systems(s)

*Small cell carcinomas: Staging via TNM 9 is recommended, especially for those with limited disease

*Carcinoid tumours: Staging via TNM 8 is recommended for all cases

## TNM stage groupings

| | | | |
|---|---|---|---|
| Occult carcinoma | TX | N0 | M0 |
| Stage 0 | Tis | N0 | M0 |
| Stage IA1 | T1mi | N0 | M0 |
| | T1a | N0 | M0 |
| Stage IA2 | T1b | N0 | M0 |
| Stage IA3 | T1c | N0 | M0 |
| Stage IB | T2a | N0 | M0 |
| Stage IIA | T1<br>T2b | N1<br>N0 | M0<br>M0 |
| Stage IIB | T1 | N2a | M0 |
| | T2b | N1 | M0 |
| Stage IIIA | T1<br>T2 | N2b<br>N2a | M0<br>M0 |
| | T3 | N1, N2a | M0 |
| | T4 | N0, N1 | M0 |
| Stage IIIB | T1<br>T2 | N3<br>N2b, N3 | M0<br>M0 |
| | T3<br>T4 | N2b<br>N2a,b | M0<br>M0 |
| Stage IIIC | T3, T4 | N3 | M0 |
| Stage IV | Any T | Any N | M1 |
| Stage IVa | Any T | Any N | M1a, M1b |
| Stage IVb | Any T | Any N | M1c1, M1c2 |