

Appendix A UICC TNM 9 pathological staging of cutaneous malignant melanoma, regional lymph nodes and metastasis¹

Includes:

- eyelid
- penis and scrotum
- perianal skin (hair-bearing beyond 5 cm of anal margin)
- vulva
- external ear
- lip (hair-bearing skin).

Excludes:

- mucosal melanoma of head and neck
- mucosal melanoma of urethra, vagina, rectum and anus
- conjunctival and uveal melanoma.

The clinico-pathological implications of TNM 8 have been jointly reviewed by the BAD and RCPATH.³²

Definitions of TNM

Primary tumour (pT)

pTX Primary tumour cannot be assessed (e.g. curettaged or severely regressed melanoma)

pT0 No evidence of primary tumour (e.g. unknown primary or completely regressed melanoma)

pTis Melanoma in situ

pT1 Melanomas ≤ 1.0 mm in thickness

pT2 Melanomas >1.0–2.0 mm

pT3 Melanomas >2.0–4.0 mm

pT4 Melanomas >4.0 mm

Note: a and b subcategories/subdivisions of pT are assigned based on thickness (pT1) and ulceration as shown below:

pT classification	Thickness (mm)	Ulceration status
T1 – T1a – T1b – T1b	≤1.0 <0.8 mm 0.8–1.0 mm ≤1.0 mm	a: without ulceration b: without ulceration b: with ulceration
T2	>1.0–2.0 mm	a: without ulceration b: with ulceration
T3	>2.0–4.0 mm	a: without ulceration b: with ulceration
T4	>4.0 mm	a: without ulceration b: with ulceration

Regional lymph nodes (pN)

pNX Patients in whom the regional nodes cannot be assessed (e.g. previously removed for another reason)

pN0 No regional metastases detected

pN1–3 Regional nodal metastasis based upon the number of metastatic nodes and presence or absence of regional intralymphatic metastases (in-transit or satellite and/or microsatellite metastases). The regional metastases can be clinically occult/microscopic (including SLNB) or clinically detected/macroscopic

N1–3 a–c subcategories are assigned as shown below:

pN classification	Regional node	Intralymphatic metastasis
pN1 One regional histologically involved node or regional intralymphatic metastasis with no regional involved node		

N1a	One node with microscopic metastasis(s) (clinically occult)	No
N1b	One node with macroscopic metastasis(s) (clinically apparent/detected)	No
N1c	No involved node	Yes
pN2 Two or three regional histologically involved nodes or regional intralymphatic metastasis with one regional involved node		
N2a	Two or three nodes with microscopic metastases (clinically occult)	No
N2b	Two or three nodes with at least one macroscopic metastasis (clinically apparent/detected)	No
N2c	One node with microscopic or macroscopic metastasis(s) (clinically occult or clinically apparent/detected)	Yes
pN3 Four or more regional histologically involved nodes or any number of matted nodes or regional intralymphatic metastasis with two or more involved nodes		
N3a	≥4 nodes with microscopic metastases (clinically occult)	No
N3b	≥4 nodes with at least one macroscopic metastasis (clinically apparent/detected) or any matted nodes	No
N3c	≥2 nodes with microscopic or macroscopic metastases (clinically occult or clinically apparent/detected)	Yes

Definition of regional node metastasis (cf distant metastasis): disease confined to one or more draining regional nodal basin(s). Those on the head and neck or trunk may have three or more regional basins.

The total number of involved nodes for pathological staging is the total of positive sentinel and non-sentinel nodes (identified after completion lymphadenectomy).

A microscopic metastasis (micrometastasis) is diagnosed after sentinel lymph node biopsy or completion lymphadenectomy (if performed). It occurs in the setting of no clinical abnormality, i.e. clinically occult.

A macroscopic metastasis is defined as a clinically apparent/detected nodal metastasis confirmed by therapeutic lymphadenectomy. It occurs in the setting of a clinical abnormality.

Matted nodes are identified during specimen dissection.

Intralymphatic metastasis: This may comprise a satellite or in-transit metastasis. A satellite is a macro- or micro-collection of cells within 2 cm of the primary tumour. An in-transit metastasis involves skin or subcutaneous tissue more than 2 cm from the primary tumour but not beyond the regional lymph nodes.

Isolated tumour cells are designated pN1.

Although not specifically stated in UICC9, there is broad agreement, which is supported by the RCPATH, that pN2b and pN3b only require one positive clinically apparent/detected node among the overall total of positive nodes present.²

Distant metastasis (M)

M0	No distant metastasis
M1	Distant metastasis
M1a	Metastasis to skin, soft tissue including muscle, or lymph nodes beyond the regional drainage
M1b	Metastasis to lung
M1c	Non-central nervous system (CNS) visceral sites
M1d	CNS

Serum LDH is incorporated into the M category as a suffix:

(0) LDH – Not elevated

(1) LDH – Elevated

e.g. M1a (1) equals M1a with LDH elevated. No suffix is used if LDH is not recorded.

pTNM stage group

Stage	T	N	M
Stage 0	pTis	N0	M0
Stage I	pT1	N0	M0
Stage IA	pT1a	N0	M0
	pT1b	N0	M0
Stage IB	pT2a	N0	M0
Stage IIA	pT2b	N0	M0
	pT3a	N0	M0
Stage IIB	pT3b	N0	M0
	pT4a	N0	M0
Stage IIC	pT4b	N0	M0
Stage III	Any pT	N1, N2, N3	M0
Stage IIIA	pT1a, T1b, T2a	N1a, N2a	M0
Stage IIIB	pT0	N1b, N1c	M0
	pT1a, T1b, T2a	N1b, N1c, N2b	M0
	pT2b, T3a	N1, N2a, N2b	M0
Stage IIIC	pT0	N2b, N2c, N3b, N3c	M0
	pT1a, T1b, T2a, T2b, T3a	N2c, N3	M0
	pT3b, T4a	N1, N2, N3	M0
	pT4b	N1, N2	M0
Stage IID	pT4b	N3	M0
Stage IV	Any pT	Any 3	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.