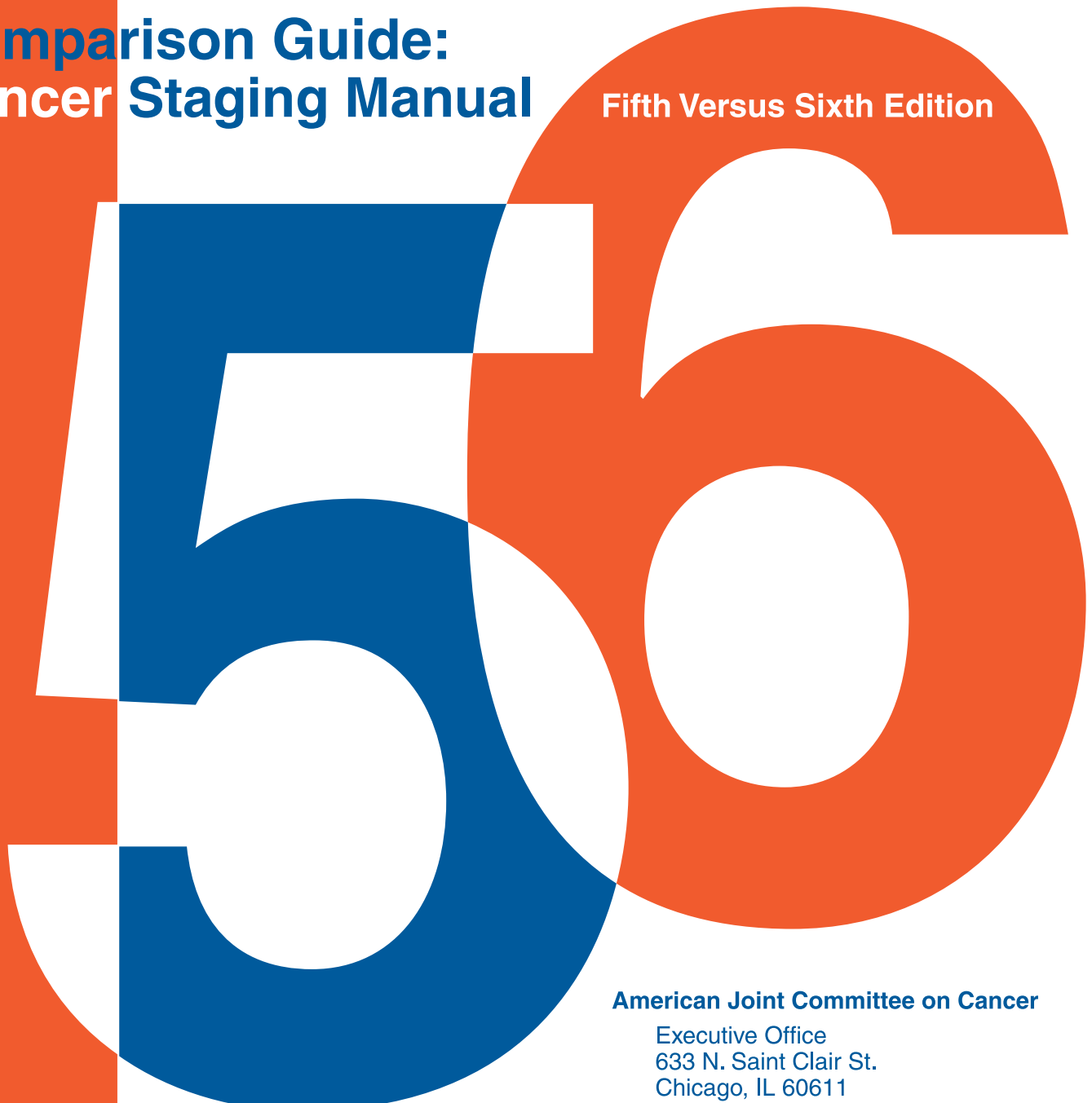




Comparison Guide: Cancer Staging Manual

Fifth Versus Sixth Edition



American Joint Committee on Cancer

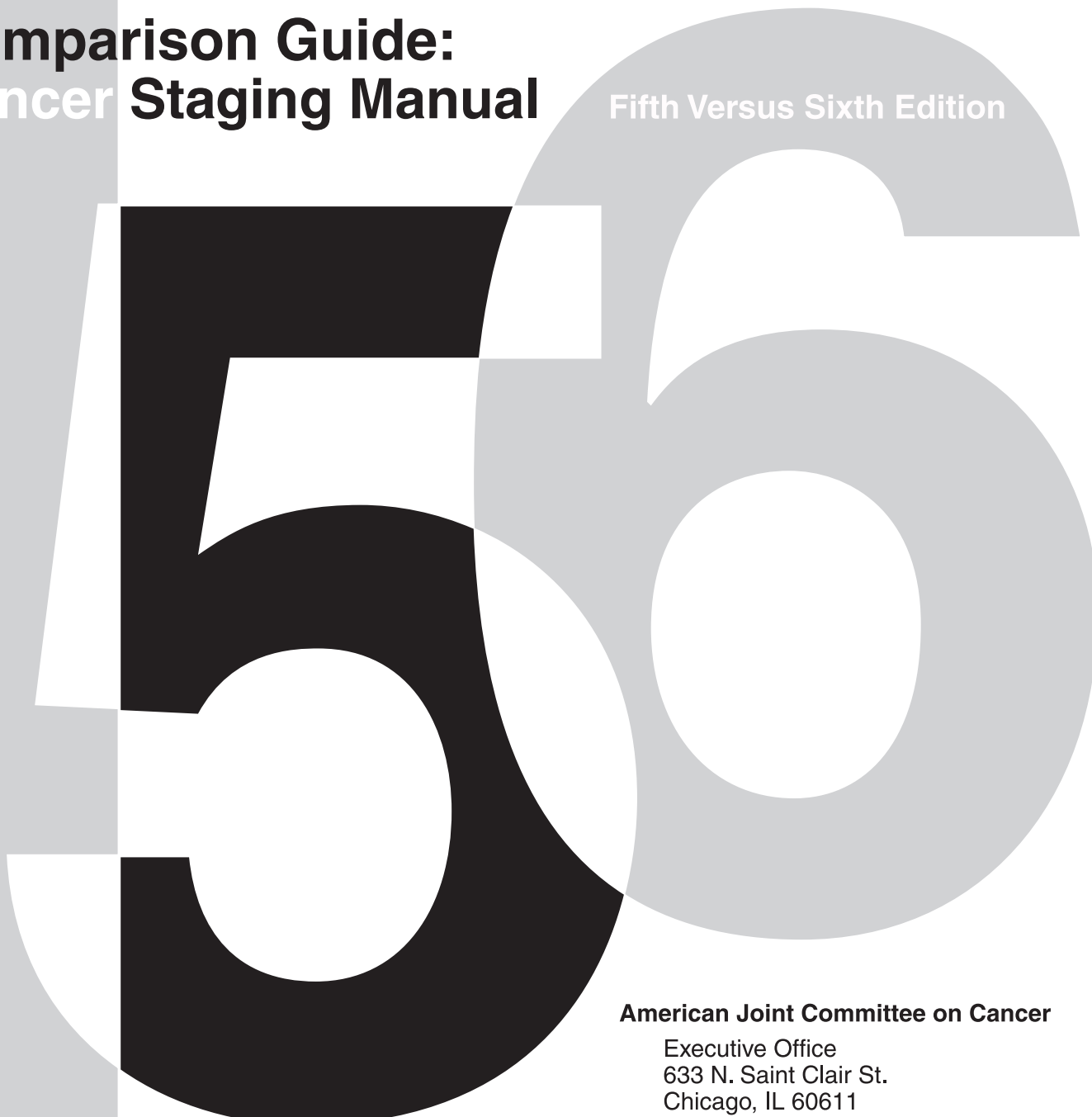
Executive Office
633 N. Saint Clair St.
Chicago, IL 60611
312/202-5085

www.cancerstaging.org



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Table of Contents

Preface	iii	Melanoma of the Skin	18
General Rules for Staging of Cancer ..	iii	Breast	20
How to Use This Guide	vii	Vulva	23
Comparison Chart		Vagina	23
Lip and Oral Cavity	1	Cervix Uteri	24
Pharynx	2	Corpus Uteri	24
Larynx	3	Ovary	24
Nasal Cavity and Paranasal Sinuses	4	Fallopian Tube	24
Major Salivary Glands	5	Gestational Trophoblastic Tumors	25
Thyroid Gland	6	Penis	25
Esophagus	7	Prostate	26
Stomach	8	Testis	26
Small Intestine	8	Kidney	26
Colon and Rectum	8	Renal Pelvis and Ureter	26
Anal Canal	9	Urinary Bladder	27
Liver	9	Urethra	27
Gallbladder	11	Carcinoma of the Eyelid	27
Extrahepatic Bile Ducts	12	Carcinoma of the Conjunctiva	27
Ampulla of Vater	13	Malignant Melanoma of the Conjunctiva	27
Exocrine Pancreas	13	Malignant Melanoma of the Uvea	28
Lung	14	Retinoblastoma	29
Pleural Mesothelioma	14	Carcinoma of the Lacrimal Gland	31
Bone	16	Sarcoma of the Orbit	31
Soft Tissue Sarcoma	17	Brain and Spinal Cord	32
Carcinoma of the Skin	17	Lymphoid Neoplasms	32

Preface

The *AJCC Comparison Guide: Fifth Versus Sixth Edition* is available to assist users in identifying the differences between the *AJCC Cancer Staging Manual, Fifth Edition*, and the *AJCC Cancer Staging Manual, Sixth Edition*. Since staging is not a fixed science, the changes are made to reflect new information about cancer etiology and also to consider the technologic advances used in diagnosing and treating malignancies. This guide includes the changes for each site as noted in the “Summary of Changes” that appears at the beginning of each chapter in the *AJCC*

Cancer Staging Manual, Sixth Edition. You can find a complementary electronic version of the guide at either the AJCC Web site: <http://www.cancerstaging.org>, or the Springer-Verlag, New York Web site: <http://www.cancerstaging.net>.

Acknowledgments

Supported by the American Cancer Society, the American Society of Clinical Oncology, and the International Union Against Cancer (UICC).

General Rules for Staging of Cancer

For complete text, read “General Rules for Staging of Cancer” in the *AJCC Cancer Staging Manual, Sixth Edition*.

The TNM system is an expression of the anatomic extent of disease and is based on the assessment of 3 components:

- T** The extent of the primary tumor
- N** The absence or presence and extent of regional lymph node metastasis
- M** The absence or presence of distant metastasis

The use of numerical subsets of the TNM components indicates the progressive extent of the malignant disease.

- T0, T 1, T2, T3, T4
- N0, N1, N2, N3
- M0, M1

In effect, the system is a shorthand notation for describing the clinical and pathologic anatomic extent of a particular malignant tumor. The following general rules apply to all sites.

1. All cases should use the following time guidelines for evaluating stage—through the first course of surgery or 4 months, whichever is longer.

2. All cases should be confirmed microscopically for TNM classification (including clinical classification). Rare cases that do not have biopsy or cytology of the tumor can be staged, but should be analyzed separately and should not be included in survival analyses.

3. Four classifications are described for each site:
 - **Clinical classification**, designated **cTNM or TNM**
 - **Pathologic classification**, designated **pTNM**
 - **Retreatment classification**, designated **rTNM**
 - **Autopsy classification**, designated **aTNM**

Clinical classification is based on evidence acquired before primary treatment. Clinical assessment uses information available prior to first definitive treatment including, but not limited to, physical examination, imaging, endoscopy, biopsy, and surgical exploration. Clinical stage is assigned prior to any cancer-directed treatment and is not changed on the basis of subsequent information. Clinical staging ends if a decision is made not to treat the

patient. The clinical stage is essential to selecting and evaluating primary therapy.

Pathologic classification uses the evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination. The pathologic stage provides additional precise data used for estimating prognosis and calculating end results.

- The pathologic assessment of the primary tumor (pT) entails resection of the primary tumor sufficient to evaluate the highest pT category and, with several partial removals, may necessitate an effort at reasonable reconstruction to approximate the native size prior to manipulation.
- The complete pathologic assessment of the regional lymph nodes (pN) ideally entails removal of a sufficient number of lymph nodes to evaluate the highest pN category.

Exception: Sentinel node assessment may be appropriate for some sites and is clarified in chapter guidelines for those sites.*

**Note:* The sentinel lymph node is the first lymph node to receive lymphatic drainage from a primary tumor. If it contains metastatic tumor, this indicates that other lymph nodes may contain tumor. If it does not contain metastatic tumor, other lymph nodes are not likely to contain tumor. Occasionally there is more than 1 sentinel lymph node.

- If pathologic assessment of lymph nodes reveals negative nodes but the number of examined lymph nodes is less than the suggested number for lymph node dissection, classify the N category as pN0.
- Isolated tumor cells (ITC) are single tumor cells or small clusters of cells not more than 0.2 mm in greatest dimension that are usually detected by immunohistochemistry or molecular methods. Cases with ITC in lymph

nodes or at distant sites should be classified as N0 or M0, respectively. The same applies to cases with findings suggestive of tumor cells or their components by nonmorphologic techniques such as flow cytometry or DNA analysis. These cases should be analyzed separately and have special recording rules in the specific organ site.

- The pathologic assessment of metastases may be either clinical or pathologic when the T and/or N categories meet the criteria for pathologic staging (pT, pN, cM, or pM).

Pathologic classification of the extent of the primary tumor (T) and lymph nodes (N) is essential. Pathologic staging depends on the proven anatomic extent of disease, whether or not the primary lesion has been completely removed. If a biopsied primary tumor technically cannot be removed, or when it is unreasonable to remove it, and if the highest T and N categories or the M1 category of the tumor can be confirmed microscopically, the criteria for pathologic classification and staging have been satisfied without total removal of the primary cancer.

Retreatment classification is assigned when further treatment (such as chemotherapy) is planned for a cancer that recurs after a disease-free interval. All information available at the time of retreatment should be used in determining the stage of the recurrent tumor (rTNM). Biopsy confirmation of the recurrent cancer is useful if clinically feasible, but with pathologic proof of the primary site, clinical evidence of distant metastases (usually by radiographic or related methodologies) may be used.

Autopsy classification occurs when classification of a cancer by postmortem examination is done after the death of a patient (cancer was not evident prior to death). The classification of the stage is identified as **aTNM** and includes all pathologic information obtained at the time of death.

4. **Stage grouping.** After the assignment of cT, cN, and cM and/or pT, pN, and

pM categories, these may be grouped into stages. Both TNM classifications and stage groupings, once established, remain in the medical record. If there is doubt concerning the T, N, or M classification to which a particular case should be assigned, then the lower (less advanced) category should be assigned. The same principle applies to the stage grouping. Carcinoma in situ (CIS) is an exception to the stage grouping guidelines. By definition, CIS has not involved any structures in the primary organ that would allow tumor cells to spread to regional nodes or distant sites. Therefore, pTis, cN0, cM0, clinical stage group 0 is appropriate.

5. **Multiple tumors.** In the case of multiple, simultaneous tumors in 1 organ, the tumor with the highest T category is the one selected for classification and staging, and the multiplicity or the number of tumors is indicated in parentheses: for example, T2(m) or T2(5). For simultaneous bilateral cancers in paired organs, the tumors are classified separately as independent tumors in different organs. In the case of tumors of the thyroid, liver, and ovary, multiplicity is a criterion of T classification.
6. **Subsets of TNM.** Definitions of TNM categories and stage grouping may be telescoped (expanded as subsets of existing classifications) for research purposes as long as the original definitions are not changed. For instance, any of the published T, N, or M classifications can be divided into subgroups for testing and, if validated, may be submitted to the American Joint Committee on Cancer or the TNM Process Subcommittee of the UICC to be evaluated for inclusion in the classification system.
7. **Unknown primary.** In the case of a primary of unknown origin, staging can only be based on clinical suspicion of the primary origin (eg, T0 N1 M0).

Definitions of TNM

Primary Tumor (T)

TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Tis	Carcinoma in situ
T1,T2,T3,T4	Increasing size and/or local extent of the primary tumor

Regional Lymph Nodes (N)

NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1, N2, N3	Increasing involvement of regional lymph nodes

Note: Direct extension of the primary tumor into a lymph node(s) is classified as a lymph node metastasis.

Note: Metastasis in any lymph node other than regional is classified as a distant metastasis.

Distant Metastasis (M)

MX	Distant metastasis cannot be assessed
M0	No distant metastasis
M1	Distant metastasis

Note: For pathologic stage grouping, if sufficient tissue to evaluate the highest T and N categories has been removed for pathologic examination, M1 may be either clinical (cM1) or pathologic (pM1). If only a metastasis has had microscopic confirmation, the classification is pathologic (pM1) and the stage is pathologic. The category M1 may be further specified according to the following notation:

Pulmonary	PUL	Pleura	PLE
Osseous		OSS	Peritoneum
	PER		
Hepatic	HEP	Adrenals	ADR
Brain	BRA	Skin	SKI
Lymph nodes	LYM	Other	OTH
Bone marrow	MAR		

Subdivisions of TNM. Subdivisions of some main categories are available for

those who need greater specificity (eg, T1a, 1b or N2a, 2b as with breast and prostate).

Histopathologic Type

The histopathologic type is a *qualitative* assessment whereby a tumor is categorized (typed) according to the normal tissue type or cell type it most closely resembles (eg, hepatocellular or cholangiocarcinoma, osteosarcoma, squamous cell carcinoma). In general, the *World Health Organization International Histological Classification of Tumours* published in numerous anatomic site-specific editions, may be used for histopathologic typing.

Histologic Grade (G)

The histopathologic grade is a qualitative assessment of the differentiation of the tumor expressed as the extent to which a tumor resembles the normal tissue at that site. Grade is expressed in numerical grades of differentiation from most differentiated (Grade 1) to least differentiated (Grade 4), eg, squamous cell carcinoma, moderately differentiated, Grade 2. The term *grade* is also used when other predictive, tissue-based parameters are used for prediction, particularly nuclear grade and mitotic count.

GX	Grade cannot be assessed
G1	Well differentiated
G2	Moderately differentiated
G3	Poorly differentiated
G4	Undifferentiated

Descriptors

For identification of special cases of TNM or pTNM classifications, the m suffix and “y,” “r,” and “a” prefixes are used. Although they do not affect the stage grouping, they indicate cases that require separate analysis.

m Suffix. Indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

y Prefix. Indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a “y” prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The “y” categorization is not an estimate of the extent of tumor prior to multimodality therapy.

r Prefix. Indicates a recurrent tumor when staged after a disease-free interval, and is identified by the “r” prefix: rTNM. (See reclassification, “r” above as rTNM).

a Prefix. Designates the stage determined at autopsy: aTNM.

Other Descriptors

Lymphatic Vessel Invasion (L)

LX	Lymphatic vessel invasion cannot be assessed
L0	No lymphatic vessel invasion
L1	Lymphatic vessel invasion

Venous Invasion (V)

VX	Venous invasion cannot be assessed
V0	No venous invasion
V1	Microscopic venous invasion
V2	Macroscopic venous invasion

Residual Tumor (R)

The absence or presence of residual tumor after treatment is described by the symbol R.

TNM and pTNM describe the anatomic extent of cancer in general without consideration of treatment. TNM and pTNM can be supplemented by the R classification, which deals with the tumor status after treatment. It reflects the effects of therapy, influences further therapeutic procedures, and is a strong predictor of prognosis.

The R categories are:

RX	Presence of residual tumor cannot be assessed
R0	No residual tumor
R1	Microscopic residual tumor
R2	Macroscopic residual tumor

Stage Grouping

Classification by the TNM system achieves reasonably precise description and recording of the anatomic extent of disease. A tumor with 4 categories of T, 3 categories of N, and 2 categories of M has 24 TNM combinations. For purposes of

tabulation and analysis, except in very large series, it is necessary to condense these combinations into a convenient number of TNM stage groupings.

The grouping adopted ensures, as far as possible, that each stage group is relatively homogeneous with respect to survival and that the survival rates of these stage groupings for each cancer site are distinct. Carcinoma in situ is categorized Stage 0; for most sites, a case with distant metastasis is categorized Stage IV. Stages I, II, and III indicate relatively greater anatomic extent of cancer within the range from Stage 0 to Stage IV.

How to Use This Guide

This is not meant to replace the use of the actual staging manuals. Review all chapters of the *AJCC Cancer Staging Manual, Sixth Edition* for complete descriptions.

The Fifth Edition, the present classification for the AJCC staging by site, is in the first column. The Sixth Edition, in the second column, represents the changes that will become effective in January 2003.

The *Comparison Guide* takes each T, N, M element and stage grouping, if applicable, that has changed and compares it to the older element in an easy-to-read, side-by-side format. Each site begins with a "Summary of Changes" list that outlines specific changes to the schema. If no changes have been made to the TNM for the Sixth Edition, the guide will state, "The definition of TNM and the Stage Grouping for this chapter have not changed from the Fifth Edition."

SITE	5th EDITION	6th EDITION																																																																																																																
Lip and Oral Cavity	<p>T4 (oral cavity) - Changed to T4a (oral cavity).</p> <p>T4b - Excluded.</p> <table border="0" data-bbox="342 617 911 945"> <tr> <td>Stage 0</td> <td>Tis</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage I</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage II</td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage III</td> <td>T3</td> <td>N0</td> <td>M0</td> </tr> <tr> <td></td> <td>T1</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>Stage IV</td> <td>T4</td> <td>N0</td> <td>M0</td> </tr> <tr> <td></td> <td>T4</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>Any T</td> <td>N2</td> <td>M0</td> </tr> <tr> <td>Stage IVB</td> <td>Any T</td> <td>N3</td> <td>M0</td> </tr> <tr> <td>Stage IVC</td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage 0	Tis	N0	M0	Stage I	T1	N0	M0	Stage II	T2	N0	M0	Stage III	T3	N0	M0		T1	N1	M0		T2	N1	M0		T3	N1	M0	Stage IV	T4	N0	M0		T4	N1	M0		Any T	N2	M0	Stage IVB	Any T	N3	M0	Stage IVC	Any T	Any N	M1	<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • T4 lesions have been divided into T4a (resectable) and T4b unresectable), leading to the division of Stage IV into Stage IVA, Stage IVB, and Stage IVC. <p>T4a (oral cavity) - Tumor invades adjacent structures (eg, through cortical bone, into deep [extrinsic] muscle of the tongue [genioglossus, hyoglossus, palatoglossus, and styloglossus], maxillary sinus, skin of face).</p> <p>T4b - Tumor invades masticator space, pterygoid plates, or skull base and/or encases internal carotid artery.</p> <table border="0" data-bbox="911 617 1472 1050"> <tr> <td>Stage 0</td> <td>Tis</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage I</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage II</td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage III</td> <td>T3</td> <td>N0</td> <td>M0</td> </tr> <tr> <td></td> <td>T1</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>Stage IVA</td> <td>T4a</td> <td>N0</td> <td>M0</td> </tr> <tr> <td></td> <td>T4a</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T1</td> <td>N2</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N2</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N2</td> <td>M0</td> </tr> <tr> <td></td> <td>T4a</td> <td>N2</td> <td>M0</td> </tr> <tr> <td>Stage IVB</td> <td>T4b</td> <td>Any N</td> <td>M0</td> </tr> <tr> <td></td> <td>Any T</td> <td>N3</td> <td>M0</td> </tr> <tr> <td>Stage IVC</td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage 0	Tis	N0	M0	Stage I	T1	N0	M0	Stage II	T2	N0	M0	Stage III	T3	N0	M0		T1	N1	M0		T2	N1	M0		T3	N1	M0	Stage IVA	T4a	N0	M0		T4a	N1	M0		T1	N2	M0		T2	N2	M0		T3	N2	M0		T4a	N2	M0	Stage IVB	T4b	Any N	M0		Any T	N3	M0	Stage IVC	Any T	Any N	M1
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SITE	5th EDITION	6th EDITION
Larynx		<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • T4 lesions have been divided into T4a (resectable) and T4b unresectable), leading to the division of Stage IV into Stage IVA, Stage IVB, and Stage IVC.
	<p><u>Supraglottis</u> T4a - Excluded.</p>	<p><u>Supraglottis</u> T4a - Tumor invades through the thyroid cartilage and/or invades tissues beyond the larynx (eg, trachea, soft tissues of neck including deep extrinsic muscle of the tongue, strap muscles, thyroid, or esophagus).</p>
	<p>T4b - Excluded.</p>	<p>T4b - Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures.</p>
	<p><u>Glottis</u> T4a - Excluded.</p>	<p><u>Glottis</u> T4a - Tumor invades through the thyroid cartilage and/or invades tissues beyond the larynx (eg, trachea, soft tissues of neck including deep extrinsic muscle of the tongue, strap muscles, thyroid, or esophagus).</p>
	<p>T4b - Excluded.</p>	<p>T4b - Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures.</p>
	<p><u>Subglottis</u> T4a - Excluded.</p>	<p><u>Subglottis</u> T4a - Tumor invades cricoid or thyroid cartilage and/or invades tissues beyond the larynx (eg, trachea, soft tissues of neck including deep extrinsic muscle of the tongue, strap muscles, thyroid, or esophagus).</p>
	<p>T4b - Excluded.</p>	<p>T4b - Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures.</p>
	<p>Stage 0 Tis N0 M0</p>	<p>Stage 0 Tis N0 M0</p>
	<p>Stage I T1 N0 M0</p>	<p>Stage I T1 N0 M0</p>
	<p>Stage II T2 N0 M0</p>	<p>Stage II T2 N0 M0</p>
	<p>Stage III T3 N0 M0</p>	<p>Stage III T3 N0 M0</p>
	<p> T1 N1 M0</p>	<p> T1 N1 M0</p>
<p> T2 N1 M0</p>	<p> T2 N1 M0</p>	
<p> T3 N1 M0</p>	<p> T3 N1 M0</p>	
<p>Stage IVA T4 N0 M0</p>	<p>Stage IVA T4a N0 M0</p>	
<p> T4 N1 M0</p>	<p> T4a N1 M0</p>	
<p> Any T N2 M0</p>	<p> T1 N2 M0</p>	
<p>Stage IVB Any T N3 M0</p>	<p> T2 N2 M0</p>	
<p>Stage IVC Any T Any N M1</p>	<p> T3 N2 M0</p>	
	<p> T4a N2 M0</p>	
	<p>Stage IVB T4b Any N M0</p>	
	<p> Any T N3 M0</p>	
	<p>Stage IVC Any T Any N M1</p>	

SITE	5th EDITION	6th EDITION																																																																																																		
Nasal Cavity and Paranasal Sinuses	<p><u>Maxillary Sinus</u> T1 - Tumor limited to the antral mucosa with no erosion or destruction of bone. T2 - Tumor causing bone erosion or destruction, except for the posterior antral wall, including extension into the hard palate and/or middle nasal meatus.</p> <p><u>Ethmoid Sinus</u> T1 - Tumor confined to the ethmoid with or without bone erosion. T2 - Tumor extends into the nasal cavity.</p> <p>T3 - Tumor extends to the anterior orbit, and/or maxillary sinus.</p> <p>T4 - Tumor with intracranial extension, orbital extension including apex, involving sphenoid, and/or frontal sinus and/or skin of external nose.</p> <table border="0"> <tr> <td>Stage 0</td> <td>Tis</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage I</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage II</td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td rowspan="3">Stage III</td> <td>T3</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>T1</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>T2</td> <td>N1</td> <td>M0</td> </tr> <tr> <td rowspan="3">Stage IVA</td> <td>T3</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>T4</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>T4</td> <td>N1</td> <td>M0</td> </tr> <tr> <td rowspan="2">Stage IVB</td> <td>Any T</td> <td>N2</td> <td>M0</td> </tr> <tr> <td>Any T</td> <td>N3</td> <td>M0</td> </tr> <tr> <td>Stage IVC</td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage 0	Tis	N0	M0	Stage I	T1	N0	M0	Stage II	T2	N0	M0	Stage III	T3	N0	M0	T1	N1	M0	T2	N1	M0	Stage IVA	T3	N1	M0	T4	N0	M0	T4	N1	M0	Stage IVB	Any T	N2	M0	Any T	N3	M0	Stage IVC	Any T	Any N	M1	<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • A new site has been added for inclusion into the staging system. In addition to maxillary sinus, the nasoethmoid complex is described as a second site with 2 regions within this site: nasal cavity and ethmoid sinuses. • The nasal cavity region is further divided into 4 subsites: septum, floor, lateral wall, and vestibule. The ethmoid sinus region is divided into 2 subsites: right and left. • The T staging of ethmoid lesions has been revised to reflect nasoethmoid tumors, and appropriate description of their T staging has been added. • For maxillary sinus, T4 lesions have been divided into T4a (resectable) and T4b unresectable), leading to the division of Stage IV into Stage IVA, Stage IVB, and Stage IVC. <p><u>Maxillary Sinus</u> T1 - Tumor limited to maxillary sinus mucosa with no erosion or destruction of bone. T2 - Tumor causing bone erosion or destruction including extension into the hard palate and/or middle nasal meatus, except extension to posterior wall of maxillary sinus and pterygoid plates.</p> <p><u>Nasal Cavity and Ethmoid Sinus</u> T1 - Tumor restricted to any 1 subsite, with or without bony invasion. T2 - Tumor invading 2 subsites in a single region or extending to involve an adjacent region within the nasoethmoidal complex, with or without bony invasion. T3 - Tumor extends to invade the medial wall or floor of the orbit, maxillary sinus, palate, or cribriform plate. T4a - Tumor invades any of the following: anterior orbital contents, skin of nose or cheek, minimal extension to anterior fossa, pterygoid plates, sphenoid or frontal sinuses. T4b - Tumor invades any of the following: orbital apex, dura, brain, middle cranial fossa, cranial nerves other than (V₂), nasopharynx, or clivus.</p> <table border="0"> <tr> <td>Stage 0</td> <td>Tis</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage I</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage II</td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td rowspan="3">Stage III</td> <td>T3</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>T1</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>T2</td> <td>N1</td> <td>M0</td> </tr> <tr> <td rowspan="3">Stage IVA</td> <td>T3</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>T4a</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>T4a</td> <td>N1</td> <td>M0</td> </tr> <tr> <td rowspan="5">Stage IVB</td> <td>T1</td> <td>N2</td> <td>M0</td> </tr> <tr> <td>T2</td> <td>N2</td> <td>M0</td> </tr> <tr> <td>T3</td> <td>N2</td> <td>M0</td> </tr> <tr> <td>T4a</td> <td>N2</td> <td>M0</td> </tr> <tr> <td>T4b</td> <td>Any N</td> <td>M0</td> </tr> <tr> <td rowspan="2">Stage IVC</td> <td>Any T</td> <td>N3</td> <td>M0</td> </tr> <tr> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage 0	Tis	N0	M0	Stage I	T1	N0	M0	Stage II	T2	N0	M0	Stage III	T3	N0	M0	T1	N1	M0	T2	N1	M0	Stage IVA	T3	N1	M0	T4a	N0	M0	T4a	N1	M0	Stage IVB	T1	N2	M0	T2	N2	M0	T3	N2	M0	T4a	N2	M0	T4b	Any N	M0	Stage IVC	Any T	N3	M0	Any T	Any N	M1
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SITE	5th EDITION	6th EDITION																																																																																																								
Major Salivary Glands (Parotid, Submandibular, and Sublingual)	<p>T3 - Tumor having extraparenchymal extension without seventh nerve involvement and/or more than 4 cm, but not more than 6 cm in greatest dimension.</p> <p>T4 - Tumor invades base of skull, seventh nerve, and/or exceeds 6 cm in greatest dimension.</p> <p>T4a - Excluded.</p> <p>T4b - Excluded.</p> <table border="0" data-bbox="350 835 902 1157"> <tr> <td>Stage I</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage II</td> <td>T3</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage III</td> <td>T1</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>Stage IVA</td> <td>T4</td> <td>N0</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T4</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>Any T</td> <td>N2</td> <td>M0</td> </tr> <tr> <td></td> <td>Any T</td> <td>N3</td> <td>M0</td> </tr> <tr> <td></td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage I	T1	N0	M0		T2	N0	M0	Stage II	T3	N0	M0	Stage III	T1	N1	M0		T2	N1	M0	Stage IVA	T4	N0	M0		T3	N1	M0		T4	N1	M0		Any T	N2	M0		Any T	N3	M0		Any T	Any N	M1	<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> In order to maintain internal consistency of T staging across all sites, the description for T3 has been revised. In addition to tumors having extraparenchymal extension, all tumors larger than 4 cm are considered T3. T4 lesions have been divided into T4a (resectable) and T4b (unresectable), leading to the division of Stage IV into Stage IVA, Stage IVB, and Stage IVC. <p>T3 - Tumor more than 4 cm and/or tumor having extraparenchymal extension.</p> <p>T4 - Excluded.</p> <p>T4a - Tumor invades skin, mandible, ear canal, and/or facial nerve.</p> <p>T4b - Tumor invades skull base and/or pterygoid plates and/or encases carotid artery.</p> <table border="0" data-bbox="919 835 1464 1266"> <tr> <td>Stage I</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage II</td> <td>T3</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage III</td> <td>T1</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>Stage IVA</td> <td>T4a</td> <td>N0</td> <td>M0</td> </tr> <tr> <td></td> <td>T4a</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T1</td> <td>N2</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N2</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N2</td> <td>M0</td> </tr> <tr> <td></td> <td>T4a</td> <td>N2</td> <td>M0</td> </tr> <tr> <td>Stage IVB</td> <td>T4b</td> <td>Any N</td> <td>M0</td> </tr> <tr> <td></td> <td>Any T</td> <td>N3</td> <td>M0</td> </tr> <tr> <td>Stage IVC</td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage I	T1	N0	M0		T2	N0	M0	Stage II	T3	N0	M0	Stage III	T1	N1	M0		T2	N1	M0		T3	N1	M0	Stage IVA	T4a	N0	M0		T4a	N1	M0		T1	N2	M0		T2	N2	M0		T3	N2	M0		T4a	N2	M0	Stage IVB	T4b	Any N	M0		Any T	N3	M0	Stage IVC	Any T	Any N	M1
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SITE	5th EDITION	6th EDITION
Thyroid Gland	<p>T1 - Tumor 1 cm or less in greatest dimension limited to the thyroid.</p> <p>T2 - Tumor more than 1 cm, but not more than 4 cm, in greatest dimension limited to the thyroid.</p> <p>T3 - Tumor more than 4 cm in greatest dimension limited to the thyroid.</p> <p>T4 - Tumor of any size extending beyond the thyroid capsule.</p> <p>T4a - Excluded.</p> <p>T4b - Excluded.</p> <p>Regional lymph nodes are the cervical and upper mediastinal lymph nodes.</p> <p>N1a - Metastasis in ipsilateral cervical lymph node(s).</p> <p>N1b - Metastasis in bilateral, midline, or contralateral cervical or mediastinal lymph node(s).</p>	<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • Tumor staging (T) has been revised and the categories redefined. • T4 is now divided into T4a and T4b. • Nodal staging (N) has been revised. • All anaplastic carcinomas are considered T4. The T4 category for anaplastic carcinomas is divided into T4a (intrathyroidal anaplastic carcinoma—surgically resectable) and T4b (extrathyroidal anaplastic carcinoma—surgically unresectable). • For papillary and follicular carcinomas, the stage grouping for patients older than 45 has been revised. Stage III includes tumors with minimal extrathyroid extension. Stage IVA includes tumors of any size extending beyond the thyroid capsule to invade subcutaneous soft tissues, larynx, trachea, esophagus, OR recurrent laryngeal nerve. Stage IVB includes tumors that invade prevertebral fascia, carotid artery, or mediastinal vessels. Stage IVC includes advanced tumors with distant metastasis. <p>T1 - Tumor 2 cm or less in greatest dimension limited to the thyroid.</p> <p>T2 - Tumor more than 2 cm, but not more than 4 cm, in greatest dimension limited to the thyroid.</p> <p>T3 - Tumor more than 4 cm in greatest dimension limited to the thyroid or any tumor with minimal extrathyroid extension (eg, extension to sternothyroid muscle or perithyroid soft tissues).</p> <p>T4 - Excluded.</p> <p>T4a - Tumor of any size extending beyond the thyroid capsule to invade subcutaneous soft tissues, larynx, trachea, esophagus, or recurrent laryngeal nerve.</p> <p>T4b - Tumor invades prevertebral fascia or encases carotid artery or mediastinal vessels.</p> <p>All anaplastic carcinomas are considered T4 tumors.</p> <p>T4a - Intrathyroidal anaplastic carcinoma—surgically resectable.</p> <p>T4b - Extrathyroidal anaplastic carcinoma—surgically unresectable.</p> <p>Regional lymph nodes are the central compartment, lateral cervical, and upper mediastinal lymph nodes.</p> <p>N1a - Metastasis to Level IV (pretracheal, paratracheal, and prelaryngeal/Delphian lymph nodes).</p> <p>N1b - Metastasis to unilateral, bilateral, or contralateral cervical or superior mediastinal lymph nodes.</p>

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Thyroid Gland (Cont.)	<p>Separate stage groupings are recommended for papillary, follicular, medullary, or undifferentiated (anaplastic).</p> <p style="text-align: center;"><i>Papillary or Follicular</i> Under 45 Years</p> <table border="0"> <tr> <td>Stage I</td> <td>Any T</td> <td>Any N</td> <td>M0</td> </tr> <tr> <td>Stage II</td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table> <p style="text-align: center;"><i>Papillary or Follicular</i> 45 Years and Older</p> <table border="0"> <tr> <td>Stage I</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage II</td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage III</td> <td>T4</td> <td>N0</td> <td>M0</td> </tr> <tr> <td></td> <td>Any T</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>Stage IV</td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table> <p style="text-align: center;"><i>Medullary</i></p> <table border="0"> <tr> <td>Stage I</td> <td>T1</td> 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Stomach	<p>T2a - Excluded. T2b - Excluded.</p> <table border="0"> <tr> <td>Stage 0</td> <td>Tis</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IA</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IB</td> <td>T1</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage II</td> <td>T1</td> <td>N2</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIIA</td> <td>T2</td> <td>N2</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T4</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIIB</td> <td>T3</td> <td>N2</td> <td>M0</td> </tr> <tr> <td>Stage IV</td> <td>T4</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T1</td> <td>N3</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N3</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N3</td> <td>M0</td> </tr> <tr> <td></td> <td>T4</td> <td>N2</td> <td>M0</td> </tr> <tr> <td></td> <td>T4</td> <td>N3</td> <td>M0</td> </tr> <tr> <td></td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage 0	Tis	N0	M0	Stage IA	T1	N0	M0	Stage IB	T1	N1	M0		T2	N0	M0	Stage II	T1	N2	M0		T2	N1	M0		T3	N0	M0	Stage IIIA	T2	N2	M0		T3	N1	M0		T4	N0	M0	Stage IIIB	T3	N2	M0	Stage IV	T4	N1	M0		T1	N3	M0		T2	N3	M0		T3	N3	M0		T4	N2	M0		T4	N3	M0		Any T	Any N	M1	<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • T2 lesions have been divided into T2a and T2b. • T2a is defined as tumor that invades the muscularis propria. • T2b is defined as tumor that invades the subserosa. <p>T2a- Invades muscularis propria. T2b- Invades subserosa.</p> <table border="0"> <tr> <td>Stage 0</td> <td>Tis</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IA</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IB</td> <td>T1</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T2a/b</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage II</td> <td>T1</td> <td>N2</td> <td>M0</td> </tr> <tr> <td></td> <td>T2a/b</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIIA</td> <td>T2a/b</td> <td>N2</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T4</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIIB</td> <td>T3</td> <td>N2</td> <td>M0</td> </tr> <tr> <td>Stage IV</td> <td>T4</td> <td>N1-3</td> <td>M0</td> </tr> <tr> <td></td> <td>T1-3</td> <td>N3</td> <td>M0</td> </tr> <tr> <td></td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage 0	Tis	N0	M0	Stage IA	T1	N0	M0	Stage IB	T1	N1	M0		T2a/b	N0	M0	Stage II	T1	N2	M0		T2a/b	N1	M0		T3	N0	M0	Stage IIIA	T2a/b	N2	M0		T3	N1	M0		T4	N0	M0	Stage IIIB	T3	N2	M0	Stage IV	T4	N1-3	M0		T1-3	N3	M0		Any T	Any N	M1
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Small Intestine		The definition of TNM and the Stage Grouping for this chapter have not changed from the Fifth Edition.																																																																																																																																
Colon and Rectum		<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • A revised description of the anatomy of the colon and rectum better delineates the data concerning the boundaries between colon, rectum, and anal canal. Adenocarcinomas of the vermiform appendix are classified according to the TNM staging system but should be recorded separately, whereas cancers that occur in the anal canal are staged according to the classification used for the anus. • Smooth metastatic nodules in the pericolic or perirectal fat are considered lymph node metastases and will be counted in the N staging. In contrast, irregularly contoured metastatic nodules in the peritumoral fat are considered vascular invasion and will be coded as an extension of the T category as either V1 (microscopic vascular invasion) if only microscopically visible or as V2 (macroscopic vascular invasion) if grossly visible. • Stage group II is subdivided into IIA and IIB on the basis of whether the primary tumor is T3 or T4, respectively. • Stage group III is subdivided into IIIA (T1–2 N1 M0), IIIB (T3–4 N1 M0), or IIIC (any T N2 M0). 																																																																																																																																

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Colon and Rectum (Cont.)	<p>T4 (Note***) - Excluded.</p> <p>Discussion of Radial Margins and Residual Tumor (R) excluded.</p> <table border="0" data-bbox="354 667 899 926"> <thead> <tr> <th colspan="4">AJCC/UICC</th> <th>Dukes'*</th> </tr> </thead> <tbody> <tr> <td>Stage 0</td> <td>Tis</td> <td>N0</td> <td>M0</td> <td>-</td> </tr> <tr> <td rowspan="2">Stage I</td> <td rowspan="2">T1</td> <td>N0</td> <td>M0</td> <td>A</td> </tr> <tr> <td>T2</td> <td>N0</td> <td>M0-</td> </tr> <tr> <td rowspan="2">Stage II</td> <td rowspan="2">T3</td> <td>N0</td> <td>M0</td> <td>B</td> </tr> <tr> <td>T4</td> <td>N0</td> <td>M0-</td> </tr> <tr> <td rowspan="2">Stage III</td> <td rowspan="2">Any T</td> <td>N1</td> <td>M0</td> <td>C</td> </tr> <tr> <td>Any T</td> <td>N2</td> <td>M0-</td> </tr> <tr> <td>Stage IV</td> <td>Any T</td> <td>Any N</td> <td>M1</td> <td>-</td> </tr> </tbody> </table> <p>*MAC excluded.</p>	AJCC/UICC				Dukes'*	Stage 0	Tis	N0	M0	-	Stage I	T1	N0	M0	A	T2	N0	M0-	Stage II	T3	N0	M0	B	T4	N0	M0-	Stage III	Any T	N1	M0	C	Any T	N2	M0-	Stage IV	Any T	Any N	M1	-	<p>T4 (Note***) - Tumor that is adherent to other organs or structures, macroscopically, is classified as T4. However, if no tumor is present in the adhesion, microscopically, the classification should be pT3. The V and L substaging should be used to identify the presence or absence of vascular or lymphatic invasion.</p> <p>R0 - Complete resection, margins histologically negative, no residual tumor left after resection. R1 - Incomplete resection, margins histologically involved, microscopic tumor remains after resection of gross disease. R2 - Incomplete resection, margins involved or gross disease remains after resection.</p> <table border="0" data-bbox="922 667 1463 953"> <thead> <tr> <th colspan="4">AJCC/UICC</th> <th colspan="2">Dukes'*</th> <th colspan="2">MAC*</th> </tr> </thead> <tbody> <tr> <td>Stage 0</td> <td>Tis</td> <td>N0</td> <td>M0</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td rowspan="2">Stage I</td> <td rowspan="2">T1</td> <td>N0</td> <td>M0</td> <td>A</td> <td>A</td> <td>-</td> <td>-</td> </tr> <tr> <td>T2</td> <td>N0</td> <td>M0</td> <td>A</td> <td>B1</td> <td>-</td> <td>-</td> </tr> <tr> <td>Stage IIA</td> <td>T3</td> <td>N0</td> <td>M0</td> <td>B</td> <td>B2</td> <td>-</td> <td>-</td> </tr> <tr> <td>Stage IIB</td> <td>T4</td> <td>N0</td> <td>M0</td> <td>B</td> <td>B3</td> <td>-</td> <td>-</td> </tr> <tr> <td>Stage IIIA</td> <td>T1-T2</td> <td>N1</td> <td>M0</td> <td>C</td> <td>C1</td> <td>-</td> <td>-</td> </tr> <tr> <td>Stage IIIB</td> <td>T3-T4</td> <td>N1</td> <td>M0</td> <td>C</td> <td>C2/C3</td> <td>-</td> <td>-</td> </tr> <tr> <td>Stage IIIC</td> <td>Any T</td> <td>N2</td> <td>M0</td> <td>C</td> <td>C1/C2/C3</td> <td>-</td> <td>-</td> </tr> <tr> <td>Stage IV</td> <td>Any T</td> <td>Any N</td> <td>M1</td> <td>-</td> <td>D</td> <td>-</td> <td>-</td> </tr> </tbody> </table> <p>*Dukes' B is a composite of better (T3 N0 M0) and worse (T4 N0 M0) prognostic groups, and is Dukes' C (Any T N1 M0 and Any T N2 M0). MAC is the modified Astler-Coller classification.</p>	AJCC/UICC				Dukes'*		MAC*		Stage 0	Tis	N0	M0	-	-	-	-	Stage I	T1	N0	M0	A	A	-	-	T2	N0	M0	A	B1	-	-	Stage IIA	T3	N0	M0	B	B2	-	-	Stage IIB	T4	N0	M0	B	B3	-	-	Stage IIIA	T1-T2	N1	M0	C	C1	-	-	Stage IIIB	T3-T4	N1	M0	C	C2/C3	-	-	Stage IIIC	Any T	N2	M0	C	C1/C2/C3	-	-	Stage IV	Any T	Any N	M1	-	D	-	-
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Anal Canal		<p>The definition of TNM and the Stage Grouping for this chapter have not changed from the Fifth Edition.</p>																																																																																																																						
Liver (Including Intrahepatic Bile Ducts)		<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • The T categories in this edition have been redefined and simplified. • All solitary tumors without vascular invasion, regardless of size, are classified as T1 because of similar prognosis. • All solitary tumors with vascular invasion (again regardless of size) are combined with multiple tumors #5 cm and classified as T2 because of similar prognosis. • Multiple tumors >5 cm and tumors with evidence of major vascular invasion are combined and classified as T3 because of similarly poor prognosis. • Tumor(s) with direct invasion of adjacent organs other than the gallbladder or with perforation of visceral peritoneum are classified separately as T4. • The separate subcategory for multiple bilobar tumors has been eliminated because of a lack of distinct prognostic value. • Stage IV defines metastatic disease only. The subcategories IVA and IVB have been eliminated. 																																																																																																																						

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Liver (Including Intrahepatic Bile Ducts) (Cont.)	<p>T1 - Solitary tumor 2 cm or less in greatest dimension without vascular invasion</p> <p>T2 - Solitary tumor 2 cm or less in greatest dimension with vascular invasion, or multiple tumors limited to 1 lobe, none more than 2 cm in greatest dimension without vascular invasion, or a solitary tumor more than 2 cm in greatest dimension without vascular invasion.</p> <p>T3 - Solitary tumor more than 2 cm in greatest dimension with vascular invasion, or multiple tumors limited to 1 lobe, none more than 2 cm in greatest dimension with vascular invasion, or multiple tumors limited to 1 lobe, any more than 2 cm in greatest dimension with or without vascular invasion.</p> <p>T4 - Multiple tumors in more than 1 lobe or tumor(s) involve(s) a major branch of the portal or hepatic vein(s) or invasion of adjacent organs other than the gallbladder or perforation of the visceral peritoneum.</p> <table border="0" data-bbox="305 814 850 1050"> <tr> <td>Stage I</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage II</td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIIA</td> <td>T3</td> <td>N0</td> <td>M0</td> </tr> <tr> <td rowspan="3">Stage IIIB</td> <td>T1</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>T2</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>T3</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>Stage IVA</td> <td>T4</td> <td>Any N</td> <td>M0</td> </tr> <tr> <td>Stage IVB</td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage I	T1	N0	M0	Stage II	T2	N0	M0	Stage IIIA	T3	N0	M0	Stage IIIB	T1	N1	M0	T2	N1	M0	T3	N1	M0	Stage IVA	T4	Any N	M0	Stage IVB	Any T	Any N	M1	<p>T1 - Solitary tumor without vascular invasion.</p> <p>T2 - Solitary tumor with vascular invasion or multiple tumors none more than 5 cm.</p> <p>T3 - Multiple tumors more than 5 cm or tumor involving a major branch of the portal or hepatic vein(s).</p> <p>T4 - Tumor(s) with direct invasion of adjacent organs other than the gallbladder or with perforation of visceral peritoneum.</p> <table border="0" data-bbox="873 814 1403 991"> <tr> <td>Stage I</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage II</td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIIA</td> <td>T3</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIIB</td> <td>T4</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIIC</td> <td>Any T</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>Stage IV</td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage I	T1	N0	M0	Stage II	T2	N0	M0	Stage IIIA	T3	N0	M0	Stage IIIB	T4	N0	M0	Stage IIIC	Any T	N1	M0	Stage IV	Any T	Any N	M1
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Gallbladder	<p>T3 - Tumor perforates the serosa (visceral peritoneum) or directly invades 1 adjacent organ, or both (extension 2 cm or less into liver).</p> <p>T4 - Tumor extends more than 2 cm into liver and/or into 2 or more adjacent organs (stomach, duodenum, colon, pancreas, omentum, extrahepatic bile ducts, any involvement of liver).</p> <p>N1 - Metastasis in cystic duct, pericholedochal, and/or hilar lymph nodes (ie, in the hepatoduodenal ligament).</p> <p>N2 - Metastasis in peripancreatic (head only), periduodenal, periportal, celiac, and/or superior mesenteric lymph nodes.</p> <table border="0" data-bbox="354 1123 899 1438"> <tr><td>Stage 0</td><td>Tis</td><td>N0</td><td>M0</td></tr> <tr><td>Stage I</td><td>T1</td><td>N0</td><td>M0</td></tr> <tr><td>Stage II</td><td>T2</td><td>N0</td><td>M0</td></tr> <tr><td>Stage III</td><td>T1</td><td>N1</td><td>M0</td></tr> <tr><td></td><td>T2</td><td>N1</td><td>M0</td></tr> <tr><td></td><td>T3</td><td>N0</td><td>M0</td></tr> <tr><td></td><td>T3</td><td>N1</td><td>M0</td></tr> <tr><td>Stage IVA</td><td>T4</td><td>N0</td><td>M0</td></tr> <tr><td></td><td>T4</td><td>N1</td><td>M0</td></tr> <tr><td>Stage IVB</td><td>Any T</td><td>N2</td><td>M0</td></tr> <tr><td></td><td>Any T</td><td>Any N</td><td>M1</td></tr> </table>	Stage 0	Tis	N0	M0	Stage I	T1	N0	M0	Stage II	T2	N0	M0	Stage III	T1	N1	M0		T2	N1	M0		T3	N0	M0		T3	N1	M0	Stage IVA	T4	N0	M0		T4	N1	M0	Stage IVB	Any T	N2	M0		Any T	Any N	M1	<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • The T and N classifications have been simplified in an effort to separate locally invasive tumors into potentially resectable (T3) and unresectable (T4). • There is no longer a distinction between T3 and T4 based on the depth of liver invasion. • Lymph node metastasis is now classified as Stage IIB, and Stage IIA is reserved for large, invasive tumors (resectable), without lymph node metastasis. • Stage grouping has been changed to allow Stage III to signify locally unresectable disease and Stage IV to indicate metastatic disease. <p>T3 - Tumor perforates the serosa (visceral peritoneum) and/or directly invades the liver and/or 1 other adjacent organ or structure, such as the stomach, duodenum, colon, pancreas, omentum, or extrahepatic bile ducts.</p> <p>T4 - Tumor invades main portal vein or hepatic artery or invades multiple extrahepatic organs or structures.</p> <p>N1 - Regional lymph node metastasis.</p> <p>N2 - Excluded.</p> <table border="0" data-bbox="922 1123 1464 1438"> <tr><td>Stage 0</td><td>Tis</td><td>N0</td><td>M0</td></tr> <tr><td>Stage IA</td><td>T1</td><td>N0</td><td>M0</td></tr> <tr><td>Stage IB</td><td>T2</td><td>N0</td><td>M0</td></tr> <tr><td>Stage IIA</td><td>T3</td><td>N0</td><td>M0</td></tr> <tr><td>Stage IIB</td><td>T1</td><td>N1</td><td>M0</td></tr> <tr><td></td><td>T2</td><td>N1</td><td>M0</td></tr> <tr><td></td><td>T3</td><td>N1</td><td>M0</td></tr> <tr><td>Stage III</td><td>T4</td><td>Any N</td><td>M0</td></tr> <tr><td>Stage IV</td><td>Any T</td><td>Any N</td><td>M1</td></tr> </table>	Stage 0	Tis	N0	M0	Stage IA	T1	N0	M0	Stage IB	T2	N0	M0	Stage IIA	T3	N0	M0	Stage IIB	T1	N1	M0		T2	N1	M0		T3	N1	M0	Stage III	T4	Any N	M0	Stage IV	Any T	Any N	M1
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Extrahepatic Bile Ducts	<p>T1 - Tumor invades subepithelial connective tissue or fibromuscular layer. T1a - Tumor invades subepithelial connective tissue. T1b - Tumor invades fibromuscular layer. T2 - Tumor invades perifibromuscular connective tissue. T3 - Tumor invades adjacent structures: liver, pancreas, duodenum, gallbladder, colon, stomach. T4 - Excluded.</p> <p>N1 - Metastasis in cystic duct, pericholedochal, and/or hilar lymph nodes (ie, in the hepatoduodenal ligament). N2 - Metastasis in peripancreatic (head only), periduodenal, periportal, celiac, and/or superior mesenteric and/or posterior pancreaticoduodenal lymph nodes.</p> <table border="0" data-bbox="305 1522 850 1780"> <tr> <td>Stage 0</td> <td>Tis</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage I</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage II</td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage III</td> <td>T1</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T1</td> <td>N2</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N2</td> <td>M0</td> </tr> <tr> <td>Stage IVA</td> <td>T3</td> <td>Any N</td> <td>M0</td> </tr> <tr> <td>Stage IVB</td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage 0	Tis	N0	M0	Stage I	T1	N0	M0	Stage II	T2	N0	M0	Stage III	T1	N1	M0		T1	N2	M0		T2	N1	M0		T2	N2	M0	Stage IVA	T3	Any N	M0	Stage IVB	Any T	Any N	M1	<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • The T and N classifications have been redefined and simplified. • Invasion of the subepithelial fibro (muscular) connective tissue is classified as T1 irrespective of muscular invasion, which cannot always be noted because of the scarcity of muscle fibers in some bile duct segments. • T2 is defined as invasion beyond the wall of the bile duct. • The T classification allows separation of locally invasive tumors into resectable (T3) and unresectable (T4). • Invasion of branches of the portal vein (right or left), hepatic artery, or liver is classified as T3. • Invasion of the main portal vein, common hepatic artery, and/or regional organs is classified as T4. • The stage grouping has been changed to allow Stage III to signify locally unresectable disease and Stage IV to indicate metastatic disease. <p>T1 - Tumor confined to the bile duct. T1a - Excluded. T1b - Excluded. T2 - Tumor invades beyond the wall of the bile duct. T3 - Tumor invades the liver, gallbladder, pancreas, and/or unilateral branches of the portal vein (right or left) or hepatic artery (right or left). T4 - Tumor invades any of the following: main portal vein or its branches bilaterally, common hepatic artery, or other adjacent structures, such as the colon, stomach, duodenum, or abdominal wall.</p> <p>N1 - Regional lymph node metastasis. N2 - Excluded.</p> <table border="0" data-bbox="873 1522 1403 1780"> <tr> <td>Stage 0</td> <td>Tis</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IA</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IB</td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIA</td> <td>T3</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIB</td> <td>T1</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>Stage III</td> <td>T4</td> <td>Any N</td> <td>M0</td> </tr> <tr> <td>Stage IV</td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage 0	Tis	N0	M0	Stage IA	T1	N0	M0	Stage IB	T2	N0	M0	Stage IIA	T3	N0	M0	Stage IIB	T1	N1	M0		T2	N1	M0		T3	N1	M0	Stage III	T4	Any N	M0	Stage IV	Any T	Any N	M1
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Ampulla of Vater	<p>T3 - Tumor invades 2 cm or less into the pancreas. T4 - Tumor invades more than 2 cm into the pancreas and/or into other adjacent organs.</p> <table border="0"> <tr> <td>Stage 0</td> <td>Tis</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage I</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage II</td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage III</td> <td>T1</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>Stage IV</td> <td>T4</td> <td>Any N</td> <td>M0</td> </tr> <tr> <td></td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage 0	Tis	N0	M0	Stage I	T1	N0	M0	Stage II	T2	N0	M0		T2	N0	M0	Stage III	T1	N1	M0		T2	N1	M0		T3	N1	M0	Stage IV	T4	Any N	M0		Any T	Any N	M1	<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • There is no longer a distinction between T3 and T4 on the basis of the depth of pancreatic invasion. • The stage grouping has been revised. • Stage I has been replaced with Stage IA and Stage IB. • Stage II has been replaced with Stage IIA and IIB. • Node positive disease has been moved to Stage IIB to retain consistency with the staging of tumors of the bile duct and of the pancreas. <p>T3 - Tumor invades pancreas. T4 - Tumor invades peripancreatic soft tissues or other adjacent organs or structures.</p> <table border="0"> <tr> <td>Stage 0</td> <td>Tis</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IA</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IB</td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIA</td> <td>T3</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIB</td> <td>T1</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>Stage III</td> <td>T4</td> <td>Any N</td> <td>M0</td> </tr> <tr> <td>Stage IV</td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage 0	Tis	N0	M0	Stage IA	T1	N0	M0	Stage IB	T2	N0	M0	Stage IIA	T3	N0	M0	Stage IIB	T1	N1	M0		T2	N1	M0		T3	N1	M0	Stage III	T4	Any N	M0	Stage IV	Any T	Any N	M1
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Exocrine Pancreas	<p>Tis - Carcinoma in situ.</p> <p>T3 - Tumor extends directly into any of the following: duodenum, bile duct, peripancreatic tissues. T4 - Tumor extends directly into any of the following: stomach, spleen, colon, adjacent large vessels.</p> <p>pN1a - Metastasis in a single regional lymph node. pN1b - Metastasis in multiple regional lymph nodes.</p> <table border="0"> <tr> <td>Stage 0</td> <td>Tis</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage I</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage II</td> <td>T3</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage III</td> <td>T1</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>Stage IVA</td> <td>T4</td> <td>Any N</td> <td>M0</td> </tr> <tr> <td>Stage IVB</td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage 0	Tis	N0	M0	Stage I	T1	N0	M0		T2	N0	M0	Stage II	T3	N0	M0	Stage III	T1	N1	M0		T2	N1	M0		T3	N1	M0	Stage IVA	T4	Any N	M0	Stage IVB	Any T	Any N	M1	<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • The T classification reflects the distinction between potentially resectable (T3) and unresectable (T4) primary pancreatic tumors. • Stage grouping has been changed to allow Stage III to signify unresectable, locally advanced pancreatic cancer, while Stage IV is reserved for patients with metastatic disease. <p>Tis - Carcinoma in situ.* (*This also includes the “PanInIII” classification) T3 - Tumor extends beyond the pancreas, but without involvement of the celiac axis or the superior mesenteric artery. T4 - Tumor involves the celiac axis or the superior mesenteric artery (unresectable primary tumor).</p> <p>pN1a - Excluded. pN1b - Excluded.</p> <table border="0"> <tr> <td>Stage 0</td> <td>Tis</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IA</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IB</td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIA</td> <td>T3</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIB</td> <td>T1</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>Stage III</td> <td>T4</td> <td>Any N</td> <td>M0</td> </tr> <tr> <td>Stage IV</td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage 0	Tis	N0	M0	Stage IA	T1	N0	M0	Stage IB	T2	N0	M0	Stage IIA	T3	N0	M0	Stage IIB	T1	N1	M0		T2	N1	M0		T3	N1	M0	Stage III	T4	Any N	M0	Stage IV	Any T	Any N	M1
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Lung		The definition of TNM and the Stage Grouping for this chapter have not changed from the Fifth Edition.
Pleural Mesothelioma	<p>T1 - Tumor limited to ipsilateral parietal and/or visceral pleura.</p> <p>T1a - Excluded.</p> <p>T1b - Excluded.</p> <p>T2 - Tumor invades any of the following: ipsilateral lung, endothoracic fascia, diaphragm, pericardium.</p> <p>T3 - Tumor invades any of the following: ipsilateral chest wall muscle, ribs, mediastinal organs or tissues.</p>	<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • The AJCC has adopted the staging system proposed by the International Mesothelioma Interest Group (IMIG) in 1995. It is based on updated information about the relationships between tumor T and N status and overall survival. This staging system applies only to tumors arising in the pleura. • T categories have been redefined. • T1 lesions have been divided into T1a and T1b, leading to the division of Stage I into Stage IA and Stage IB. • T3 is defined as locally advanced, but potentially resectable, tumor. • T4 is defined as locally advanced, technically unresectable tumor. • Stage II no longer involves tumors with nodal metastasis; all nodal metastasis is categorized in Stage III or Stage IV. <p>T1 - Tumor involves ipsilateral parietal pleura, with or without focal involvement of the visceral pleura.</p> <p>T1a - Tumor involves ipsilateral parietal (mediastinal, diaphragmatic) pleura. No involvement of the visceral pleura.</p> <p>T1b - Tumor involves ipsilateral parietal (mediastinal, diaphragmatic) pleura, with focal involvement of the visceral pleura.</p> <p>T2 - Tumor involves any of the ipsilateral pleural surfaces with at least 1 of the following:</p> <ul style="list-style-type: none"> – confluent visceral pleural tumor (including fissure) – invasion of diaphragmatic muscle – invasion of lung parenchyma <p>T3 - Tumor involves any of the ipsilateral pleural surfaces with at least 1 of the following:</p> <ul style="list-style-type: none"> – invasion of the endothoracic fascia – invasion into mediastinal fat – solitary focus of tumor invading the soft tissues of the chest wall – nontransmural involvement of the pericardium

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Pleural Mesothelioma (Cont.)	<p>T4 - Tumor directly extends to any of the following: contralateral pleura, lung, peritoneum, intraabdominal organs, or cervical tissues.</p> <p>N1 - Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes, including direct extension.</p> <p>N2 - Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s).</p> <p>N3 - Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s).</p> <table border="0" data-bbox="342 982 911 1323"> <tr> <td>Stage I</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage II</td> <td>T1</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>Stage III</td> <td>T1</td> <td>N2</td> <td>M0</td> </tr> <tr> <td></td> <td>T2</td> <td>N2</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N0</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N2</td> <td>M0</td> </tr> <tr> <td>Stage IV</td> <td>Any T</td> <td>N3</td> <td>M0</td> </tr> <tr> <td></td> <td>T4</td> <td>Any N</td> <td>M0</td> </tr> <tr> <td></td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage I	T1	N0	M0		T2	N0	M0	Stage II	T1	N1	M0		T2	N1	M0	Stage III	T1	N2	M0		T2	N2	M0		T3	N0	M0		T3	N1	M0		T3	N2	M0	Stage IV	Any T	N3	M0		T4	Any N	M0		Any T	Any N	M1	<p>T4 - Tumor involves any of the ipsilateral pleural surfaces with at least 1 of the following:</p> <ul style="list-style-type: none"> - diffuse or multifocal invasion of soft tissues of the chest wall - any involvement of rib - invasion through the diaphragm to the peritoneum - invasion of any mediastinal organ(s) - direct extension to the contralateral pleura - invasion into the spine - extension to the internal surface of the pericardium - pericardial effusion with positive cytology - invasion of the myocardium - invasion of the bronchial plexus <p>N1 - Metastases in the ipsilateral bronchopulmonary and/or hilar lymph node(s).</p> <p>N2 - Metastases in the subcarinal lymph node(s) and/or the ipsilateral internal mammary or mediastinal lymph node(s).</p> <p>N3 - Metastases in the contralateral mediastinal, internal mammary, or hilar lymph node(s) and/or the ipsilateral or contralateral supraclavicular or scalene lymph node(s).</p> <table border="0" data-bbox="911 982 1472 1323"> <tr> <td>Stage I</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IA</td> <td>T1a</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IB</td> <td>T1b</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage II</td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage III</td> <td>T1, T2</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>T1, T2</td> <td>N2</td> <td>M0</td> </tr> <tr> <td></td> <td>T3</td> <td>N0, N1, N2</td> <td>M0</td> </tr> <tr> <td>Stage IV</td> <td>T4</td> <td>Any N</td> <td>M0</td> </tr> <tr> <td></td> <td>Any T</td> <td>N3</td> <td>M0</td> </tr> <tr> <td></td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage I	T1	N0	M0	Stage IA	T1a	N0	M0	Stage IB	T1b	N0	M0	Stage II	T2	N0	M0	Stage III	T1, T2	N1	M0		T1, T2	N2	M0		T3	N0, N1, N2	M0	Stage IV	T4	Any N	M0		Any T	N3	M0		Any T	Any N	M1
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Bone	<p>T1 - Tumor confined within the cortex. T2 - Tumor invades beyond the cortex.</p> <p>T3 - Excluded.</p> <p>M1a - Excluded. M1b - Excluded.</p> <table border="0"> <tr> <td>Stage IA</td> <td>G1,2</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IB</td> <td>G1,2</td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIA</td> <td>G3,4</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIB</td> <td>G3,4</td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage III</td> <td colspan="4">Not defined</td> </tr> <tr> <td>Stage IVA</td> <td>Any G</td> <td>Any T</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>Stage IVB</td> <td>Any G</td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage IA	G1,2	T1	N0	M0	Stage IB	G1,2	T2	N0	M0	Stage IIA	G3,4	T1	N0	M0	Stage IIB	G3,4	T2	N0	M0	Stage III	Not defined				Stage IVA	Any G	Any T	N1	M0	Stage IVB	Any G	Any T	Any N	M1	<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • T1 has changed from “Tumor confined within the cortex” to “Tumor 8 cm or less in greatest dimension.” • T2 has changed from “Tumor invades beyond the cortex” to “Tumor more than 8 cm in greatest dimension.” • T3 designation of skip metastasis is defined as “Discontinuous tumors in the primary bone site.” This designation is a Stage III tumor that was not previously defined. • M1 lesions have been divided into M1a and M1b. • M1a is lung-only metastases. • M1b is metastases to other distant sites, including lymph nodes. • In the stage grouping, Stage IVA is M1a, and Stage IVB is M1b. <p>T1 - Tumor 8 cm or less in greatest dimension. T2 - Tumor more than 8 cm in greatest dimension. T3 - Discontinuous tumors in the primary bone site.</p> <p>M1a - Lung. M1b - Other distant sites.</p> <table border="0"> <tr> <td>Stage IA</td> <td>T1</td> <td>N0</td> <td>M0</td> <td>G1,2</td> <td>Low grade</td> </tr> <tr> <td>Stage IB</td> <td>T2</td> <td>N0</td> <td>M0</td> <td>G1,2</td> <td>Low grade</td> </tr> <tr> <td>Stage IIA</td> <td>T1</td> <td>N0</td> <td>M0</td> <td>G3,4</td> <td>High grade</td> </tr> <tr> <td>Stage IIB</td> <td>T2</td> <td>N0</td> <td>M0</td> <td>G3,4</td> <td>High grade</td> </tr> <tr> <td>Stage III</td> <td>T3</td> <td>N0</td> <td>M0</td> <td>Any</td> <td>G</td> </tr> <tr> <td>Stage IVA</td> <td>Any T</td> <td>N0</td> <td>M1a</td> <td>Any</td> <td>G</td> </tr> <tr> <td>Stage IVB</td> <td>Any T</td> <td>N1</td> <td>Any M</td> <td>Any</td> <td>G</td> </tr> <tr> <td></td> <td>Any T</td> <td>Any N</td> <td>M1b</td> <td>Any</td> <td>G</td> </tr> </table>	Stage IA	T1	N0	M0	G1,2	Low grade	Stage IB	T2	N0	M0	G1,2	Low grade	Stage IIA	T1	N0	M0	G3,4	High grade	Stage IIB	T2	N0	M0	G3,4	High grade	Stage III	T3	N0	M0	Any	G	Stage IVA	Any T	N0	M1a	Any	G	Stage IVB	Any T	N1	Any M	Any	G		Any T	Any N	M1b	Any	G
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Soft Tissue Sarcoma	<table border="0"> <tr> <td>Stage IA (Low grade, small, superficial, deep)</td> <td>G 1–2</td> <td>T1a–1b</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IB (Low grade, large, superficial)</td> <td>G 1–2</td> <td>T2a</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIA (Low grade, large, deep)</td> <td>G 1–2</td> <td>T2b</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIB (High grade, small, superficial, deep)</td> <td>G 3–4</td> <td>T1a–1b</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIC (High grade, large, superficial)</td> <td>G 3–4</td> <td>T2a</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage III (High grade, large, deep)</td> <td>G 3–4</td> <td>T2b</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IV (any metastases)</td> <td>Any G Any G</td> <td>Any T Any T</td> <td>N1 N0</td> <td>M0 M1</td> </tr> </table>	Stage IA (Low grade, small, superficial, deep)	G 1–2	T1a–1b	N0	M0	Stage IB (Low grade, large, superficial)	G 1–2	T2a	N0	M0	Stage IIA (Low grade, large, deep)	G 1–2	T2b	N0	M0	Stage IIB (High grade, small, superficial, deep)	G 3–4	T1a–1b	N0	M0	Stage IIC (High grade, large, superficial)	G 3–4	T2a	N0	M0	Stage III (High grade, large, deep)	G 3–4	T2b	N0	M0	Stage IV (any metastases)	Any G Any G	Any T Any T	N1 N0	M0 M1	<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • Angiosarcoma and malignant mesenchymoma are no longer included in the list of histologic types for this site. • Gastrointestinal stromal tumor and Ewing’s sarcoma/primitive neuroectodermal tumor have been added to the list of histologic types for this site. • Fibrosarcoma grade I has been replaced by fibromatosis (desmoid tumor) in the list of histologic types <i>not</i> included in this site. • G 1–2, T2b N0 M0 tumors have been reclassified as Stage I rather than Stage II disease. <table border="0"> <tr> <td>Stage I</td> <td>T1a, 1b, 2a, 2b</td> <td>N0</td> <td>M0</td> <td>G 1–2</td> <td>G1 Low</td> </tr> <tr> <td>Stage II</td> <td>T1a, 1b, 2a</td> <td>N0</td> <td>M0</td> <td>G 3–4</td> <td>G 2–3 High</td> </tr> <tr> <td>Stage III</td> <td>T2b</td> <td>N0</td> <td>M0</td> <td>G 3–4</td> <td>G 2–3 High</td> </tr> <tr> <td>Stage IV</td> <td>Any T</td> <td>N1</td> <td>M0</td> <td>Any G</td> <td>Any G High or Low</td> </tr> <tr> <td></td> <td>Any T</td> <td>N0</td> <td>M1</td> <td>Any G</td> <td>Any G High or Low</td> </tr> </table>	Stage I	T1a, 1b, 2a, 2b	N0	M0	G 1–2	G1 Low	Stage II	T1a, 1b, 2a	N0	M0	G 3–4	G 2–3 High	Stage III	T2b	N0	M0	G 3–4	G 2–3 High	Stage IV	Any T	N1	M0	Any G	Any G High or Low		Any T	N0	M1	Any G	Any G High or Low
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Carcinoma of the Skin		<p>The definition of TNM and the Stage Grouping for this chapter have not changed from the Fifth Edition.</p>																																																																	

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Melanoma of the Skin	<p>Codes C51.0, C51.1, C51.2, C51.8, C51.9, C60, C60.0, C60.1, C60.2, C60.8 - Excluded.</p> <p>pTX - Primary tumor cannot be assessed. pT0 - No evidence of primary tumor. pTis - Melanoma in situ (atypical melanocytic hyperplasia, severe melanocytic dysplasia), not an invasive malignant lesion (Clark's Level I). pT1 - Tumor 0.75 mm or less in thickness and invades the papillary dermis (Clark's Level II) T1a - Excluded.</p> <p>T1b - Excluded.</p> <p>pT2 - Tumor more than 0.75 mm, but not more than 1.5 mm, in thickness and/or invades to papillary-reticular dermal interface (Clark's Level III). T2a - Excluded. T2b - Excluded.</p>	<p>Codes C51.0, C51.1, C51.2, C51.8, C51.9, C60, C60.0, C60.1, C60.2, C60.8 - Included.</p> <p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • Melanoma thickness and ulceration, but not level of invasion, are used in the T category (except for T1 melanomas). • The number of metastatic lymph nodes, rather than their gross dimensions and the delineation of clinically occult (ie, "microscopic") versus clinically apparent (ie, "macroscopic") nodal metastases, are used in the N category. • The site of distant metastases and the presence of elevated serum lactic dehydrogenase (LDH) are used in the M category. • All patients with Stage I, II, or III disease are upstaged when a primary melanoma is ulcerated. • Satellite metastases around a primary melanoma and in-transit metastases have been merged into a single staging entity that is grouped into Stage IIIc disease. • A new convention for defining clinical and pathologic staging has been developed that takes into account the new staging information gained from intraoperative lymphatic mapping and sentinel node excision. <p>TX - Primary tumor cannot be assessed. T0 - No evidence of primary tumor. Tis - Melanoma in situ.</p> <p>T1 - Melanoma #1.0 mm in thickness, with or without ulceration. T1a - Melanoma #1.0 mm in thickness and level II or III, no ulceration. T1b - Melanoma #1.0 mm in thickness and level IV or V, with ulceration. T2 - Melanoma 1.01–2.0 mm in thickness, with or without ulceration.</p> <p>T2a - Melanoma 1.01–2.0 mm in thickness, no ulceration. T2b - Melanoma 1.01–2.0 mm in thickness, with ulceration.</p>

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Melanoma of the Skin (Cont.)	<p>pT3 - Tumor more than 1.5 mm, but not more than 4 mm, in thickness and/or invades the reticular dermis (Clark's Level IV)</p> <p>pT3a - Tumor more than 1.5 mm, but not more than 3 mm, in thickness.</p> <p>pT3b - Tumor more than 3 mm, but not more than 4 mm, in thickness.</p> <p>pT4 - Tumor more than 4 mm in thickness and/or invades the subcutaneous tissue (Clark's Level V) and/or satellite(s) within 2 cm of the primary tumor.</p> <p>pT4a - Tumor more than 4 mm in thickness and/or invades the subcutaneous tissue.</p> <p>pT4b - Satellite(s) within 2 cm of the primary tumor.</p> <p>N1 - Metastasis 3 cm or less in greatest dimension in any regional lymph node(s).</p> <p>N1a - Excluded.</p> <p>N1b - Excluded.</p> <p>N2 - Metastasis more than 3 cm in greatest dimension in any regional lymph node(s) and/or in-transit metastasis</p> <p>N2a - Metastasis more than 3 cm in greatest dimension in any regional lymph node(s).</p> <p>N2b - In-transit metastasis.</p> <p>N2c - Both (N2a and N2b).</p> <p>N3 - Excluded.</p> <p>M1a - Metastasis in skin or subcutaneous tissues of lymph node(s) beyond the regional lymph nodes.</p> <p>M1b - Visceral metastasis.</p> <p>M1c - Excluded.</p> <table border="0" data-bbox="354 1423 899 1654"> <tr> <td>Stage 0</td> <td>pTis</td> <td>N0</td> <td>M0</td> </tr> <tr> <td rowspan="2">Stage I</td> <td>pT1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>pT2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage II</td> <td>pT3</td> <td>N0</td> <td>M0</td> </tr> <tr> <td rowspan="3">Stage III</td> <td>pT4</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Any pT</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>Any pT</td> <td>N2</td> <td>M0</td> </tr> <tr> <td>Stage IV</td> <td>Any pT</td> <td>Any N</td> <td>M1</td> </tr> </table>	Stage 0	pTis	N0	M0	Stage I	pT1	N0	M0	pT2	N0	M0	Stage II	pT3	N0	M0	Stage III	pT4	N0	M0	Any pT	N1	M0	Any pT	N2	M0	Stage IV	Any pT	Any N	M1	<p>T3 - Melanoma 2.01–4.0 mm in thickness, with or without ulceration.</p> <p>T3a - Melanoma 2.01–4.0 mm in thickness, no ulceration.</p> <p>T3b - Melanoma 2.01–4.0 mm in thickness, with ulceration.</p> <p>T4 - Melanoma > 4.0 mm in thickness, with or without ulceration.</p> <p>T4a - Melanoma > 4.0 mm in thickness, no ulceration.</p> <p>T4b - Melanoma > 4.0 mm in thickness, with ulceration.</p> <p>N1 - Metastasis in only 1 lymph node.</p> <p>N1a - Clinically occult (microscopic) metastasis.</p> <p>N1b - Clinically apparent (macroscopic) metastasis.</p> <p>N2 - Metastasis in 2 to 3 regional nodes or intralymphatic regional metastasis, without nodal metastasis.</p> <p>N2a - Clinically occult (microscopic) metastasis.</p> <p>N2b - Clinically apparent (macroscopic) metastasis.</p> <p>N2c - Satellite or in-transit metastasis, <i>without</i> nodal metastasis.</p> <p>N3 - Metastasis in 4 or more regional nodes, or matted metastatic nodes, or in-transit metastasis, or satellite(s), <i>with</i> metastasis in regional node(s).</p> <p>M1a - Metastasis to skin, subcutaneous tissues, or distant lymph nodes.</p> <p>M1b - Metastasis to lung.</p> <p>M1c - Metastasis to all other visceral sites or distant metastasis at any site associated with an elevated serum lactic dehydrogenase (LDH).</p> <p><u>Clinical</u></p> <table border="0" data-bbox="922 1423 1451 1793"> <tr> <td>Stage 0</td> <td>Tis</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IA</td> <td>T1a</td> <td>N0</td> <td>M0</td> </tr> <tr> <td rowspan="2">Stage IB</td> <td>T1b</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>T2a</td> <td>N0</td> <td>M0</td> </tr> <tr> <td rowspan="2">Stage IIA</td> <td>T2b</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>T3a</td> <td>N0</td> <td>M0</td> </tr> <tr> <td rowspan="2">Stage IIB</td> <td>T3b</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>T4a</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIC</td> <td>T4b</td> <td>N0</td> <td>M0</td> </tr> <tr> <td rowspan="3">Stage III</td> <td>Any T</td> <td>N1</td> <td>M0</td> </tr> <tr> <td>Any T</td> <td>N2</td> <td>M0</td> </tr> <tr> <td>Any T</td> <td>N3</td> <td>M0</td> </tr> <tr> <td>Stage IV</td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table> <p><i>Note:</i> Clinical staging includes microstaging of the primary melanoma and clinical/radiologic evaluation for metastases. By convention, it should be used after complete excision of the primary melanoma with clinical assessment for regional and distant metastases.</p>	Stage 0	Tis	N0	M0	Stage IA	T1a	N0	M0	Stage IB	T1b	N0	M0	T2a	N0	M0	Stage IIA	T2b	N0	M0	T3a	N0	M0	Stage IIB	T3b	N0	M0	T4a	N0	M0	Stage IIC	T4b	N0	M0	Stage III	Any T	N1	M0	Any T	N2	M0	Any T	N3	M0	Stage IV	Any T	Any N	M1
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Melanoma of the Skin (Cont.)		<p><u>Pathologic</u></p> <table border="0"> <tr> <td>Stage 0</td> <td>Tis</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IA</td> <td>T1a</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IB</td> <td>T1b</td> <td>N0</td> <td>M0</td> </tr> <tr> <td></td> <td>T2a</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIA</td> <td>T2b</td> <td>N0</td> <td>M0</td> </tr> <tr> <td></td> <td>T3a</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIB</td> <td>T3b</td> <td>N0</td> <td>M0</td> </tr> <tr> <td></td> <td>T4a</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIC</td> <td>T4b</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage III</td> <td>Any T</td> <td>N1–3</td> <td>M0</td> </tr> <tr> <td>Stage IIIA</td> <td>T1–4a</td> <td>N1a</td> <td>M0</td> </tr> <tr> <td></td> <td>T1–4a</td> <td>N2a</td> <td>M0</td> </tr> <tr> <td>Stage IIIB</td> <td>T1–4b</td> <td>N1a</td> <td>M0</td> </tr> <tr> <td></td> <td>T1–4b</td> <td>N2a</td> <td>M0</td> </tr> <tr> <td></td> <td>T1–4a</td> <td>N1b</td> <td>M0</td> </tr> <tr> <td></td> <td>T1–4a</td> <td>N2b</td> <td>M0</td> </tr> <tr> <td></td> <td>T1–4a/b</td> <td>N2c</td> <td>M0</td> </tr> <tr> <td>Stage IIIC</td> <td>T1–4b</td> <td>N1b</td> <td>M0</td> </tr> <tr> <td></td> <td>T1–4b</td> <td>N2b</td> <td>M0</td> </tr> <tr> <td></td> <td>Any T</td> <td>N3</td> <td>M0</td> </tr> <tr> <td>Stage IV</td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table> <p><i>Note:</i> Pathologic staging includes microstaging of the primary melanoma and pathologic information about the regional lymph nodes after partial or complete lymphadenectomy. Pathologic Stage 0 or Stage IA patients are the exception; they do not require pathologic evaluation of their lymph nodes.</p>	Stage 0	Tis	N0	M0	Stage IA	T1a	N0	M0	Stage IB	T1b	N0	M0		T2a	N0	M0	Stage IIA	T2b	N0	M0		T3a	N0	M0	Stage IIB	T3b	N0	M0		T4a	N0	M0	Stage IIC	T4b	N0	M0	Stage III	Any T	N1–3	M0	Stage IIIA	T1–4a	N1a	M0		T1–4a	N2a	M0	Stage IIIB	T1–4b	N1a	M0		T1–4b	N2a	M0		T1–4a	N1b	M0		T1–4a	N2b	M0		T1–4a/b	N2c	M0	Stage IIIC	T1–4b	N1b	M0		T1–4b	N2b	M0		Any T	N3	M0	Stage IV	Any T	Any N	M1
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Stage IV	Any T	Any N	M1																																																																																			
Breast		<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • Micrometastases are distinguished from isolated tumor cells on the basis of size and histologic evidence of malignant activity. • Identifiers have been added to indicate the use of sentinel lymph node dissection and immunohistochemical or molecular techniques. • Major classifications of lymph node status are designated according to the number of involved axillary lymph nodes as determined by routine hematoxylin and eosin staining (preferred method) or by immunohistochemical staining. • The classification of metastasis to the infraclavicular lymph nodes has been added as N3. • Metastasis to the internal mammary nodes, based on the method of detection and the presence or absence of axillary nodal involvement, has been reclassified. Microscopic involvement of the internal mammary nodes detected by sentinel lymph node dissection using lymphoscintigraphy, but not by imaging studies or clinical examination, is classified as N1. Macroscopic involvement of the internal mammary nodes as detected by imaging studies (excluding lymphoscintigraphy) or by clinical examination is classified as N2 if it occurs in the absence of metastases to the axillary lymph nodes, or as N3 if it occurs in the presence of metastases to the axillary lymph nodes. • Metastasis to the supraclavicular lymph nodes has been reclassified as N3 rather than M1. 																																																																																				

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Breast (Cont.)	<p>Tis - Carcinoma in situ: Intraductal carcinoma, lobular carcinoma in situ, or Paget’s disease of the nipple with no tumor.</p> <p>N2 - Metastasis to ipsilateral axillary lymph node(s) fixed to one another or to other structures.</p> <p>N2a - Excluded.</p> <p>N2b - Excluded.</p> <p>N3 - Metastasis to ipsilateral internal mammary node(s).</p> <p>N3a - Excluded.</p> <p>N3b - Excluded.</p> <p>N3c - Excluded.</p> <p><u>Pathologic</u> pN0 - No regional lymph node metastasis.</p>	<p>Tis - Carcinoma in situ. Tis (DCIS) - Ductal carcinoma in situ. Tis (LCIS) - Lobular carcinoma in situ. Tis (Paget’s) - Paget’s disease of the nipple with no tumor.</p> <p><u>Clinical</u> N2 - Metastasis in ipsilateral axillary lymph nodes fixed or matted, or in clinically apparent* ipsilateral internal mammary nodes in the <i>absence</i> of clinically evident axillary lymph node metastasis. N2a - Metastasis in ipsilateral axillary lymph nodes fixed to one another (matted) or to other structures. N2b - Metastasis only in clinically apparent* ipsilateral internal mammary nodes in the <i>absence</i> 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 nodes in the <i>presence</i> 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 node(s). N3b - Metastasis in ipsilateral internal mammary lymph node(s) and axillary lymph node(s). N3c - Metastasis in ipsilateral supraclavicular lymph node(s).</p> <p>* <i>Clinically apparent</i> is defined as detected by imaging studies (excluding lymphoscintigraphy) or by clinical examination or grossly visible pathologically.</p> <p><u>Pathologic</u>^a pN0 - No regional lymph node metastasis histologically, no additional examination for isolated tumor cells (ITC).</p> <p><i>Note:</i> Isolated tumor cells (ITC) are defined as single tumor cells or small cell clusters not greater than 0.2 mm, usually detected only by immunohistochemical (IHC) or molecular methods, but which may be verified on H&E stains. ITCs do not usually show evidence of malignant activity (eg, proliferation or stromal reaction).</p> <p>^a Classification is based on axillary lymph node dissection with or without sentinel lymph node dissection. Classification based solely on sentinel lymph node dissection without subsequent axillary lymph node dissection is designated (sn) for “sentinel node,” [eg, pN0(i+)(sn)].</p>

SITE	5th EDITION	6th EDITION
Breast (Cont.)	<p>pN1 - Metastasis to movable ipsilateral axillary lymph node(s).</p> <p>pN1mi - Excluded.</p> <p>pN1a - Only micrometastasis (none larger than 0.2 cm).</p> <p>pN1b - Metastasis to lymph node(s), any larger than 0.2 cm.</p> <p>pN1bi - Metastasis in 1 to 3 lymph nodes, any more than 0.2 cm and all less than 2 cm in greatest dimension.</p> <p>pN1bii - Metastasis to 4 or more lymph nodes, any more than 0.2 cm and all less than 2 cm in greatest dimension.</p> <p>pN1biii - Extension of tumor beyond the capsule of a lymph node metastasis less than 2 cm in greatest dimension.</p> <p>pN1biv - Metastasis to a lymph node 2 cm or more in greatest dimension.</p> <p>pN1c - Excluded.</p> <p>pN2 - Metastasis to ipsilateral axillary lymph nodes that are fixed to one another or to other structures.</p> <p>pN2a - Excluded.</p> <p>pN2b - Excluded.</p>	<p>pN0(i!) - No regional lymph node metastasis histologically, negative IHC.</p> <p>pN0(i+) - No regional lymph node metastasis histologically, positive IHC, no IHC cluster greater than 0.2 mm.</p> <p>pN0(mol!) - No regional lymph node metastasis histologically, negative molecular findings (RT-PCR).^b</p> <p>pN0(mol+) - No regional lymph node metastasis histologically, positive molecular findings (RT-PCR).^b</p> <p>^b RT-PCR: reverse transcriptase/polymerase chain reaction.</p> <p>pN1 - Metastasis in 1 to 3 axillary lymph nodes, and/or in internal mammary nodes with microscopic disease detected by sentinel lymph node dissection, but not clinically apparent.*</p> <p>pN1mi - Micrometastasis (greater than 0.2 mm, none greater than 2.0 mm).</p> <p>pN1a - Metastasis in 1 to 3 axillary lymph nodes.</p> <p>pN1b - Metastasis in internal mammary nodes with microscopic disease detected by sentinel lymph node dissection, but not clinically apparent.*</p> <p>pN1bi - Excluded.</p> <p>pN1bii - Excluded.</p> <p>pN1biii - Excluded.</p> <p>pN1biv - Excluded.</p> <p>pN1c - Metastasis in 1 to 3 axillary lymph nodes and in internal mammary nodes, with microscopic disease detected by sentinel lymph node dissection, but not clinically apparent.* (If associated with more than 3 positive axillary lymph nodes, the internal mammary nodes are classified as pN3b to reflect increased tumor burden.)</p> <p>pN2 - Metastasis in 4 to 9 axillary lymph nodes, or in clinically apparent** internal mammary lymph nodes in the <i>absence</i> of axillary lymph nodes metastasis.</p> <p>pN2a - Metastasis in 4 to 9 axillary lymph nodes (at least 1 tumor deposit greater than 2.0 mm).</p> <p>pN2b - Metastasis in clinically apparent** internal mammary lymph nodes in the <i>absence</i> of axillary lymph nodes metastasis.</p> <p>* <i>Not clinically apparent</i> is defined as not detected by imaging studies (excluding lymphoscintigraphy) or by clinical examination.</p> <p>** <i>Clinically apparent</i> is defined as detected by imaging studies (excluding lymphoscintigraphy) or by clinical examination.</p>

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Breast (Cont.)	<p>pN3 - Metastasis to ipsilateral internal mammary node(s).</p> <p>pN3a - Excluded.</p> <p>pN3b - Excluded.</p> <p>pN3c - Excluded.</p> <p>M1 - Distant metastasis (includes metastasis to ipsilateral supraclavicular lymph node[s]).</p> <table border="0" data-bbox="354 1119 878 1545"> <tr><td>Stage 0</td><td>Tis</td><td>N0</td><td>M0</td></tr> <tr><td>Stage I</td><td>T1</td><td>N0</td><td>M0</td></tr> <tr><td>Stage IIA</td><td>T0</td><td>N1</td><td>M0</td></tr> <tr><td></td><td>T1</td><td>N1</td><td>M0</td></tr> <tr><td></td><td>T2</td><td>N0</td><td>M0</td></tr> <tr><td>Stage IIB</td><td>T2</td><td>N1</td><td>M0</td></tr> <tr><td></td><td>T3</td><td>N0</td><td>M0</td></tr> <tr><td>Stage IIIA</td><td>T0</td><td>N2</td><td>M0</td></tr> <tr><td></td><td>T1</td><td>N2</td><td>M0</td></tr> <tr><td></td><td>T2</td><td>N2</td><td>M0</td></tr> <tr><td></td><td>T3</td><td>N1</td><td>M0</td></tr> <tr><td></td><td>T3</td><td>N2</td><td>M0</td></tr> <tr><td>Stage IIIB</td><td>T4</td><td>Any N</td><td>M0</td></tr> <tr><td></td><td>Any T</td><td>N3</td><td>M0</td></tr> <tr><td>Stage IV</td><td>Any T</td><td>Any N</td><td>M1</td></tr> </table>	Stage 0	Tis	N0	M0	Stage I	T1	N0	M0	Stage IIA	T0	N1	M0		T1	N1	M0		T2	N0	M0	Stage IIB	T2	N1	M0		T3	N0	M0	Stage IIIA	T0	N2	M0		T1	N2	M0		T2	N2	M0		T3	N1	M0		T3	N2	M0	Stage IIIB	T4	Any N	M0		Any T	N3	M0	Stage IV	Any T	Any N	M1	<p>pN3 - Metastasis in 10 or more axillary lymph nodes, or in infraclavicular lymph nodes, or in clinically apparent* ipsilateral internal mammary lymph nodes in the <i>presence</i> of 1 or more positive axillary lymph nodes; or in more than 3 axillary lymph nodes with clinically negative microscopic metastasis in internal mammary lymph nodes; or in ipsilateral supraclavicular lymph nodes.</p> <p>pN3a - Metastasis in 10 or more axillary lymph nodes (at least 1 tumor deposit greater than 2.0 mm), or metastasis to the infraclavicular lymph nodes.</p> <p>pN3b - Metastasis in clinically apparent* ipsilateral internal mammary lymph nodes in the <i>presence</i> of 1 or more positive axillary lymph nodes; or in more than 3 axillary lymph nodes and in internal mammary lymph nodes with microscopic disease detected by sentinel lymph node dissection, but not clinically apparent.**</p> <p>pN3c - Metastasis in ipsilateral supraclavicular lymph nodes.</p> <p><i>*Clinically apparent</i> is defined as detected by imaging studies (excluding lymphoscintigraphy) or by clinical examination.</p> <p><i>**Not clinically apparent</i> is defined as not detected by imaging studies (excluding lymphoscintigraphy) or by clinical examination.</p> <p>M1 - Distant metastasis.</p> <table border="0" data-bbox="922 1119 1446 1602"> <tr><td>Stage 0</td><td>Tis</td><td>N0</td><td>M0</td></tr> <tr><td>Stage I</td><td>T1</td><td>N0</td><td>M0</td></tr> <tr><td>Stage IIA</td><td>T0</td><td>N1</td><td>M0</td></tr> <tr><td></td><td>T1</td><td>N1</td><td>M0</td></tr> <tr><td></td><td>T2</td><td>N0</td><td>M0</td></tr> <tr><td>Stage IIB</td><td>T2</td><td>N1</td><td>M0</td></tr> <tr><td></td><td>T3</td><td>N0</td><td>M0</td></tr> <tr><td>Stage IIIA</td><td>T0</td><td>N2</td><td>M0</td></tr> <tr><td></td><td>T1</td><td>N2</td><td>M0</td></tr> <tr><td></td><td>T2</td><td>N2</td><td>M0</td></tr> <tr><td></td><td>T3</td><td>N1</td><td>M0</td></tr> <tr><td></td><td>T3</td><td>N2</td><td>M0</td></tr> <tr><td>Stage IIIB</td><td>T4</td><td>N0</td><td>M0</td></tr> <tr><td></td><td>T4</td><td>N1</td><td>M0</td></tr> <tr><td></td><td>T4</td><td>N2</td><td>M0</td></tr> <tr><td>Stage IIIC</td><td>Any T</td><td>N3</td><td>M0</td></tr> <tr><td>Stage IV</td><td>Any T</td><td>Any N</td><td>M1</td></tr> </table>	Stage 0	Tis	N0	M0	Stage I	T1	N0	M0	Stage IIA	T0	N1	M0		T1	N1	M0		T2	N0	M0	Stage IIB	T2	N1	M0		T3	N0	M0	Stage IIIA	T0	N2	M0		T1	N2	M0		T2	N2	M0		T3	N1	M0		T3	N2	M0	Stage IIIB	T4	N0	M0		T4	N1	M0		T4	N2	M0	Stage IIIC	Any T	N3	M0	Stage IV	Any T	Any N	M1
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Vulva	<p>Stage I stage grouping excluded.</p>	<p>The definition of TNM and the Stage Grouping for this chapter have not changed from the Fifth Edition.</p> <p>Stage I stage grouping defined as T1 N0 M0.</p>																																																																																																																																
Vagina		<p>The definition of TNM and the Stage Grouping for this chapter have not changed from the Fifth Edition.</p>																																																																																																																																

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Cervix Uteri	<p>Stage I stage grouping excluded. Stage IA stage grouping excluded. Stage IB stage grouping excluded. Stage II stage grouping excluded. Stage III stage grouping excluded.</p>	<p>The definition of TNM and the Stage Grouping for this chapter have not changed from the Fifth Edition.</p> <p>Stage I stage grouping defined as T1 N0 M0. Stage IA stage grouping defined as T1 N0 M0. Stage IB stage grouping defined as T1b N0 M0. Stage II stage grouping defined as T2 N0 M0. Stage III stage grouping defined as T3 N0 M0.</p>
Corpus Uteri	<p>N1 IIIC - Metastasis to the pelvic and/or para-aortic lymph nodes included in <u>Primary Tumor (T)</u>.</p> <p>M1 IVB - Distant metastasis (includes metastasis to abdominal lymph nodes other than paraaortic, and/or inguinal lymph nodes; excludes metastasis to vagina, pelvic serosa, or adnexa) included in <u>Primary Tumor (T)</u>.</p> <p>Stage I stage grouping excluded. Stage II stage grouping excluded. Stage III stage grouping excluded.</p>	<p>The definition of TNM and the Stage Grouping for this chapter have not changed from the Fifth Edition.</p> <p>N1 IIIC - Metastasis to the pelvic and/or para-aortic lymph nodes is now included in <u>Regional Lymph Nodes (N)</u>.</p> <p>M1 IVB - Distant metastasis (includes metastasis to abdominal lymph nodes other than paraaortic, and/or inguinal lymph nodes; excludes metastasis to vagina, pelvic serosa, or adnexa) is now included in <u>Distant Metastasis (M)</u>.</p> <p>Stage I stage grouping defined as T1 N0 M0. Stage II stage grouping defined as T2 N0 M0. Stage III stage grouping defined as T3 N0 M0.</p>
Ovary	<p>Stage I stage grouping excluded. Stage II stage grouping excluded. Stage III stage grouping excluded.</p>	<p>The definition of TNM and the Stage Grouping for this chapter have not changed from the Fifth Edition.</p> <p>Stage I stage grouping defined as T1 N0 M0. Stage II stage grouping defined as T2 N0 M0. Stage III stage grouping defined as T3 N0 M0.</p>
Fallopian Tube	<p>Stage I stage grouping excluded. Stage II stage grouping excluded. Stage III stage grouping excluded.</p>	<p>The definition of TNM and the Stage Grouping for this chapter have not changed from the Fifth Edition.</p> <p>Stage I stage grouping defined as T1 N0 M0. Stage II stage grouping defined as T2 N0 M0. Stage III stage grouping defined as T3 N0 M0.</p>

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Gestational Trophoblastic Tumors	<p>Code C58.9 - Excluded. Codes C54.0–C54.3, C54.8, C54.9, C55.9 - Included.</p> <p>MX - Excluded. M0 - No clinical metastasis. M1 - Excluded.</p> <table border="1" data-bbox="354 869 899 1241"> <thead> <tr> <th>Stage</th> <th>T</th> <th>M</th> <th>Risk Factors</th> </tr> </thead> <tbody> <tr><td>Stage IA</td><td>T1</td><td>M0</td><td>Without</td></tr> <tr><td>Stage IB</td><td>T1</td><td>M0</td><td>1</td></tr> <tr><td>Stage IC</td><td>T1</td><td>M0</td><td>2</td></tr> <tr><td>Stage IIA</td><td>T2</td><td>M0</td><td>Without</td></tr> <tr><td>Stage IIB</td><td>T2</td><td>M0</td><td>1</td></tr> <tr><td>Stage IIC</td><td>T2</td><td>M0</td><td>2</td></tr> <tr><td>Stage IIIA</td><td>Any T</td><td>M1a</td><td>Without</td></tr> <tr><td>Stage IIIB</td><td>Any T</td><td>M1a</td><td>1</td></tr> <tr><td>Stage IIIC</td><td>Any T</td><td>M1a</td><td>2</td></tr> <tr><td>Stage IVA</td><td>Any T</td><td>M1b</td><td>Without</td></tr> <tr><td>Stage IVB</td><td>Any T</td><td>M1b</td><td>1</td></tr> <tr><td>Stage IVC</td><td>Any T</td><td>M1b</td><td>2</td></tr> </tbody> </table> <p>Stage I stage grouping excluded. Stage II stage grouping excluded. Stage III stage grouping excluded. Stage IV stage grouping excluded.</p>	Stage	T	M	Risk Factors	Stage IA	T1	M0	Without	Stage IB	T1	M0	1	Stage IC	T1	M0	2	Stage IIA	T2	M0	Without	Stage IIB	T2	M0	1	Stage IIC	T2	M0	2	Stage IIIA	Any T	M1a	Without	Stage IIIB	Any T	M1a	1	Stage IIIC	Any T	M1a	2	Stage IVA	Any T	M1b	Without	Stage IVB	Any T	M1b	1	Stage IVC	Any T	M1b	2	<p>Code C58.9 - Only code included. Codes C54.0–C54.3, C54.8, C54.9, C55.9 - Excluded.</p> <p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> Gestational trophoblastic tumors are effectively treated with chemotherapy, even when widely metastatic, so that traditional anatomic staging parameters do not adequately provide different prognostic categories. For this reason, although the anatomic categories are preserved, a scoring system of other nonanatomic risk factors has been added. This risk factor score provides the basis for substaging patients into A (low risk, score of 7 or less) or B (high risk, score of 8 or greater). The “Risk Factors” portion of the stage grouping has been revised to reflect the new scoring system. <p>MX - Metastasis cannot be assessed. M0 - No distant metastasis. M1 - Distant metastasis.</p> <table border="1" data-bbox="922 869 1464 1241"> <thead> <tr> <th>Stage</th> <th>T</th> <th>M</th> <th>Risk Factors</th> </tr> </thead> <tbody> <tr><td>Stage I</td><td>T1</td><td>M0</td><td>Unknown</td></tr> <tr><td>Stage IA</td><td>T1</td><td>M0</td><td>Low risk</td></tr> <tr><td>Stage IB</td><td>T1</td><td>M0</td><td>High risk</td></tr> <tr><td>Stage II</td><td>T2</td><td>M0</td><td>Unknown</td></tr> <tr><td>Stage IIA</td><td>T2</td><td>M0</td><td>Low risk</td></tr> <tr><td>Stage IIB</td><td>T2</td><td>M0</td><td>High risk</td></tr> <tr><td>Stage III</td><td>Any T</td><td>M1a</td><td>Unknown</td></tr> <tr><td>Stage IIIA</td><td>Any T</td><td>M1a</td><td>Low risk</td></tr> <tr><td>Stage IIIB</td><td>Any T</td><td>M1a</td><td>High risk</td></tr> <tr><td>Stage IV</td><td>Any T</td><td>M1b</td><td>Unknown</td></tr> <tr><td>Stage IVA</td><td>Any T</td><td>M1b</td><td>Low risk</td></tr> <tr><td>Stage IVB</td><td>Any T</td><td>M1b</td><td>High risk</td></tr> </tbody> </table> <p>Stage I stage grouping included. Stage II stage grouping included. Stage III stage grouping included. Stage IV stage grouping included.</p>	Stage	T	M	Risk Factors	Stage I	T1	M0	Unknown	Stage IA	T1	M0	Low risk	Stage IB	T1	M0	High risk	Stage II	T2	M0	Unknown	Stage IIA	T2	M0	Low risk	Stage IIB	T2	M0	High risk	Stage III	Any T	M1a	Unknown	Stage IIIA	Any T	M1a	Low risk	Stage IIIB	Any T	M1a	High risk	Stage IV	Any T	M1b	Unknown	Stage IVA	Any T	M1b	Low risk	Stage IVB	Any T	M1b	High risk
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SITE	5th EDITION	6th EDITION
Prostate	<p><u>Clinical</u> T2a - Tumor involves 1 lobe. T2b - Tumor involves both lobes.</p> <p>T2c - Excluded.</p> <p><u>Pathologic</u> pT2a - Unilateral. pT2b - Bilateral. pT2c - Excluded.</p> <p>Excludes Pathologic section for <u>Regional Lymph Nodes (N)</u>.</p>	<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • T2 lesions have been divided to include T2a, T2b, and T2c once again. These are the same subcategories found in the Fourth Edition of the manual. • Gleason score is emphasized as the grading system of choice, and using the terms <i>well differentiated, moderately differentiated, and poorly differentiated</i> for grading is not recommended. <p><u>Clinical</u> T2a - Tumor involves one-half of 1 lobe or less. T2b - Tumor involves more than one-half of 1 lobe but not both lobes. T2c - Tumor involves both lobes.</p> <p><u>Pathologic</u> pT2a - Unilateral, involving one-half of 1 lobe or less. pT2b - Unilateral, involving more than one-half of 1 lobe, but not both lobes. pT2c - Bilateral disease. pT3a (Note**) - positive surgical margin should be indicated by an R1 descriptor (residual microscopic disease).</p> <p><u>Pathologic</u> pNX - Regional nodes not sampled. pN0 - No positive regional nodes. pN1 - Metastasis in regional node(s).</p>
Testis		The definition of TNM and the Stage Grouping for this chapter have not changed from the Fifth Edition.
Kidney	<p>T1a - Excluded. T1b - Excluded.</p> <p><i>Note</i> not included.</p> <p>Stage III does not define T3 stage groupings.</p>	<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • T1 lesions have been divided into T1a and T1b. • T1a is defined as tumors 4 cm or less in greatest dimension, limited to the kidney. • T1b is defined as tumors greater than 4 cm, but not more than 7 cm, in greatest dimension, limited to the kidney. <p>T1a - Tumor 4 cm or less in greatest dimension, limited to the kidney. T1b - Tumor greater than 4 cm, but not more than 7 cm, in greatest dimension, limited to the kidney.</p> <p><i>Note:</i> If a lymph node dissection is performed, then pathologic evaluation would ordinarily include at least 8 nodes.</p> <p>Stage III stage groupings include T3 N0 M0 and T3 N1 M0.</p>
Renal Pelvis and Ureter		The definition of TNM and the Stage Grouping for this chapter have not changed from the Fifth Edition.

SITE	5th EDITION	6th EDITION
Urinary Bladder		The definition of TNM and the Stage Grouping for this chapter have not changed from the Fifth Edition.
Urethra	Codes C68.1, C68.8, C68.9 - Included.	Codes C68.1, C68.8, C68.9 - Excluded. The definition of TNM and the Stage Grouping for this chapter have not changed from the Fifth Edition.
Carcinoma of the Eyelid	T4 - Tumor invades adjacent structures.	<i>Summary of Changes</i> • A listing of site-specific categories is now included in T4. T4 - Tumor invades adjacent structures, which include bulbar conjunctiva, sclera and globe, soft tissues of the orbit, perineural space, bone and periosteum of the orbit, nasal cavity and paranasal sinuses, and central nervous system.
Carcinoma of the Conjunctiva	T4 - Tumor invades orbit. T4a - Excluded. T4b - Excluded. T4c - Excluded. T4d - Excluded.	<i>Summary of Changes</i> • Specific categories of extension were added to T4 to create T4a, T4b, T4c, T4d. T4 - Tumor invades the orbit, with or without further extension. T4a - Tumor invades orbital soft tissues, without bone invasion. T4b - Tumor invades bone. T4c - Tumor invades adjacent paranasal sinuses. T4d - Tumor invades brain.
Malignant Melanoma of the Conjunctiva	T1 - Tumor(s) of the bulbar conjunctiva occupying 1 quadrant or less. T2 - Tumor(s) of the bulbar conjunctiva occupying more than 1 quadrant. T3 - Tumor(s) of the conjunctival fornix and/or palpebral conjunctiva and/or caruncle. T4 - Tumor invades eyelid, cornea, and/or orbit. pT1 - Tumor(s) of the bulbar conjunctiva occupying 1 quadrant or less and 2 mm or less in thickness. pT2 - Tumor(s) of the bulbar conjunctiva occupying more than 1 quadrant and 2 mm or less in thickness. pT3 - Tumor(s) of the conjunctival fornix and/or palpebral conjunctiva and/or caruncle or tumor(s) of the bulbar conjunctiva, more than 2 mm in thickness. pT4 - Tumor invades eyelid, cornea, and/or orbit.	<i>Summary of Changes</i> • Definitions of T classification have changed to describe depth of tumor penetration. T1 - Tumor of the bulbar conjunctiva T2 - Tumor of the bulbar conjunctiva with corneal extension T3 - Tumor extending into the conjunctival fornix, palpebral conjunctiva, or caruncle. T4 - Tumor invades the eyelid, globe, orbit, sinuses, or central nervous system. pT1 - Tumor of the bulbar conjunctiva confined to the epithelium. pT2 - Tumor of the bulbar conjunctiva not more than 0.8 mm in thickness, with invasion of the substantia propria. pT3 - Tumor of the bulbar conjunctiva more than 0.8 mm in thickness, with invasion of the substantia propria, or tumors involving the palpebral or caruncular conjunctiva. pT4 - Tumor invades the eyelid, globe, orbit, sinuses, or central nervous system.

SITE	5th EDITION	6th EDITION
Malignant Melanoma of the Uvea	<p><u>Iris</u> T1a - Excluded.</p> <p>T1b - Excluded.</p> <p>T1c - Excluded.</p> <p>T2 - Tumor involves 1 quadrant or less, with invasion into the anterior chamber angle. T2a - Excluded.</p> <p>T3 - Tumor involves more than 1 quadrant, with invasion into the anterior chamber angle, ciliary body, and/or choroid. T3a - Excluded.</p> <p><u>Ciliary Body</u> T1 - Tumor limited to the ciliary body. T2 - Tumor invades the anterior chamber and/or iris. T3 - Tumor invades choroid. T4 - Tumor with extraocular extension.</p> <p><u>Choroid</u> T1 - Tumor 10 mm or less in greatest dimension, with an elevation of 3 mm or less. T1a - Tumor 7 mm or less in greatest dimension, with an elevation of 2 mm or less. T1b - Tumor more than 7 mm, but not more than 10 mm, in greatest dimension, with an elevation of more than 2 mm, but not more than 3 mm. T2 - Tumor more than 10 mm, but not more than 15 mm, in greatest dimension, with an elevation of more than 3 mm, but not more than 5 mm. T3 - Tumor more than 15 mm in greatest dimension or with an elevation more than 5 mm. T4 - Tumor, with extraocular extension.</p>	<p><i>Summary of Changes</i></p> <p><u>Iris</u></p> <ul style="list-style-type: none"> • T1 lesions have been divided into T1a, T1b, and T1c. • The definition of T2 lesions has been modified, and T2 has been divided by the addition of T2a. • The definition of T3 lesions has been modified, and T2 has been divided by the addition of T3a. <p><u>Ciliary Body and Choroid</u></p> <ul style="list-style-type: none"> • Ciliary Body and Choroid now share a (T) scheme. • The definition of T1 lesions has been modified, and T1 has been divided into T1a, T1b, and T1c. • The definition of T2 lesions has been modified, and T2 has been divided into T2a, T2b, and T2c. <p><u>Iris</u></p> <p>T1a - Tumor limited to the iris not more than 3 clock hours in size. T1b - Tumor limited to the iris more than 3 clock hours in size. T1c - Tumor limited to the iris, with melanolytic glaucoma. T2 - Tumor confluent, with or extending into the ciliary body and/or choroid. T2a - Tumor confluent, with or extending into the ciliary body and/or choroid with melanolytic glaucoma. T3 - Tumor confluent, with or extending into the ciliary body and/or choroid with extrascleral extension. T3a - Tumor confluent, with or extending into the ciliary body with extrascleral extension and melanolytic glaucoma.</p> <p><u>Ciliary Body and Choroid</u></p> <p>T1 - Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness). T1a - Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), without microscopic extraocular extension. T1b - Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), with microscopic extraocular extension. T1c - Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), with macroscopic extraocular extension. T2 - Tumor greater than 10 mm, but not more than 16 mm, in greatest basal diameter and between 2.5 and 10 mm in maximum height (thickness). T2a - Tumor 10 to 16 mm in greatest basal diameter and between 2.5 and 10 mm in maximum height (thickness), without microscopic extraocular extension. T2b - Tumor 10 to 16 mm in greatest basal diameter and between 2.5 and 10 mm in maximum height (thickness), with microscopic extraocular extension. T2c - Tumor 10 to 16 mm in greatest basal diameter and between 2.5 and 10 mm in maximum height (thickness), with macroscopic extraocular extension.</p>

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Malignant Melanoma of the Uvea (Cont.)	<p><u>Iris and Ciliary Body</u></p> <table border="0"> <tr><td>Stage I</td><td>T1</td><td>N0</td><td>M0</td></tr> <tr><td>Stage II</td><td>T2</td><td>N0</td><td>M0</td></tr> <tr><td>Stage III</td><td>T3</td><td>N0</td><td>M0</td></tr> <tr><td>Stage IVA</td><td>T4</td><td>N0</td><td>M0</td></tr> <tr><td>Stage IVB</td><td>Any T</td><td>N1</td><td>M0</td></tr> <tr><td></td><td>Any T</td><td>Any N</td><td>M1</td></tr> </table> <p><u>Choroid</u></p> <table border="0"> <tr><td>Stage IA</td><td>T1a</td><td>N0</td><td>M0</td></tr> <tr><td>Stage IB</td><td>T1b</td><td>N0</td><td>M0</td></tr> <tr><td>Stage II</td><td>T2</td><td>N0</td><td>M0</td></tr> <tr><td>Stage III</td><td>T3</td><td>N0</td><td>M0</td></tr> <tr><td>Stage IVA</td><td>T4</td><td>N0</td><td>M0</td></tr> <tr><td>Stage IVB</td><td>Any T</td><td>N1</td><td>M0</td></tr> <tr><td></td><td>Any T</td><td>Any N</td><td>M1</td></tr> </table>	Stage I	T1	N0	M0	Stage II	T2	N0	M0	Stage III	T3	N0	M0	Stage IVA	T4	N0	M0	Stage IVB	Any T	N1	M0		Any T	Any N	M1	Stage IA	T1a	N0	M0	Stage IB	T1b	N0	M0	Stage II	T2	N0	M0	Stage III	T3	N0	M0	Stage IVA	T4	N0	M0	Stage IVB	Any T	N1	M0		Any T	Any N	M1	<p><u>Ciliary Body and Choroid (Cont.)</u></p> <p>T3 - Tumor more than 16 mm in greatest diameter and/or greater than 10 mm in maximum height (thickness), without extraocular extension.</p> <p>T4 - Tumor more than 16 mm in greatest diameter and/or greater than 10 mm in maximum height (thickness), with extraocular extension.</p> <table border="0"> <tr><td>Stage I</td><td>T1</td><td>N0</td><td>M0</td></tr> <tr><td></td><td>T1a</td><td>N0</td><td>M0</td></tr> <tr><td></td><td>T1b</td><td>N0</td><td>M0</td></tr> <tr><td></td><td>T1c</td><td>N0</td><td>M0</td></tr> <tr><td>Stage II</td><td>T2</td><td>N0</td><td>M0</td></tr> <tr><td></td><td>T2a</td><td>N0</td><td>M0</td></tr> <tr><td></td><td>T2b</td><td>N0</td><td>M0</td></tr> <tr><td></td><td>T2c</td><td>N0</td><td>M0</td></tr> <tr><td>Stage III</td><td>T3</td><td>N0</td><td>M0</td></tr> <tr><td></td><td>T4</td><td>N0</td><td>M0</td></tr> <tr><td>Stage IV</td><td>Any T</td><td>N1</td><td>M0</td></tr> <tr><td></td><td>Any T</td><td>Any N</td><td>M1</td></tr> </table>	Stage I	T1	N0	M0		T1a	N0	M0		T1b	N0	M0		T1c	N0	M0	Stage II	T2	N0	M0		T2a	N0	M0		T2b	N0	M0		T2c	N0	M0	Stage III	T3	N0	M0		T4	N0	M0	Stage IV	Any T	N1	M0		Any T	Any N	M1
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Retinoblastoma	<p>T1 - Tumor(s) limited to 25% or less of the retina.</p> <p>T1a - Excluded.</p> <p>T1b - Excluded.</p>	<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • T1 was redefined, and the lesions have been divided into T1a and T1b. • T2 was redefined, and the lesions have been divided into T2a, T2b, and T2c. • T3 was redefined, and T3a, T3b, and T3c have been removed. • T4a and T4b have been removed. • N2 (distant lymph node involvement) has been added to regional lymph nodes (N). • pT1, pT2, and pT3 have been redefined. • pT2 lesions have been divided into pT2a, pT2b, and pT2c. • pM1 has been divided into pM1a and pM1b. • No stage grouping applies to retinoblastoma. <p>T1 - Tumor confined to the retina (no vitreous seeding or significant retinal detachment). No retinal detachment or subretinal fluid >5 mm from the base of the tumor.</p> <p>T1a - Any eye in which the largest tumor is less than or equal to 3 mm in height, AND no tumor is located closer than 1 DD (1.5 mm) to the optic nerve or fovea.</p> <p>T1b - All other eyes in which the tumor(s) are confined to the retina regardless of location or size (up to half the volume of the eye). No vitreous seeding.</p>																																																																																																				

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Retino- blastoma (Cont.)	<p>T2 - Tumor(s) involves more than 25%, but not more than 50%, of the retina. T2a - Excluded.</p> <p>T2b - Excluded.</p> <p>T2c - Excluded.</p> <p>T3 - Tumor(s) involves more than 50% of the retina and/or invades beyond the retina, but remains intraocular. T3a - Tumor(s) involves more than 50% of the retina and/or tumor cells in the vitreous. T3b - Tumor(s) involves optic disc. T3c - Tumor(s) involves anterior chamber and/or uvea. T4 - Tumor with extraocular invasion. T4a - Tumor invades retrobulbar optic nerve. T4b - Extraocular extension other than invasion of optic nerve.</p> <p>N2 - Excluded.</p> <p>pT1 - Tumor(s) limited to 25% or less of the retina.</p> <p>pT2 - Tumor(s) involves more than 25%, but not more than 50%, of the retina. pT2a - Excluded. pT2b - Excluded. pT2c - Excluded.</p>	<p>T2 - Tumor with contiguous spread to adjacent tissues or spaces (vitreous or subretinal space). T2a - <i>Minimal tumor spread to vitreous and/or subretinal space.</i> Fine local or diffuse vitreous seeding and/or serous retinal detachment up to total detachment may be present, but <i>no</i> clumps, lumps, snowballs, or avascular masses ARE ALLOWED in the vitreous or subretinal space. Calcium flecks in the vitreous or subretinal space are allowed. The tumor may fill up to 2/3 the volume of the eye. T2b - <i>Massive tumor spread to vitreous and/or subretinal space.</i> Vitreous seeding and/or subretinal implantation may consist of clumps, lumps, snowballs, or avascular masses. Retinal detachment may be total. Tumor may fill up to 2/3 the volume of the eye. T2c - Unsalvageable intraocular disease. Tumor fills more than 2/3 of the eye OR there is no possibility of visual rehabilitation OR 1 or more of the following is present: - Tumor-associated glaucoma, either neovascular or angle closure - Anterior segment extension of tumor - Ciliary body extension of tumor - Hyphema (significant) - Massive vitreous hemorrhage - Tumor in contact with lens - Orbital cellulitis-like clinical presentation (massive tumor necrosis)</p> <p>T3 - Invasion of the optic nerve and/or optic coats.</p> <p>T3a - Excluded. T3b - Excluded. T3c - Excluded.</p> <p>T4 - Extraocular tumor. T4a - Excluded. T4b - Excluded.</p> <p>N2 - Distant lymph node involvement</p> <p>pT1 - Tumor confined to the retina, vitreous, or subretinal space. No optic nerve or choroidal invasion. pT2 - Minimal invasion of the optic nerve and/or optic coats. pT2a - Tumor invades optic nerve up to, but not through, the level of the lamina cribrosa. pT2b - Tumor invades choroid focally. pT2c - Tumor invades optic nerve up to, but not through, the level of the lamina cribrosa and invades the choroid focally.</p>

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Retinoblastoma (Cont.)	<p>pT3 - Tumor(s) involves more than 50% of the retina and/or invades beyond the retina, but remains intraocular.</p> <p>pT3a - Tumor(s) involves more than 50% of the retina and/or tumor cells in the vitreous.</p> <p>pT3b - Tumor invades optic nerve as far as the lamina cribrosa</p> <p>pT3c - Tumor in anterior chamber and/or invasion, with thickening of the uvea and/or intrascleral invasion.</p> <p>pT4 - Tumor with extraocular invasion.</p> <p>pT4a - Intraneural tumor beyond the lamina cribrosa, but not at the line of resection.</p> <p>pT4b - Tumor at the line of resection or other extraocular extension.</p> <p>pM1a - Excluded.</p> <p>pM1b - Excluded.</p> <p>In cases of bilateral disease, the more affected eye is used for the stage grouping.</p> <table border="0" data-bbox="354 1150 878 1413"> <tr> <td>Stage IA</td> <td>T1</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IB</td> <td>T2</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIA</td> <td>T3a</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIB</td> <td>T3b</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIC</td> <td>T3c</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIIA</td> <td>T4a</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage IIIB</td> <td>T4b</td> <td>N0</td> <td>M0</td> </tr> <tr> <td>Stage V</td> <td>Any T</td> <td>N1</td> <td>M0</td> </tr> <tr> <td></td> <td>Any T</td> <td>Any N</td> <td>M1</td> </tr> </table> <p><i>Note:</i> Pathologic stage grouping corresponds to the clinical stage grouping.</p>	Stage IA	T1	N0	M0	Stage IB	T2	N0	M0	Stage IIA	T3a	N0	M0	Stage IIB	T3b	N0	M0	Stage IIC	T3c	N0	M0	Stage IIIA	T4a	N0	M0	Stage IIIB	T4b	N0	M0	Stage V	Any T	N1	M0		Any T	Any N	M1	<p>pT3 - Significant invasion of the optic nerve and/or optic coats.</p> <p>pT3a - Tumor invades optic nerve through the level of the lamina cribrosa, but not to the line of resection.</p> <p>pT3b - Tumor massively invades the choroid.</p> <p>pT3c - Tumor invades optic nerve through the level of the lamina cribrosa, but not to the line of resection, and massively invades the choroid.</p> <p>pT4 - Extraocular extension that includes:</p> <ul style="list-style-type: none"> - Invasion of optic nerve to the line of resection - Invasion of the orbit through sclera - Extension both anteriorly and posteriorly into the orbit - Extension into the brain - Extension into the subarachnoidal space of the optic nerve - Extension to the apex of the orbit - Extension to, but not through, the chiasm - Extension into the brain beyond the chiasm <p>pT4a - Excluded.</p> <p>pT4b - Excluded.</p> <p>pM1a - Bone marrow</p> <p>pM1b - Other sites</p> <p>No stage grouping applies.</p>
Stage IA	T1	N0	M0																																			
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Stage V	Any T	N1	M0																																			
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Carcinoma of the Lacrimal Gland		<p>The definition of TNM and the Stage Grouping for this chapter have not changed from the Fifth Edition.</p>																																				
Sarcoma of the Orbit	<p>T4 - Tumor invades beyond the orbit to adjacent sinuses and/or to cranium.</p>	<p><i>Summary of Changes</i></p> <ul style="list-style-type: none"> • A listing of site-specific categories is now included in T4. <p>T4 - Tumor invasion of globe or periorbital structure, such as eyelids, temporal fossa, nasal cavity and paranasal sinuses, and/or central nervous system.</p>																																				

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Brain and Spinal Cord	Codes C72.9, C75.1, C75.2, C75.3 - Excluded.	Codes C72.9, C75.1, C75.2, C75.3 - Included. Central Nervous System tumors continue to have no TNM designation.
Lymphoid Neoplasms		<i>Summary of Changes</i> • The Hodgkin lymphoma and non-Hodgkin lymphoma chapters have been combined into 1 chapter titled “Lymphoid Neoplasms.” They continue to have no TNM designation.



American Joint Committee on Cancer

Executive Office
633 N. Saint Clair St.
Chicago, IL 60611
312/202-5085
www.cancerstaging.org