



Coding stage:

Lung Cancer

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Lung Cancer

- International Association for the Study of Lung Cancer (IASLC) Staging Project
- Topography C34 (not primary trachea)
- For the purpose of TNM: lung considered a single organ (not paired)
- Histology
 - NSCLC, SCLC and bronchopulmonary carcinoid tumours

Lung Cancer: T-category

Tis: includes adenocarcinoma in situ and squamous carcinoma in situ

T1 Tumour ≤ 3 cm in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus)

T1mi Minimally invasive adenocarcinoma (solitary adenoca ≤ 3 cm, predom lepidic pattern, ≤ 5 mm invasion)*

T1a Tumour ≤ 1 cm in greatest dimension

T1b Tumour > 1 cm but ≤ 2 cm in greatest dimension

T1c Tumour > 2 cm but ≤ 3 cm in greatest dimension

* Solitary adenocarcinoma (not more than 3 cm in greatest dimension), with a predominantly *lepidic pattern* and not more than 5 mm invasion in greatest dimension in any one focus.

T1a = also: The uncommon superficial spreading tumour of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus => T1a.

Lung Cancer: T-category

T2 Tumour >3 cm but ≤5 cm; or tumour with *any* of the following features*

.. Involves main bronchus regardless of distance to the carina, but without involvement of the carina

▪▪ Invades visceral pleura

▪▪ Associated with atelectasis or obstructive pneumonitis that extends to hilar region either involving part of or entire lung

T2a Tumour >3 cm but ≤4 cm in greatest dimension

T2b Tumour >4 cm ≤5 cm in greatest dimension

* T2 tumours with these features are classified T2a if 4 cm or less, or if size cannot be determined and T2b if greater than 4 cm but not larger than 5 cm.

T3 Tumour >5 cm but ≤7 cm in greatest dimension or one that directly invades any of the following: parietal pleura, chest wall (including superior sulcus tumours) phrenic nerve, parietal pericardium; or *separate tumour nodule(s) in the same lobe as the primary*

T4 Tumour >7 cm or of any size that invades any of the following: diaphragm, mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, oesophagus, vertebral body, carina; *separate tumour nodule(s) in a different ipsilateral lobe to that of the primary*

N-category values: Location

- Lung

N1 ipsilateral peribronchial and/or hilar and intrapulmonary nodes

N2 ipsilateral mediastinal and/or subcarinal nodes

N3 contralateral mediastinal, hilar, scalene or supraclavicular nodes

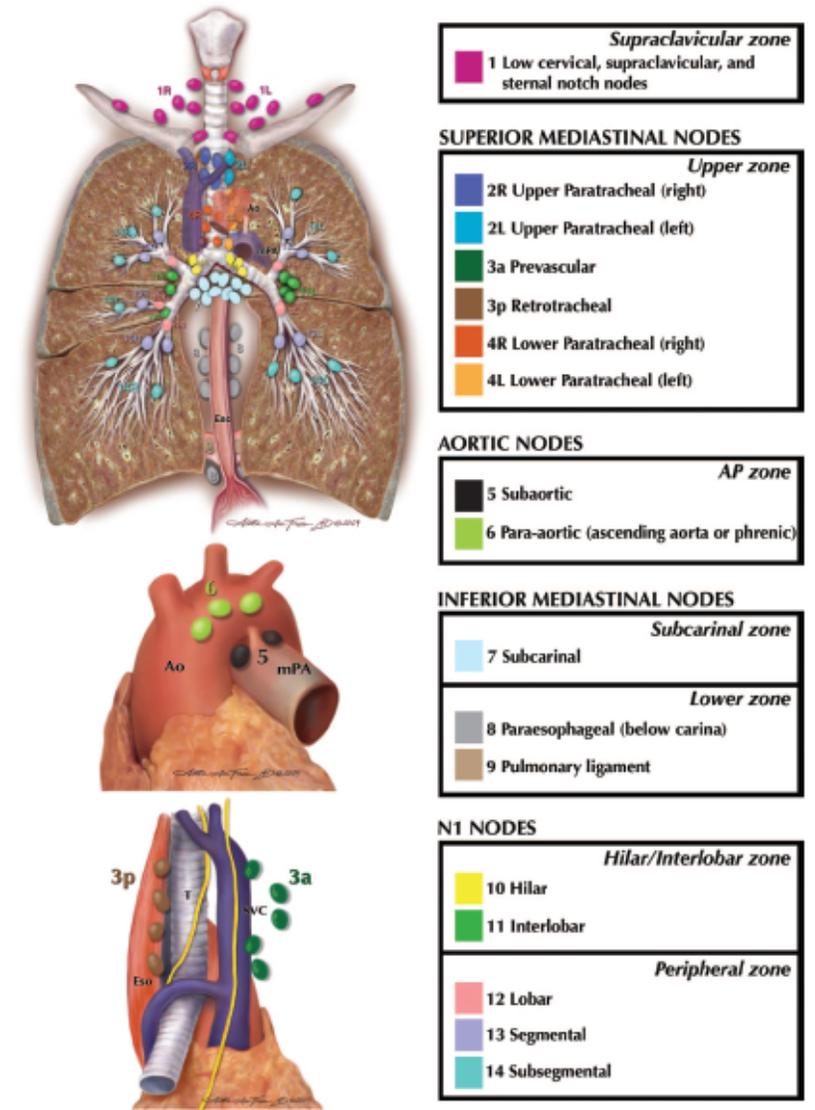


FIGURE 3. The International Association for the Study of Lung Cancer (IASLC) lymph node map, including the proposed grouping of lymph node stations into "zones" for the purposes of prognostic analyses.

M-category

- **M0** No distant metastasis
- **M1** Distant metastasis
 - M1a **Separate tumour nodule(s) in a contralateral lobe**; tumour with pleural or pericardial nodules or *malignant pleural or pericardial effusion*
 - M1b Single extrathoracic metastasis in a single organ or non regional node
 - M1c Multiple extrathoracic metastasis in a single or multiple organs

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- Exercises TNM lung cancer
 - <https://create.kahoot.it/details/lung-exercises/821d042d-e35e-4f8b-9c07-665176f359cc>

Conclusions

- Recording stage in a cancer registry
 - Offers specific information for Public Health/ surveillance and oncology objectives
 - Needs validation and consistency checks
 - Invites to work on 'comparability'
 - But also has to tackle difficulties... complexity, missing data, diagnostic precision differences, versions and updates...

TNM : a fascinating but never ending story.....

