



中山醫學大學附設醫院

Chung Shan Medical University Hospital

Lung Staging Form

CLINICAL	STAGE CATEGORY DEFINITIONS
PRIMARY TUMOR(T)	
TX	Primary tumor cannot be assessed Includes tumors proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy
T0	No evidence of primary tumor
Tis	Carcinoma in situ Squamous cell carcinoma in situ (SCIS) Adenocarcinoma in situ (AIS): adenocarcinoma with pure lepidic pattern, ≤ 3 cm in greatest dimension
T1	Tumor ≤ 3 cm in greatest dimension surrounded by lung or visceral pleura, or in a lobar or more peripheral bronchus
T1mi	Minimally invasive adenocarcinoma: adenocarcinoma (≤ 3 cm in greatest dimension) with a predominantly lepidic pattern and ≤ 5 mm invasion in greatest dimension
T1a	Tumor ≤ 1 cm in greatest dimension OR Tumor of any size whose invasive component is limited to the bronchial wall and may extend proximal to the main bronchus, this is an uncommon superficial, spreading tumor
T1b	Tumor > 1 cm but ≤ 2 cm in greatest dimension
T1c	Tumor > 2 cm but ≤ 3 cm in greatest dimension
T2	Tumor > 3 cm but ≤ 5 cm in greatest dimension OR Tumor ≤ 4 cm with one or more of the following features: <ul style="list-style-type: none"> • Invades visceral pleura • Invades an adjacent lobe • Involves main bronchus (up to but not including the carina) or associated with atelectasis or obstructive pneumonitis, extending to the hilar regions, involving either part of or the entire lung
T2a	Tumor > 3 cm but ≤ 4 cm in greatest dimension OR Tumor ≤ 4 cm in greatest dimension with one or more of the following features: <ul style="list-style-type: none"> • Invades visceral pleura • Invades an adjacent lobe Involves main bronchus (up to but not including the carina) or associated with atelectasis or obstructive pneumonitis, extending to the hilar regions, involving either part of or the entire lung
T2b	Tumor > 4 cm but ≤ 5 cm in greatest dimension with or without any of the following features: <ul style="list-style-type: none"> • Invades visceral pleura • Invades an adjacent lobe Involves main bronchus (up to but not including the carina) or associated with atelectasis or obstructive pneumonitis, extending to the hilar regions, involving either part of or the entire lung



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T3	<p>Tumor > 5 cm but ≤ 7 cm in greatest dimension OR</p> <p>Tumor ≤ 7 cm with one or more of the following features:</p> <ul style="list-style-type: none"> • Invades parietal pleura or chest wall • Invades pericardium, phrenic nerve or azygos vein <p>Although these structures lie within the mediastinum, the degree of mediastinal penetration by the tumor needed to invade these structures is not counted as T4</p> <ul style="list-style-type: none"> • Invades thoracic nerve roots (i.e., T1, T2) or stellate ganglion <p>Separate tumor nodule(s) in the same lobe as the primary</p>
T4	<p>Tumor > 7 cm in greatest dimension OR</p> <p>Tumor of any size with one or more of the following features:</p> <ul style="list-style-type: none"> • Invades mediastinum (except structures listed in T3), thymus, trachea, carina, recurrent laryngeal nerve, vagus nerve, esophagus or diaphragm • Invades heart, great vessels (aorta, superior/inferior vena cava, intrapericardial pulmonary arteries/veins), supra-aortic arteries or brachiocephalic veins • Invades subclavian vessels, vertebral body, lamina, spinal canal, cervical nerve roots or brachial plexus (i.e., trunks, divisions, cords or terminal nerves) <p>Separate tumor nodule(s) in a different ipsilateral lobe than that of the primary</p>

REGIONAL LYMPH NODES(N)

NX	Regional lymph nodes cannot be assessed
N0	No tumor involvement of regional lymph node(s)
N1	Tumor involvement of ipsilateral peribronchial and/or ipsilateral hilar and/or ipsilateral intrapulmonary lymph node station(s), including involvement by direct extension
N2	Tumor involvement of ipsilateral mediastinal nodal station(s) and/or subcarinal lymph node station
N2a	Tumor involvement of a single ipsilateral mediastinal nodal station or of the subcarinal nodal station
N2b	Tumor involvement of multiple ipsilateral mediastinal nodal stations with or without involvement of the subcarinal nodal station
N3	Tumor involvement of contralateral mediastinal, contralateral hilar, ipsilateral/contralateral scalene, or ipsilateral/contralateral supraclavicular lymph node station(s)

DISTANT METASTASIS(M)

cM0	No distant metastasis
cM1	Distant metastasis
cM1a	<p>Metastasis in pleural or pericardial nodules, and/or malignant pleural or pericardial effusions, and/or separate tumor nodule(s) in a contralateral lobe</p> <p>Note: Most pleural (pericardial) effusions with lung cancer are a result of the tumor. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumor, and the fluid is non-bloody and not an</p>



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	exudate. If these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging descriptor
cM1b	Single extrathoracic metastasis in a single organ system (including involvement of a single non-regional node)
cM1c	Multiple extrathoracic metastases in a single or multiple organ system(s)
cM1c1	Multiple extrathoracic metastases in a single organ system For example, the skeleton is considered one organ. Several metastases in a single bone or several metastases in several bones are classified as M1c1
cM1c2	Multiple extrathoracic metastases in multiple organ systems
pM1	Microscopic confirmation of distant metastasis
pM1a	Microscopic confirmation of metastasis in pleural or pericardial nodules, and/or malignant pleural or pericardial effusions, and/or separate tumor nodule(s) in a contralateral lobe Note: Most pleural (pericardial) effusions with lung cancer are a result of the tumor. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumor, and the fluid is non-bloody and not an exudate. If these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging descriptor
pM1b	Microscopic confirmation of single extrathoracic metastasis in a single organ system (including involvement of a single non-regional node)
pM1c	Microscopic confirmation of multiple extrathoracic metastases in a single or multiple organ system(s)
pM1c1	Microscopic confirmation of multiple extrathoracic metastases in a single organ system For example, the skeleton is considered one organ. Several metastases in a single bone or several metastases in several bones are classified as M1c1
pM1c2	Microscopic confirmation of multiple extrathoracic metastases in multiple organ systems



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ANATOMIC STAGE . PROGNOSTIC GROUPS

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TX	N0	M0	Occult carcinoma
Tis	N0	M0	0
T1mi-T1a	N0	M0	IA1
T1b	N0	M0	IA2
T1c	N0	M0	IA3
T2a	N0	M0	IB
T2b	N0	M0	IIA
T1	N1	M0	IIA
T1	N2a	M0	IIB
T2a-T2b	N1	M0	IIB
T3	N0	M0	IIB
T4	N0	M0	IIIA
T3-T4	N1	M0	IIIA
T1	N2b	M0	IIIA
T2-T3	N2a	M0	IIIA
T2-T3	N2b	M0	IIIB
T4	N2a-N2b	M0	IIIB
T1-T2	N3	M0	IIIB
T3-T4	N3	M0	IIIC
Any T	Any N	M1a-M1b	IVA
Any T	Any N	M1c1-M1c2	IVB