



8th Edition of the TNM Classification for Lung Cancer

T – Primary Tumour

TX		Primary tumour cannot be assessed, or tumour proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy
T0		No evidence of primary tumour
Tis		Carcinoma in situ
T1		Tumour 3 cm or less 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) ¹
	T1mi	Minimally invasive adenocarcinoma ²
	T1a	Tumour 1 cm or less in greatest dimension ¹
	T1b	Tumour more than 1 cm but not more than 2 cm in greatest dimension ¹
	T1c	Tumour more than 2 cm but not more than 3 cm in greatest dimension ¹
T2		Tumour more than 3 cm but not more than 5 cm; or tumour with any of the following features ³ <ul style="list-style-type: none"> • Involves main bronchus regardless of distance to the carina, but without involving the carina • Invades visceral pleura • Associated with atelectasis or obstructive pneumonitis that extends to the hilar region, either involving part of the lung or the entire lung
	T2a	Tumour more than 3 cm but not more than 4 cm in greatest dimension
	T2b	Tumour more than 4 cm but not more than 5 cm in greatest dimension
T3		Tumour more than 5 cm but not more than 7 cm in greatest dimension or one that directly invades any of the following: chest wall (including superior sulcus tumours), phrenic nerve, parietal pericardium; or associated separate tumour nodule(s) in the same lobe as the primary
T4		Tumours more than 7 cm or one 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 – Regional Lymph Nodes

NX		Regional lymph nodes cannot be assessed
N0		No regional lymph node metastasis
N1		Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes and intrapulmonary nodes, including involvement by direct extension
N2		Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)
N3		Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene or supraclavicular lymph node(s)

M- Distant Metastasis

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 ⁴
	M1b	Single extrathoracic metastasis in a single organ ⁵
	M1c	Multiple extrathoracic metastases in one or several organs

¹The uncommon superficial spreading tumour of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus, is also classified as T1a.

²Solitary adenocarcinoma (≤ 3 cm), with a predominantly lepidic pattern and ≤ 5 mm invasion in greatest dimension in any one focus.

³T2 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.

⁴Most pleural (pericardial) effusions with lung cancer are due to tumour. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumour, and the fluid is non-bloody and is not an exudate. Where these elements and clinical judgement dictate that the effusion is not related to the tumour, the effusion should be excluded as a staging descriptor.

⁵This includes involvement of a single distant (non-regional) node.