LUNG

Hospital Name/Address	Patient Name/Information

Type of Specimen _____ Histopathologic Type _____

Tumor Size _____ Laterality: ☐ Bilateral ☐ Left ☐ Right

DEFINITIONS

Clinical	*Pathologic*		
		Primary Tumor (T)	
☐	☐	TX	Primary tumor cannot be assessed, or tumor 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*
☐	☐	T1	Tumor 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus[1] (i.e., not in the main bronchus)
☐	☐	T2	Tumor with any of the following features of size or extent: • More than 3 cm in greatest dimension • Involves main bronchus, 2 cm or more distal to the carina • Invades the visceral pleura • Associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung
☐	☐	T3	Tumor of any size that directly invades any of the following: chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura, parietal pericardium; or tumor in the main bronchus less than 2 cm distal to the carina, but without involvement of the carina; or associated atelectasis or obstructive pneumonitis of the entire lung
☐	☐	T4	Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina; or separate tumor nodules in the same lobe; or tumor with malignant pleural effusion[2]
		Regional Lymph Nodes (N)	
☐	☐	NX	Regional lymph nodes cannot be assessed
☐	☐	N0	No regional lymph node metastasis
☐	☐	N1	Metastasis to ipsilateral peribronchial and/or ipsilateral hilar lymph nodes, and intrapulmonary nodes including involvement by direct extension of the primary tumor
☐	☐	N2	Metastasis to ipsilateral mediastinal and/or subcarinal lymph nodes(s)
☐	☐	N3	Metastasis to contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph nodes(s)
		Distant Metastasis (M)	
☐	☐	MX	Distant metastasis cannot be assessed
☐	☐	M0	No distant metastasis
☐	☐	M1	Distant metastasis present[3] Biopsy of metastatic site performed..... ☐Y..... ☐N Source of pathologic metastatic specimen _____

Notes

1. The uncommon superficial tumor of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus, is also classified T1.

2. Most pleural effusions associated with lung cancer are due to tumor. However, there are a few patients in whom multiple cytopathologic examinations of pleural fluid are negative for tumor. In these cases, fluid is non-bloody and is not an exudate. Such patients may be further evaluated by videothoracoscopy (VATS) and direct pleural biopsies. When these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging element and the patient should be staged T1, T2, or T3.

3. M1 includes separate tumor nodule(s) in a different lobe (ipsilateral or contralateral).

(continued on reverse side)

Clinical	Pathologic	Stage Grouping			
☐	☐	Occult Carcinoma	TX	N0	M0
☐	☐	0	Tis	N0	M0
☐	☐	IA	T1	N0	M0
☐	☐	IB	T2	N0	M0
☐	☐	IIA	T1	N1	M0
☐	☐	IIB	T2	N1	M0
			T3	N0	M0
☐	☐	IIIA	T1	N2	M0
			T2	N2	M0
			T3	N1	M0
			T3	N2	M0
☐	☐	IIIB	Any T	N3	M0
			T4	Any N	M0
☐	☐	IV	Any T	Any N	M1

Histologic Grade (G)

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

Residual Tumor (R)

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

Additional 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 needing 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 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.
☐ **a prefix** designates the stage determined at autopsy: aTNM.

Prognostic Indicators (if applicable)

Notes

Additional 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

ILLUSTRATION *(Top left)*
Indicate on diagram primary tumor and regional nodes involved.

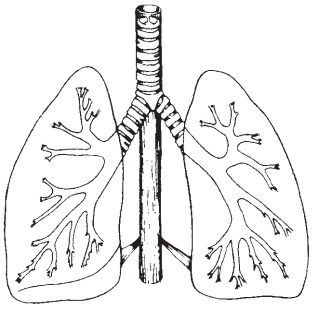
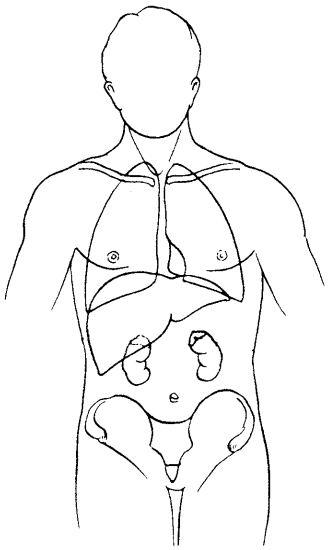
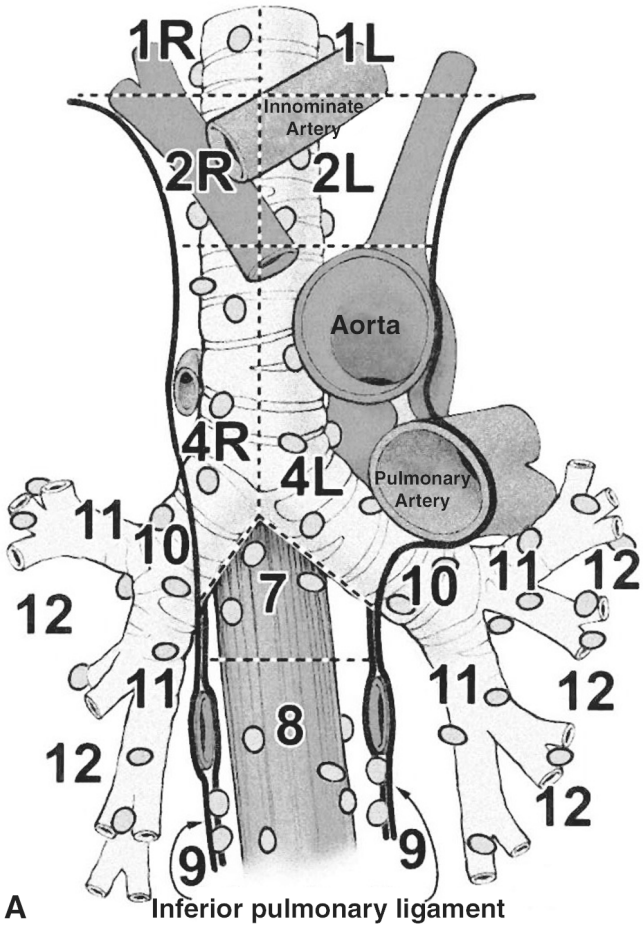
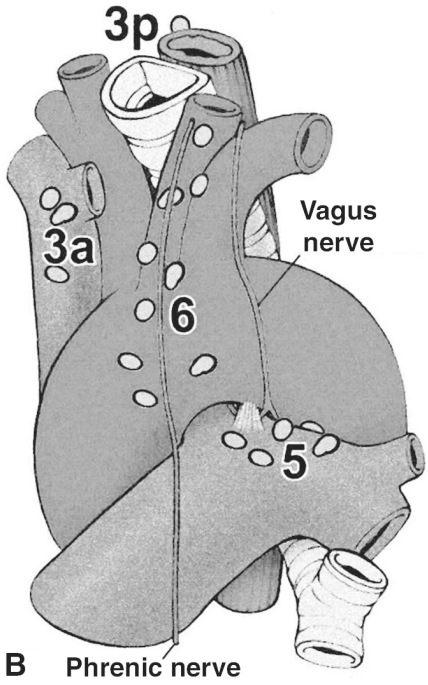


ILLUSTRATION *(Top right)*
Indicate metastatic sites.







For a description of the lymph node maps of the lung, see Chapter 19 of the *AJCC Cancer Staging Manual*

Physician's Signature _____ Date _____