N Criteria

• N criteria based on number and/or location
  – Regional nodes ONLY

• Criteria specific to
  – Behavior of cancers for that primary site
  – Prognosis related to
    • Nodal drainage patters, first nodal chains to drain that site
    • Amount of involvement, number of nodes

• Criteria for clinical classification cN
  – Physical exam, imaging, diagnostic biopsy

• Criteria for pathologic classification pN
  – Resection of node or nodes WITH pT (surgical resection primary)
Node Size Criteria

• N category size criteria general rule
  – Use size of metastasis in lymph node
  – If size of mets not available, size of node is reasonable substitute
  – Chapter specific rules override general rules

• Different size criteria by site chapter
  – Size of node
  – Size of metastasis in node

• Reason for criteria difference
  – Based on the anatomic site and biology
  – Head & Neck example
    • Size of the mass is prognostic
    • Even if mass is made of up multiple matted nodes
One Node and Minimum Number

• Pathologic N category criteria (pN)
  – At least **ONE** node must be microscopically examined
  – Use **all** nodes to assign N category
    • Palpated or imaged nodes are included in pN
    • Not just those microscopically examined

• Minimum number
  – Minimum number and location of nodes to be examined
    • Described in site chapters as appropriate
    • Detail common medical practice
  – pN category assignment
    • Based on information available
    • Assigned even if minimum number or location criteria not met
Considered N Involvement

• Direct extension of primary tumor into regional node
  – Considered as nodal involvement
  – Count as a positive node
  – Assign N category, not T category

• Tumor nodule with smooth contour in regional node area
  – Tumor replaced structures of lymph node
  – Still retains smooth contour of lymph node capsule
  – Considered as nodal involvement
  – Count as a positive node
  – Assign N category
Node Biopsy or Sentinel Nodes - cN

- **cN assigned in clinical staging classification based on**
  - Excision of nodes during diagnostic workup
    - Excision of a single node
    - Excision of sentinel nodes
  - No surgical resection of primary site meeting pT criteria

- **Clinical staging = diagnostic workup**
  - Pathologic exam of nodes is cN

- **Pathologic staging = diagnostic workup and surgical Rx**
  - Surgical resection of primary site pT
  - If no resection of nodes during surgery
  - Diagnostic workup (clinical staging) information is used
    - Excision of single node or sentinel nodes used to assign pN
pN in Conjunction with pT

• pN assigned in pathologic staging classification based on
  – Excision of nodes in conjunction with surgical Rx
  – Surgical resection of primary site meeting pT criteria

• Any microscopic exam of nodes is pN
  – When pathologic T (pT) is available

• pN exception
  – Excision of nodes is pN when
  – No resection of primary site
  – Due to unknown primary, assigned T0 (no evidence of primary tumor)
Uncertain Information

• Define uncertain information
  – Ambiguity about involvement
  – Details to meet staging criteria are unclear
  – Choosing between two categories

• Correct N category for uncertain information
  – Lower or less advanced category used

• Define unknown information
  – Unknown to the physician
  – Not used to describe situation where registrar does not have access to the information

• Correct N category for unknown information
  – Assign NX
  – Never assign lowest category
Thank you

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