Definitions

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 (for example, not in the main bronchus)\(^1\)

T1a  Tumor 2 cm or less in greatest dimension

T1b  Tumor more than 2 cm but 3 cm or less in greatest dimension

T2  Tumor more than 3 cm but 7 cm or less in greatest dimension or tumor with any of the following features (T2 tumors with these features are classified T2a if 5 cm or less): involves main bronchus, 2 cm or more distal to the carina; invades visceral pleura (PL1 or PL2); associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung

T2a  Tumor more than 3 cm but 5 cm or less in greatest dimension

T2b  Tumor more than 5 cm but 7 cm or less in greatest dimension

T3  Tumor more than 7 cm or one that directly invades any of the following: parietal pleural (PL3), chest wall (including superior sulcus tumors), diaphragm, phrenic nerve, 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 or separate tumor nodule(s) in the same lobe

T4  Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, carina, separate tumor nodule(s) in a different ipsilateral lobe

Distant Metastasis (M)

M0  No distant metastasis

M1  Distant metastasis

M1a  Separate tumor nodule(s) in a contralateral lobe, tumor with pleural nodules or malignant pleural (or pericardial) effusion\(^2\)

M1b  Distant metastasis (in extrathoracic organs)

Notes

\(^1\) The uncommon superficial spreading tumor of any size with its invasive component limited to the bronchial wall, which may extend proximally to the main bronchus, is also classified as T1a.

\(^2\) Most pleural (and pericardial) effusions with lung cancer are due to tumor. In a few patients, however, multiple cytologic examinations of pleural (pericardial) fluid are negative for tumor, and the fluid is nonbloody and is not an exudate. Where 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 classified as M0.

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Regional Lymph Nodes (N)

NX Regional lymph nodes cannot be assessed

N0 No regional lymph node metastases

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)

Supraclavicular zone

1 Low cervical, supraclavicular, and sternal notch nodes

Superior Mediastinal Nodes

Upper zone

2R Upper Paratracheal (right)

2L Upper Paratracheal (left)

3a Pre-vascular

3p Retrotracheal

4R Lower Paratracheal (right)

4L Lower Paratracheal (left)

Aortic Nodes

AP zone

5 Subaortic

6 Para-aortic (ascending aorta or phrenic)

Inferior Mediastinal Nodes

Subcarinal zone

7 Subcarinal

Lower zone

8 Paraeosophageal (below carina)

9 Pulmonary ligament

N1 Nodes

Hilar/Interlobar zone

10 Hilar

11 Interlobar

Peripheral zone

12 Lobar

13 Segmental

14 Subsegmental

The IASLC lymph node map shown with the proposed amalgamation of lymph into zones.

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