**Definitions**

**Primary Tumor (T)**

**CLINICAL**

- **TX**: Primary tumor cannot be assessed
- **T0**: No evidence of primary tumor
- **T1**: Clinically inapparent tumor neither palpable nor visible by imaging
  - **T1a**: Tumor incidental histologic finding in 5% or less of tissue resected
  - **T1b**: Tumor incidental histologic finding in more than 5% of tissue resected
  - **T1c**: Tumor identified by needle biopsy (for example, because of elevated PSA)
- **T2**: Tumor confined within prostate
  - **T2a**: Tumor involves one-half of one lobe or less
  - **T2b**: Tumor involves more than one-half of one lobe but not both lobes
  - **T2c**: Tumor involves both lobes
- **T3**: Tumor extends through the prostate capsule
  - **T3a**: Extraprostatic extension (unilateral or bilateral)
  - **T3b**: Seminal vesicle invasion
- **T4**: Tumor is fixed or invades adjacent structures other than seminal vesicles, such as bladder, rectum, levator muscles, and/or pelvic wall (Figure A)

**Pathologic (pT)**

- **pT2**: Organ confined
  - **pT2a**: Unilateral, one-half of one side or less
  - **pT2b**: Unilateral, involving more than one-half of side but not both sides
  - **pT2c**: Bilateral disease
- **pT3**: Extraprostatic extension
  - **pT3a**: Extraprostatic extension or microscopic invasion of bladder neck
  - **pT3b**: Seminal vesicle invasion
- **pT4**: Invasion of rectum, levator muscles, and/or pelvic wall

**Regional Lymph Nodes (N)**

**CLINICAL**

- **NX**: Regional lymph nodes were not assessed
- **N0**: No regional lymph node metastasis
- **N1**: Metastasis in regional lymph node(s)

**PATHOLOGIC**

- **pNX**: Regional nodes not sampled
- **pN0**: No positive regional nodes
- **pN1**: Metastases in regional node(s)

**Distant Metastasis (M)**

- **M0**: No distant metastasis
- **M1**: Distant metastasis
  - **M1a**: Nonregional lymph node(s)
  - **M1b**: Bone(s)
  - **M1c**: Other site(s) with or without bone disease

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**Notes**

1. Tumor found in one or both lobes by needle biopsy, but not palpable or reliably visible by imaging, is classified as T1c.
2. Invasion into the prostate apex or into (but not beyond) the prostate capsule is classified not as T3 but as T2.
3. There is no pathologic T1 classification.
4. Positive surgical margin should be indicated by an R1 descriptor (residual microscopic disease).
5. When more than one site of metastasis is present, the most advanced category is used. pM1c is most advanced.
6. When either PSA or Gleason is not available, grouping should be determined by T stage and/or either PSA or Gleason as available.