



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 - Invades main bronchus regardless of distance to the carina, but without involving the carina - Invades visceral pleura - Associated with atelectasis or obstructive pneumonia 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 peribronchovascular 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.



INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER Stage Grouping for the 8th Edition of the TNM Classification for Lung Cancer

STAGE	T	N	M
Occult carcinoma	TX	N0	M0
0	Tis	N0	M0
IA1	T1mi	N0	M0
IA2	T1a	N0	M0
IA3	T1b	N0	M0
IB	T1c	N0	M0
IIA	T2a	N0	M0
IIB	T2b	N0	M0
	T1a	N1	M0
	T1b	N1	M0
	T1c	N1	M0
	T2a	N1	M0
	T2b	N1	M0
	T3	N0	M0
IIIA	T1a	N2	M0
	T1b	N2	M0
	T1c	N2	M0
	T2a	N2	M0
	T2b	N2	M0
	T3	N1	M0
	T4	N0	M0
	T4	N1	M0
IIIB	T1a	N3	M0
	T1b	N3	M0
	T1c	N3	M0
	T2a	N3	M0
	T2b	N3	M0
	T3	N2	M0
	T4	N2	M0
IIIC	T3	N3	M0
	T4	N3	M0
IVA	Any T	Any N	M1a
	Any T	Any N	M1b
IVB	Any T	Any N	M1c

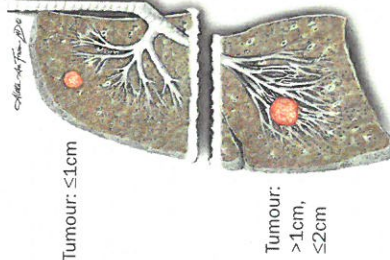
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1. Rami-Porta R, Bolejack V, Groux D et al. The IASLC Lung Cancer Staging Project: the new database to inform the 8th edition of the TNM classification of lung cancer. *J Thorac Oncol* 2014; 9: 1618-1624.
2. Rami-Porta R, Bolejack V, Crowley J et al. The IASLC Lung Cancer Staging Project: proposals for the revisions of the T descriptors in the forthcoming 8th edition of the TNM classification for lung cancer. *J Thorac Oncol* 2015; 10: 990-1003.
3. Asamura H, Chansky K, Crowley J et al. The IASLC Lung Cancer Staging Project: proposals for the revisions of the N descriptors in the forthcoming 8th edition of the TNM classification for lung cancer. *J Thorac Oncol* 2015; 10: 1675-1684.
4. Eberhardt WEE, Mitchell A, Crowley J et al. The IASLC Lung Cancer Staging Project: proposals for the revisions of the M descriptors in the forthcoming 8th edition of the TNM classification for lung cancer. *J Thorac Oncol* 2015; 10: 1515-1522.
5. Goldstraw P, Chansky K, Crowley J et al. The IASLC Lung Cancer Staging Project: proposals for the revision of the stage grouping in the forthcoming (8th) edition of the TNM classification of lung cancer. *J Thorac Oncol* 2015; 11: 39-51.
6. Nicholson AG, Chansky K, Crowley J et al. The IASLC Lung Cancer Staging Project: proposals for the revision of the clinical and pathologic staging of small cell lung cancer in the forthcoming eighth edition of the TNM classification for lung cancer. *J Thorac Oncol* 2016; 11: 300-311.
7. Travis WD, Asamura H, Bankier A et al. The IASLC Lung Cancer Staging Project: proposals for coding T categories for sub-solid nodules and assessment of tumor size in part-solid tumors in the forthcoming eighth edition of the TNM classification of lung cancer. *J Thorac Oncol* 2016; 11: 1204-1223.

Lung Cancer Staging-8th Edition (T)

T1a, T1b



Tumour: $\leq 1\text{cm}$

Tumour: $> 1\text{cm}$, $\leq 2\text{cm}$

T1c



Tumour: $> 2\text{cm}$, $\leq 3\text{cm}$

Superficial spreading tumour of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus is T1

Tumour $\leq 3\text{cm}$; any associated bronchoscopic invasion should not extend proximal to the lobar bronchus



T2a

Tumour in the main bronchus $< 2\text{cm}$ from the carina (without involvement of the carina) and/or associated atelectasis or obstructive pneumonitis of the entire lung



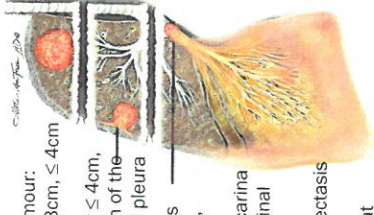
Tumour involves main bronchus, regardless of distance from carina but without carinal involvement

Associated atelectasis or obstructive pneumonitis that extends to the hilar region, either involving part of the lung or the entire lung

Tumour: $> 3\text{cm}$, $\leq 4\text{cm}$

Tumour $\leq 4\text{cm}$, invasion of the visceral pleura

T2b



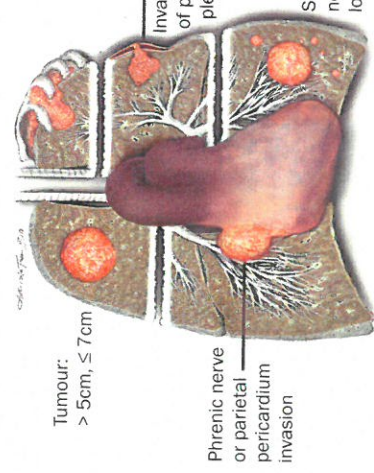
Tumour: $> 4\text{cm}$, $\leq 5\text{cm}$ (with or without other T2 descriptors)

Note: if the tumour is associated with atelectasis or pneumonitis, it is T2a if lesion $\leq 4\text{cm}$ or if tumour size cannot be measured; it is T2b if lesion $> 4\text{cm}$, $\leq 5\text{cm}$.



Lung Cancer Staging-8th Edition (T)

T3



Tumour: $> 5\text{cm}$, $\leq 7\text{cm}$

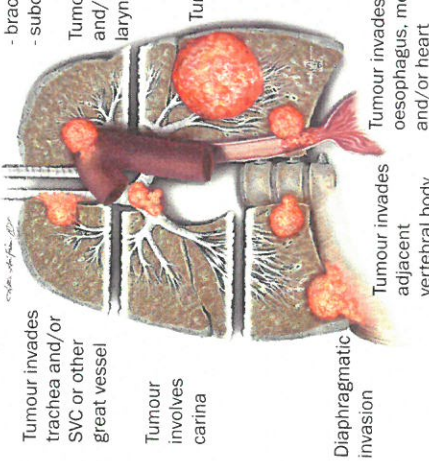
Phrenic nerve or parietal pericardium invasion

Invasion of parietal pleura

Separate tumour nodule(s) in the lobe of the primary

Chest wall invasion, including Pancoast tumours without invasion of vertebral body or spinal canal, encasement of the subclavian vessels, or unequivocal involvement of the superior branches of the brachial plexus (C8 or above)

T4



Tumour invades trachea and/or SVC or other great vessel

Tumour involves carina

Tumour invades adjacent vertebral body

Tumour invades oesophagus, mediastinum and/or heart

Pancoast tumours with invasion of one or more of the following structures:
- vertebral body or spinal canal
- brachial plexus (C8 or above)
- subclavian vessels

Tumour invades aorta and/or recurrent laryngeal nerve

Tumour $> 7\text{cm}$

Tumour accompanied by ipsilateral, separate tumour nodules, different lobe

Rami-Porta R, Bolejack V, Crowley J et al. The IASLC lung cancer staging project: proposals for the revisions of the T descriptors in the forthcoming 8th edition of the TNM classification for lung cancer. J Thorac Oncol 2015; 10: 990-1003.

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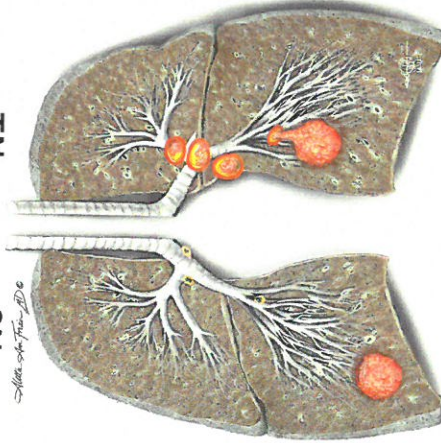


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Lung Cancer Staging-8th Edition (N)

N0

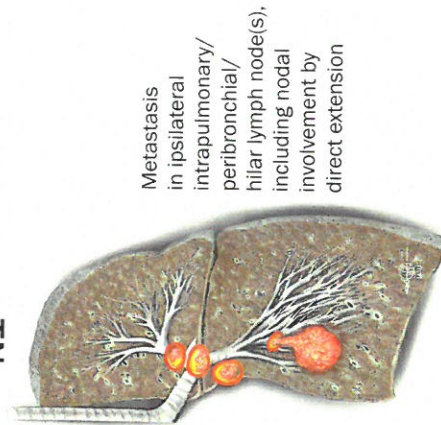
Aletta et al. 2016



No regional lymph node metastases

N1

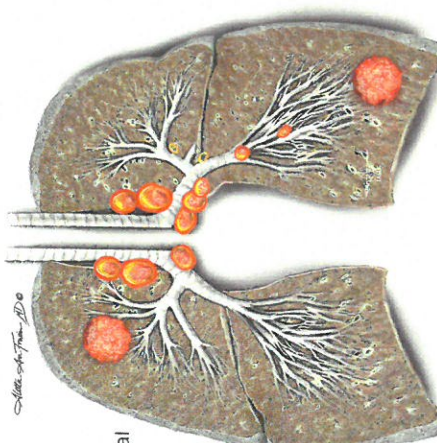
Aletta et al. 2016



Metastasis in ipsilateral intrapulmonary/peribronchial/hilar lymph node(s), including nodal involvement by direct extension

N2

Aletta et al. 2016

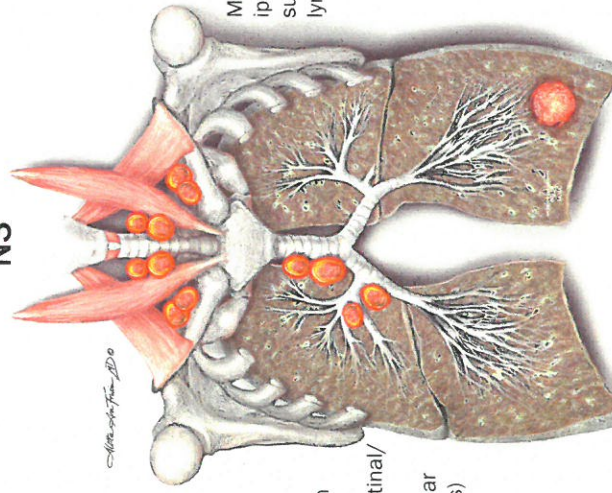


Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s), including "skip" metastasis without N1 involvement

Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s) associated with N1 disease

N3

Aletta et al. 2016



Metastasis in contralateral hilar/mediastinal/scalene/supraclavicular lymph node(s)

Metastasis in ipsilateral scalene/supraclavicular lymph node(s)

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Asamura H, Chansky K, Crowley J et al. The IASLC lung cancer staging project; proposals for the revisions of the N descriptors in the forthcoming 8th edition of the TNM classification for lung cancer. J Thorac Oncol 2015; 10: 1675-1684.

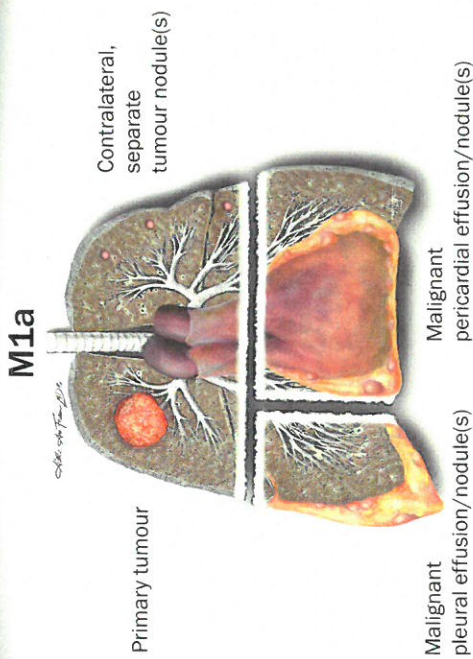
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Lung Cancer Staging-8th Edition (N)

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Lung Cancer Staging-8th Edition (M)



Note: when the pleural (pericardial) effusions are negative after multiple microscopic examinations, and the fluid is non-bloody and not an exudate, they should be excluded as a staging descriptor.

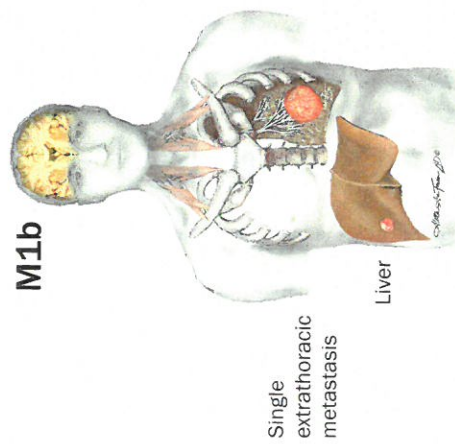
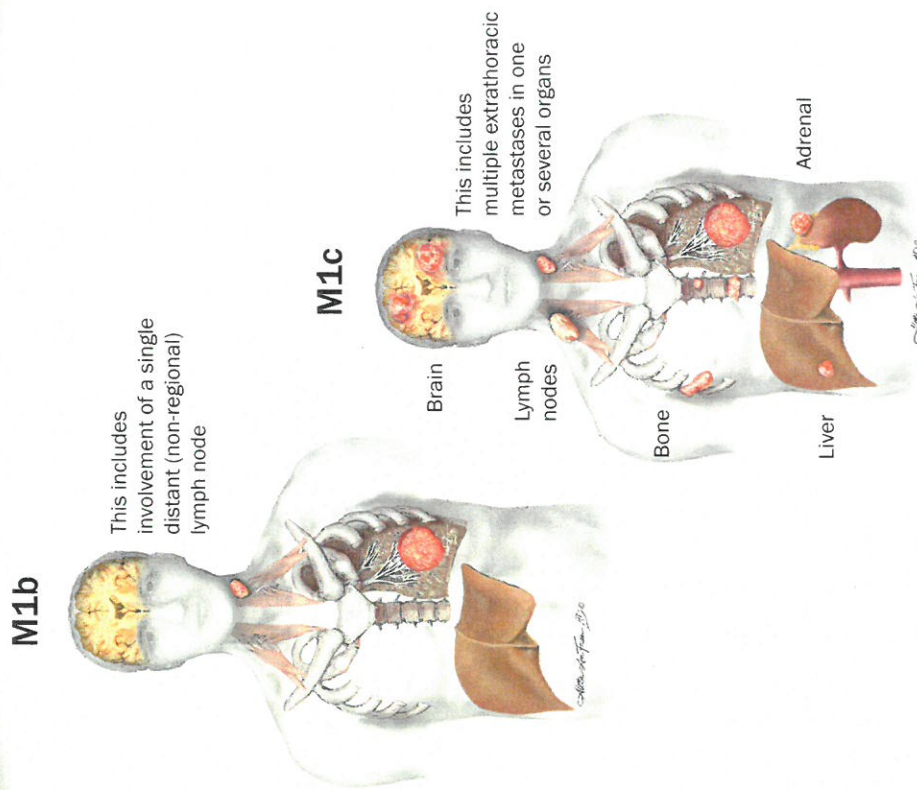


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INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER
Lung Cancer Staging-8th Edition (M)



Eberhardt WEE, Mitchell A, Crowley J et al. The IASLC lung cancer staging project: proposals for the revisions of the M descriptors in the forthcoming 8th edition of the TNM classification for lung cancer. J Thorac Oncol 2015; 10: 1515-1522.

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