BC Cancer Agency
CARE + RESEARCH
An agency of the Provincial Health Services Authority

UNIT

AGENCY CHART No.

SURNAME GIVEN NAME

D.O.B. HEALTH CARE PLAN No.

LUNG STAGING DIAGRAM

		N0	N1	N2	N3
T1a	(≤2cm)	IA	IIA	IIIA	IIIB
T1b	(>2-3cm)	IA	IIA	IIIA	IIIB
T2a	(>3-5cm)	IB	IIA	IIIA	IIIB
T2b	(>5-7cm)	IIA	IIB	IIIA	IIIB
T3	(>7cm)	IIB	IIIA	IIIA	IIIB
	Invasion	IIB	IIIA	IIIA	IIIB
	Same lobe nodules	IIB	IIIA	IIIA	IIIB
T4	Extension	IIIA	IIIA	IIIB	IIIB
	Ipsilateral lung	IIIA	IIIA	IIIB	IIIB
M1a	Pleural effusion	IV	IV	IV	IV
	Contralateral lung	IV	IV	IV	IV
M1b	Distant	IV	IV	IV	IV

N3
- Supraclavicular

N2
- 1 Highest Mediastinal
- 2 Upper Paratracheal
- 3 Pre-vascular & Retrotracheal
- 4 Lower Paratracheal (including Azygos Nodes)
- 5 Subaortic (A-P window)
- 6 Para-aortic (ascending aorta or phrenic)
- 7 Subcarinal
- 8 Paraesophageal (below carina)
- 9 Pulmonary Ligament

N1
- 10 Hilar
- 11 Interlobar
- 12 Lobar
- 13 Segmental
- 14 Subsegmental

☐ **NEW**
Referred as part of definitive treatment (initial treatment of disease)

☐ **RECURRENT DISEASE**
Definitive treatment already received. Referred at recurrence.

☐ **REFERRED FOR FOLLOW-UP**
Previously treated and followed elsewhere before referral.

TNM 2009	T	X	0	*is*	1a	1b	2a	2b	3	4
Clinical	N	X	0		1		2		3	
	M	X	0		1a	1b				
TNM 2009	T	X	0	*is*	1a	1b	2a	2b	3	4
Pathological	N	X	0		1		2		3	
	M	X	0		1a	1b				

Small Cell Clinical 1995 Limited ☐ Extensive ☐

Site	☐ RUL ☐ RML ☐ RLL ☐ R hilum ☐ LUL ☐ LLL ☐ L hilum ☐ Unknown
Primary tumor resected	☐ Yes ☐ No ☐ Unknown
Post-operative residual tumor	☐ R0 ☐ R1(Microscopic) ☐ R2(Macroscopic) ☐ Unknown
Maximum tumor size (mm)	
Type	☐ SCLC ☐ NSCLC ☐ Mixed
Histology	
Grade	☐ Well ☐ Moderately ☐ Poorly ☐ Undifferentiated ☐ Unknown

ECOG	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
Weight loss within 3 months prior to diagnosis	☐ <5% ☐ 5-10% ☐ >10%
Smoking status	☐ Never (<100 cig/life) ☐ Former ☐ Current/quit<1yr
Pack years	
Brain imaging within 3 months of diagnosis	☐ Yes ☐ No
PET within 3 months of diagnosis	☐ Yes ☐ No
Metastasis (check all that apply)	☐ Lung ☐ Bone ☐ Liver ☐ Brain ☐ Distant nodes ☐ Pleura ☐ Peritoneum ☐ Adrenal ☐ Skin ☐ Other

Completed by:_____Date:_____
Diagnosis/Stage amended to:_____
Reason:_____
By: _____Date: _____

NOTIFY DATA QUALITY AND REGISTRY IF DIAGNOSIS/STAGE IS AMENDED

Proposed Definitions for T, N, and M Descriptors

T (Primary Tumor)

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 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)[a]
T1a	Tumor ≤2 cm in greatest dimension
T1b	Tumor >2 cm but ≤3 cm in greatest dimension
T2	Tumor >3 cm but ≤7 cm or tumor with any of the following features (T2 tumors with these features are classified T2a if ≤5 cm) Involves main bronchus, ≥2 cm distal to the carina Invades visceral pleura Associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung
T2a	Tumor >3 cm but ≤5 cm in greatest dimension
T2b	Tumor >5 cm but ≤7 cm in greatest dimension
T3	Tumor >7 cm or one that directly invades any of the following: chest wall (including superior sulcus tumors), diaphragm, phrenic nerve, mediastinal pleura, parietal pericardium; or tumor in the main bronchus <2 cm distal to the carina[a] but without involvement of the carina; or associated atelectasis or obstructive pneumonitis of the entire lung or separate tumor nodules(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

N (Regional Lymph Nodes)

NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
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, hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)

M (Distant Metastasis)

MX	Distant metastasis cannot be assessed
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[b]
M1b	Distant metastasis

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[a] 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 T1

[b] Most pleural (and pericardial) effusions with lung cancer are due to tumor. In a few patients, however, multiple cytopathologic 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 T1, T2, T3, or T4.