



LUNG STAGING DIAGRAM

UNIT

AGENCY CHART No.

SURNAME

GIVEN NAME

D.O.B.

HEALTH CARE PLAN No.

Table with columns for TNM stages (T1a, T1b, T2a, T2b, T3, T4, M1a, M1b) and N stages (N0, N1, N2, N3). Rows include details like 'Invasion', 'Same lobe nodules', 'Extension', 'Ipsilateral lung', 'Pleural effusion', 'Contralateral lung', and 'Distant'.

- N3: Supraclavicular
1 Highest Mediastinal
2 Upper Paratracheal
3 Pre-vascular & Retrotracheal
4 Lower Paratracheal (including Azygos Nodes)
N2: 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.

Table for TNM 2009 Clinical and Pathological staging. Columns include T, N, M, is, 1a, 1b, 2a, 2b, 3, 4.

Small Cell Clinical 1995 Limited Extensive

Form with fields for Site (RUL, RML, RLL, R hilum, LUL, LLL, L hilum, Unknown), Primary tumor resected, Post-operative residual tumor, Maximum tumor size (mm), Type (SCLC, NSCLC, Mixed), Histology, Grade (Well, Moderately, Poorly, Undifferentiated, Unknown).

Form with fields for ECOG, Weight loss within 3 months prior to diagnosis, Smoking status, Pack years, Brain imaging within 3 months of diagnosis, PET within 3 months of diagnosis, Metastasis (check all that apply).

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

^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.