

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 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	Tumor 1 cm or less in greatest dimension ¹
T1b	Tumor more than 1 cm but not more than 2 cm in greatest dimension ¹
T1c	Tumor more than 2 cm but not more than 3 cm in greatest dimension ¹
T2	Tumor more than 3 cm but not more than 5 cm; or tumor with any of the following features: ³ • Involves main bronchus regardless of distance to the carina, but without involving the carina • Invades visceral pleura • Associated with atelectasis or obstructive pneumonitis that extends to the hilar region, either involving part of the lung or the entire lung
T2a	Tumor more than 3 cm but not more than 4 cm in greatest dimension
T2b	Tumor more than 4 cm but not more than 5 cm in greatest dimension
T3	Tumor 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 tumors), phrenic nerve, parietal pericardium; or associated separate tumor nodule(s) in the same lobe as the primary
T4	Tumors more than 7 cm or one that invades any of the following: diaphragm, mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, carina; separate tumor 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 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)

¹The uncommon superficial spreading tumor 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.

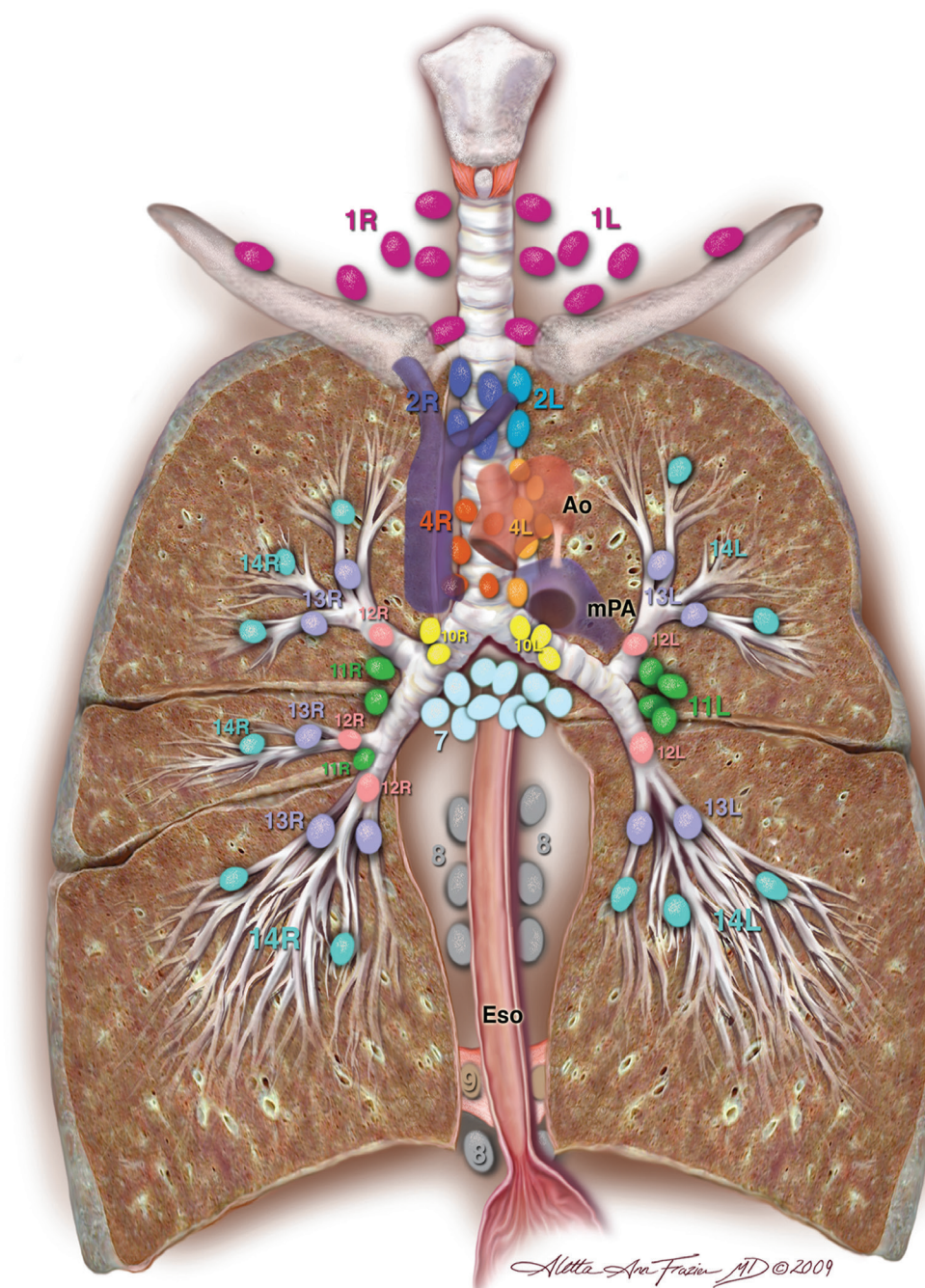
³T2 tumors with these features are classified T2a if 4 cm or less, or if size cannot be determined and T2b if greater than 4 cm but not larger than 5 cm.

⁴Most pleural (pericardial) effusions with lung cancer are due to tumor. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumor, 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 tumor, the effusion should be excluded as a staging descriptor.

⁵This includes involvement of a single distant (non-regional) node.

M- Distant Metastasis

M0	No distant metastasis
M1	Distant metastasis
M1a	Separate tumor nodule(s) in a contralateral lobe; tumor 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



Supraclavicular zone
1 Low cervical, supraclavicular, and sternal notch nodes

SUPERIOR MEDIASTINAL NODES

Upper zone
2R Upper Paratracheal (right)
2L Upper Paratracheal (left)
3a Prevascular
3p Retrotracheal
4R Lower Paratracheal (right)
4L Lower Paratracheal (left)

AORTIC NODES

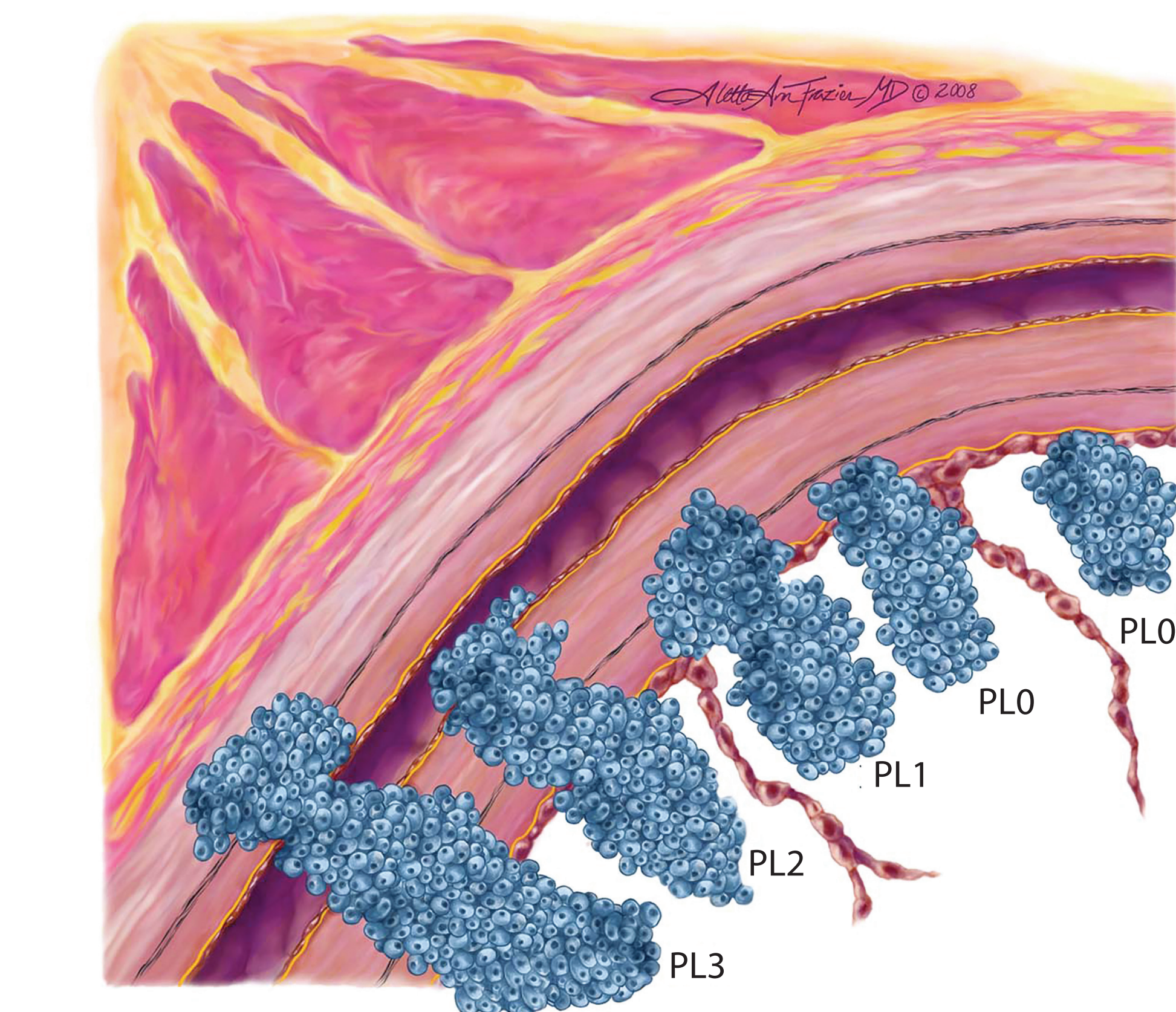
AP zone
5 Subaortic
6 Para-aortic (ascending aorta or phrenic)

INFERIOR MEDIASTINAL NODES

Subcarinal zone
7 Subcarinal
Lower zone
8 Paraesophageal (below carina)
9 Pulmonary ligament

N1 NODES

Hilar/Interlobar zone
10 Hilar
11 Interlobar
Peripheral zone
12 Lobar
13 Segmental
14 Subsegmental



Visceral Pleural Invasion. PL0 indicates tumor within the subpleural lung parenchyma or invading superficially into the pleural connective tissue; PL1, tumor invades beyond the elastic layer; PL2, tumor invades the pleural surface; PL3, tumor invades any component of the parietal pleura. PL1 & PL2 = T2 and PL3 = T3. Copyright ©2016 Aletta Ann Frasier, MD.

IASLC Nodal Chart with Stations and Zones

N1a: involvement of a single N1 nodal station;
N1b: involvement of multiple N1 nodal stations;
N2a1: involvement of a single N2 nodal station without N1 involvement;
N2a2: involvement of a single N2 nodal station with N1 involvement; and
N2b: involvement of multiple N2 nodal stations.