

衛生福利部國民健康署 函

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密等及解密條件或保密期限：
附件：附件1-AJCC 第9版TNM與 stage編碼對應表、附件2-前後版本差異說明各1份

主旨：有關美國癌症聯合委員會(AJCC)癌症分期手冊第9版
(Version 9)最新出版之肺癌、胸腺癌、瀰漫性胸膜間皮瘤
與鼻咽癌等更新內容，請依說明段辦理，請查照。

說明：

- 一、最新AJCC Version 9於2024年底出版肺癌、胸腺癌、瀰漫性胸膜間皮瘤與鼻咽癌之癌症分期系統，適用於114年1月1日起新診斷之個案，相關TNM與Stage編碼對應表，與比對前後版本差異說明，請見附件1及附件2。有關AJCC書籍資訊可參考下列網址：<https://www.amazon.com/Version-9-of-the-AJCC-Cancer-Staging-System-4-book-series/dp/B091S5NMYB>。
- 二、為提升國家癌症登記年報完成時效，與配合本署癌症登記年報記者會公告時程，將於114年2月底開始進行「112診斷年

院際複查」作業，相關內容將另行通知，請各醫院協助優先回復複查作業。

三、再次提醒，113年度需完成5年追蹤之個案為108（含）年前診斷之個案，請務必於114年2月28日前完成癌症個案5年追蹤資料申報，以免影響當年度之經費核銷計算與114年追蹤率成績。

四、如有任何疑問，請逕洽本署委託之台灣癌症登記中心楊小姐，聯絡電話：（02）2351-9776分機23。

正本：台灣胸腔暨重症加護醫學會、台灣臨床腫瘤醫學會、中華民國癌症醫學會、台灣肺癌研究學會、台灣肺癌學會、中華民國放射線醫學會、台灣頭頸部腫瘤醫學會、台灣病理學會、國立臺灣大學醫學院附設醫院、臺北榮民總醫院、三軍總醫院附設民眾診療服務處、臺北市立聯合醫院(中興院區)、臺北市立聯合醫院(仁愛院區)、臺北市立聯合醫院(和平院區)、國立臺灣大學醫學院附設醫院北護分院、基督復臨安息日會醫療財團法人臺安醫院、台灣基督長老教會馬偕醫療財團法人馬偕紀念醫院、臺北醫學大學附設醫院、長庚醫療財團法人林口長庚紀念醫院、國泰醫療財團法人國泰綜合醫院、宏恩醫療財團法人宏恩綜合醫院、中山醫療社團法人中山醫院、三軍總醫院松山分院附設民眾診療服務處、中心診所醫療財團法人中心綜合醫院、博仁綜合醫院、臺北市立聯合醫院(婦幼院區)、臺北市立聯合醫院(陽明院區)、西園醫療社團法人西園醫院、景美醫院、臺北市立聯合醫院(忠孝院區)、醫療財團法人辜公亮基金會和信治癌中心醫院、新光醫療財團法人新光吳火獅紀念醫院、振興醫療財團法人振興醫院、臺北市立萬芳醫院—委託臺北醫學大學辦理、衛生福利部胸腔病院、康寧醫療財團法人康寧醫院、臺北市立關渡醫院—委託臺北榮民總醫院經營、中國醫藥大學附設醫院臺北分院、國立臺灣大學醫學院附設醫院癌醫中心分院、衛生福利部基隆醫院、醫療財團法人台灣區煤礦業基金會台灣礦工醫院、三軍總醫院附設基隆民眾診療服務處、長庚醫療財團法人基隆長庚紀念醫院、衛生福利部臺北醫院、天主教耕莘醫療財團法人耕莘醫院、板橋中興醫院、新北市立聯合醫院、醫療財團法人徐元智先生醫藥基金會亞東紀念醫院、天主教耕莘醫療財團法人永和耕莘醫院、新北市立聯合醫院(板橋院區)、宏仁醫院、行天宮醫療志業醫療財團法人恩主公醫院、同仁醫院、新泰綜合醫院、仁愛醫院、佛教慈濟醫療財團法人台北慈濟醫院、國泰醫療財團法人汐止國泰綜合醫院、衛生福利部雙和醫院(委託臺北醫學大學興建經營)、輔仁大學學校財團法人輔仁大學附設醫院、新北市立土城醫院(委託長庚醫療財團法人興建經營)、國立陽明交通大學附設醫院、醫療財團法人羅許基金會羅東博愛醫院、天主教靈醫會醫療財團法人羅東聖母醫院、臺北榮民總醫院蘇澳分院、宜蘭仁愛醫療財團法人宜蘭仁愛醫院、臺北榮民總醫院員山分院、國立臺灣大學醫學院附

設醫院新竹臺大分院新竹醫院、臺北榮民總醫院新竹分院、南門綜合醫院、國軍新竹地區醫院附設民眾診療服務處、東元醫療社團法人東元綜合醫院、天主教仁慈醫療財團法人仁慈醫院、大安醫院、新仁醫院、台灣基督長老教會馬偕醫療財團法人新竹馬偕紀念醫院、國泰醫療財團法人新竹國泰綜合醫院、中國醫藥大學新竹附設醫院、國立臺灣大學醫學院附設醫院新竹臺大分院生醫醫院、沙爾德聖保祿修女會醫療財團法人聖保祿醫院、衛生福利部桃園醫院、國軍桃園總醫院附設民眾診療服務處、敏盛綜合醫院、陽明醫院(桃園)、龍潭敏盛醫院、聯新國際醫院桃新分院、天成醫院、臺北榮民總醫院桃園分院、大園敏盛醫院、聯新國際醫院、怡仁綜合醫院、天成醫療社團法人天晟醫院、衛生福利部桃園醫院新屋分院、重光醫院、衛生福利部苗栗醫院、李綜合醫療社團法人苑裡李綜合醫院、為恭醫療財團法人為恭紀念醫院、大千綜合醫院、協和醫院、梓榮醫療社團法人弘大醫院、衛生福利部臺中醫院、中山醫學大學附設醫院、國軍臺中總醫院附設民眾診療服務處、澄清綜合醫院、國軍臺中總醫院附設民眾診療服務處中清分院、臺中榮民總醫院、中國醫藥大學附設醫院、仁愛醫療財團法人台中仁愛醫院、仁愛醫療財團法人大里仁愛醫院、澄清綜合醫院中港分院、林新醫療社團法人林新醫院、中興醫院(中山醫院經營)、中國醫藥大學附設醫院台中東區分院、光田醫療社團法人光田綜合醫院、童綜合醫療社團法人童綜合醫院、衛生福利部豐原醫院、李綜合醫療社團法人大甲李綜合醫院、清泉醫院、賢德醫院、中國醫藥大學附設醫院豐原分院、佛教慈濟醫療財團法人台中慈濟醫院、亞洲大學附屬醫院、林新醫療社團法人烏日林新醫院、衛生福利部彰化醫院、彰化基督教醫療財團法人彰化基督教醫院、秀傳醫療社團法人秀傳紀念醫院、彰化基督教醫療財團法人二林基督教醫院、員榮醫療社團法人員榮醫院、彰化基督教醫療財團法人漢銘基督教醫院、員林何醫院、惠來醫療社團法人宏仁醫院、秀傳醫療財團法人彰濱秀傳紀念醫院、彰化基督教醫療財團法人鹿港基督教醫院、彰化基督教醫療財團法人員林基督教醫院、衛生福利部南投醫院、埔基醫療財團法人埔里基督教醫院、臺中榮民總醫院埔里分院、曾漢棋綜合醫院、佑民醫療社團法人佑民醫院、竹山秀傳醫療社團法人竹山秀傳醫院、彰化基督教醫療財團法人南投基督教醫院、衛生福利部嘉義醫院、天主教中華聖母修女會醫療財團法人天主教聖馬爾定醫院、臺中榮民總醫院嘉義分院、衛生福利部朴子醫院、戴德森醫療財團法人嘉義基督教醫院、臺中榮民總醫院灣橋分院、佛教慈濟醫療財團法人大林慈濟醫院、長庚醫療財團法人嘉義長庚紀念醫院、陽明醫院、天主教若瑟醫療財團法人若瑟醫院、國立臺灣大學醫學院附設醫院雲林分院、諸元內科醫院、中國醫藥大學北港附設醫院、國立成功大學醫學院附設醫院斗六分院、彰化基督教醫療財團法人雲林基督教醫院、長庚醫療財團法人雲林長庚紀念醫院、衛生福利部臺南醫院、奇美醫療財團法人奇美醫院、郭綜合醫院、國立成功大學醫學院附設醫院、台南市立醫院(委託秀傳醫療社團法人經營)、台灣基督長老教會新樓醫療財團法人台南新樓醫院、臺南市立安南醫院一委託中國醫藥大學興建經營、衛生福利部新營醫院、高雄榮民總醫院臺南分院、奇美醫療財團法人佳里奇美醫院、台灣基督長老教會新樓醫療財團法人麻豆新樓醫院、衛生福利部臺南醫院新化分院、奇美醫療財團法人柳營奇美醫院、高雄市立民生醫院、財團法人私立高雄醫學大學附設中和紀念醫院、國軍高雄總醫院附設民眾診療服務處、阮綜合醫療社團法人阮綜合醫院、天主教聖功醫療財團法人聖功醫院、國軍左營總醫院附設民眾診療服務處、邱外科醫院、高雄市立聯合醫院、高雄榮民總醫院、祐生醫院、安泰醫院、健仁醫院、乃榮醫療社團法人乃榮醫院、健新醫院、高雄市立小港醫院(委託財團法人私立高雄醫學大學經營)、高雄市立大同醫院、義大醫療財團法人義大大

昌醫院、謝外科醫院、衛生福利部旗山醫院、高雄市立鳳山醫院（委託長庚醫療財團法人經營）、國軍高雄總醫院岡山分院附設民眾診療服務處、長庚醫療財團法人高雄長庚紀念醫院、高雄市立岡山醫院（委託秀傳醫療社團法人經營）、建佑醫院、光雄長安醫院、高新醫院、文雄醫院、義大醫療財團法人義大醫院、義大醫療財團法人義大癌治療醫院、財團法人私立高雄醫學大學附設高醫岡山醫院、衛生福利部澎湖醫院、三軍總醫院澎湖分院附設民眾診療服務處、衛生福利部屏東醫院、輔英科技大學附設醫院、屏基醫療財團法人屏東基督教醫院、國軍高雄總醫院附設屏東民眾診療服務處、民眾醫院、南門醫療社團法人南門醫院、屏東榮民總醫院龍泉分院、安泰醫療社團法人安泰醫院、寶建醫療社團法人寶建醫院、恆基醫療財團法人恆春基督教醫院、枋寮醫療社團法人枋寮醫院、屏東榮民總醫院、衛生福利部臺東醫院、東基醫療財團法人台東基督教醫院、台灣基督長老教會馬偕醫療財團法人台東馬偕紀念醫院、臺北榮民總醫院臺東分院、衛生福利部花蓮醫院、臺北榮民總醫院玉里分院、臺灣基督教門諾會醫療財團法人門諾醫院、國軍花蓮總醫院附設民眾診療服務處、佛教慈濟醫療財團法人花蓮慈濟醫院、臺北榮民總醫院鳳林分院、衛生福利部金門醫院

副本：國立臺灣大學(癌症登記中心)(含附件)

Lung

Cancers Staged Using This Staging System

*This classification applies **carcinomas** of the lung, including **non-small cell** and **small cell carcinomas**, and **bronchopulmonary carcinoid (neuroendocrine) tumors**.*

Cancers NOT Staged Using This Staging System

***Sarcomas of the lung** should be staged according to the classification for **Soft Tissue Sarcoma of the Abdomen and Thoracic Visceral Organs**.*

Identification of Primary Site

C34.0, C34.1, C34.2, C34.3, C34.8, and C34.9

Histopathologic Type

Code	Description
8010	Non-small cell carcinoma, NOS
8012	Large cell carcinoma
8013	Large cell neuroendocrine carcinoma
	Combined large cell neuroendocrine carcinoma
8022	Pleomorphic carcinoma
8023	NUT carcinoma
8031	Giant cell carcinoma
8032	Spindle cell carcinoma
8041	Small cell carcinoma
8044	Thoracic SMARCA4- deficient undifferentiated tumor
8045	Combined small cell carcinoma
8070	Squamous cell carcinoma
	Squamous cell carcinoma in situ
8071	Keratinizing squamous cell carcinoma
8072	Non-keratinizing squamous cell carcinoma
8082	Lymphoepithelial-like carcinoma
8083	Basaloid squamous cell carcinoma
8140	Adenocarcinoma
8144	Enteric adenocarcinoma
8200	Adenoid cystic carcinoma
8230	Solid adenocarcinoma
8240	Carcinoid tumor, NOS/neuroendocrine tumor, NOS
	Typical carcinoid/neuroendocrine tumor, grade 1
8249	Atypical carcinoid/neuroendocrine tumor, grade 2
8250	Adenocarcinoma in situ, non-mucinous

8250	Lepidic adenocarcinoma
8253	Invasive mucinous adenocarcinoma
	Adenocarcinoma in situ, mucinous
8254	Mixed invasive mucinous and non-mucinous adenocarcinoma
8256	Minimally invasive adenocarcinoma, non-mucinous
8257	Minimally invasive adenocarcinoma, mucinous
8260	Papillary adenocarcinoma
8265	Micropapillary adenocarcinoma
8310	Hyalinizing clear cell carcinoma
8333	Fetal adenocarcinoma
8430	Mucoepidermoid carcinoma
8480	Colloid adenocarcinoma
8551	Acinar adenocarcinoma
8560	Adenosquamous carcinoma
8562	Epithelial-myoeplithelial carcinoma
8972	Pulmonary blastoma
8980	Carcinosarcoma
8982	Myoepithelial carcinoma
8000*	<i>Neoplasm, malignant</i>
8010*	<i>Carcinoma, NOS</i>

* Histology is not ideal for clinical use in patient care, as it describes an unspecified or outdated diagnosis. Data collectors may use this code only if there is not enough information in the medical record to document a more specific diagnosis.

Grade (G)

G	G Definition
GX	Grade cannot be assessed
G1	Well differentiated
G2	Moderately differentiated
G3	Poorly differentiated
G4	Undifferentiated

Definition of Primary Tumor (T)

T Category	T Criteria
TX	Primary tumor cannot be assessed Includes tumors 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 <i>in situ</i> Squamous cell carcinoma <i>in situ</i> (SCIS) Adenocarcinoma <i>in situ</i> (AIS): adenocarcinoma with pure lepidic pattern, ≤ 3 cm in greatest dimension
T1	Tumor ≤ 3 cm in greatest dimension surrounded by lung or visceral pleura, or in a lobar or more peripheral bronchus
T1mi	Minimally invasive adenocarcinoma: adenocarcinoma (≤ 3 cm in greatest dimension) with a predominantly lepidic pattern and ≤ 5 mm invasion in greatest dimension
T1a	Tumor ≤ 1 cm in greatest dimension OR Tumor of any size whose invasive component is limited to the bronchial wall and may extend proximal to the main bronchus, this is an uncommon superficial, spreading tumor
T1b	Tumor > 1 cm but ≤ 2 cm in greatest dimension
T1c	Tumor > 2 cm but ≤ 3 cm in greatest dimension
T2	Tumor > 3 cm but ≤ 5 cm in greatest dimension OR Tumor ≤ 4 cm with one or more of the following features: <ul style="list-style-type: none"> • Invades visceral pleura • Invades an adjacent lobe • Involves main bronchus (up to but not including the carina) or associated with atelectasis or obstructive pneumonitis, extending to the hilar regions, involving either part of or the entire lung
T2a	Tumor > 3 cm but ≤ 4 cm in greatest dimension OR Tumor ≤ 4 cm in greatest dimension with one or more of the following features: <ul style="list-style-type: none"> • Invades visceral pleura • Invades an adjacent lobe • Involves main bronchus (up to but not including the carina) or associated with atelectasis or obstructive pneumonitis, extending to the hilar regions, involving either part of or the entire lung
T2b	Tumor > 4 cm but ≤ 5 cm in greatest dimension with or without any of the following features: <ul style="list-style-type: none"> • Invades visceral pleura • Invades an adjacent lobe

	<ul style="list-style-type: none"> Involves main bronchus (up to but not including the carina) or associated with atelectasis or obstructive pneumonitis, extending to the hilar regions, involving either part of or the entire lung
T3	<p>Tumor > 5 cm but ≤ 7 cm in greatest dimension OR Tumor ≤ 7 cm with one or more of the following features:</p> <ul style="list-style-type: none"> Invades parietal pleura or chest wall Invades pericardium, phrenic nerve or azygos vein Although these structures lie within the mediastinum, the degree of mediastinal penetration by the tumor needed to invade these structures is not counted as T4 Invades thoracic nerve roots (i.e., T1, T2) or stellate ganglion Separate tumor nodule(s) in the same lobe as the primary
T4	<p>Tumor > 7 cm in greatest dimension OR Tumor of any size with one or more of the following features:</p> <ul style="list-style-type: none"> Invades mediastinum (except structures listed in T3), thymus, trachea, carina, recurrent laryngeal nerve, vagus nerve, esophagus or diaphragm Invades heart, great vessels (aorta, superior/inferior vena cava, intrapericardial pulmonary arteries/veins), supra-aortic arteries or brachiocephalic veins Invades subclavian vessels, vertebral body, lamina, spinal canal, cervical nerve roots or brachial plexus (i.e., trunks, divisions, cords or terminal nerves) Separate tumor nodule(s) in a different ipsilateral lobe than that of the primary

Definition of Regional Lymph Node (N)

N Category	N Criteria
NX	Regional lymph nodes cannot be assessed
N0	No tumor involvement of regional lymph node(s)
N1	Tumor involvement of ipsilateral peribronchial and/or ipsilateral hilar and/or ipsilateral intrapulmonary lymph node station(s), including involvement by direct extension
N2	Tumor involvement of ipsilateral mediastinal nodal station(s) and/or subcarinal lymph node station
N2a	Tumor involvement of a single ipsilateral mediastinal nodal station or of the subcarinal nodal station
N2b	Tumor involvement of multiple ipsilateral mediastinal nodal stations with or without involvement of the subcarinal nodal station
N3	Tumor involvement of contralateral mediastinal, contralateral hilar, ipsilateral/contralateral scalene, or ipsilateral/contralateral supraclavicular lymph node station(s)

Definition of Distant Metastasis (M)

M Category	M Criteria
cM0	No distant metastasis
cM1	Distant metastasis
cM1a	Metastasis in pleural or pericardial nodules, and/or malignant pleural or pericardial effusions, and/or separate tumor nodule(s) in a contralateral lobe Note: Most pleural (pericardial) effusions with lung cancer are a result of the tumor. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumor, and the fluid is non-bloody and not an exudate. If these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging descriptor
cM1b	Single extrathoracic metastasis in a single organ system (including involvement of a single non-regional node)
cM1c	Multiple extrathoracic metastases in a single or multiple organ system(s)
cM1c1	Multiple extrathoracic metastases in a single organ system For example, the skeleton is considered one organ. Several metastases in a single bone or several metastases in several bones are classified as M1c1
cM1c2	Multiple extrathoracic metastases in multiple organ systems
pM1	Microscopic confirmation of distant metastasis
pM1a	Microscopic confirmation of metastasis in pleural or pericardial nodules, and/or malignant pleural or pericardial effusions, and/or separate tumor nodule(s) in a contralateral lobe Note: Most pleural (pericardial) effusions with lung cancer are a result of the tumor. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumor, and the fluid is non-bloody and not an exudate. If these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging descriptor
pM1b	Microscopic confirmation of single extrathoracic metastasis in a single organ system (including involvement of a single non-regional node)
pM1c	Microscopic confirmation of multiple extrathoracic metastases in a single or multiple organ system(s)
pM1c1	Microscopic confirmation of multiple extrathoracic metastases in a single organ system For example, the skeleton is considered one organ. Several metastases in a single bone or several metastases in several bones are classified as M1c1
pM1c2	Microscopic confirmation of multiple extrathoracic metastases in multiple organ systems

AJCC Prognostic Stage Groups

When T is...	And N is...	And M is...	Then the stage group is...
TX	N0	M0	Occult carcinoma
Tis	N0	M0	0
T1mi-T1a	N0	M0	IA1
T1b	N0	M0	IA2
T1c	N0	M0	IA3
T2a	N0	M0	IB
T2b	N0	M0	IIA
T1	N1	M0	IIA
T1	N2a	M0	IIB
T2a-T2b	N1	M0	IIB
T3	N0	M0	IIB
T4	N0	M0	IIIA
T3-T4	N1	M0	IIIA
T1	N2b	M0	IIIA
T2-T3	N2a	M0	IIIA
T2-T3	N2b	M0	IIIB
T4	N2a-N2b	M0	IIIB
T1-T2	N3	M0	IIIB
T3-T4	N3	M0	IIIC
Any T	Any N	M1a-M1b	IVA
Any T	Any N	M1c1-M1c2	IVB

References :

<https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/version-9/>
<https://www.facs.org/Quality-Programs/Cancer/news/ajcc-kindle-102920>

Thymus

Cancers Staged Using This Staging System

This classification applies to all thymic epithelial tumors (TET), including thymomas and thymic carcinomas, and thymic neuroendocrine neoplasms (T-NEN) which are collectively referred to as thymic malignancies in this protocol.

Cancers NOT Staged Using This Staging System

Not applicable.

Identification of Primary Site

C37.9

Histopathologic Type

Code	Description
Epithelial tumors	
<i>Thymomas</i>	
8580	Thymoma, NOS
8581	Type A thymoma, including atypical variant
8582	Type AB thymoma
8583	Type B1 thymoma
8584	Type B2 thymoma
8585	Type B3 thymoma
8580	Micronodular thymoma with lymphoid stroma
8580	Metaplastic thymoma
<i>Thymic Carcinomas</i>	
<i>Squamous carcinomas</i>	
8070	Squamous cell carcinoma, NOS
8123	Basaloid carcinoma
8082	Lymphoepithelial carcinoma
<i>Adenocarcinomas</i>	
8140	Adenocarcinoma, NOS
8260	Low grade papillary adenocarcinoma
8200	Thymic carcinoma with adenoid cystic carcinoma-like features
8144	Adenocarcinoma, enteric type
<i>Adenosquamous carcinomas</i>	
8560	Adenosquamous carcinomas
<i>NUT carcinomas</i>	
8023	NUT carcinomas

<i>Salivary gland-like carcinomas</i>	
8430	Mucoepidermoid carcinoma
8310	Clear cell carcinoma
<i>Other thymic carcinoma</i>	
8033	Sarcomatoid carcinoma
8980	Carcinosarcoma
8020	Carcinoma, undifferentiated, NOS
8586	Thymic carcinoma, NOS
Thymic neuroendocrine neoplasms	
<i>Neuroendocrine tumors</i>	
8240	Carcinoid tumor, NOS/neuroendocrine tumor, NOS
	Typical carcinoid/neuroendocrine tumor, grade 1
8249	Atypical carcinoid/neuroendocrine tumor, grade 2
<i>Neuroendocrine carcinomas</i>	
8041	Small cell carcinoma
8045	Combined small cell carcinoma
8013	Large cell neuroendocrine carcinoma

* Source: WHO Classification of Tumours Editorial Board. Thoracic tumours. Lyon (France) : International Agency for Research on Cancer, 2021. (WHO Classification of Tumours series, 5th ed,; vol. 5).

Definition of Primary Tumor (T)

T Category	T Criteria
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
T1	Tumor limited to the thymus with or without encapsulation, or directly invades into the mediastinal fat only, or directly invades the mediastinal pleura but does not involve any other mediastinal structure
T1a	Tumor ≤ 5 cm in greatest dimension with either: <ul style="list-style-type: none"> • Limited to the thymus with or without encapsulation • Directly invades into the mediastinal fat only • Directly invades the mediastinal pleura but does not involve any other mediastinal structure
T1b	Tumor > 5 cm in greatest dimension with either: <ul style="list-style-type: none"> • Limited to the thymus with or without encapsulation • Directly invades into the mediastinal fat only • Directly invades the mediastinal pleura but does not involve any other mediastinal structure
T2	Tumor with direct invasion of the pericardium (either partial or full thickness), or the lung, or the phrenic nerve
T3	Tumor with direct invasion into any of the following: brachiocephalic vein, superior vena cava, chest wall, or extrapericardial pulmonary arteries or veins
T4	Tumor with direct invasion into any of the following: aorta (ascending, arch, or descending), arch vessels, intrapericardial pulmonary artery or veins, myocardium, traches, esophagus

Primary Tumor Suffix

__(m) Multiple synchronous primary tumors

Definition of Regional Lymph Node (N)

N Category	N Criteria
NX	Regional lymph nodes cannot be assessed
N0	No tumor involvement of regional lymph node(s)
N1	Tumor involvement of anterior (perithymic) lymph nodes
N2	Tumor involvement of deep intrathoracic or cervical lymph nodes (e.g., paratracheal, subcarinal, aortopulmonary window, hilar, jugular, and/or supraclavicular nodes)

Regional Lymph Nodes Suffix

__(f) FNA or core needle biopsy

Definition of Distant Metastasis (M)

M Category	M Criteria
cM0	No distant metastasis
cM1	Distant metastasis
cM1a	Separate pleural or pericardial nodule(s)
cM1b	Pulmonary intraparenchymal nodule or other distant metastasis
pM1	Microscopic confirmation of distant metastasis
pM1a	Microscopic confirmation of separate pleural or pericardial nodule(s)
pM1b	Microscopic confirmation of pulmonary intraparenchymal nodule or other distant metastasis

AJCC Prognostic Stage Groups

When T is...	And N is...	And M is...	Then the stage group is...
T1a-T1b	N0	M0	I
T2	N0	M0	II
T3	N0	M0	IIIA
T4	N0	M0	IIIB
Any T	N1	M0	IVA
Any T	N0-N1	M1a	IVA
Any T	N2	M0-M1a	IVB
Any T	Any N	M1b	IVB

References :

<https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/version-9/>

<https://www.facs.org/Quality-Programs/Cancer/news/ajcc-kindle-102920>

Diffuse Pleural Mesothelioma

Cancers Staged Using This Staging System

This classification applies to diffuse pleural mesotheliomas.

Cancers NOT Staged Using This Staging System

<i>These histopathologic types of cancer...</i>	<i>Are staged according to the classification for...</i>
<i>Localized pleural mesotheliomas</i>	<i>No AJCC staging system</i>
<i>Mesothelioma in situ</i>	<i>No AJCC staging system</i>
<i>Other primary tumors of the pleura</i>	<i>No AJCC staging system</i>

Identification of Primary Site

C38.4

Histopathologic Type (Note HT)

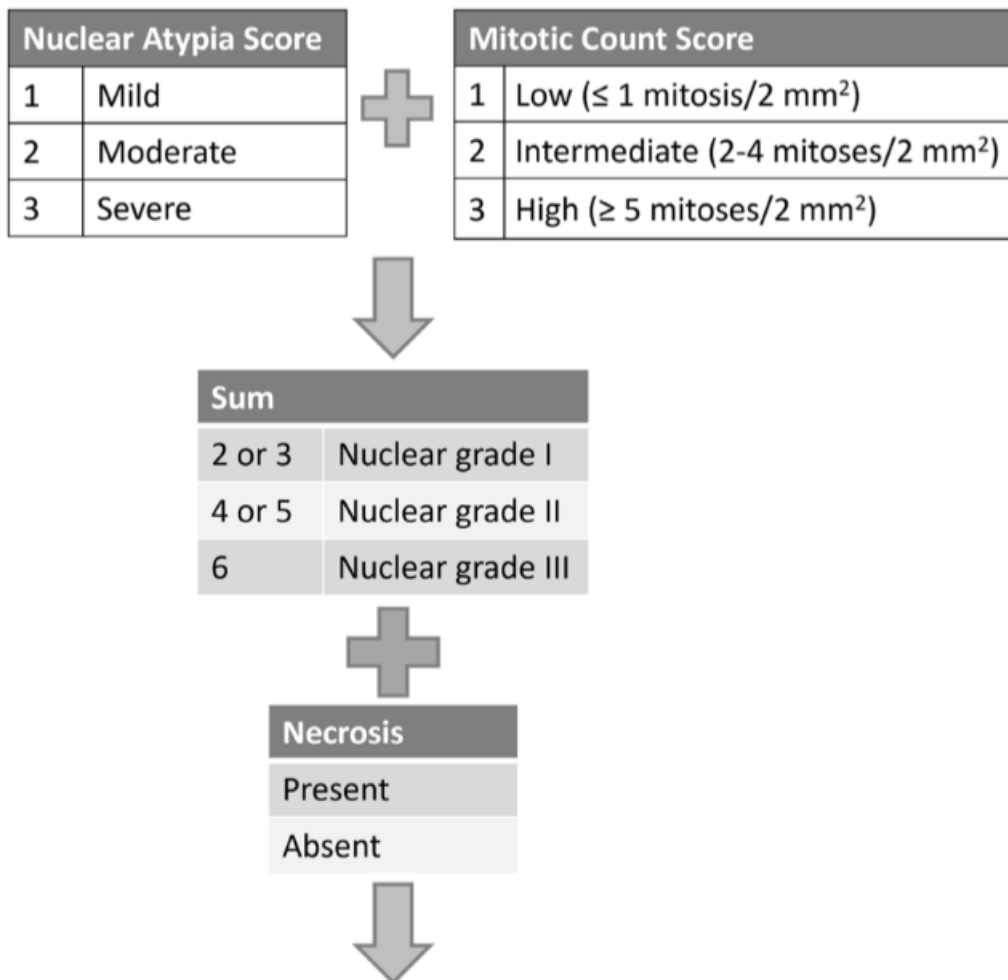
Code	Description
9050	Diffuse mesothelioma, NOS
9051	Sarcomatoid mesothelioma
	Desmoplastic mesothelioma
9052	Epithelioid mesothelioma
9053	Biphasic mesothelioma

Sources: WHO Classification of Tumours Editorial Board. Thoracic Tumours. Lyon (France): International Agency for Research on Cancer, 2021. (WHO Classification of Tumours series, 5th ed.; vol. 5).

Grade (G)

New grading system for epithelioid mesothelioma

Grading of Epithelioid Mesothelioma



G	G Definition
LG (Low Grade)	Nuclear grade I with or without necrosis OR Nuclear grade II without necrosis
HG (High Grade)	Nuclear grade II with necrosis OR Nuclear grade III with or without necrosis

Definition of Primary Tumor (T)**Clinical T (cT)**

T Category	T Criteria
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
T1	Tumor limited to the ipsilateral pleura with Psum* \leq 12 mm and no involvement of the fissure (Fmax** \leq 5 mm)
T2	<p>Tumor involving the ipsilateral pleura with Psums* \leq 12 mm, and with any of the following:</p> <ul style="list-style-type: none"> • involvement of the fissure (Fmax** $>$ 5 mm) • mediastinal fat invasion • solitary area of chest wall soft tissue invasion <p>OR</p> <p>Tumor involving the ipsilateral pleura with Psum* $>$ 12 mm but \leq 30 mm, with or without:</p> <ul style="list-style-type: none"> • involvement of the fissure (Fmax** $>$ 5 mm) • mediastinal fat invasion • solitary area of chest wall soft tissue invasion
T3	<p>Tumor involving the ipsilateral pleura with Psum* $>$ 30 mm, with or without:</p> <ul style="list-style-type: none"> • involvement of the fissure (Fmax** $>$ 5 mm) • mediastinal fat invasion • solitary area of chest wall soft tissue invasion
T4	<p>Tumor with invasion of any of the following (any Psum*):</p> <ul style="list-style-type: none"> • chest wall bony invasion (rib) • mediastinal organs (heart, spine, esophagus, trachea, great vessels) • diffuse chest wall invasion • direct tumor extension through the diaphragm or pericardium • direct extension to the contralateral pleura • presence of malignant pericardial effusion

*Psum= pmax1+pmax2+pmax3 (sum of 3 measurements of maximal pleural thickness measured on axial images along the chest wall or mediastinum in each of the three divisions of the chest - upper, middle and lower divided by two lines; one at the top of the aortic arch and the second drawn at the top of the left atrium)

**Fmax = maximal thickness of pleural tumor along the fissures measured on sagittal images

Pathological T (pT)

T Category	T Criteria
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
T1	Tumor limited to the ipsilateral pleura with no involvement of the fissure
T2	Tumor involving the ipsilateral pleura and with any of the following: <ul style="list-style-type: none"> • involvement of the fissure • ipsilateral lung parenchyma invasion • diaphragm (non-transmural) invasion
T3	Tumor limited to the ipsilateral pleura (with or without fissure involvement) and with invasion of any of the following: <ul style="list-style-type: none"> • mediastinal fat • surface of pericardium • endothoracic fascia • solitary area of chest wall soft tissue
T4	Tumor with invasion of any of the following: <ul style="list-style-type: none"> • chest wall bony invasion (rib) • mediastinal organs (heart, spine, esophagus, trachea, great vessels) • diffuse chest wall invasion • transmural invasion of the diaphragm or pericardium • direct extension to the contralateral pleura • presence of malignant pericardial effusion

Primary Tumor Suffix

_ (m) Multiple synchronous primary tumors

Definition of Regional Lymph Nodes (N)

N Category	N Criteria
NX	Regional lymph nodes cannot be assessed
N0	No tumor involvement of regional lymph node(s)
N1	Tumor involvement of ipsilateral bronchopulmonary, hilar, or mediastinal (including the internal mammary, peridiaphragmatic, pericardial fat pad, or intercostal lymph nodes) regional lymph nodes
N2	Tumor involvement of contralateral mediastinal, ipsilateral or contralateral supraclavicular lymph nodes

Regional Lymph Nodes Suffix

_ (sn) Sentinel node procedure

_ (f) FNA or core needle biopsy

Definition of Distant Metastasis (M)

M Category	M Criteria
cM0	No distant metastasis
cM1	Distant metastasis
pM1	Microscopic confirmation of distant metastasis

AJCC Prognostic Stage Groups

When T is...	And N is...	And M is...	Then the stage group is...
T1	N0	M0	I
T2	N0	M0	II
T1	N1	M0	II
T2	N1	M0	IIIA
T3	N0-N1	M0	IIIA
T1-T3	N2	M0	IIIA
T4	Any N	M0	IIIB
Any T	Any N	M1	IV

References :

<https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/version-9/>
<https://www.facs.org/Quality-Programs/Cancer/news/ajcc-kindle-102920>

Nasopharynx

Cancers Staged Using This Staging System

Epithelial tumors of the nasopharynx are staged using this staging system.

Cancers NOT Staged Using This Staging System

<i>These histopathologic types of cancer...</i>	<i>Are staged according to the classification for...</i>
<i>Mucosal melanoma</i>	<i>Mucosal melanoma of the head and neck</i>
<i>Lymphoma</i>	<i>Hodgkin and non-Hodgkin lymphoma</i>
<i>Sarcoma of soft tissue</i>	<i>Soft tissue sarcoma of the head and neck</i>
<i>Bone and cartilage</i>	<i>Bone</i>
<i>Salivary type tumors</i>	<i>Salivary glands</i>

Identification of Primary Site

C11.0, C11.1, C11.2, C11.3, C11.8, and C11.9

Histopathologic Type

Code	Description
8260	Low-grade nasopharyngeal papillary adenocarcinoma
8071	Squamous cell carcinoma, keratinizing, NOS
8072	Squamous cell carcinoma, non-keratinizing, NOS
8083	Basaloid squamous cell carcinoma

Source: WHO Classification of Tumours Editorial Board. *Head and neck tumours*. Lyon (France): International Agency for Research on Cancer, 2022. (WHO Classification of Tumours series, 5th ed.; vol. 9).

Definition of Primary Tumor (T)

T Category	T Criteria
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor, but EBV-positive cervical node(s) involvement
Tis	Carcinoma <i>in situ</i>
T1	Tumor confined to nasopharynx OR Tumor with extension to any of the following without parapharyngeal involvement: <ul style="list-style-type: none"> • oropharynx • nasal cavity
T2	Tumor with extension to any of the following: <ul style="list-style-type: none"> • parapharyngeal space • adjacent soft tissue involvement of medial pterygoid, lateral pterygoid, prevertebral muscles
T3	Tumor with unequivocal infiltration into any of the following bony structures: <ul style="list-style-type: none"> • skull base (including pterygoid structures) • paranasal sinuses • cervical vertebrae
T4	Tumor with any of the following: <ul style="list-style-type: none"> • intracranial extension • unequivocal radiological and/or clinical involvement of cranial nerves • involvement of hypopharynx • involvement of orbit (including inferior orbital fissure) • involvement of parotid gland • extensive soft tissue infiltration beyond the anterolateral surface of the lateral pterygoid muscle

Primary Tumor Suffix

__(m) Multiple synchronous primary tumors

Definition of Regional Lymph Node (N)

N Category	N Criteria
NX	Regional lymph nodes cannot be assessed
N0	No tumor involvement of regional lymph node(s)
N1	Tumor involvement of any of the following: <ul style="list-style-type: none"> • unilateral cervical lymph node(s) • unilateral or bilateral retropharyngeal lymph node(s) AND all of the following: <ul style="list-style-type: none"> • ≤ 6 cm in greatest dimension • above the caudal border of cricoid cartilage • without advanced extranodal extension
N2	Tumor involvement of bilateral cervical lymph nodes, AND all of the following: <ul style="list-style-type: none"> • ≤ 6 cm in greatest dimension • above the caudal border of cricoid cartilage • without advanced extranodal extension
N3	Tumor involvement of unilateral or bilateral cervical lymph node(s), AND any of the following: <ul style="list-style-type: none"> • > 6 cm in greatest dimension • extension below the caudal border of cricoid cartilage • advanced radiologic extranodal extension with involvement of adjacent muscles, skin, and/or neurovascular bundle

Regional Lymph Nodes Suffix

_ (sn) Sentinel node procedure

_ (f) FNA or core needle biopsy

Definition of Distant Metastasis (M)

M Category	M Criteria
cM0	No distant metastasis
cM1	Distant metastasis
cM1a	≤ 3 metastatic lesions in one or more organs/sites
cM1b	> 3 metastatic lesions in one or more organs/sites
pM1	Microscopic confirmation of distant metastasis
pM1a	Microscopic confirmation of ≤ 3 metastatic lesions in one or more organs/sites
pM1b	Microscopic confirmation of > 3 metastatic lesions in one or more organs/sites

AJCC Prognostic Stage Groups

When T is...	And N is...	And M is...	Then the stage group is...
Tis	N0	M0	0
T1-T2	N0	M0	IA
T0-T2	N1	M0	IB
T0-T2	N2	M0	II
T3	N0-N2	M0	II
T4	Any N	M0	III
Any T	N3	M0	III
Any T	Any N	M1a	IVA
Any T	Any N	M1b	IVB

References :

<https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/version-9/>

<https://www.facs.org/Quality-Programs/Cancer/news/ajcc-kindle-102920>

Lung

Summary of Changes :

- Invasion of adjacent lobe has been added as a T2a category criteria
- Azygos vein, thoracic nerve roots (i.e., T1, T2) and stellate ganglion added as a T3 category criteria
- Thymus, vagus nerve, supra-aortic arteries, brachiocephalic veins, subclavian vessels, vertebral body, lamina, spinal canal, cervical nerve roots, brachial plexus (i.e., trunks, divisions, cords or terminal nerves) are specified as T4 category criteria
- N2 subdivided into **N2a (involvement of a single N2 nodal station)** and **N2b (involvement of multiple N2 nodal stations)**
- M1c subdivided into **M1c1 (multiple extrathoracic metastases in a single organ system)** and **M1c2 (multiple extrathoracic metastases in multiple organ systems)**
- T1 N1 M0 changed from stage IIB to stage IIA
- T1 N2a M0 assigned to stage IIB
- T2 N2b M0 assigned to stage IIIB
- T3 N2a M0 assigned to stage IIIA
- Spread through air spaces (STAS) introduced as an additional histologic descriptor together with the already existing vascular invasion (V), lymphatic permeation (L) and perineural invasion (Pn)

Definition of Primary Tumor (T) (紅字增修處)

T Category	T Criteria
TX	Primary tumor cannot be assessed. Includes tumors 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 <i>in situ</i> Squamous cell carcinoma <i>in situ</i> (SCIS) Adenocarcinoma <i>in situ</i> (AIS): adenocarcinoma with pure lepidic pattern, ≤ 3 cm in greatest dimension
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) or in a lobar or more peripheral bronchus.
T1mi	Minimally invasive adenocarcinoma: adenocarcinoma (≤ 3 cm in greatest dimension) with a predominantly lepidic pattern and ≤ 5 mm invasion in greatest dimension
T1a	Tumor ≤ 1 cm in greatest dimension OR Tumor of any size whose invasive component is limited to the bronchial wall and may extend proximal to the main bronchus, this is an uncommon superficial, spreading tumor
T1b	Tumor > 1 cm but ≤ 2 cm in greatest dimension
T1c	Tumor > 2 cm but ≤ 3 cm in greatest dimension
T2	Tumor > 3 cm but ≤ 5 cm in greatest dimension OR Tumor ≤ 4 cm with one or more of the following features: <ul style="list-style-type: none"> • Invades visceral pleura • Invades an adjacent lobe • Involves main bronchus regardless of distance to the carina, but without involvement of the carina (up to but not including the carina) or associated with atelectasis or obstructive pneumonitis, extending to the hilar regions, involving either part of or the entire lung
T2a	Tumor > 3 cm but ≤ 4 cm in greatest dimension OR Tumor ≤ 4 cm in greatest dimension with one or more of the following features: <ul style="list-style-type: none"> • Invades visceral pleura • Invades an adjacent lobe • Involves main bronchus regardless of distance to the carina, but without involvement of the carina (up to but not including the carina) or associated with atelectasis or obstructive pneumonitis, extending to the hilar regions, involving either part of or the entire lung

T2b	<p>Tumor > 4 cm but ≤ 5 cm in greatest dimension with or without any of the following features:</p> <ul style="list-style-type: none"> • Invades visceral pleura • Invades an adjacent lobe • Involves main bronchus regardless of distance to the carina, but without involvement of the carina (up to but not including the carina) <p>or</p> <p>associated with atelectasis or obstructive pneumonitis, extending to the hilar regions, involving either part of or the entire lung</p>
T3	<p>Tumor > 5 cm but ≤ 7 cm in greatest dimension</p> <p>OR</p> <p>Tumor ≤ 7 cm with one or more of the following features:</p> <ul style="list-style-type: none"> • Invades parietal pleura or chest wall • Invades pericardium, phrenic nerve or azygos vein Although these structures lie within the mediastinum, the degree of mediastinal penetration by the tumor needed to invade these structures is not counted as T4 • Invades thoracic nerve roots (i.e., T1, T2) or stellate ganglion • Separate tumor nodule(s) in the same lobe as the primary
T4	<p>Tumor > 7 cm in greatest dimension</p> <p>OR</p> <p>Tumor of any size with one or more of the following features:</p> <ul style="list-style-type: none"> • Invades mediastinum (except structures listed in T3), thymus, trachea, carina, recurrent laryngeal nerve, vagus nerve, esophagus or diaphragm • Invades heart, great vessels (aorta, superior/inferior vena cava, intrapericardial pulmonary arteries/veins), supra-aortic arteries or brachiocephalic veins • Invades subclavian vessels, vertebral body, lamina, spinal canal, cervical nerve roots or brachial plexus (i.e., trunks, divisions, cords or terminal nerves) • Separate tumor nodule(s) in a different ipsilateral lobe than that of the primary

Definition of Regional Lymph Node (N) (紅字增修處)

T Category	T Criteria
NX	Regional lymph nodes cannot be assessed
N0	No tumor involvement of regional lymph node(s) metastasis
N1	Tumor involvement of ipsilateral peribronchial and/or ipsilateral hilar and/or ipsilateral intrapulmonary lymph node station(s), including involvement by direct extension
N2	Tumor involvement of ipsilateral mediastinal nodal station(s) and/or subcarinal lymph node station
N2a	Tumor involvement of a single ipsilateral mediastinal nodal station or of the subcarinal nodal station
N2b	Tumor involvement of multiple ipsilateral mediastinal nodal stations with or without involvement of the subcarinal nodal station
N3	Tumor involvement of contralateral mediastinal, contralateral hilar, ipsilateral/contralateral scalene, or ipsilateral/contralateral supraclavicular lymph node station(s)

Definition of Distant Metastasis (M) (紅字增修處)

M Category	M Criteria
cM0	No distant metastasis
cM1	Distant metastasis
cM1a	<p>Separate tumor nodule(s) in a contralateral lobe; tumor with pleural or pericardial nodules or malignant pleural or pericardial effusion. Most pleural (pericardial) effusions with lung cancer are a result of the tumor. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumor, and the fluid is nonbloody and not an exudate. If these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging descriptor.</p> <p>Metastasis in pleural or pericardial nodules, and/or malignant pleural or pericardial effusions, and/or separate tumor nodule(s) in a contralateral lobe</p> <p>Note: Most pleural (pericardial) effusions with lung cancer are a result of the tumor. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumor, and the fluid is non-bloody and not an exudate. If these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging descriptor.</p>
cM1b	Single extrathoracic metastasis in a single organ system (including involvement of a single non-regional node)
cM1c	Multiple extrathoracic metastases in a single organ or multiple organ system(s)
cM1c1	Multiple extrathoracic metastases in a single organ system For example, the skeleton is considered one organ. Several metastases in a single bone or several metastases in several bones are classified as M1c1
cM1c2	Multiple extrathoracic metastases in multiple organ systems

pM1	Microscopic confirmation of distant metastasis
pM1a	<p>Separate tumor nodule(s) in a contralateral lobe; tumor with pleural or pericardial nodules or malignant pleural or pericardial effusion. Most pleural (pericardial) effusions with lung cancer are a result of the tumor. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumor, and the fluid is nonbloody and not an exudate. If these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging descriptor.</p> <p>Microscopic confirmation of metastasis in pleural or pericardial nodules, and/or malignant pleural or pericardial effusions, and/or separate tumor nodule(s) in a contralateral lobe</p>
pM1b	<p>Note: Most pleural (pericardial) effusions with lung cancer are a result of the tumor. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumor, and the fluid is non-bloody and not an exudate. If these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging descriptor.</p> <p>Microscopic confirmation of single extrathoracic metastasis in a single organ system (including involvement of a single non-regional node)</p>
pM1c	Microscopic confirmation of multiple extrathoracic metastases in a single organ or multiple organ system(s)
pM1c1	<p>Microscopic confirmation of multiple extrathoracic metastases in a single organ system</p> <p>For example, the skeleton is considered one organ. Several metastases in a single bone or several metastases in several bones are classified as M1c1</p>
pM1c2	Microscopic confirmation of multiple extrathoracic metastases in multiple organ systems

AJCC Prognostic Stage Groups (紅字增修處)

When T is...	And N is...	And M is...	Then the stage group is...
TX	N0	M0	Occult carcinoma
Tis	N0	M0	0
T1mi-T1a	N0	M0	IA1
T1b	N0	M0	IA2
T1c	N0	M0	IA3
T2a	N0	M0	IB
T2b	N0	M0	IIA
T1	N1	M0	IIA
T3	N0	M0	IIB
T1	N2a	M0	IIB
T2a-T2b	N1	M0	IIB
T4	N0	M0	IIIA
T3-T4	N1	M0	IIIA
T1	N2b	M0	IIIA
T2-T3	N2a	M0	IIIA
T2-T3	N2b	M0	IIB
T4	N2a-N2b	M0	IIB
T1-T2	N3	M0	IIB
T3-T4	N3	M0	IIIC
Any T	Any N	M1a-M1b	IVA
Any T	Any N	M1c1-M1c2	IVB

8th Ed TNM Categories

8 th Ed TNM Categories		N0	N1	N2	N3
T1	T1a	IA1	IIB	IIIA	IIIB
	T1b	IA2	IIB	IIIA	IIIB
	T1c	IA3	IIB	IIIA	IIIB
T2	T2a Inv	IB	IIB	IIIA	IIIB
	T2a >3-4	IB	IIB	IIIA	IIIB
	T2b >4-5	IIA	IIB	IIIA	IIIB
T3	T3 >5-7	IIB	IIIA	IIIB	IIIC
	T3 Inv	IIB	IIIA	IIIB	IIIC
	T3 Same Lobe Nod	IIB	IIIA	IIIB	IIIC
T4	T4 >7	IIIA	IIIA	IIIB	IIIC
	T4 Inv	IIIA	IIIA	IIIB	IIIC
	T4 Ipsi Nod	IIIA	IIIA	IIIB	IIIC
M1	M1a PI Dissem	IVA	IVA	IVA	IVA
	M1a Contr Nod	IVA	IVA	IVA	IVA
	M1b Single Les	IVA	IVA	IVA	IVA
	M1c Mult Les	IVB	IVB	IVB	IVB

Proposed 9th Ed TNM Categories

Proposed 9 th Ed TNM Categories		N0	N1	N2		N3
T/M	Description			N2a	N2b	
T1	T1a ≤1 cm	IA1	IIA	IIB	IIIA	IIIB
	T1b >1 to ≤2 cm	IA2	IIA	IIB	IIIA	IIIB
	T1c >2 to ≤3 cm	IA3	IIA	IIB	IIIA	IIIB
T2	T2a Visceral pleura / central invasion	IB	IIB	IIIA	IIIB	IIIB
	T2a >3 to ≤4 cm	IB	IIB	IIIA	IIIB	IIIB
	T2b >4 to ≤5 cm	IIA	IIB	IIIA	IIIB	IIIB
T3	T3 >5 to ≤7 cm	IIB	IIIA	IIIA	IIIB	IIIC
	T3 Invasion	IIB	IIIA	IIIA	IIIB	IIIC
	T3 Same lobe tumor nodule	IIB	IIIA	IIIA	IIIB	IIIC
T4	T4 >7 cm	IIIA	IIIA	IIIB	IIIB	IIIC
	T4 Invasion	IIIA	IIIA	IIIB	IIIB	IIIC
	T4 Ipsilateral tumor nodule	IIIA	IIIA	IIIB	IIIB	IIIC
M1	M1a Pleural / pericardial dissemination	IVA	IVA	IVA	IVA	IVA
	M1a Contralateral tumor nodule	IVA	IVA	IVA	IVA	IVA
	M1b Single extrathoracic lesion	IVA	IVA	IVA	IVA	IVA
	M1c1 Multiple lesions, 1 organ system	IVB	IVB	IVB	IVB	IVB
	M1c2 Multiple lesions, >1 organ system	IVB	IVB	IVB	IVB	IVB

References :

<https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/version-9/>

<https://www.facs.org/Quality-Programs/Cancer/news/ajcc-kindle-10292>

Thymus

Summary of Changes :

- T1 is now subdivided based on tumor size, previously subdivided by involvement of the mediastinal pleura
- T2 added direct invasion of the lung or the phrenic nerve
- T3 removed direct invasion of the lung and phrenic nerve

Definition of primary Tumor (T) (紅字增修處)

T Category	T Criteria
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
T1	Tumor limited to the thymus with or without encapsulation, or directly invades into the mediastinal fat only, or directly invades the mediastinal pleura but does not involve any other mediastinal structure
T1a	Tumor ≤ 5 cm in greatest dimension with either: <ul style="list-style-type: none"> • Limited to the thymus with or without encapsulation • Directly invades into the mediastinal fat only • Directly invades the mediastinal pleura but does not involve any other mediastinal structure
T1b	Tumor > 5 cm in greatest dimension with either: <ul style="list-style-type: none"> • Limited to the thymus with or without encapsulation • Directly invades into the mediastinal fat only • Directly invades the mediastinal pleura but does not involve any other mediastinal structure
T2	Tumor with direct invasion of the pericardium (either partial or full thickness), or the lung, or the phrenic nerve
T3	Tumor with direct invasion into any of the following : brachiocephalic vein, superior vena cava, chest wall, or extrapericardial pulmonary arteries or veins
T4	Tumor with direct invasion into any of the following : aorta (ascending, arch, or descending), arch vessels, intrapericardial pulmonary artery or veins, myocardium, trachea, esophagus

Definition of Regional Lymph Node (N) (Note N) (紅字增修處)

N Category	N Criteria
NX	Regional lymph nodes cannot be assessed
N0	No tumor involvement of regional lymph node(s)
N1	Tumor involvement of anterior (perithymic) lymph nodes
N2	Tumor involvement of deep intrathoracic or cervical lymph nodes (e.g., paratracheal, subcarinal, aortopulmonary window, hilar, jugular, and/or supraclavicular nodes)

Definition of Distant Metastasis (M) (紅字增修處)

M Category	M Criteria
cM0	No distant metastasis
cM1	Distant metastasis
cM1a	Separate pleural or pericardial nodule(s)
cM1b	Pulmonary intraparenchymal nodule or other distant metastasis
pM1	Microscopic confirmation of distant metastasis
pM1a	Microscopic confirmation of separate pleural or pericardial nodule(s)
pM1b	Microscopic confirmation of pulmonary intraparenchymal nodule or other distant metastasis

AJCC PROGNOSTIC STAGE GROUPS

When T is...	And N is...	And M is...	Then the stage group is...
T1a-T1b	N0	M0	I
T2	N0	M0	II
T3	N0	M0	IIIA
T4	N0	M0	IIIB
Any T	N1	M0	IVA
Any T	N0-N1	M1a	IVA
Any T	N2	M0-M1a	IVB
Any T	Any N	M1b	IVB

References :

<https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/version-9/>
<https://www.facs.org/Quality-Programs/Cancer/news/ajcc-kindle-102920>

Diffuse Pleural Mesothelioma

Summary of Changes :

- Quantitative pleural thickness measurements added to modified qualitative T criteria for definitions of **clinical T1-3**; modified qualitative criteria only retained for **pathological T** categories
- Revisions of stage groups prompted by revisions in clinical T categories (stages IA and IB merged into **stage I** that includes only **T1N0M0**; **T1N1M0** and **T2N0M0** are classified as **stage II**; **T1N2M0**, **T2N1-2M0** and **T3N0-2M0** are now classified as stage **IIIA**)
- New grading system for epithelioid mesothelioma**

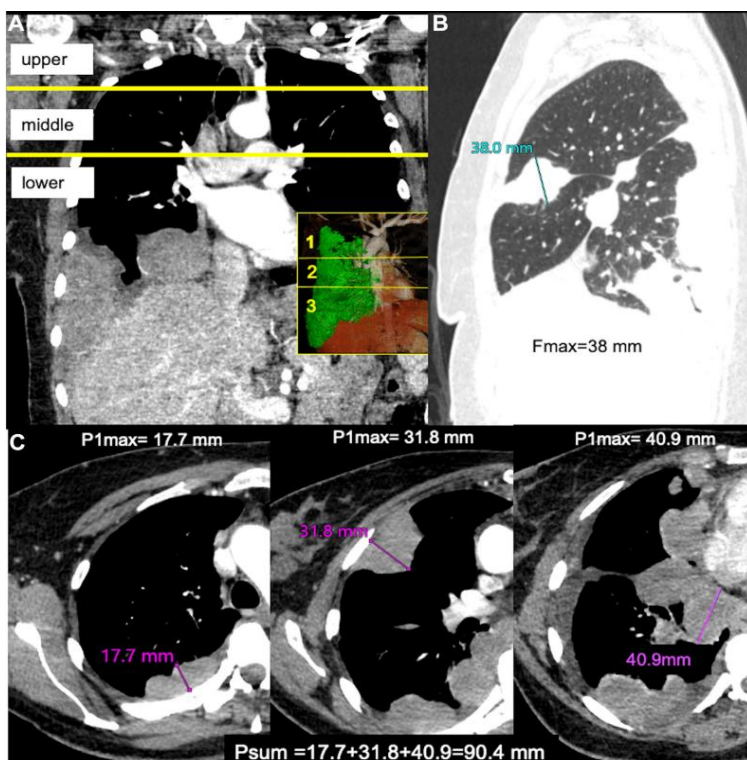
Definition of primary Tumor (cT) (紅字增修處)

T Category	T Criteria
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
T1	Tumor limited to the ipsilateral parietal pleural with $P_{sum}^{\dagger} \leq 12$ mm or without and no involvement of the fissure ($F_{max}^{\ddagger} \leq 5$ mm) • visceral pleura • mediastinal pleura • diaphragmatic pleura
T2	Tumor involving each of the ipsilateral pleural surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with $P_{sum}^{\dagger} \leq 12$ mm, and with any at least one of the following features : <ul style="list-style-type: none"> involvement of the fissure ($F_{max}^{\ddagger} > 5$ mm) diaphragmatic muscle mediastinal fat invasion solitary area of chest wall soft tissue invasion extension of tumor from visceral pleura into the underlying pulmonary parenchyma OR Tumor involving the ipsilateral pleura with $P_{sum}^{\dagger} > 12$ mm but ≤ 30 mm, with or without: <ul style="list-style-type: none"> involvement of the fissure ($F_{max}^{\ddagger} > 5$ mm) mediastinal fat invasion solitary area of chest wall soft tissue invasion
T3	Describes locally advanced but potentially resectable tumor. Tumor involving all the ipsilateral pleural surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with $P_{sum}^{\dagger} > 30$ mm, with or without: at least one of the following features : <ul style="list-style-type: none"> involvement of the fissure ($F_{max}^{\ddagger} > 5$ mm) mediastinal fat invasion solitary area of chest wall soft tissue invasion

	<ul style="list-style-type: none"> •solitary, completely resectable focus of tumor extending into the soft tissues of the chest wall •involvement of the endothoracic fascia •extension into the mediastinal fat •nontransmural involvement of the pericardium
T4	<p>Describes locally advanced technically unresectable tumor. Tumor involving all the ipsilateral pleural surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with at least one of the following features:</p> <p>Tumor with invasion of any of the following (any Psum[‡]):</p> <ul style="list-style-type: none"> • chest wall bony invasion (rib) • diffuse chest wall invasion •diffuse extension or multifocal masses of tumor in the chest wall, with or without associated rib destruction • mediastinal organs (heart, spine, esophagus, trachea, great vessels) •direct extension of tumor to mediastinal organs •direct extension of tumor into the spine • direct extension to the contralateral pleura • direct tumor extension through the diaphragm or pericardium • presence of malignant pericardial effusion •tumor extending through to the internal surface of the pericardium with or without a pericardial effusion; or tumor involving the myocardium •direct transdiaphragmatic extension of tumor to the peritoneum

[‡]Psum= pmax1+pmax2+pmax3 (sum of 3 measurements of maximal pleural thickness measured on axial images along the chest wall or mediastinum in each of the three divisions of the chest - upper, middle and lower divided by two lines; one at the top of the aortic arch and the second drawn at the top of the left atrium)

^{**}Fmax = maximal thickness of pleural tumor along the fissures measured on sagittal images



Source from :
 IASLC Mesothelioma Staging Project :
 T Descriptors Revision Proposal.
 Journal of Thoracic Oncology 2024. Vol. 19
 No. 9.

Definition of primary Tumor (pT) (紅字增修處)

T Category	T Criteria
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
T1	Tumor limited to the ipsilateral pleural with no involvement of the fissure
T2	Tumor involving each of the ipsilateral pleural surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with at least one and with any of the following features: <ul style="list-style-type: none"> • involvement of the fissure diaphragmatic muscle • ipsilateral lung parenchyma invasion • diaphragm (non-transmural) invasion • extension of tumor from visceral pleura into the underlying pulmonary parenchyma
T3	Describes locally advanced but potentially resectable tumor. Tumor limited to involving all the ipsilateral pleural (with or without fissure involvement) and surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with invasion of any at least one of the following features: <ul style="list-style-type: none"> • extension into the mediastinal fat • nontransmural involvement of the surface of pericardium • involvement of the endothoracic fascia • solitary area of chest wall soft tissue • solitary, completely resectable focus of tumor extending into the soft tissues of the chest wall
T4	Describes locally advanced technically unresectable tumor. Tumor involving all the ipsilateral pleural surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with at least one of the following features: Tumor with invasion of any of the following: <ul style="list-style-type: none"> • chest wall bony invasion (rib) • diffuse chest wall invasion • diffuse extension or multifocal masses of tumor in the chest wall, with or without associated rib destruction • mediastinal organs (heart, spine, esophagus, trachea, great vessels) • direct extension of tumor to mediastinal organs • direct extension of tumor into the spine • direct tumor extension through transmural invasion of the diaphragm or pericardium • direct extension to the contralateral pleura • presence of malignant pericardial effusion • tumor extending through to the internal surface of the pericardium with or without a pericardial effusion; or tumor involving the myocardium • direct transdiaphragmatic extension of tumor to the peritoneum

Definition of Regional Lymph Node (N) (紅字增修處)

N Category	N Criteria
NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis No tumor involvement of regional lymph node(s)
N1	Tumor involvement of Metastases in the ipsilateral bronchopulmonary, hilar, or mediastinal (including the internal mammary, peridiaphragmatic, pericardial fat pad, or intercostal lymph nodes) regional lymph nodes
N2	Tumor involvement of Metastases in the contralateral mediastinal, ipsilateral or contralateral supraclavicular lymph nodes

Definition of Distant Metastasis (M) (紅字增修處)

M Category	M Criteria
cM0	No distant metastasis
cM1	Distant metastasis present
pM1	Microscopic confirmation of distant metastasis present

AJCC Prognostic Stage Groups (紅字增修處)

When T is...	And N is...	And M is...	Then the stage group is...
T1	N0	M0	I
T2	N0	M0	II
T1	N1	M0	II
T2	N1	M0	IIIA
T3	N0-N1	M0	IIIA
T1-T3	N2	M0	IIIA
T4	Any N	M0	IIIB
Any T	Any N	M1	IV

References :

<https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/version-9/>
<https://www.facs.org/Quality-Programs/Cancer/news/ajcc-kindle-102920>

Nasopharynx

Summary of Changes :

- T3 clarification:
Skull base involvement should be unequivocal, and bony sclerosis alone on MRI and CT does not qualify as T3
- T4 clarification:
 - Involvement of orbit includes inferior orbital fissure
 - Cranial nerve involvement may be unequivocal radiological and/or clinical involvement
- Addition of advanced radiologic and/or clinical extranodal extension as N3 criterion. Advanced radiologic ENE is unequivocal evidence of tumor invasion through the nodal capsule into one or more adjacent structures: muscle, skin, or neurovascular structures.
- Subdivision of M1 into **M1a (≤ 3 metastatic lesions)** and **M1b (> 3 metastatic lesions)**
- Non-metastatic patients are re-grouped into **Stages I-III** instead of Stages I-IVA
- Stage I is revised from T1 N0 M0 to **T0-2 N0-1 M0**, and subdivided into **IA (T1-2 N0 M0)** and **IB (T0-2 N1 M0)**
- Stage III is revised to **Stage II (T0-2 N2 M0 or T3 N0-2 M0)**
- Stage IVA is revised to **Stage III (T4 or N3 with M0)**
- Stage IVB is revised to **Stage IVA (M1a) and IVB (M1b)**
- Minor salivary gland tumors are not included in the nasopharynx staging system.

Definition of Primary Tumor (T) (紅字增修處)

T Category	T Criteria
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor, but EBV-positive cervical node(s) involvement
Tis	Carcinoma in situ
T1	Tumor confined to nasopharynx OR Tumor with extension to any of the following without parapharyngeal involvement: <ul style="list-style-type: none"> • oropharynx • nasal cavity
T2	Tumor with extension to any of the following: <ul style="list-style-type: none"> • parapharyngeal space • adjacent soft tissue involvement of medial pterygoid, lateral pterygoid, prevertebral muscles
T3	Tumor with unequivocal infiltration into any of the following bony structures: <ul style="list-style-type: none"> • skull base (including pterygoid structures) • paranasal sinuses • cervical vertebrae
T4	Tumor with any of the following: <ul style="list-style-type: none"> • intracranial extension • unequivocal radiological and/or clinical involvement of cranial nerves • involvement of hypopharynx • involvement of orbit (including inferior orbital fissure) • involvement of parotid gland • extensive soft tissue infiltration beyond the anterolateral surface of the lateral pterygoid muscle

Definition of Regional Lymph Node (N) (紅字增修處)

N Category	N Criteria
NX	Regional lymph nodes cannot be assessed
N0	No tumor involvement of regional lymph node(s)
N1	Tumor involvement of any of the following: <ul style="list-style-type: none"> • unilateral cervical lymph node(s) • unilateral or bilateral retropharyngeal lymph node(s) AND all of the following: <ul style="list-style-type: none"> • ≤ 6 cm in greatest dimension • above the caudal border of cricoid cartilage • without advanced extranodal extension
N2	Tumor involvement of bilateral cervical lymph nodes AND all of the following: <ul style="list-style-type: none"> • ≤ 6 cm in greatest dimension • above the caudal border of cricoid cartilage • without advanced extranodal extension

N3	Tumor involvement of unilateral or bilateral cervical lymph node(s), AND any of the following: <ul style="list-style-type: none"> • > 6 cm in greatest dimension • extension below the caudal border of cricoid cartilage • advanced radiologic extranodal extension with involvement of adjacent muscles, skin, and/or neurovascular bundle
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Definition of Distant Metastasis (M) (紅字增修處)

M Category	M Criteria
cM0	No distant metastasis
cM1	Distant metastasis
cM1a	≤ 3 metastatic lesions in one or more organs/sites
cM1b	> 3 metastatic lesions in one or more organs/sites
pM1	Microscopic confirmation of distant metastasis
pM1a	Microscopic confirmation of ≤ 3 metastatic lesions in one or more organs/ sites
pM1b	Microscopic confirmation of > 3 metastatic lesions in one or more organs/ sites

AJCC Prognostic Stage Groups (紅字增修處)

When T is...	And N is...	And M is...	Then the stage group is...
Tis	N0	M0	0
T1-T2	N0	M0	IA
T0-T2	N1	M0	IB
T0-T2	N2	M0	II
T3	N0-2	M0	II
T4	Any N	M0	III
Any T	N3	M0	III
Any T	Any N	M1a	IVA
Any T	Any N	M1b	IVB

A

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		T1	T2	T3	T4
M0	N0	I	II	III	IVA
	N1	II	II	III	IVA
	N2	III	III	III	IVA
	N3	IVA	IVA	IVA	IVA
M1	Any N	IVB			

B

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		T1	T2	T3	T4
M0	N0	IA	IA	II	III
	N1	IB	IB	II	III
	N2	II	II	II	III
	N3	III	III	III	III
M1	M1a	IVA			
	M1b	IVB			

References :

<https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/version-9/>
<https://www.facs.org/Quality-Programs/Cancer/news/ajcc-kindle-102920>