

Lymph node status (Core)

Reason/Evidentiary Support:

Lymph node metastases are an adverse prognostic factor, the extent of which is dependent on the location of the involved lymph nodes.¹ The site(s) of involvement (lymph node stations) should be recorded according to the IASLC lymph node map.² Given the nature of the procedure, lymph nodes obtained by mediastinoscopy are often received fragmented and unless specified by the surgeon, it may not be possible to distinguish a single fragmented lymph node from fragments of multiple lymph nodes. For this reason, only if the actual number of nodes is known or provided should it be quantified. Otherwise, it is permissible to report the sites of nodal metastases without specifying the number involved. Cases with only micrometastasis (greater than 0.2 mm but less than or equal to 0.2 cm) to lymph nodes can be classified as involved by micrometastasis only. Isolated tumour cells (ITC) in lymph nodes (less than 0.2 mm in greatest dimension) do not impact the pN designation and cases with only ITC are classified as pN0.

References

- 1 Rusch VW, Crowley J, Giroux DJ, Goldstraw P, Im J-G, Tsuboi M, Tsuchiya R and Vansteenkiste J (2007). The IASLC Lung Cancer Staging Project: proposals for revision of the N descriptors in the forthcoming (seventh) edition of the TNM classification of lung cancer. *J Thorac Oncol* 2(7):603–612.
- 2 Amin MB, Edge SB and Greene FL et al (eds) (2017). *AJCC Cancer Staging Manual. 8th ed.*, Springer, New York.