Pathological staging (Core)

Reason/Evidentiary Support

The TNM classification attempts to describe the anatomic extent of cancer. Clinical classification (cTNM) is usually carried out by the referring physician before treatment during initial evaluation of the patient or when pathologic classification is not possible. The objective of this classification is to aid the clinician in planning treatment, give some indication of prognosis, assist in the evaluation of the results of therapy and facilitate exchange of information.

By American Joint Committee on Cancer (AJCC)/Union for International Cancer Control (UICC) convention, the designation "T" refers to a primary tumour that has not been previously treated. The symbol "p" refers to the pathologic classification of the TNM, as opposed to the clinical classification, and is based on gross and microscopic examination of the resected tumour. pT entails a resection of the primary tumour or biopsy adequate to evaluate the highest pT category, pN entails removal of nodes adequate to validate lymph node metastasis, and pM implies microscopic examination of distant metastatic lesions.

For identification of special cases of pTNM classifications, the "m" suffix and "y" and "r" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis. The "m" suffix indicates the presence of multiple primary tumours in a single site and is recorded in parentheses: pT(m)NM. The "y" prefix indicates those cases in which classification is performed during or following initial multimodality therapy (ie, neoadjuvant chemotherapy, radiation therapy, or both chemotherapy and radiation therapy). The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumour actually present at the time of that examination. The "y" categorization is not an estimate of tumour prior to multimodality therapy (i.e. before initiation of neoadjuvant therapy).

The "r" prefix indicates a recurrent tumour when staged after a documented disease-free interval, and is identified by the "r" prefix: rTNM. The R classifier for residual tumour is not recommended for use in the setting of head and neck cancers.

TNM Descriptors

T – Primary tumour

TX   Primary tumour cannot be assessed

T0   No evidence of primary tumour

Tis   Carcinoma in situ

For the pN classification of regional lymph nodes, see International Collaboration on Cancer Reporting (ICCR) _Nodal excisions and neck dissection specimens_ dataset.[1]

References

1   ICCR (International Collaboration on Cancer Reporting) Nodal excisions and neck dissection specimens for Head & Neck Tumours Histopathology Reporting Guide. Available from: http://www.iccr-cancer.org/datasets/published-datasets/head-neck (Accessed 13th September 2018).