Lymph node status (Required and recommended)

Reason/Evidentiary Support

Involvement of lymph nodes by TETs is an adverse prognostic factor.^{1,2} Lymph node status should be recorded according to the recommended anatomic map in relation to the ITMIG & IASLC TNM system,^{1,3} namely anterior (perithymic) nodes (zone 1) and deep intrathoracic or cervical nodes (zone 2), whilst any positive lymph node is viewed as stage IVb within the Masaoka-Koga system. As the location of lymph nodes found during the gross inspection of a thymectomy specimen may be problematic, either the specimen needs to be properly oriented by the surgeon, or labelled specifically within separate pots. Lymph nodes outside N1 and N2 are regarded as distant metastasis.¹

References

- 1 Kondo K, Van Schil P, Detterbeck FC, Okumura M, Stratton K, Giroux D, Asamura H, Crowley J, Falkson C, Filosso PL, Giaccone G, Huang J, Kim J, Lucchi M, Marino M, Marom EM, Nicholson AG and Ruffini E (2014). The IASLC/ITMIG Thymic Epithelial Tumors Staging Project: proposals for the N and M components for the forthcoming (8th) edition of the TNM classification of malignant tumors. *J Thorac Oncol* 9(9 Suppl 2):S81-87.
- 2 Viti A, Bertolaccini L and Terzi A (2014). What is the role of lymph nodal metastases and lymphadenectomy in the surgical treatment and prognosis of thymic carcinomas and carcinoids? *Interact Cardiovasc Thorac Surg* 19(6):1054-1058.
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