

TNM 8th edition Pathologic Staging for Thymic Epithelial Tumours (Core)

Reason/Evidentiary Support

At least 15 different stage classification systems have been proposed, beginning as far back as 1978.¹ Until 2016, the most widely used was the Masaoka system,² modified and refined in 1994,³ with refinement of definitions for anatomic staging parameters proposed in 2011.⁴ This has now been replaced by a TNM-based classification based on data from the ITMIG retrospective database of over 8000 patients.⁵ In the new TNM 8th editions, both UICC⁶ and AJCC⁷, T stage is based on the extent of direct invasion of mediastinal structures (see above section),⁸ nodal disease is based on involvement of lymph nodes in anterior (perithymic) (N1) and deep/cervical (N2) compartments, and M stage based on the presence of separate pleural and pericardial nodules (M1a) and pulmonary intraparenchymal nodule or distant organ metastasis (M1b).⁹ The Masaoka-Koga system could still be used if part of ongoing studies but the TNM system should be used henceforth as the method of staging.¹⁰

References

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