

**IASLC Nodal Chart with Stations and Zones** 

T - Primary Tumor

<ul> <li>Primary</li> </ul>		lumor		
TX		Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy		
TO	0 No evidence of primary tumor			
Tis		Carcinoma in situ		
T1		Tumor 3 cm or less 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) <sup>1</sup>		
	T1mi	Minimally invasive adenocarcinoma <sup>2</sup>		
	T1a	Tumor 1 cm or less in greatest dimension <sup>1</sup>		
	T1b	Tumor more than 1 cm but not more than 2 cm in greatest dimension <sup>1</sup>		
	T1c	Tumor more than 2 cm but not more than 3 cm in greatest dimension <sup>1</sup>		
T2		Tumor more than 3 cm but not more than 5 cm; or tumor with any of the following features: <sup>3</sup> • Involves main bronchus regardless of distance to the carina, but without involving the carina • Invades visceral pleura • Associated with a telectasis or obstructive pneumonitis that extends to the hilar region, either involving part of the lung or the entire lung		
	T2a	Tumor more than 3 cm but not more than 4 cm in greatest dimension		
	T2b	Tumor more than 4 cm but not more than 5 cm in greatest dimension		
T3		Tumor more than 5 cm but not more than 7 cm in greatest dimension or one that directly invades any of the following: chest wall (including superior sulcus tumors), phrenic nerve, parietal pericardium; or associated separate tumor nodule(s) in the same lobe as the primary		
T4		Tumors more than 7 cm or one that invades any of the following: diaphragm, mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, carina; separate tumor nodule(s) in a different ipsilateral lobe to that of the primary		

N - Regional Lymph Nodes

NX	Regional lymph nodes cannot be assessed
NO	No regional lymph node metastasis
N1	Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes and intrapulmonary nodes, including involvement by direct extension
N2	Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)
N3	Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral, or contralateral scalene, or supradavicular lymph node(s)

## M- Distant Metastasis

MO		No distant metastasis
M1		Distant metastasis
	M1a	Separate tumor nodule(s) in a contralateral lobe; tumor with pleural or pericardial nodules or malignant pleural or pericardial effusion <sup>4</sup>
	M1b	Single extrathoracic metastasis in a single organ <sup>s</sup>
V.,	M1c	Multiple extrathoracic metastases in one or several organs

<sup>1</sup>The uncommon superficial spreading tumor of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus, is also classified as T1a.

<sup>2</sup>Solitary adenocarcinoma (</= 3 cm), with a predominantly lepidic pattern and </= 5 mm invasion in greatest dimension.

<sup>3</sup>T2 tumors with these features are classified T2a if 4 cm or less, or if size cannot be determined and T2b if greater than 4 cm but not larger than 5 cm.

<sup>4</sup>Most pleural (pericardial) effusions with lung cancer are due to tumor. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumor, and the fluid is non-bloody and is not an exudate. Where these elements and clinical judgement dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging descriptor.

<sup>5</sup>This includes involvement of a single distant (non-regional) node.