Non-Small Cell Lung Cancer Staging
Updated July, 2009

Lung cancer can be classified into non-small cell lung cancer (NSCLC) or small cell lung cancer (SCLC). NSCLC accounts for 80 percent of all lung cancer cases, and is categorized using the TNM staging system, which was recently updated by the International Association for the Study of Lung Cancer (IASLC).¹

The staging definitions and stage groups for NSCLC are summarized in the following tables:

Table 1. IASLC Staging Definitions for Non-Small Cell Lung Cancer¹

<table>
<thead>
<tr>
<th>Tumour (T) Definitions</th>
<th>Node (N) Definitions</th>
<th>Metastases (M) Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>T0</strong></td>
<td>no primary tumour</td>
<td></td>
</tr>
<tr>
<td><strong>T1</strong></td>
<td>tumour ≤ 3 cm, surrounded by lung or visceral pleura, not more proximal than the lobar bronchus</td>
<td></td>
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<tr>
<td><strong>T1a</strong></td>
<td>tumour ≤ 2 cm</td>
<td><strong>N0</strong> no regional node metastasis</td>
</tr>
<tr>
<td><strong>T1b</strong></td>
<td>tumour &gt; 2 but ≤ 3 cm</td>
<td><strong>N1</strong> metastasis in ipsilateral peribronchial and/or perihilar lymph nodes and intrapulmonary nodes, including involvement by direct extension</td>
</tr>
<tr>
<td><strong>T2</strong></td>
<td>tumour &gt; 3 but &lt; 7 cm or tumour with any of the following: invades visceral pleura, involves main bronchus &gt; 2 cm distal to the carina, atelectasis/obstructive pneumonitis extending to hilum but not involving entire lung</td>
<td><strong>N2</strong> metastasis in ipsilateral mediastinal and/or subcarinal lymph nodes</td>
</tr>
<tr>
<td><strong>T2a</strong></td>
<td>tumour &gt; 3 but &lt; 5 cm</td>
<td><strong>N3</strong> metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph nodes</td>
</tr>
<tr>
<td><strong>T2b</strong></td>
<td>tumour &gt; 5 but ≤ 7 cm</td>
<td></td>
</tr>
<tr>
<td><strong>T3</strong></td>
<td>• tumour &gt; 7 cm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• or directly invading chest wall, diaphragm, phrenic nerve, mediastinal pleura, or parietal pericardium</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• or tumour in the main bronchus &lt; 2 cm distal to the carina</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• or atelectasis/pneumonitis of entire lung</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• or separate tumour nodules in the same lobe</td>
<td></td>
</tr>
<tr>
<td><strong>T4</strong></td>
<td>• tumour of any size with invasion of heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, or carina;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• or separate tumour nodules in a different ipsilateral lobe</td>
<td></td>
</tr>
</tbody>
</table>

Table 2. TNM Stage Groupings for Non-Small Cell Lung Cancer

<table>
<thead>
<tr>
<th>Stage</th>
<th>T</th>
<th>N</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA</td>
<td>T1a, T1b</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>IB</td>
<td>T2a</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>IIA</td>
<td>T1a, T1b</td>
<td>N1</td>
<td>M0</td>
</tr>
<tr>
<td></td>
<td>T2a</td>
<td>N1</td>
<td>M0</td>
</tr>
<tr>
<td></td>
<td>T2b</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>IIB</td>
<td>T2b</td>
<td>N1</td>
<td>M0</td>
</tr>
<tr>
<td></td>
<td>T3</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>IIIA</td>
<td>T1-3</td>
<td>N2</td>
<td>M0</td>
</tr>
<tr>
<td></td>
<td>T3</td>
<td>N1</td>
<td>M0</td>
</tr>
<tr>
<td></td>
<td>T4</td>
<td>N0-1</td>
<td>M0</td>
</tr>
<tr>
<td>IIIB</td>
<td>T4</td>
<td>N2</td>
<td>M0</td>
</tr>
<tr>
<td></td>
<td>T1-4</td>
<td>N3</td>
<td>M0</td>
</tr>
<tr>
<td>IV</td>
<td>T1-4</td>
<td>N0-3</td>
<td>M1a or M1b</td>
</tr>
</tbody>
</table>

Abbreviations: TNM Tumour-Node-Metastases

REFERENCES