


9TH EDITION AJCC
AND CASE
REVIEWS

2025 KCR SPRING
TRAINING

TRACY SUMLER, BA, ODS-C




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AJCC Cancer
Staging System

VERSION NINE

Lung



ACS AJCC

American Joint Committee on Cancer
American College of Surgeons

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Lung

8253	Invasive mucinous adenocarcinoma
8253	Adenocarcinoma <i>in situ</i> , mucinous
8254	Mixed invasive mucinous and non-mucinous adenocarcinoma
8257	Mixed invasive adenocarcinoma, mucinous
8260	Papillary adenocarcinoma
8265	Micropapillary adenocarcinoma
8310	Hyalinoid clear cell carcinoma
8333	Fetal rhabdomyosarcoma
8430	Mucinous sarcomatoid carcinoma
8480	Colloid carcinoma
8551	Acinar carcinoma
8560	Adenocarcinoma
8562	Epithelioid myoepithelial carcinoma
8972	Pleuropulmonary blastoma
8980	Carcinoid tumor
8982	Myoepithelial carcinoma
8998	Mesenchymal chondrosarcoma

Cases diagnosed in 2025 forward:

Malignant Myoepithelioma / Myoepithelial Carcinoma (8982) of the Lung (C34.0-34.9) have been changed from 8th Edition Soft Tissue Abdomen & Thoracic and is now included in Version 9 Lung.


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AJCC version 9 Lung


Summary of Changes: Primary Tumor

Change	Details of Change	Level of Evidence
Definition of Primary Tumor (T)	Invasion of adjacent lobe has been added as a T2a category criteria	III
Definition of Primary Tumor (T)	Azygos vein, thoracic nerve roots (i.e., T1, T2) and stellate ganglion added as a T3 category criteria	III
Definition of Primary Tumor (T)	Thymus, vagus nerve, supra-aortic arteries, brachiocephalic veins, subclavian vessels, vertebral body, lamina, spinal canal, cervical nerve roots, brachial plexus (i.e., trunks, divisions, cords or terminal nerves) are specified as T4 category criteria	III

4

AJCC version 9 Lung		AJCC T2 update	
<div>T2</div> <div></div> <div>Version 9</div>	<div>Tumor > 3 cm but ≤ 5 cm in greatest dimension</div> <div>OR</div> <div>Tumor ≤ 4 cm with one or more of the following features:</div> <ul style="list-style-type: none">Invades visceral pleuraInvades an adjacent lobeInvolves main bronchus (up to but not including the carina) <div>or</div> <div>associated with atelectasis or obstructive pneumonitis, extending to the hilar regions, involving either part of or the entire lung</div>		
	<div>Tumors with these features are classified:</div> <div>T2a: Tumor size less than or equal to 4.0 cm.</div> <div>T2b: Tumor size greater than 4.0 cm but less than or equal to 5.0 cm.</div>	<div>T2</div> <div>8th Edition</div>	<div>Tumor >3 cm but ≤5 cm or having any of the following features:</div> <ul style="list-style-type: none">Involves the main bronchus regardless of distance to the carina, but without involvement of the carinaInvades visceral pleura (PL1 or PL2)Associated with atelectasis or obstructive pneumonitis that extends to the hilar region, involving part or all of the lung
	<div>Invasion of adjacent lobe has been added as a T2a category criteria</div>		

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AJCC version 9 Lung		AJCC T3 update	
<div>T3</div> <div></div> <div>Version 9</div>	<div>Tumor > 5 cm but ≤ 7 cm in greatest dimension</div> <div>OR</div> <div>Tumor ≤ 7 cm with one or more of the following features:</div> <ul style="list-style-type: none">Invades parietal pleura or chest wallInvades pericardium, phrenic nerve or azygos vein <div>Although these structures lie within the mediastinum, the degree of mediastinal penetration by the tumor needed to invade these structures is not counted as T4</div> <ul style="list-style-type: none">Invades thoracic nerve roots (i.e., T1, T2) or stellate ganglionSeparate tumor nodule(s) in the same lobe as the primary		
	<div>Azygos vein, thoracic nerve roots (i.e., T1, T2) and stellate ganglion added as a T3 category criteria</div>	<div>T3</div> <div>8th Edition</div>	<div>Tumor >5 cm but ≤7 cm in greatest dimension or directly invading any of the following: parietal pleura (PL3), chest wall (including superior sulcus tumors), phrenic nerve, parietal pericardium; or separate tumor nodule(s) in the same lobe as the primary</div>

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AJCC version 9 Lung

T4

★

Version 9

Tumor > 7 cm in greatest dimension

OR

Tumor of any size with one or more of the following features:

Invades mediastinum (except structures listed in T3), thymus, trachea, carina, recurrent laryngeal nerve, vagus nerve, esophagus or diaphragm

Invades heart, great vessels (aorta, superior/inferior vena cava, intrapericardial pulmonary arteries/veins), supra-aortic arteries or brachiocephalic veins

Invades subclavian vessels, vertebral body, lamina, spinal canal, cervical nerve roots or brachial plexus (i.e., trunks, divisions, cords or terminal nerves)

Separate tumor nodule(s) in a different ipsilateral lobe than that of the primary

Thymus, vagus nerve, supra-aortic arteries, brachiocephalic veins, subclavian vessels, vertebral body, lamina, spinal canal, cervical nerve roots, brachial plexus (i.e., trunks, divisions, cords or terminal nerves) are specified as T4 category criteria

T4

8th Edition

Tumor >7 cm or tumor of any size invading one or more of the following: diaphragm, mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, or carina; separate tumor nodule(s) in an ipsilateral lobe different from that of the primary

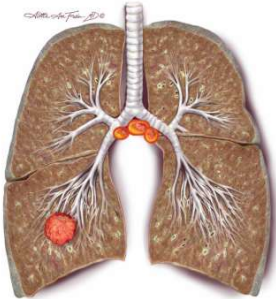
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AJCC version 9 Lung

Summary of Changes: Regional Lymph Nodes

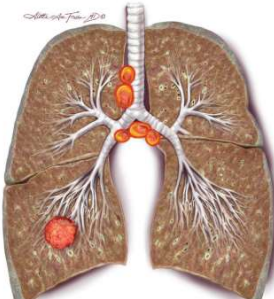
Change	Details of Change	Level of Evidence
Definition of Regional Lymph Nodes (N)	N2 subdivided into N2a (involvement of a single N2 nodal station) and N2b (involvement of multiple N2 nodal stations)	II

N2a



Metastasis to single ipsilateral mediastinal or subcarinal lymph node station

N2b



Metastasis to multiple ipsilateral mediastinal and/or subcarinal lymph node stations

8

*Content current as of March 25, 2025

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AJCC version 9 Lung		AJCC N2 update
N2	<div>★</div>	Tumor involvement of ipsilateral mediastinal nodal station(s) and/or subcarinal lymph node station
Version 9		
N2a		Tumor involvement of a single ipsilateral mediastinal nodal station or of the subcarinal nodal station
N2b		Tumor involvement of multiple ipsilateral mediastinal nodal stations with or without involvement of the subcarinal nodal station
N2 subdivided into N2a (involvement of a single N2 nodal station) and N2b (involvement of multiple N2 nodal stations)		
N2		Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)
8 th Edition		

9




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AJCC version 9 Lung

Summary of Changes: Mets at Diagnosis

Change	Details of Change	Level of Evidence
Definition of Distant Metastasis (M)	M1c subdivided into M1c1 (multiple extrathoracic metastases in a single organ system) and M1c2 (multiple extrathoracic metastases in multiple organ systems)	II



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AJCC version 9 Lung

AJCC M1c update

cM1c	★	Multiple extrathoracic metastases in a single or multiple organ system(s)
cM1c1		Multiple extrathoracic metastases in a single organ system
Version 9		For example, the skeleton is considered one organ. Several metastases in a single bone or several metastases in several bones are classified as M1c1.
cM1c2		Multiple extrathoracic metastases in multiple organ systems

M1c subdivided into M1c1 (multiple extrathoracic metastases in a single organ system) and M1c2 (multiple extrathoracic metastases in multiple organ systems)

M1c 8 th Edition	Multiple extrathoracic metastases in a single organ or in multiple organs
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AJCC version 9 Lung

Extrathoracic Mets M1c

M1c1

Multiple extrathoracic metastases in a single organ system

Multiple liver metastases

Multiple mets in a single organ

M1c2

Multiple extrathoracic metastases in multiple organ systems

Brain

Lymph nodes

Bone

Liver

Adrenal

Multiple mets in multiple organ systems

An organ system denotes all sites of an organ that is distributed in the body (e.g. the skeletal system, skin, extrathoracic lymphatic system) or of a paired organ (e.g. adrenal, kidney)

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AJCC version 9 Lung

Summary of Changes: Stage Group

Change	Details of Change	Level of Evidence
AJCC Prognostic Stage Groups	T1 N1 M0 changed from stage IIB to stage IIA	II
AJCC Prognostic Stage Groups	T1 N2a M0 assigned to stage IIB	II
AJCC Prognostic Stage Groups	T2 N2b M0 assigned to stage IIIB	II
AJCC Prognostic Stage Groups	T3 N2a M0 assigned to stage IIIA	II

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CASE 1

HISTORY AND PHYSICAL

67-year-old married, non-Hispanic, black male presented to Facility A ED with c/o SOA and chest pain. CT chest at that time revealed a lung nodule. Follow up CT Chest showed interval increase in size of the nodule. Subsequent PET and biopsy was performed. Biopsy was positive for adenocarcinoma. Former 30 CPY cigarette smoker at 1 ppd x 30 years. No smokeless tobacco or vape use. Passive smoke exposure as child. Mother had lung cancer. CoMorb: HTN. Occupation: Pharmacist.

Physical Exam per Dr. Bob Barker at consult - Lungs: CTA B, no wheezes or rhonchi. Lymphatics: No palpable LAD on neck, supraclavicular, or axillary regions.

Insurance at diagnosis: BCBS

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CASE 1

IMAGING

1/2/25 (Facility A) CT Chest: solid nodule in the periphery of the right lower lobe previously measured 8.2 mm with solid component 6 mm; now measures 1.8 cm consistent with a slow growing carcinoma.

1/5/25 (Facility A) PET Scan: ground glass nodule in the posterior right lower lobe measures 1.6 cm, SUV 1.87; no hypermetabolic adenopathy or distant mets.

1/8/25 (Facility A) CT-guided biopsy of 1.8 cm right lower lobe nodule.

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CASE 1

OPERATIVE REPORT

1/15/25 (Facility A) Bronchoscopy, Right Robotic Lower Lobectomy, Mediastinal Lymph Node Dissection, Intercostal Nerve Blocks per Robert Barker MD. Discharged on 1/19/25 with no readmission either planned or unplanned. No complications.

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CASE 1

PATHOLOGY REPORT

Path # 123 (Facility A) 1/8/25: Lung, Right Lower Lobe, Ct Guided Core Biopsy: Non-Small Cell Carcinoma. Scant viable tissue to subcategorize tumor type, large cells are noted....Defer to a repeat biopsy or surgical resection for final histologic type.

Path # 234 (Facility A) 1/15/25:

ADDENDUM: PD-L1 IHC 22C3 pharmDx* is performed and the results are as follows: - Tumor proportion score (TPS)*: 95% - Expression level: Positive for PD-L1 expression (TPS 95%)

Final Diagnosis

A. BRONCHIAL MARGIN: - NO TUMOR SEEN.

B. LEVEL 8: - NO EVIDENCE OF METASTATIC CARCINOMA, ONE LYMPH NODE (0/1).

C. 4 R: - NO EVIDENCE OF METASTATIC CARCINOMA, ONE LYMPH NODE (0/1). - GRANULOMATOUS INFLAMMATION WITH GMS STAIN POSITIVE FOR BUDDING YEAST, MOST CONSISTENT WITH HISTOPLASMA SPECIES.

D. LEVEL 7: - METASTATIC CARCINOMA, ONE OF TWO LYMPH NODES (1/2).

E. 11 R: - NO EVIDENCE OF METASTATIC CARCINOMA, ONE LYMPH NODE (0/1).

F. 10 R: - NO EVIDENCE OF METASTATIC CARCINOMA, TWO LYMPH NODES (0/2).

G. RIGHT LOWER LOBECTOMY: - INVASIVE LARGE CELL CARCINOMA WITH NEUROENDOCRINE DIFFERENTIATION (1.7 cm), POORLY DIFFERENTIATED, WITH VISCERAL PLEURAL INVASION. - MARGINS FREE OF TUMOR. - NO EVIDENCE OF METASTATIC CARCINOMA, THREE PERIBRONCHIAL LYMPH NODES(0/3).

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CASE 1

TREATMENT PLAN

1/2/25: Diagnosed on imaging 'consistent with carcinoma'.

1/8/25: CT-Guided biopsy confirmed cancer diagnosis.

1/15/25: Lobectomy with lymph node dissection. 1 Subcarinal lymph node involved (pN2a) - coded to NED d/t negative margins and 1 of 10 lymph nodes positive.

2/1/25: Adjuvant Radiation Therapy.

2/26/25: Adjuvant Keytruda planned for 1 year.

Let's code this case


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WHAT IS THE HISTOLOGY CODE?

Solid Tumor Rules

Effective with Cases Diagnosed 1/1/2018 and Forward

2025 Update



Editors:

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Carol Hahn Johnson, BS, CTR (Retired), Consultant
Suzanne Adams, BS, CTR (IMS, Inc.)
Serban Negoita, MD, PhD, CTR, NCI SEER

Suggested citation:

Dickie, L., Johnson, CH., Adams, S., Negoita, S. (November 2024). Solid Tumor Rules. National Cancer Institute, Rockville, MD 20850.

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450	Any size tumor <ul style="list-style-type: none"> > Atelectasis/obstructive pneumonitis <ul style="list-style-type: none"> > Extends to hilar region, involving part or all of lung > Pleura, NOS > Pulmonary ligament > Visceral pleura (PL1, PL2, or NOS)
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400 IPSILATERAL NODES ONLY (SUBCARINAL OR MEDIASTINAL, Stations 2-9)

➤ See code 700 for contralateral or bilateral nodes (Stations 2 and 4 only)

Subcarinal nodes (Station 7) involved ONLY OR

One Mediastinal Station involved WITH or WITHOUT Subcarinal nodes (Station 7)

➤ Other mediastinal nodal stations include: 2R, 2L, 3a, 3p, 4R, 4L, 5, 6, 8, 9

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Answers:

EOD--Schema

EOD--Primary Tumor

EOD--Regional Nodes

Date Regional Lymph Node Dissection

Nodes Positive

Nodes Examined

EOD--Mets

Mets at DX - Bone

Mets at DX - Brain

Mets at DX - Liver

Mets at DX - Lung

Mets at DX - Distant LN

Mets at DX - Other

Derived Summ Stg 2018

Lung [V9: 2025+] (09360)

450 Any size tumor ; - Atelectasis/obstructive pneumonitis; + Extends to hilar region, invo...

400 IPSILATERAL NODES ONLY (SUBCARINAL OR MEDIASTINAL, Stations 2-9); * See code 700 for cont...

01 / 15 / 2025 Date Flag:

1

10

00 No distant metastasis; Unknown if distant metastasis

0 No

0 No

0 No

0 No

0 No

0 No

4 Calculate

25

COMPLETE THE GRADE(S) AND SSDI CODING

Grade/SSDI--Schema

Grade Clinical

Grade Pathological

Grade Post Therapy Clin (yc)

Grade Post Therapy Path (yp)

Separate Tumor Nodules

Visceral and Parietal Pleural Invasion

ALK Rearrangement

EGFR Mutational Analysis

PDL1

Lung [V9: 2025+] (09360)

Not recorded

Not recorded

Not recorded

Not recorded

26

Answers:

Grade/SSDI--Schema

Lung [V9: 2025+] (09360)

Grade Clinical

9 Grade cannot be assessed (GX); Unknown

Grade Pathological

3 G3: Poorly differentiated

Grade Post Therapy Clin (yc)

Grade Post Therapy Path (yp)

Separate Tumor Nodules

0 No separate tumor nodules; single tumor only; Separate tumor nodules of same histologic t...

Visceral and Parietal Pleural Invasion

4 Invasion of visceral pleura present, NOS ; Stated as PL1 or PL2

ALK Rearrangement

9 Not documented in medical record; ALK Rearrangement not assessed or unknown if assessed

EGFR Mutational Analysis


9 Not documented in medical record; EGFR not assessed or unknown if assessed

PDL1

95.0

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COMPLETE
THE CODING



Directly Coded Summ Stg 2018

Tumor Size Summary

AJCC Staging Edition

09

AJCC cTNM T

T Suffix

N

N Suffix

M

Clin Stage Group

AJCC pTNM T

T Suffix

N

N Suffix

M

Path Stage Group

AJCC Post Tx Clin TNM T

T Suffix

N

N Suffix

M

Post Tx Clin Stage Group

28

AJCC ID

Directly Coded Summ Stg 2018

Tumor Size Summary

AJCC Staging Edition

AJCC cTNM

T

T Suffix

N

N Suffix

M

Clin Stage Group

AJCC pTNM

T

T Suffix

N

N Suffix

M

Path Stage Group

Lung [V9] (9014)

4 Regional (both 2 and 3)

17

09

cT1b

Not recorded

cN0

Not recorded

cM0

1A2 IA2

pT2a

Not recorded

pN2a

Not recorded

cM0

3A IIIA

29

CASE 2

HISTORY AND PHYSICAL

52-year-old divorced, white, non-Hispanic, male presented to ER c/o SOA, shoulder and back pain, and hemoptysis. Imaging noted a large right upper lobe lung mass c/w lung carcinoma. CoMorb: obesity, HTN, CAD. Current 50 CPY cigarette smoker at diagnosis (2 ppd x 25 years) and vape use. No passive smoking history. Father had prostate cancer and brother had NHL. Occupation: Truck Driver (Transportation, Communications, Public Utilities).

SS# XXX-XX-XXXX confirmed by pt demographics form completed by patient.

Insurance at diagnosis: UHC

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CASE 2

IMAGING

1/2/25 (Facility C) Chest Xray: Masslike opacity replacing the right upper lobe. Suspicion is for malignancy.

1/2/25 (Facility C) CT Chest: An 11 cm mass encompassing the entire right upper lobe with chest wall, mediastinal and right hilar invasion, suggestive of primary pulmonary malignancy. Mass also invades the thoracic nerve right at T1, and vertebral body. Right lower lobe and a portion of the right middle lobe remain aerated with centrilobular emphysema with bullae formation.

Bulky mediastinal lymphadenopathy suspicious for metastatic involvement right upper paratracheal lymph node measuring 2.5 cm, subcarinal lymph nodes measuring 2.1 cm in greatest dimension, and multiple right hilar lymph nodes measuring 1.8 cm in greatest dimension.

1/3/25 (Facility C) CT-Guided biopsy of right upper lobe mass. See pathology.

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CASE 2

IMAGING

1/3/25 (Facility C) Brain MRI: This patient has multiple enhancing brain lesions compatible with multiple brain metastases that are too numerous to count but at least 35 enhancing cerebral lesions several of which measure just over a centimeter in size and have some mild surrounding edema. The remainder measure less than a centimeter in size and have little to no surrounding edema and there are at least 8 separate cerebellar lesions, the largest in the left cerebellum measures 12 x 11 x 11 mm and has 3 x 2.5 cm of surrounding edema and the largest right cerebellar lesion measures 8 x 7 x 6 mm and has no surrounding edema. There is no significant mass effect. The ventricles are normal in size and there is no midline shift.

There are 2 separate tiny enhancing calvarial lesions involving the anterior superomedial right and left frontal bones measuring 6 mm in size compatible with calvarial METS.

1/7/25 (Facility C) PET Scan: The cavitary right upper lobe mass measures 10.4 cm with a max SUV of 12.6. The tumor invades the T2 vertebral body with loss of plane between the vertebral body and spinal canal. Mediastinal and hilar lymph nodes noted on prior CT have an SUV of 10.4 consistent with metastatic involvement. There are numerous metastatic lytic lesions in the skull, clavicle, sternum, right humerus, cervical and thoracic spine, left iliac wing, and left femur with SUVs of at least 6.2.

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CASE 2

PATHOLOGY REPORT

Path # 234 (Facility C) 1/3/25: Lung, Right Upper Lobe, Ct Guided Core Biopsy: Adenocarcinoma, moderately differentiated, of pulmonary origin.

Comment: Immunostains for CK7, CK20, GATA3, ER, PR, HER2/neu, Ki67, CDX2, PAX8, WT1 and TTF-1 are performed utilizing appropriate controls. Adenocarcinoma shows immunoreactivity CK7 and TTF-1 with rare focal immunoreactivity for CK20 noted. Ki67 is increased and estimated at 35-40% tumor cells. Malignancy is judged nonreactive for WT1, GATA3, PAX8, ER, PR, HER2/neu and CDX2. Immunostain for Napsin A was performed following review of the initial immunostain panel results and carcinoma is immunoreactive for this marker supporting pulmonary origin. Results of immunostaining are consistent with moderate to moderately differentiated adenocarcinoma of pulmonary origin.

Caris Life Sciences:

PD-L1 positive TPS 15%	BRAF mutation not detected
EGFR pathogenic variant Exon 19 p.E746_A750del	KRAS mutation not detected
ALK negative	

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CASE 2

TREATMENT PLAN


1/2/25: Diagnosed on imaging.

1/3/25: CT-Guided biopsy proved cancer diagnosis.

1/15/25 – 1/25/25: Palliative radiation therapy to lung, bone mets, and WBI.

2/1/25: Palliative Carboplatin/Paclitaxel/Keytruda x 6 cycles

Let's code this case



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*Content current as of March 25, 2025

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Case 2 Coding

COMPLETE THE EOD CODING

EOD--Schema

EOD--Primary Tumor

EOD--Regional Nodes

Date Regional Lymph Node Dissection

Nodes Positive

Nodes Examined

EOD--Mets

Mets at DX - Bone

Mets at DX - Brain

Mets at DX - Liver

Mets at DX - Lung

Mets at DX - Distant LN

Mets at DX - Other

Derived Summ Stg 2018

Lung [V9: 2025+] (09360)

Not recorded

Not recorded

Date Flag:

Not recorded

Calculate

35

Case 2 Coding Answers

EOD--Schema

EOD--Primary Tumor

EOD--Regional Nodes

Date Regional Lymph Node Dissection

Nodes Positive

Nodes Examined

EOD--Mets

Mets at DX - Bone

Mets at DX - Brain

Mets at DX - Liver

Mets at DX - Lung

Mets at DX - Distant LN

Mets at DX - Other

Derived Summ Stg 2018

Lung [V9: 2025+] (09360)

700 Heart; Inferior vena cava; Neural foramina; Vertebra(e) (vertebral body); Visceral perica... ▾

450 IPSILATERAL NODES ONLY (SUBCARINAL OR MEDIASTINAL, Stations 2-9); * See code 700 for cont... ▾

Date Flag:

98

00

45 Multiple extrathoracic metastases in multiple organs system; *Example: Liver and distant ... ▾

1 Yes ▾

1 Yes ▾

0 No ▾

0 No ▾

0 No ▾

0 No ▾

0 No ▾

7

 Calculate

36

Case 2 Coding

COMPLETE THE GRADE(S) AND SSDI CODING

Grade/SSDI--Schema

Lung [V9: 2025+] (09360)

Grade Clinical

Not recorded

Grade Pathological

Not recorded

Grade Post Therapy Clin (yc)

Grade Post Therapy Path (yp)

Separate Tumor Nodules

Not recorded

Visceral and Parietal Pleural Invasion

Not recorded

ALK Rearrangement

EGFR Mutational Analysis

PDL1

37

Case 2 Coding Answers

Grade Clinical

2 G2: Moderately differentiated

Grade Pathological

9 Grade cannot be assessed (GX); Unknown

Grade Post Therapy Clin (yc)

Grade Post Therapy Path (yp)

Separate Tumor Nodules

0 No separate tumor nodules; single tumor only; Separate tumor nodules of same histologic t...

Visceral and Parietal Pleural Invasion

9 Not documented in medical record; No surgical resection of primary site is performed; Vis...

ALK Rearrangement

0 Normal; ALK negative; Negative for rearrangement, no rearrangement identified, no mutatio...

EGFR Mutational Analysis

1 Abnormal (mutated)/detected in exon(s) 18, 19, 20, and/or 21

PDL1

15.0


Caris Life Sciences:
PD-L1 positive TPS 15%
EGFR pathogenic variant Exon 19|p.E746_A750del
ALK negative



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Case 2 Coding

COMPLETE
THE CODING



Directly Coded Summ Stg 2018

Tumor Size Summary

AJCC Staging Edition09

AJCC cTNM

T

Not recorded

T Suffix

Not recorded

N

Not recorded

N Suffix

Not recorded

M

Not recorded

Clin Stage Group

Not recorded

AJCC pTNM

T

Not recorded

T Suffix

Not recorded

N

Not recorded

N Suffix

Not recorded

M

Not recorded

Path Stage Group

Not recorded

AJCC Post Tx Clin TNM

T

Not recorded

T Suffix

Not recorded

N

Not recorded

N Suffix

Not recorded

M

Not recorded

Post Tx Clin Stage Group

Not recorded

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Case 2 Coding Answers

AJCC ID

Directly Coded Summ Stg 2018

Tumor Size Summary

AJCC Staging Edition

AJCC cTNM

T

T Suffix

N

N Suffix

M

Clin Stage Group

Lung [V9] (9014)

7 Distant

110

09

cT4

Not recorded

cN2b

Not recorded

cM1c2

4B IVB

40

Potential Pitfalls in Coding Lung: EOD Regional Lymph Nodes

400	IPSILATERAL NODES ONLY (SUBCARINAL OR MEDIASTINAL, Stations 2-9) > See code 700 for contralateral or bilateral nodes (Stations 2 and 4 only) Subcarinal nodes (Station 7) involved ONLY OR One Mediastinal Station involved WITH or WITHOUT Subcarinal nodes (Station 7) > Other mediastinal nodal stations include: 2R, 2L, 3a, 3p, 4R, 4L, 5, 6, 8, 9	N2a
450	IPSILATERAL NODES ONLY (SUBCARINAL OR MEDIASTINAL, Stations 2-9) > See code 700 for contralateral or bilateral nodes (Stations 2 and 4 only) Two or more mediastinal nodal stations involved WITH or WITHOUT Subcarinal lymph nodes (Station 7) > Other mediastinal nodal stations include: 2R, 2L, 3a, 3p, 4R, 4L, 5, 6, 8, 9	N2b
500	IPSILATERAL NODES ONLY (SUBCARINAL OR MEDIASTINAL, Stations 2-9) > See code 700 for contralateral or bilateral nodes (Stations 2 and 4 only) Mediastinal nodal stations involved, <u>unknown</u> how many WITH or WITHOUT involvement of subcarinal nodes > Other mediastinal nodal stations include: 2R, 2L, 3a, 3p, 4R, 4L, 5, 6, 8, 9 Mediastinal nodes, <u>NOS</u>	N2

NOS Code
Use sparingly

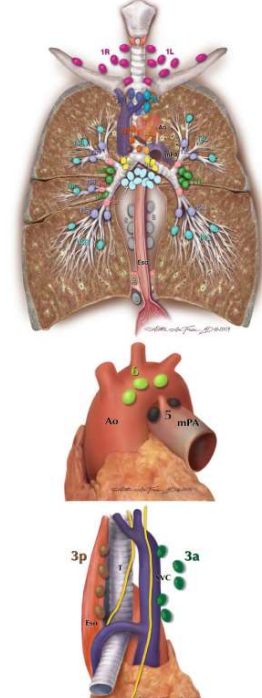
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Nodal Map

page 50 of v9
AJCC

and

page 434 of 8th
Edition AJCC



Supraclavicular zone

1 Low cervical, supraclavicular, and sternal notch nodes

SUPERIOR MEDIASTINAL NODES

Upper zone

2R Upper Paratracheal (right)

2L Upper Paratracheal (left)

3a Prevascular

3p Retrotracheal

4R Lower Paratracheal (right)

4L Lower Paratracheal (left)

AORTIC NODES

AP zone

5 Subaortic

6 Para-aortic (ascending aorta or phrenic)

INFERIOR MEDIASTINAL NODES

Subcarinal zone

7 Subcarinal

Lower zone

8 Paraesophageal (below carina)

9 Pulmonary ligament

N1 NODES

Hilar/Interlobar zone

10 Hilar


11 Interlobar

Peripheral zone


12 Lobar

13 Segmental


14 Subsegmental




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Beware the N2 subcategory!



When T is...	And N is...	And M is...	Then the stage group is...
TX	N0	M0	Occult carcinoma
Tis	N0	M0	0
T1mi-T1a	N0	M0	IA1
T1b	N0	M0	IA2
T1c	N0	M0	IA3
T2a	N0	M0	IB
T2b	N0	M0	IIA
T1	N1	M0	IIA
T3	N0	M0	IIB
T1	N2a	M0	IIB
T2a-T2b	N1	M0	IIB
T4	N0	M0	IIIA
T3-T4	N1	M0	IIIA
T1	N2b	M0	IIIA
T2-T3	N2a	M0	IIIA
T2-T3	N2b	M0	IIB
T4	N2a-N2b	M0	IIB
T1-T2	N3	M0	IIB
T3-T4	N3	M0	IIIC
Any T	Any N	M1a-M1b	IVA
Any T	Any N	M1c1-M1c2	IVB



43

Potential Pitfalls in Coding Lung: EOD Mets at Dx

40	Multiple extrathoracic metastases in a single organ system <i>Example: The skeleton is considered one organ. Several metastases in a single bone OR several metastases in several bones are classified as M1c1.</i>	M1c1
45	Multiple extrathoracic metastases in multiple organs system <i>Example: Liver and distant lymph nodes</i>	M1c2
50	Multiple extrathoracic metastases, <u>unknown</u> if single or multiple organ systems	M1

NOS Code

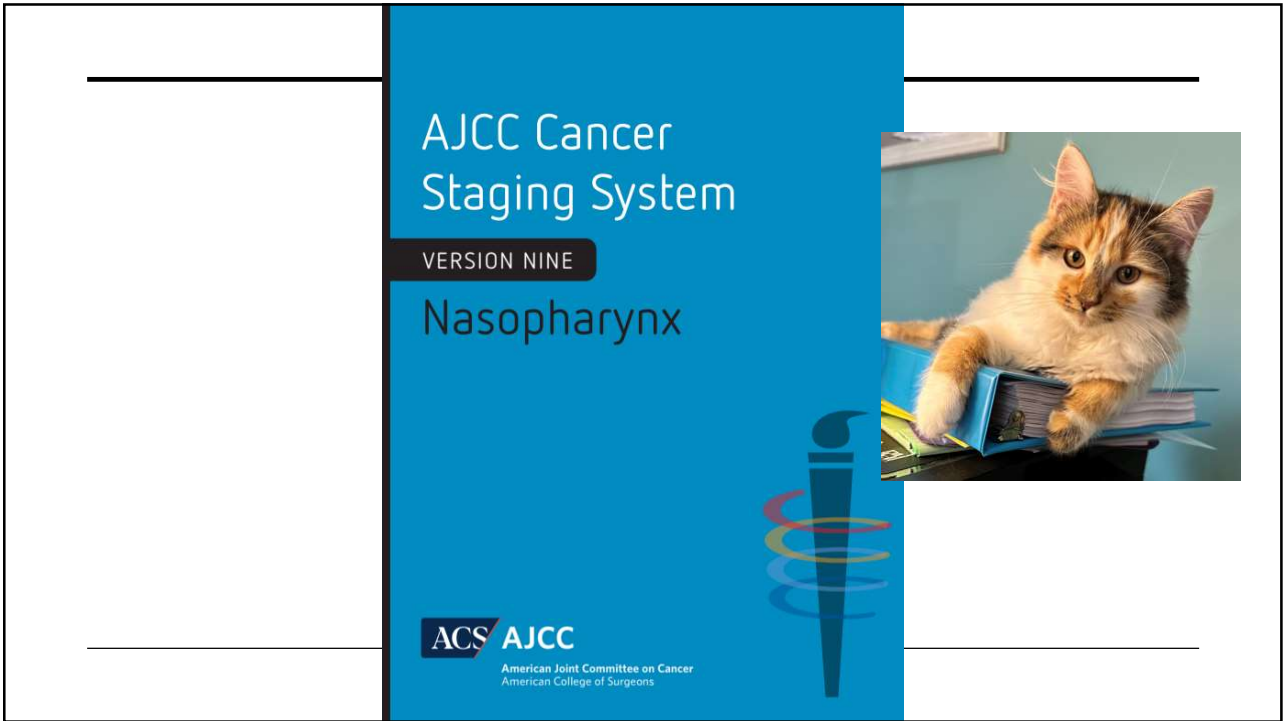
44

*Content current as of March 25, 2025

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45



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AJCC version 9 Nasopharynx

Summary of Changes: Primary Tumor Clarifications

Change	Details of Change	Level of Evidence
Definition of Primary Tumor (T)	<p>T3 clarification:</p> <ul style="list-style-type: none">Skull base involvement should be unequivocal, and bony sclerosis alone on MRI and CT does not qualify as T3 <p>T4 clarification:</p> <ul style="list-style-type: none">Involvement of orbit includes inferior orbital fissureCranial nerve involvement may be unequivocal radiological and/or clinical involvement	II

Skull base involvement/invasion should be definite and clear to be a T3 tumor.

Cranial Nerve involvement/invasion should be definite and clear to be a T4 tumor.

Orbit involvement includes involvement/invasion inferior orbital fissure for T4.

47

AJCC version 9 Nasopharynx

Primary Tumor

T3	Tumor with unequivocal infiltration into any of the following bony structures: <ul style="list-style-type: none">skull base (including pterygoid structures)paranasal sinusescervical vertebrae
T4	Tumor with any of the following: <ul style="list-style-type: none">intracranial extensionunequivocal radiological and/or clinical involvement of cranial nervesinvolvement of hypopharynxinvolvement of orbit (including inferior orbital fissure)involvement of parotid glandextensive soft tissue infiltration beyond the anterolateral surface of the lateral pterygoid muscle

T3 clarification:

- Skull base involvement should be unequivocal, and bony sclerosis alone on MRI and CT does not qualify as T3

T4 clarification:

- Involvement of orbit includes inferior orbital fissure
- Cranial nerve involvement may be unequivocal radiological and/or clinical involvement

T3

8th Edition

Tumor with infiltration of bony structures at skull base, cervical vertebra, pterygoid structures, and/or paranasal sinuses

T4

Tumor with intracranial extension, involvement of cranial nerves, hypopharynx, orbit, parotid gland, and/or extensive soft tissue infiltration beyond the lateral surface of the lateral pterygoid muscle

48

AJCC version 9 Nasopharynx

Summary of Changes: Regional Lymph Nodes

Clarifications only

Change	Details of Change	Level of Evidence
Definition of Regional Lymph Nodes (N)	Addition of advanced radiologic and/or clinical extranodal extension as N3 criterion. Advanced radiologic ENE is unequivocal evidence of tumor invasion through the nodal capsule into one or more adjacent structures: muscle, skin, or neurovascular structures.	II

Clinical ENE should be definite and clear.

Support ENE in your text

49

AJCC version 9 Nasopharynx

Regional Lymph Nodes

N3

Version 9

Tumor involvement of unilateral or bilateral cervical lymph node(s), AND any of the following:

- > 6 cm in greatest dimension
- extension below the caudal border of cricoid cartilage
- advanced radiologic extranodal extension with involvement of adjacent muscles, skin, and/or neurovascular bundle

FIGURE NASOPHARYNX-NODAL MAP. Nodal map for nasopharyngeal carcinoma.

N3

8th Edition

Unilateral or bilateral metastasis in cervical lymph node(s), larger than 6 cm in greatest dimension, and/or extension below the caudal border of cricoid cartilage

50

AJCC version 9 Nasopharynx

Summary of Changes: Mets at Diagnosis

Change	Details of Change	Level of Evidence
Definition of Distant Metastasis (M)	Subdivision of M1 into M1a (≤ 3 metastatic lesions) and M1b (> 3 metastatic lesions)	II

M1

M1a

M1b

51

AJCC version 9 Nasopharynx

Mets at Diagnosis

Version 9

M Category	M Criteria
cM0	No distant metastasis
cM1	Distant metastasis
cM1a	≤ 3 metastatic lesions in one or more organs/sites
cM1b	> 3 metastatic lesions in one or more organs/sites
pM1	Microscopic confirmation of distant metastasis
pM1a	Microscopic confirmation of ≤ 3 metastatic lesions in one or more organs/sites
pM1b	Microscopic confirmation of > 3 metastatic lesions in one or more organs/sites

8th Edition

M Category	M Criteria
M0	No distant metastasis
M1	Distant metastasis

52

AJCC version 9 Nasopharynx

Summary of Changes: Stage Group

Change	Details of Change	Level of Evidence
AJCC Prognostic Stage Groups	<ul style="list-style-type: none">Non-metastatic patients are re-grouped into Stages I-III instead of Stages I-IVAStage I is revised from T1 N0 M0 to T0-2 N0-1 M0, and subdivided into IA (T1-2 N0 M0) and IB (T0-2 N1 M0)Stage III is revised to Stage II (T0-2 N2 M0 or T3 N0-2 M0)Stage IVA is revised to Stage III (T4 or N3 with M0)Stage IVB is revised to Stage IVA (M1a) and IVB (M1b)	II

53

AJCC version 9 Nasopharynx

Summary of Changes: Stage Group

When T is...	And N is...	And M is...	Then the stage group is...
Tis	N0	M0	0
T1-T2	N0	M0	IA
T0-T2	N1	M0	IB
T0-T2	N2	M0	II
T3	N0-N2	M0	II
T4	Any N	M0	III
Any T	N3	M0	III
Any T	Any N	M1a	IVA
Any T	Any N	M1b	IVB

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AJCC version 9 Nasopharynx

Stage Group Comparison

When T is...	And N is...	And M is...	Then the stage group is...
Tis	N0	M0	0
T1-T2	N0	M0	IA
T0-T2	N1	M0	IB
T0-T2	N2	M0	II
T3	N0-N2	M0	II
T4	Any N	M0	III
Any T	N3	M0	III
Any T	Any N	M1a	IVA
Any T	Any N	M1b	IVB

Version 9

8th Edition

When T is...	And N is...	And M is...	Then the stage group is...
Tis	N0	M0	0
T1	N0	M0	I
T1, T0	N1	M0	II
T2	N0	M0	II
T2	N1	M0	II
T1, T0	N2	M0	III
T2	N2	M0	III
T3	N0	M0	III
T3	N1	M0	III
T3	N2	M0	III
T4	N0	M0	IVA
T4	N1	M0	IVA
T4	N2	M0	IVA
Any T	N3	M0	IVA
Any T	Any N	M1	IVB

55

Case 3

History and Physical

71-year-old married, Pakistani, non-Hispanic female with c/o right facial numbness, right sided vision changes, headache, and intermitted epistaxis. PCP order imaging which noted a right sinonasal mass with extension into the skull base and inferior orbit fissure. CoMorb: GERD. Parity 3, post-menopausal. No family history of cancers. Former cigarette smoker at 0.25 ppd x 10 years, quit in 1985 (3 CPY). Occupation: Homemaker.

SS# verified via patient questionnaire completed by patient.

Insurance: Humana Medicare Replacement.

Place of Birth: Pakistan.

PE: Neck -- fullness noted in right cervical lymph nodes. Examination limited to severe pain.

56

Case 3

Imaging:

1/15/25 (Facility D) CT Head, Neck, Chest, Abdomen, and Pelvis: Hyperdense middle cranial fossa tumor arising from the sphenoid sinus with erosion of the middle cranial fossa plate as well as the clivus. Mass effect on bilateral temporal lobes as well as the elevation of the tentorium there is effacement of the left right lateral ventricle with 3-4 leftward midline shift at the level of septum pellucidum (series 2, image 18). There is an effacement of the chiasmatic, bilateral carotid. Extension of the tumor into the posterior fossa with effacement along the right cerebellopontine angle.

Several enlarged and necrotic multistation cervical adenopathy for example right level 2A lymph node measures 3.4 x 2.4 cm (series 1, image 200 and left level 2A (series 1, image 151) 2.5 x 2.3 cm lymph node.

Narrowing of the distal right internal carotid artery with encasement by large mass.

There is a 3 cm soft tissue metastatic lesion in the right fifth rib. Questionable metastatic lesion in the left iliac wing.

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Case 3

Imaging Cont.

1/21/25 (Facility D) MRI Face/Neck: Large T2 hypointense enhancing mass with restricted diffusion centered in the right lateral wall of the nasopharynx measuring 7cm.

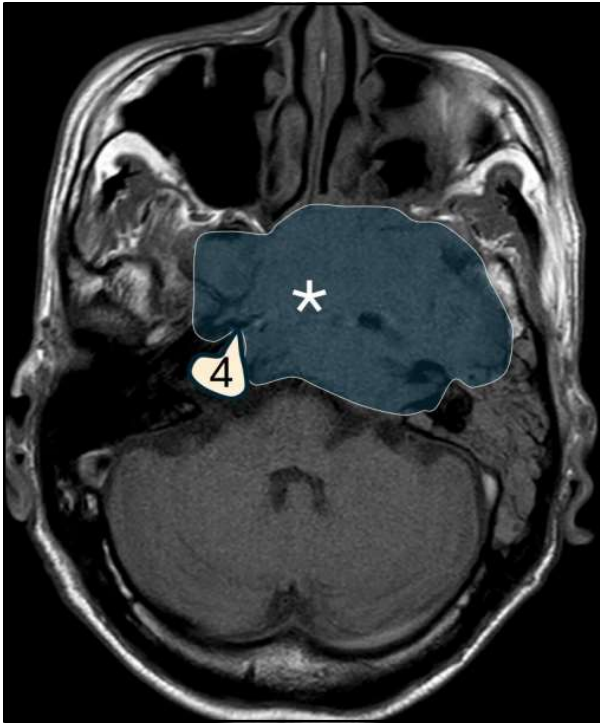
Anteriorly the mass extends into the posterior nasal cavity and posterior ethmoid air cells as well as into the right maxillary sinus and the right extraconal orbit and the right orbital apex. There is asymmetric enhancement in the right lateral rectus suspicious for disease involvement. There is also extension into the right greater than left pterygopalatine fossa. It is also tumor extension to the bilateral foramen ovale.

Inferiorly the mass extends into the oral cavity and oropharynx. Laterally the mass extends into the right parapharyngeal space, masticator space, carotid space and deep lobe of the right parotid gland.

There is destruction of the skull base with extension intracranially through the middle cranial fossa to completely encase the sella and parasellar structures including the cavernous sinuses, bilateral distal petrous and cavernous ICAs, optic chiasm, prechiasmatic optic nerves and Meckel's caves. The mass extends through the clivus into the prepontine cistern with mass effect on the pons. There is also abnormal enhancement extending into the right IAC and throughout the right facial nerve course including the geniculate ganglion and stylomastoid foramen suspicious for perineural spread. There is also extension of tumor into the right hypoglossal canal and jugular bulb.

Enlarged bilateral retropharyngeal lymph nodes. Bilateral level II adenopathy. For example, a right level II node measuring 44 mm and left level II node measures 27mm. Findings consistent with metastasis.

58



59

CASE 3 IMAGING CONT.

1/25/25 (Facility D) Whole Body Bone Scan: Two sites of metastatic osseous lesions involving the right fifth rib measuring 2.4 cm laterally and left sternal manubrium measuring 1.9 cm, correlating with lytic lesions with soft tissue components on CT chest. Diffuse heterogenous increased radiotracer uptake of the right mandible and maxilla correlates with lytic/destructive lesions associated with the big nasopharyngeal mass.

Case 3

Operative Report:

2/1/25 (Facility D) Nasal Endoscopy with Biopsies per Dr. Dolly Parton: Large, soft, friable mass centered in the right lateral nasopharynx wall extending into the nasal cavity obliterating the sphenoid face and involving the posterior aspect of the superior turbinate. Biopsies taken.

Pathology Report:

S25-987 (Facility D) 2/1/25 Biopsy, Right Nasopharyngeal Mass: Poorly Differentiated Squamous Cell Carcinoma, Non-Keratinizing. Comment: Immunohistochemistry results:

- | | |
|--|-----------------------------|
| A3-2 P40: positive | A3-3 EBER-in-situ: positive |
| A3-4 EBER Positive Slide | A3-5 EBER Negative Slide |
| A3-6 Pan Cytokeratin AE1 AE3: positive | |

60

Case 3

Treatment Plan:

2/1/25: Due to patient’s severe pain and metastatic disease, patient was prescribed pain medication. Refills will be managed by Medical Oncology.

2/22/25: Cisplatin/and Gemcitabine day 1 and 8 Q 3 weekly for 6 cycles with Neulasta support. Per tumor board recommendations, rescan after 3 cycles and if tumor responds will add concurrent radiation therapy.

5/25/25: Radiation therapy to primary site, regional lymph nodes, and bone mets concurrent with cycles 4-6 of Cisplatin/Gemcitabine.

Let’s code this case

61

Case 3 Answers

EOD--Schema

EOD--Primary Tumor

EOD--Regional Nodes

Date Regional Lymph Node Dissection

Nodes Positive

Nodes Examined

EOD--Mets

Mets at DX - Bone

Mets at DX - Brain

Mets at DX - Liver

Mets at DX - Lung

Mets at DX - Distant LN

Mets at DX - Other

Derived Summ Stg 2018

Nasopharynx [V9: 2025+] (09090)

700 Brain; Cranial nerve involvement ; Hypopharynx; Infratemporal fossa/masticator space; Int...

400 Cervical lymph node(s); * Unilateral or Bilateral; * 6 cm or smaller; * Above the caudal ...

/ / Date Flag:

98

0

30 Distant metastasis with metastatic lesions **less than or equal to 3 cm** ; * WITH or WIT...

1 Yes

0 No

0 No

0 No

0 No

0 No

0 No

7 Calculate

62

Case 3 Answers

Grade/SSDI--Schema

Nasopharynx [V9: 2025+] (09090)

Grade Clinical

C Poorly differentiated

Grade Pathological

9 Grade cannot be assessed; Unknown

Grade Post Therapy Clin (yc)

Grade Post Therapy Path (yp)

Extranodal Extension Head and Neck Clinical

0 Regional lymph node(s) involved, ENE not

Extranodal Extension Head and Neck Pathological

X.9

LN Size

44.0

63

Case 3 Answers

AJCC ID

Nasopharynx [V9] (9016)

Directly Coded Summ Stg 2018

7 Distant

Tumor Size Summary

70

AJCC Staging Edition

09

AJCC cTNM

T

cT4

T Suffix

Not recorded

N

cN2

N Suffix

Not recorded

M

cM1a

Clin Stage Group

4A IVA

M Category

M Criteria

cM0

No distant metastasis

cM1

Distant metastasis

cM1a

≤ 3 metastatic lesions in one or more organs/sites

cM1b

> 3 metastatic lesions in one or more organs/sites

pM1

Microscopic confirmation of distant metastasis

pM1a

Microscopic confirmation of ≤ 3 metastatic lesions in one or more organs/sites

pM1b

Microscopic confirmation of > 3 metastatic lesions in one or more organs/sites

Any T

Any N

M1a

IVA

Any T

Any N

M1b

IVB

64

Important Note

It has been noted during Spring Training that there may be a discrepancy between Extent of Disease and Version 9 AJCC Mets at Diagnosis. This issue has been addressed with the standard setters, and we will provide updates if any changes are made.

Code	Description
00	No distant metastasis Unknown if distant metastasis
10	Distant lymph node(s) with metastatic lesion(s) less than or equal to 3 cm <ul style="list-style-type: none">➤ Axilla➤ Groin➤ Infraclavicular➤ Mediastinal (excluding superior mediastinal nodes)➤ Distant lymph node(s), NOS
30	Distant metastasis with metastatic lesions less than or equal to 3 cm <ul style="list-style-type: none">➤ WITH or WITHOUT distant lymph nodes metastatic lesions less than or equal to 3 cm
50	Distant lymph node(s) OR distant organs <ul style="list-style-type: none">➤ WITH one or more metastatic lesions greater than 3 cm
70	Distant lymph node(s) OR distant organs <ul style="list-style-type: none">➤ Size of metastatic lesions unknown Distant metastasis, NOS

M Category	M Criteria
cM0	No distant metastasis
cM1	Distant metastasis
cM1a	≤ 3 metastatic lesions in one or more organs/sites
cM1b	> 3 metastatic lesions in one or more organs/sites
pM1	Microscopic confirmation of distant metastasis
pM1a	Microscopic confirmation of ≤ 3 metastatic lesions in one or more organs/sites
pM1b	Microscopic confirmation of > 3 metastatic lesions in one or more organs/sites

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AJCC Cancer Staging System

VERSION NINE

Diffuse Pleural Mesothelioma

ACS / AJCC

American Joint Committee on Cancer
American College of Surgeons

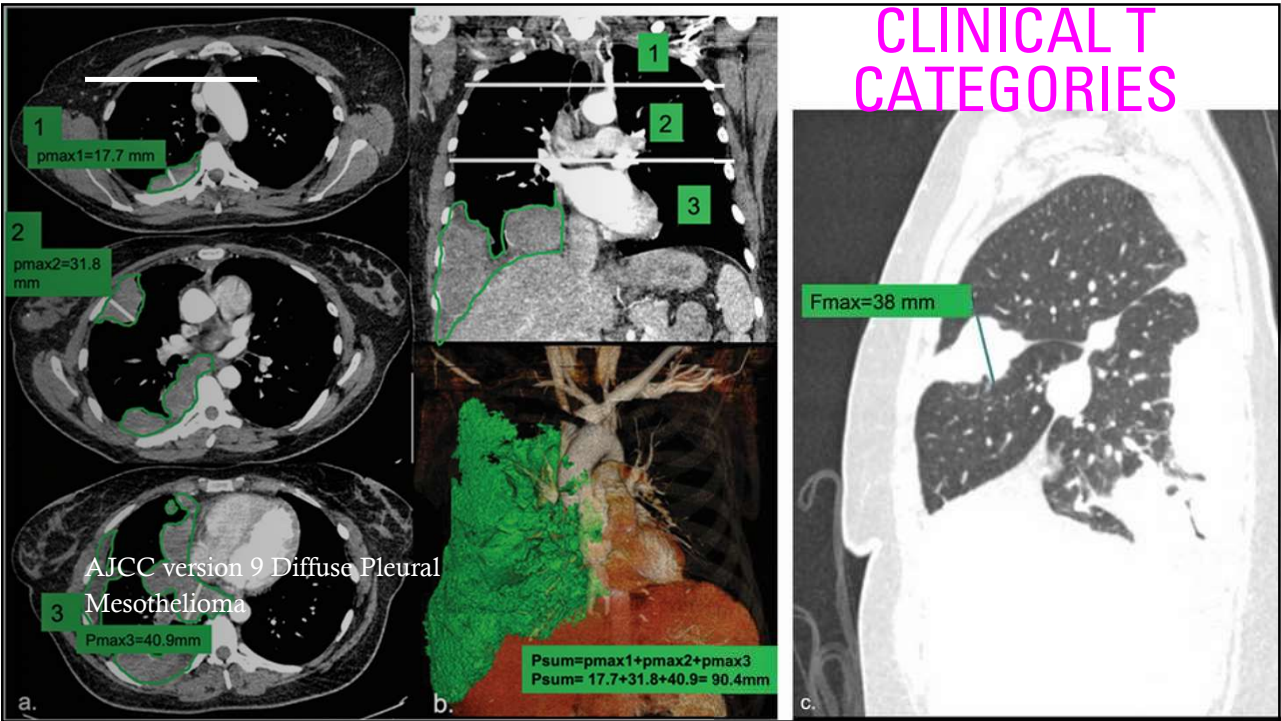
66

AJCC version 9 Diffuse Pleural Mesothelioma

Summary of Changes: Primary Tumor

Change	Details of Change	Level of Evidence
Definition of Primary Tumor (T)	Quantitative pleural thickness measurements added to modified qualitative T criteria for definitions of clinical T1-3; modified qualitative criteria only retained for pathological T categories	I

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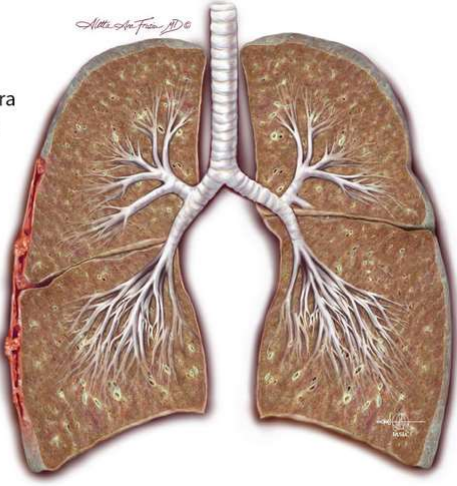
68

AJCC version 9 Diffuse Pleural Mesothelioma

T1

CLINICAL T (cT)
cT1: Tumor limited to the ipsilateral pleura with **Psum^a ≤12mm** with no involvement of the fissure (**Fmax^b ≤5mm**)

PATHOLOGICAL T (pT)
pT1: Tumor limited to the ipsilateral pleura with no involvement of the fissure



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AJCC version 9 Diffuse Pleural Mesothelioma

T2

cT2: Tumor involving the ipsilateral pleura with **Psum^a ≤12mm** and with any of the following:

- involvement of the fissure (**Fmax^b >5mm**)
- mediastinal fat invasion
- solitary area of chest wall soft tissue invasion;

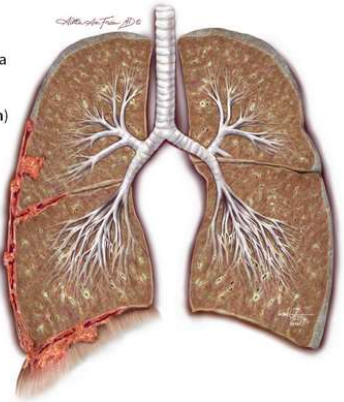
or

Tumor involving the ipsilateral pleura with **Psum^a >12mm but ≤30mm**, with or without:

- involvement of the fissure (**Fmax^b >5mm**)
- mediastinal fat invasion
- solitary area of chest wall soft tissue invasion

pT2: Tumor involving the ipsilateral pleura and with any of the following:

- involvement of the fissure
- ipsilateral lung parenchyma invasion
- diaphragm (non-transmural) invasion



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*Content current as of March 25, 2025

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AJCC version 9 Diffuse Pleural Mesothelioma

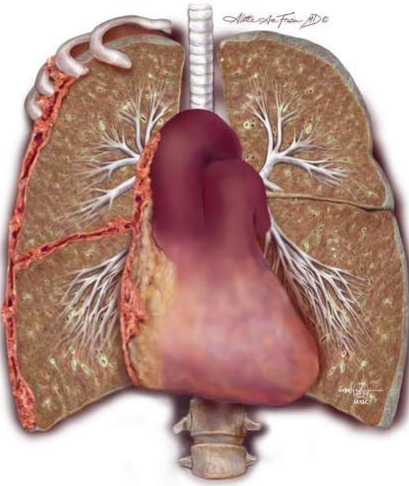
T3

cT3: Tumor involving the ipsilateral pleura with Psum^a > 30 mm; with or without:

- involvement of the fissure (Fmax^b >5mm)
- mediastinal fat invasion
- solitary area of chest wall soft tissue invasion

pT3: Tumor limited to the ipsilateral pleura (with or without fissure involvement) and with invasion of any of the following:

- mediastinal fat
- surface of pericardium
- endothoracic fascia
- solitary area of chest wall soft tissue



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AJCC version 9 Diffuse Pleural Mesothelioma

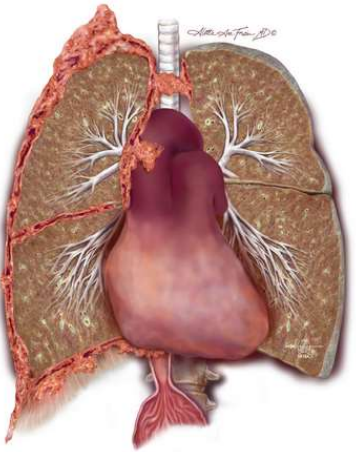
T4

cT4: Tumor with invasion of any of the following (any Psum^a):

- chest wall bony invasion (rib)
- mediastinal organs (heart, spine, esophagus, trachea, great vessels)
- diffuse chest wall invasion
- direct tumor extension through the diaphragm or pericardium
- direct extension to the contralateral pleura
- presence of malignant pericardial effusion

pT4: Tumor with invasion of any of the following:


- chest wall bony invasion (rib)
- mediastinal organs (heart, spine, esophagus, trachea, great vessels)
- diffuse chest wall invasion
- transmural invasion of the diaphragm or pericardium
- direct extension to the contralateral pleura
- presence of malignant pericardial effusion



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AJCC version 9 Diffuse Pleural Mesothelioma

Clinical T categories



Note: $P_{sum} = p_{max1} + p_{max2} + p_{max3}$ (sum of 3 measurements of maximal pleural thickness measured on axial images along the chest wall or mediastinum in each of the three divisions of the chest – upper, middle and lower divided by two lines, one at the top of the aortic arch and the second drawn at the top of the left atrium)

Note:


T_{fmax} = maximal thickness of pleural tumor along the fissures measured on sagittal images

T Category	T Criteria
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
T1	Tumor limited to the ipsilateral parietal pleura with $P_{sum} \leq 12$ mm and no involvement of the fissure ($F_{max} T1 \leq 5$ mm)
T2	Tumor involving the ipsilateral pleura with $P_{sum} T \leq 12$ mm, and with any of the following: <ul style="list-style-type: none">• involvement of the fissure ($F_{max} T2 > 5$ mm)• mediastinal fat invasion• solitary area of chest wall soft tissue invasion OR Tumor involving the ipsilateral pleura with $P_{sum} T > 12$ mm but ≤ 30 mm, with or without: <ul style="list-style-type: none">• involvement of the fissure ($F_{max} T2 > 5$ mm)• mediastinal fat invasion• solitary area of chest wall soft tissue invasion
T3	Tumor involving the ipsilateral pleura with $P_{sum} T > 30$ mm, with or without: <ul style="list-style-type: none">• involvement of the fissure ($F_{max} T3 > 5$ mm)• mediastinal fat invasion• solitary area of chest wall soft tissue invasion
T4	Tumor with invasion of any of the following (any $P_{sum} T$): <ul style="list-style-type: none">• chest wall bony invasion (rib)• mediastinal organs (heart, spine, esophagus, trachea, great vessels)• diffuse chest wall invasion• direct tumor extension through the diaphragm or pericardium• direct extension to the contralateral pleura• presence of malignant pericardial effusion

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AJCC version 9 Diffuse Pleural Mesothelioma

Pathologic T categories



T Category	T Criteria
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
T1	Tumor limited to the ipsilateral parietal pleura with no involvement of the fissure
T2	Tumor involving the ipsilateral pleura and with any of the following: <ul style="list-style-type: none">• involvement of the fissure• ipsilateral lung parenchyma invasion• diaphragm (non-transmural) invasion
T3	Tumor limited to the ipsilateral pleura (with or without fissure involvement) and with invasion of any of the following: <ul style="list-style-type: none">• mediastinal fat• surface of pericardium• endothoracic fascia• solitary area of chest wall soft tissue
T4	Tumor with invasion of any of the following: <ul style="list-style-type: none">• chest wall bony invasion (rib)• mediastinal organs (heart, spine, esophagus, trachea, great vessels)• diffuse chest wall invasion• transmural invasion of the diaphragm or pericardium• direct extension to the contralateral pleura• presence of malignant pericardial effusion

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AJCC version 9 Diffuse Pleural Mesothelioma

Summary of Changes: Regional Lymph Nodes

N Category	N Criteria
NX	Regional lymph nodes cannot be assessed
N0	No tumor involvement of regional lymph node(s)
N1	Tumor involvement of ipsilateral bronchopulmonary, hilar, or mediastinal (including the internal mammary, peridiaphragmatic, pericardial fat pad, or intercostal lymph nodes) regional lymph nodes
N2	Tumor involvement of contralateral mediastinal, ipsilateral or contralateral supraclavicular lymph nodes

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AJCC version 9 Diffuse Pleural Mesothelioma

Regional Lymph Nodes

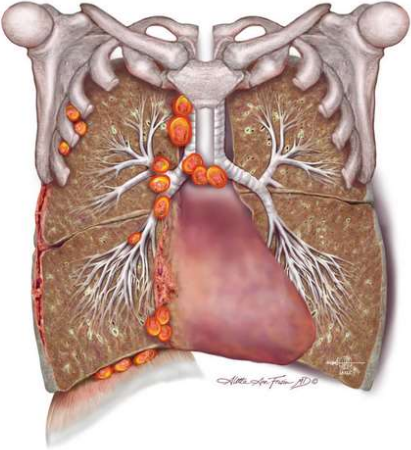
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AJCC version 9 Diffuse Pleural Mesothelioma

Regional Lymph Nodes

N1

Metastases to ipsilateral intrathoracic lymph nodes (includes ipsilateral bronchopulmonary, hilar, subcarinal, paratracheal, aortopulmonary, para-esophageal, peridiaphragmatic, pericardial fat pad, intercostal, and internal mammary nodes)



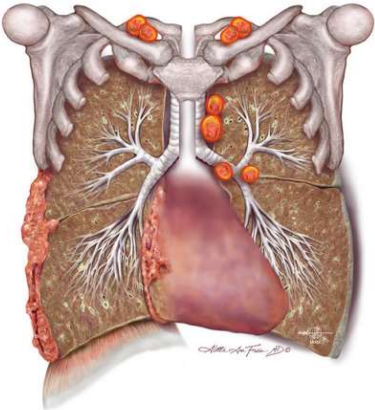
77

AJCC version 9 Diffuse Pleural Mesothelioma

Regional Lymph Nodes

N2

Metastases in the contralateral mediastinal, ipsilateral or contralateral supraclavicular lymph nodes



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AJCC version 9 Diffuse Pleural Mesothelioma

Summary of Changes: Mets at Diagnosis

M Category	M Criteria
cM0	No distant metastasis
cM1	Distant metastasis
pM1	Microscopic confirmation of distant metastasis

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AJCC version 9 Diffuse Pleural Mesothelioma

Summary of Changes: Stage Group

Change	Details of Change	Level of Evidence
AJCC Prognostic Stage Groups	Revisions of stage groups prompted by revisions in clinical T categories (stages IA and IB merged into stage I that includes only T1N0M0; T1N1M0 and T2N0M0 are classified as stage II; T1N2M0, T2N1-2M0 and T3N0-2M0 are now classified as stage IIIA)	I

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AJCC version 9 Diffuse Pleural Mesothelioma

Version 9

Summary of Changes: Stage Group

When T is...	And N is...	And M is...	Then the stage group is...
T1	N0	M0	I
T2	N0	M0	II
T1	N1	M0	II
T2	N1	M0	IIIA
T3	N0-N1	M0	IIIA
T1-T3	N2	M0	IIIA
T4	Any N	M0	IIIB
Any T	Any N	M1	IV

When T is...	And N is...	And M is...	Then the stage group is...
Tis	N0	M0	0
T1-T2	N0	M0	IA
T0-T2	N1	M0	IB
T0-T2	N2	M0	II
T3	N0-N2	M0	II
T4	Any N	M0	III
Any T	N3	M0	III
Any T	Any N	M1a	IVA
Any T	Any N	M1b	IVB

8th Edition

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AJCC version 9 Diffuse Pleural Mesothelioma

Histology Code: 9052 Epithelioid Mesothelioma

Summary of Changes: Grade

Grading of Epithelioid Mesothelioma

Nuclear Atypia Score	
1	Mild
2	Moderate
3	Severe

+

Mitotic Count Score	
1	Low (≤ 1 mitosis/2 mm ²)
2	Intermediate (2-4 mitoses/2 mm ²)
3	High (≥ 5 mitoses/2 mm ²)

↓

Sum	
2 or 3	Nuclear grade I
4 or 5	Nuclear grade II
6	Nuclear grade III

+

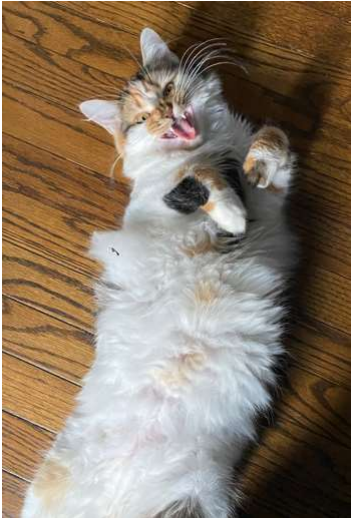
Necrosis	
Present	
Absent	

G	G Definition
LG (Low Grade)	Nuclear grade I with or without necrosis
	OR
HG (High Grade)	Nuclear grade II without necrosis
	Nuclear grade II with necrosis
	OR
	Nuclear grade III with or without necrosis

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*Content current as of March 25, 2025


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AJCC Cancer
Staging System

VERSION NINE

Thymus

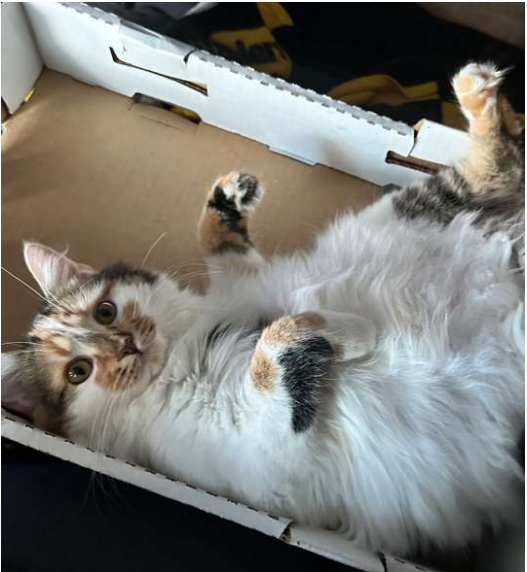


ACS

AJCC

American Joint Committee on Cancer
American College of Surgeons

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Cases diagnosed in 2025 forward:

Carcinosarcoma (8980) of the
Thymus (C37.9) has been moved
from the 8th Edition Soft Tissue
Abdomen & Thoracic and added to
Version 9 Thymus.

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AJCC version 9 Thymus

Summary of Changes: Primary Tumor

Change	Details of Change	Level of Evidence
Definition of Primary Tumor (T)	T1 is now subdivided based on tumor size, previously subdivided by involvement of the mediastinal pleura	II
Definition of Primary Tumor (T)	T2 added direct invasion of the lung or the phrenic nerve	II
Definition of Primary Tumor (T)	T3 removed direct invasion of the lung and phrenic nerve	II

8th Edition

T Category	T Criteria
T1a	Tumor ≤ 5 cm in greatest dimension with either: <ul style="list-style-type: none">Limited to the thymus with or without encapsulationDirectly invades into the mediastinal fat onlyDirectly invades the mediastinal pleura but does not involve any other mediastinal structure
T1b	Tumor > 5 cm in greatest dimension with either: <ul style="list-style-type: none">Limited to the thymus with or without encapsulationDirectly invades into the mediastinal fat onlyDirectly invades the mediastinal pleura but does not involve any other mediastinal structure
T2	Tumor with direct invasion of the pericardium (either partial or full thickness), or the lung, or the phrenic nerve
T3	Tumor with direct invasion into any of the following: brachiocephalic vein, superior vena cava, chest wall, or extrapericardial pulmonary artery or veins
T4	Tumor with direct invasion into any of the following: aorta (ascending, arch, or descending), arch vessels, intrapericardial pulmonary artery or veins, myocardium, trachea, esophagus

T Category	T Description
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
T1	Tumor encapsulated or extending into the mediastinal fat; may involve the mediastinal pleura
T1a	Tumor with no mediastinal pleura involvement
T1b	Tumor with direct invasion of mediastinal pleura
T2	Tumor with direct invasion of the pericardium (either partial or full thickness)
T3	Tumor with direct invasion into any of the following: lung, brachiocephalic vein, superior vena cava, phrenic nerve, chest wall, or extrapericardial pulmonary artery or veins
T4	Tumor with invasion into any of the following: aorta (ascending, arch, or descending), arch vessels, intrapericardial pulmonary artery, myocardium, trachea, esophagus

Version 9

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AJCC version 9 Thymus

Summary of Changes: Regional Lymph Nodes

N Category	N Criteria
NX	Regional lymph nodes cannot be assessed
N0	No tumor involvement of regional lymph node(s)
N1	Tumor involvement of anterior (perithymic) lymph nodes
N2	Tumor involvement of deep intrathoracic or cervical lymph nodes (e.g., paratracheal, subcarinal, aortopulmonary window, hilar, jugular, and/or supraclavicular nodes)

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AJCC version 9 Thymus

Summary of Changes: Mets at Diagnosis

M Category	M Criteria
cM0	No distant metastasis
cM1	Distant metastasis
cM1a	Separate pleural or pericardial nodule(s)
cM1b	Pulmonary intraparenchymal nodule or other distant metastasis
pM1	Microscopic confirmation of distant metastasis
pM1a	Microscopic confirmation of separate pleural or pericardial nodule(s)
pM1b	Microscopic confirmation of pulmonary intraparenchymal nodule or other distant metastasis

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AJCC version 9 Thymus

Summary of Changes: Stage Group

When T is...	And N is...	And M is...	Then the stage group is...
T1a-T1b	N0	M0	I
T2	N0	M0	II
T3	N0	M0	IIIA
T4	N0	M0	IIIB
Any T	N1	M0	IVA
Any T	N0-N1	M1a	IVA
Any T	N2	M0-M1a	IVB
Any T	Any N	M1b	IVB

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WHEN WILL THE V25 CONVERSION BE RELEASED FOR CPDMS?



When can we abstract 2025 cases?!?!

CPDMS Scheduled Downtime on April 8, 2025, starting at 5pm EST.

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EDITS!!!



- Regional Coordinator
 - CPDMS IT Team
- Email: cpdmsnetsupport@uky.edu
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
KCR IT TEAM


CANCER PATIENT DATA MANAGEMENT SYSTEM .net

Version 12.22.1

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Support Information

Support Information

Support Hours:
Monday-Friday, 7 AM to 5 PM Eastern Time

 (859) 218-2222

 cpdmsneta@uky.edu

CPOMS receives updates every other Tuesday at 5PM Eastern Time (unless that Tuesday falls at the end of the month or is a holiday). During the update period the software will be unavailable for use for a brief period.

[Update Schedule](#)[Version History](#)[Register for CPOMS Update Notifications](#)

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THANK YOU!

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