



N Category

Debunking Urban Legends in Staging



- Regional nodes
 - Utilize the best source for that classification
 - Exams, diagnostic studies, imaging, FNA, biopsies, sentinel node procedures, resections
 - Exact category may not be determined clinically, e.g. number of nodes involved
 - Physicians:
 - If doubt between category values, assign less advanced
 - Appropriate use of NX when information is unknown
 - Registrars:
 - If doubt between category values, assign N blank
 - If physician assigns NX, registrar may assign NX

- Single node or sentinel node(s) microscopic exam
 - Clinical (cN) in cases with cT
 - Diagnostic workup

 - Pathological (pN) in cases with pT
 - Usually in conjunction with treatment

- Size criteria for N category
 - Size of the metastases
 - Size of node only used when size of mets not available
 - Similar to size rules for the T category
 - More specific or exact measurement takes priority

N Category Cautions – Reminders

- Microscopic exam of highest category may be used for pathological staging
- Isolated tumor cells are considered negative nodes, pN0(i+)
 - Except for melanoma and Merkel cell ca
- Classified as positive node
 - Direct extension of tumor into node
 - Rounded tumor nodule with smooth contoured capsule

Use of “X” Designation

- Used when information is unknown to the physician
- TX and NX usually preclude stage assignment
 - May be appropriate
 - Do not abuse
- Do not use MX, eliminated as valid in 2010
 - Clinical M0 unless clinical or pathological evidence of mets