



T Category

Debunking Urban Legends in Staging



- Tumor size
 - Utilize the best source for classification
 - Some clinical techniques may over/under estimate
- Tumor extension
 - Exams, diagnostic studies, resection
 - Exact category may not be determined clinically
 - Physicians:
 - If doubt between category values, assign less advanced
 - Appropriate use of TX when information is unknown
 - Registrars:
 - May not downstage
 - Only assign TX if provided by physician, otherwise assign T blank

T Category Rules

- Tumor size recorded in whole millimeters
- Tumor size rounding
 - If size is reported in smaller units, tenths or hundredths
 - Round to nearest whole millimeter for reporting T category
- Rounding groups similar size tumors together
- Rounding
 - One through four rounded down
 - Five through nine rounded up

T Category Cautions – Reminders

- Bx of highest category may be used for pathological staging
- Complete excision may be clinical T
 - Example: melanoma
 - Need to review chapter specific rules
- Estimate tumor size for several partial resections

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 assign MX, eliminated as valid in 2010
 - Clinical M0 unless clinical or pathological evidence of mets