- N criteria based on number and/or location
  - Regional nodes ONLY

- Criteria specific to
  - Behavior of cancers for that primary site
  - Prognosis related to
    - Nodal drainage patterns, first nodal chains to drain that site
    - Amount of involvement, number of nodes

- Criteria for clinical classification cN
  - Physical exam, imaging, diagnostic biopsy, sentinel node procedure

- Criteria for pathological classification pN
  - Resection of node or nodes WITH pT (surgical resection primary)

- N category size criteria general rule
  - Use size of metastasis in lymph node
  - If size of mets not available, size of node is reasonable substitute
  - Chapter specific rules override general rules

- Different size criteria by site chapter
  - Size of node
  - Size of metastasis in node

- Reason for criteria difference
  - Based on the anatomic site and biology
  - Head & Neck example
    - Size of the mass is prognostic
    - Even if mass is made of up multiple matted nodes

- Pathological N category criteria (pN)
  - At least ONE node must be microscopically examined
  - Use all nodes to assign N category
    - Palpated or imaged nodes are included in pN
    - Not just those microscopically examined

- Minimum number
  - Minimum number and location of nodes to be examined
    - Described in site chapters as appropriate
    - Detail common medical practice
  - pN category assignment
    - Based on information available
    - Assigned even if minimum number or location criteria not met

- Direct extension of primary tumor into regional node
  - Considered as nodal involvement
  - Count as a positive node
  - Assign N category, not T category

- Tumor nodule with smooth contour in regional node area
  - Tumor replaced structures of lymph node
  - Still retains smooth contour of lymph node capsule
  - Considered as nodal involvement
  - Count as a positive node
  - Assign N category

- cN assigned in clinical staging classification based on
  - Excision of nodes during diagnostic workup
    - Excision of a single node
    - Excision of sentinel nodes
  - No surgical resection of primary site meeting pT criteria

- Clinical staging = diagnostic workup
  - Microscopic (pathological) exam of nodes is cN

- Pathological staging = diagnostic workup and surgical Rx
  - Surgical resection of primary site pT
  - If no resection of nodes during surgery
  - Diagnostic workup (clinical staging) information is used
    - Excision of single node or sentinel nodes used to assign pN

- pN assigned in pathological staging classification based on
  - Excision of nodes in conjunction with surgical Rx
  - Surgical resection of primary site meeting pT criteria

- Any microscopic exam of nodes is pN
  - When pathological T (pT) is available

- pN exception
  - Excision of nodes is pN when
  - No resection of primary site
  - Due to unknown primary, assigned T0 (no evidence of primary tumor)

- Define uncertain information
    - Ambiguity about involvement
    - Details to meet staging criteria are unclear
    - Choosing between two categories

- Correct T category for uncertain information
    - For Physicians only: lower or less advanced category used
    - For Registrars: N category blank

- Correct T subcategory for uncertain information
    - For Physicians only: lower or less advanced subcategory used
    - For Registrars: main N category used

- Uncertain is different from unknown

- Define unknown information
  - Unknown to the physician
  - Not used to describe situation where registrar does not have access to the information

- Correct N category for unknown information
  - Never assign lowest category
  - For Physicians only: assign NX
  - For Registrars:
    - If physicians state NX, registrars assign NX
    - Without evidence unknown to physicians, registrars assign N blank

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Thank You