

Lesson 10

N Category

Donna M. Gress, RHIT, CTR



AJCC

American Joint Committee on Cancer

Validating science. Improving patient care.

N Criteria

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



Node Size Criteria

- 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



One Node and Minimum Number

- Pathologic 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



Considered N Involvement

- 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



Node Biopsy or Sentinel Nodes - cN

- 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
 - Pathologic exam of nodes is cN
- Pathologic 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 in Conjunction with pT

- pN assigned in pathologic 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 pathologic 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)



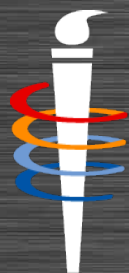
Uncertain Information

- Define uncertain information
 - Ambiguity about involvement
 - Details to meet staging criteria are unclear
 - Choosing between two categories
- Correct N category for uncertain information
 - Lower or less advanced category used
- 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
 - Assign NX
 - Never assign lowest category



Thank you

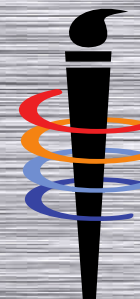
Donna M. Gress, RHIT, CTR
AJCC Technical Specialist



AJCC

American Joint Committee on Cancer

Validating science. Improving patient care.



633 N. Saint Clair, Chicago, IL 6011-3211

cancerstaging.org