

TNM Classification of Malignant Tumours - 8th **edition**

Changes between the 7th and 8th editions

January 2018

"We unite the cancer community to reduce the global cancer burden, to promote greater equity, and to integrate cancer control into the world health and development agenda."



TNM-8

The TMN 8th edition was published in December 2016.

The UICC TNM Project has published the 8th Edition of the TNM Classification of Malignant Tumours that comes into effect on January 1, 2017. Since some organizations may not be ready to adopt the new classification, we recommend that the edition of the TNM classification be always included in data reporting.

The following is a summary of the changes between the 7th and 8th editions of TNM.

Major changes are listed and minor changes are identified.

TNM-8

New classifications:

- Oropharynx p16+ve
- Unknown primary cervical neck lymph nodes
- Skin head and neck cancers
- Thymus
- Neuroendocrine tumors: pancreas
- Osteosarcoma: Pelvic, Spine
- Soft tissue Sarcoma: Head and neck, Retroperitoneal, Thoracic and Abdominal Viscera

Major modifications

- Head and Neck Nodes
- Nasopharynx
- Thyroid
- Esophagus
- Stomach
- Anal Cancer
- Liver
- Lung
- Prostate
- Ovary

Minor or no modifications

- Introduction
- Other Head and Neck carcinomas
- Hepatobiliary
- Small intestine, Colon and rectum
- Neuroendocrine
- Pleura
- Penis, Kidney, Ureter, Bladder, Urethra,
- Eye
- Malignant Lymphoma

New Structure

- Remove C factor from introduction
- Clarify ITC
- Add Prognostic Grid
- Essential TNM
- Paediatric Malignancies

ITC - UICC

- Isolated tumour cells (ITC) are single tumour cells or small clusters of cells not more than 0.2 mm in greatest extent that can be detected by routine H and E stains or immunohistochemistry. An additional criterion has been proposed to include a cluster of fewer than 200 cells in a single histological cross-section others have proposed that a cluster should have 20 cells or fewer; definitions of ITC may vary by tumour site.
- The exception is in Malignant Melanoma of the skin and Merkel Cell Carcinoma, wherein ITC in a lymph node are classified as N1. These cases should be analyzed separately.

Head and Neck Changes

- For all sites there are separate classifications for clinical and pathological neck nodes
- There is a new classification for p16 positive oropharyngeal cancers.
 Tumours that have p16 immunohistochemistry overexpression.
- The classification for nasopharyngeal cancers and thyroid cancers has been modified
- The there is a new classification for squamous cell carcinoma of the skin in the head and neck region
- There is a new classification for cervical nodal involvement with unknown primary

Cervical Nodes – 8th edition

Clinical

N1, N2a, N2b and N2c unchanged other than specify without extranodal extension

- N3a Metastasis in a lymph node more than 6 cm in greatest dimension without extranodal extension
- N3b Metastasis in a single or multiple lymph nodes with clinical extranodal extension*
- * The presence of skin involvement or soft tissue invasion with deep fixation/tethering to underlying muscle or adjacent structures or clinical signs of nerve involvement is classified as clinical extra nodal extension

Pathological

N1, N2a, N2b and N2c unchanged other than specify without extranodal extension

- pN2a include single ipsilateral node 3 cm or less with ENE or more than 3 cm and less than 6 cm without ENE
- pN3a Metastasis in a lymph node more than 6 cm in greatest dimension without extranodal extension
- pN3b Metastasis in a lymph node more than 3 cm in greatest dimension with extranodal extension or, multiple ipsilateral, or any contralateral or bilateral node(s) with extranodal extension

Oropharynx p16 Positive tumours

Clinical and Pathological T categories

- T1 Tumour 2 cm or less in greatest dimension
- T2 Tumour more than 2 cm but not more than 4 cm
- T3 Tumour more than 4 cm in or extension to lingual surface of epiglottis
- Tumour invades any of the following: larynx, deep/ extrinsic muscle of tongue (genioglossus, hyoglossus, palatoglossus, and styloglossus), medial pterygoid, hard palate, mandible*, lateral pterygoid muscle, pterygoid plates, lateral nasopharynx, skull base; or encases carotid artery

Oropharynx p16 Positive tumours

Clinical N categories

No regional lymph node

metastasis

N1 Unilateral metastasis, in lymph

node(s), all 6 cm or less

N2 Contralateral or bilateral

metastasis in lymph node(s), all 6 cm

or less in greatest dimension

N3 Metastasis in lymph node(s)

greater than 6 cm in dimension

Pathological N categories

pN0 No regional lymph node

metastasis

pN1 Metastasis in 1 to 4 lymph

node(s)

pN2 Metastasis in 5 or more lymph

node(s)

Oropharynx p16 Positive tumours

Clinical			
Stage I	T1,T2	N0,1	MO
Stage II	T1,T2	N2	MO
	Т3	N0,N1,N2	MO
Stage III	T1-T4	N3	MO
	T4	Any N	MO
Stage IV	Any T	Any N	MO

Pathological		
Stage I T1,T2	N0,1	MO
Stage II T1,T2	N2	MO
ТЗ	N0,N1	
Stage III T3,T4	N2	MO
Stage IV Any T	Any N	MO

Nasopharynx

T categories

T1 Unchanged

T2 Tumour with extension to parapharyngeal space and/or infiltration of the medial pterygoid, lateral pterygoid, and/or prevertebral muscles

T3 Tumour invades bony structures of skull base cervical vertebra, pterygoid structures, and/or paranasal sinuses

T4 Tumour with intracranial extension and/or involvement of cranial nerves, hypopharynx, orbit, parotid gland and/or infiltration beyond the lateral surface of the lateral pterygoid muscle

N Categories

N1 Unilateral metastasis, in cervical lymph node(s), and/or unilateral or bilateral metastasis in retropharyngeal lymph nodes, 6 cm or less ,above the caudal border of cricoid cartilage

N2 Bilateral metastasis in cervical lymph node(s), 6 cm or less above the caudal border of cricoid cartilage

N3 Metastasis in cervical lymph node(s) greater than 6 cm in dimension and/or extension below the caudal border of cricoid cartilage

Nasopharynx

Stage Groups

Stage I	T1	N0	MO
Stage II	T1	N1	MO
	T2	N0, N1	M0
Stage III	T1, T2	N2	M0
	Т3	N0, N1, N2	M0
Stage IVA	T4	N0, N1, N2	M0
	Any T	N3	MO
Stage IVB	Any T	Any N	M1

Stage IV compressed previous stage IVB now IVA

Cervical Node Unknown Primary

If EBV positive stage as per nasopharyngeal carcinomas

If p16 positive stage as per p16 positive oropharynx carcinomas

If EBV and p16 negative clinical and pathological node definitions are as above

Stage III T0 N1 M0

Stage IVA TO N2 M0

Stage IVB T0 N3 M0

Stage IVC T0 N1, N2, N3 M1

Thyroid Carcinoma Papillary and Follicular

The definition of T3 has been revised for papillary and follicular and medullary carcinomas

T3a Tumour more than 4 cm in greatest

dimension, limited to the thyroid

T3b Tumor of any size with gross extrathyroidal

extension invading only strap muscles

(sternohyoid, sternothyroid, or omohyoid

muscles)

The age for a poor prognosis has changed from 45 years to 55 years

		S	Stage	e < 55 ye	ars old
S	Stage I	Any T	Any	/ N	MO
S	Stage II	Any T	Any	/ N	M1
		Ş	Stage	e <u>></u> 55 ye	ars old
5	Stage I	T1a,T1b,T2	2	N0	M0
S	Stage II	T3		N0	MO
		T1, T2, T3	}	N1	MO
S	Stage III	T4a		Any N	MO
S	Stage IVA	T4b		Any N	MO
S	Stage IVB	Any T		Any N	M1

TNM-8 Oesphagogastric Junction

Oesophagus and Gastric Carcinomas

- A tumour the epicenter of which is within 2 cm of the oesophagogastric junction and also extends into the oesophagus is classified and staged using the oesophageal scheme. Cancers involving the oesophagogastric junction (OGJ) whose epicenter is within the proximal 2 cm of the cardia (Siewert types I/II) are to be staged as oesophageal
- Cancers whose epicenter is more than 2 cm distal from the OGJ will be staged using the Stomach Cancer TNM and Stage even if the OGJ is involved.

Oesophagus

There are no changes in the definitions of the T, N and M categories.

Note there are pathological prognostic groups available for squamous cell carcinoma and clinical and pathological prognostic groups available for adenocarcinoma

The AJCC also publish post preoperative therapy prognostic groups for adenocarcinoma and squamous cell carcinoma

Oesophagus Squamous Cell Carcinoma

Clinical Stage				
Stage 0	Tis	N0	MO	
Stage I	T1	N0, N1	MO	
Stage II	T2	N0, N1	MO	
	Т3	N0	MO	
Stage III	T1,T2	N2	MO	
	Т3	N1, N2	MO	
Stage IVA	T4a,T4b	Any N	MO	
Stage IVA	Any T	N3	MO	
Stage IVB	Any T	Any N	M1	

Pathological Stage			
Stage 0	Tis	N0 M0	
Stage IA	T1a	NO MO	
Stage IB	T1b	NO MO	
	T2	NO MO	
Stage II	T3	NO MO	
	T1	N1 M0	
Stage IIIA	T1	N2 M0	
	T2	N1 M0	
Stage IIIB	T2	N2 M0	
	T3	N1, N2	MO
	T4a	N0, N1	MO
Stage IVA	T4a	N2	MO
	T4b	Any N	MO
	Any T	N3	MO
Stage IVB	Any T	Any N	M1

Oesophagus Adenocarcinoma

Clinical	Stage		
Stage 0	Tis	N0	MO
Stage I	T1	N0	M0
Stage IIA	T1	N1	MO
IIB	T2	N0	MO
Stage III	T1	N2	MO
	T2	N1, N2	MO
	T3,T4a	N0, N1,	MO
Stage IVA	T4b	N0, N1	MO
	Any T	N2, N3	MO
Stage IVB	Any T	Any N	M1

Patholog	Pathological Stage					
Stage 0	Tis	N0	MO			
Stage IA	T1a	N0	MO			
Stage IB	T1b	N0	MO			
Stage IIA	T2	N0	MO			
Stage IIB	T1a,T1b	N1	MO			
Stage IIIA	T1	N2	MO			
	T2	N1	MO			
	T3, T4a	N0	MO			
Stage IIIB	T2	N2	MO			
	T3	N1, N2	MO			
	T4a	N1	MO			
Stage IVA	T4a	N2	MO			
	T4b	Any N	MO			
	Any T	N3	MO			
Stage IVB	Any T	Any N	M1			

Gastric Carcinoma Adenocarcinoma

Clinical	Stage		
Stage I	T1, T2,	N0	MO
Stage IIA	T1, T2,	N1, N2, N3	MO
Stage IIB	T3, T4a	N0	MO
Stage III	T3, T4a	N1, N2, N3	MO
Stage IV	T4b	Any N	MO
Stage IV	Any T	Any N	M1

Pathological Stage				
Stage 0	Tis	N0	MO	
Stage IA	T1	N0	MO	
Stage IB	T1	N1	MO	
	T2	N0	MO	
Stage IIA	T1	N2	MO	
	T2	N1	MO	
	T3	N0	MO	
Stage IIB	T1	N3a	MO	
	T2	N2	MO	
	T3	N1	MO	
	T4a	N0	MO	

Colon and Rectum

Definition of tumour deposit clarified

Tumour deposits (satellites) are discrete macroscopic or microscopic nodules of cancer in the pericolorectal adipose tissue's lymph drainage area of a primary carcinoma that are discontinuous from the primary and without histological evidence of residual lymph node or identifiable vascular or neural structures. If a vessel wall is identifiable on H&E, elastic or other stains, it should be classified as venous invasion (V1/2) or lymphatic invasion (L1). Similarly, if neural structures are identifiable, the lesion should be classified as perineural invasion (Pn1). The presence of tumour deposits does not change the primary tumour T category, but changes the node status (N) to N1c if all regional lymph nodes are negative on pathological examination

Colon and Rectum and Appendix

Colon and Rectum

T and N categories Unchanged

M1	Distant metastasis
M1a	Metastasis confined to one organ (liver, lung, ovary, non regional lymph node(s)) without peritoneal metastases
M1b	Metastasis in more than one organ
М1с	Metastasis to the peritoneum with or without other organ involvement

Stage Unchanged except for Stage IVA, IVB, IVC as below

Stage IV Any T Any N M1

Stage IVA Any T Any N M1a

Stage IVB Any T Any N M1b

Stage IVC Any T Any N M1c

Appendix

Introduction of **Tis (LAMN).** Low-grade appendiceal mucinous neoplasm confined to the appendix

Changes to N and M categories and Stage

Anal Canal Carcinoma

Tumours of anal margin and perianal skin defined as within 5cm of the anal margin are now classified with carcinomas of the anal canal

T categories are unchanged

ino regional lymph hode metastasi	N0	No regional lymph node metastas	is
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N1 Metastasis in regional lymph node(s)

N1a Metastases in inguinal, mesorectal,

and/or internal iliac nodes

N1b Metastases in external iliac nodes

N1c Metastases in external iliac and in inguinal,

mesorectal and/or internal iliac nodes

M categories are unchanged

Stage			
Stage I	T1	N0	MO
Stage IIA	T2	N0	MO
Stage IIB	T3	N0	MO
Stage IIIA	T1, T2	N1	MO
Stage IIIB	T4	N0	MO
Stage IIIC	T3, T4	N1	MO
Stage IV	Any T	Any N	M1

Liver

T1a	Solitary tumour less than or equal to 2 cm in greatest dimension with or without vascular invasion	There are no changes in the definitions of the N and M categories.			
T1b	Solitary tumor more than 2 cm in greatest dimension without vascular invasion	Stage I A	T1a	N0	MO
T2	Solitary tumour with vascular invasion more than 2 cm dimension <i>or</i> multiple tumours, none more than 5 cm in greatest dimension	Stage I B Stage II	T1b T2	N0 N0	M0 M0
Т3	Multiple tumours any more than 5 cm in greatest dimension	Stage IIIA Stage IIIB	T3 T4	N0 N0	M0 M0
Т4	Tumour(s) involving a major branch of the portal or hepatic vein with direct invasion of adjacent organs including the diaphragm), other than the gallbladder <i>or</i> with perforation of visceral peritoneum	Stage IVA Stage IVB	Any T Any T	N1 Any N	M0 M1

Intrahepatic Bile Ducts

- Changes in definitions of T1 and T2 categories
- Changes in Stage

Gall Bladder

- Changes in definitions of T2 category and N categories
- Change in Stage

Perihilar Bile Ducts No Changes

Distal Extrahepatic Bile Duct

- Changes in definitions of T1,T2,T3 categories and N categories
- Changes in Stage

Ampulla of Vater

- Changes in definitions of T1,T2 and T3 categories and N categories
- Changes in Stage

Well differentiated Neuroendocrine Tumours of the Gastrointestinal Tract

- Pancreas added
- Minor changes in T categories.
- Changes in N category for Jejunum and Ileum
- Minor changes in Stage

Pancreas

T1	Tumour 2 cm or less			
	T1a	Tumour 0.5 cm or less		
	T1b	Tumour greater than 0.5 cm but no more than 1 cm		
	T1c	Tumor greater than 1 cm but no more than 2 cm		
T2		Tumour more than 2 cm but no more than 4 cm		
Т3	Tumour more than 4 cm in greatest dimension			
T4	Tumour involves coeliac axis, superior mesenteric artery and/or common hepatic artery			
N1	Metastases in 1 to 3 nodes			
N2	Metastases in 4 or more nodes			

M category unchanged						
Stage						
Stage IA	T1	N0	MO			
Stage IB	T2	N0	MO			
Stage IIA	T3	N0	MO			
Stage IIB	T1, T2, T3	N1	MO			
Stage III	T1, T2, T3	N2	MO			
	T4	Any N	MO			
Stage IV	Any T	Any N	M1			

Lung

T1	Tumour 3 cm or less
T1mi	Minimally invasive adenocarcinoma
T1a	Tumour 1 cm or less
T1b	Tumour more than 1 cm but not more than 2 cm
T1c	Tumour more than 2 cm but not more than 3 cm
T2	Tumour more than 3 cm but not more than 5 cm; or tumour with any of the following features:
	Involves main bronchus without involvement of the carina, or invades visceral pleura or associated with atelectasis or obstructive pneumonitis
T2a	Tumour more than 3 cm but not more than 4 cm
T2b	Tumour more than 4 cm but not more than 5 cm

Lung

- Tumour more than 5 cm but not more than 7 cm or directly invades: parietal pleura, chest wall, phrenic nerve, or parietal pericardium; or separate tumour nodule(s) in the same lobe.
- Tumour more than 7 cm or of any size that invades any of the following: diaphragm, mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, oesophagus, vertebral body, carina; or separate tumour nodule(s) in a different ipsilateral lobe to the primary

N Category- No Change

M Category

- M1a Separate tumour nodule(s) in a contralateral lobe; tumour with pleural or pericardial nodules or malignant pleural or pericardial effusion
- M1b Single extrathoracic metastasis in a single organ
- M1c Multiple extrathoracic metastasis in a single or multiple organs

Lung

Stage IA	T1	N0	MO	Stage IIIA	T1a-c, T2a,b	N2	MO
Stage IA1	T1mi,T1a	N0	MO		T3	N1	
Stage IA2	T1b	N0	MO		T4	N0,N1	MO
Stage IA3	T1c	N0	MO	Stage IIIB	T1a-c, T2a,b	N3	MO
Stage IB	T2a	N0	M0		T3, T4	N2	MO
Stage IIA Stage IIB	T2b T1a-c, T2a,b	N0 N1	M0 M0	Stage IIIC	T3, T4	N3	MO
	T3	N0	MO	Stage IV	Any T	Any N	M1
				Stage IVA	Any T	Any N	M1a,b
				Stage IVB	Any T	Any N	M1c

Mesothelioma and Thymus

Mesothelioma

Minor change in T1 category

Changes in N category

Changes in Stage

Thymus

Please see details in

Nicholson AG, Detterbeck FC, Marino M et al. The IASLC/ITMIG thymic epithelial tumors staging project: proposals for the T component for the forthcoming (8th) edition of the TNM classification of malignant tumors. *J Thorac Oncol* 2014; 9: s73-s80.

Bone and Soft Tissues Sarcoma

Bone

- No Changes for sarcomas of the Appendicular Skeleton, Trunk, Skull and Facial Bones
- New Classifications introduced for Spine and Pelvic Bone Sarcomas

Soft Tissues sarcoma

New T categories for Extremity and Superficial Trunk

T1 Tumour 5 cm or less

T2 Tumour more than 5 cm but no

more than 10 cm

T3 Tumour more than 10 cm but no

more than 15 cm

T4 Tumour more than 15 cm

New Classification for retroperitoneal sarcoma (same as extremity) Head and Neck and also Thoracic and Abdominal Viscera

Skin carcinomas

T categories

T1 \leq 2 cm

T2 > 2 to 4cm

T3 > 4 cm

T4a Tumor with gross cortical bone / marrow invasion

T4b Tumor with skull base or axial skeleton invasion including foraminal involvement and/or vertebral foramen involvement to the epidural space

N Categories for non head and neck

N1 Metastasis in a single lymph node

3 cm or less

N2 Metastasis in a single ipsilateral

lymph node, more than 3 cm but not

more than 6 cm or in multiple

ipsilateral nodes none more than 6 cm

N3 Metastasis in a lymph node more than

6 cm

Head and Neck Region

N categories as defined in slide 9

Skin carcinomas

Stage			
Stage I	T1	N0	MO
Stage II	T2	N0	MO
Stage III	T3	N0	MO
	T1, T2, T3	N1	MO
Stage IVA	T1, T2, T3	N2, N3	MO
	T4	Any N	MO
Stage IVB	Any T	Any N	M1

Malignant Melanoma & Merkel cell carcinoma

Cutaneous Melanoma

- pT1a and pT1b categories introduced
 - pT1a ≤ 0.8mm
 - pT1b > 0.8mm -1mm
- M category
 - M1a Skin, subcutaneous tissue or non regional lymph nodes
 - M1b Lung
 - M1c Other non-central nervous system sites
 - M1d Central nervous system
- M Category modified by elevated or non-elevated LDH

Stage Revised

Merkel cell

 Changes in cN and pN classification and in Stage

Genitourinary Malignancies and Adrenal Cortex

Prostate

T4N0M0 is now stage III

WHO Grade should be used to record tumour grade

Stage

Stage I T1, T2a N0 MO Stage II T2b-2c N0 MO Stage III T3,T4 N0 MO Stage IV Any T N1 MO Any T Any N M1

Penis

Changes in T category and pathological N category

Kidney

N2 is eliminated

Genitourinary Malignancies and Adrenal Cortex

Urinary bladder

The M category is subdivided

M1a Non regional lymph nodes

M1b Other distant metastasis

Minor changes to **Stage**

Urethra

Changes to N category

N1 Metastasis in a single lymph node

N2 Metastasis in multiple lymph nodes

Adrenal Cortex

Change in **Stage**

Stage I T1 N0 M0

Stage II T2 N0 M0

Stage III T1, T2 N1 M0

T3, T4 N0, N1 M0

Stage IV Any T Any N M1

Ovary – 8th ed TNM and Ovary, Fallopian Tube and Primary Peritoneal Carcinoma based on FIGO 2014

FIGO has published a new classification for ovarian cancer*

This classification incorporates cancers of the fallopian tube and primary peritoneal carcinomas

Staging classification for cancer of the ovary, fallopian tube, and peritoneum. Jaime Prat; for the FIGO Committee on Gynecologic Oncology. International Journal of Gynecology and Obstetrics 124 (2014) 1–5

Ovary, Fallopian Tube and Primary Peritoneum

T1	Limited to the ovaries	I
Tla	One ovary, (capsule intact)	IA
	or fallopian tube	
Tlb	Both ovaries, capsule intact	IB
TIc1	Surgical Spill	IC1
Tlc2	Capsule ruptured before surgery or	IC2
	tumour on surface of ovary or tube	
Tlc3	Malignant cells in ascites or peritoneal washings	IC3
T2	Pelvic extension below pelvic brim	
	or primary peritoneal cancer	II
T2a	Uterus, tube(s), ovary (ies)	IIA
T2b	Other pelvic tissues	IIB

T3 and/or Peritoneal metastasis beyond pelvis				
N1	N1 and/or regional lymph node metastasis III			
T1/T2 N1	Retroperitonal nodes only	IIIA1		
T1/T2 N1a	<u>≤</u> 10mm	IIIA1i		
T1/T2 N1b	> 10mm	IIIA1ii		
T3a N0/N1	Microscopic peritoneal metastasis			
T3b N0/N1	Macroscopic peritoneal metastasis	•		
	≤ 2cm	IIIB		
T3c N0/N1	Peritoneal metastasis >2 cm	IIIC		
M1	Distant metastasis (excludes perito	neal) IV		
M1a M1b	Pleural effusion positive cytology Parenchymal metastases	IVB IVB		

Malignant Lymphoma

A recent consensus conference in Lugano suggested a more simplified system putting together stage I and II as Limited Stage and stage III and IV as Advanced Stage lymphoma.

Limited Stage

- Stage I
- Stage II
- Bulky Stage II

Advanced Stage

- Stage III
- Stage IV

Cheson BD, Fisher RI, Barrington SF, et al. Recommendations for initial evaluation, staging, and response assessment of Hodgkin and non-Hodgkin lymphoma: the Lugano classification. *J Clin Oncol.* 2014;32: 3059-3068

Ophthalmic Tumours

Carcinoma of Conjunctiva

Minor changes to definition of T1 and T2 categories

Malignant Melanoma of Conjunctiva

Changes to the pathological T categories

Malignant Melanoma of Uvea

- Iris
 - Minor changes to definition T2 category

Retinoblastoma

 Changes to definition of cT1 and cM categories and pT and pM categories

Sarcoma of the Orbit

Minor changes to definition of T1 and T2 categories

Carcinoma of Lacrimal Gland

Changes to the T categories

Essential TNM

Information on anatomical extent of disease at presentation is often not available for cancer registries in low and middle in-come countries either because of inability to perform necessary investigations or because of lack of recording of information.

The UICC TNM Project has with the International Agency for Research in Cancer and the National Cancer Institute developed "Essential TNM" that can be used to collect stage data when complete information is not available.

When the T, N, and M categories have not been the cancer registrar can code the extent of disease according to the Essential TNM scheme.

The schema for breast, colorectal cancer, prostate and cervix cancer published in the 8th edition TNM Classification and are available on the website.

Paediatric Tumours

A consensus meeting held in 2014 recommended a tiered staging system with more detailed systems for well-resourced cancer registries and less detailed systems for registries with limited recourses and access

The recommendations for tier 1 and 2 follow are published the the 8th edition TNM Classification of Malignant Tumours.

For some cancers recommendations are the same as described earlier for adult patients.

Thank you

www.uicc.org



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