

PROSTATE TUMOURS DATA SHEET (ICD10 C61.9)

UICC TNM 9th EDITION STAGING SUMMARY

Stage Group	T stage	N stage	M stage
Clinical Stage			
Stage I	T1, cT2a	N0	cM0
Stage II	pT2	cN0	cM0
	cT2b, cT2c	N0	cM0
Stage III	T3, T4	N0	cM0
Stage IV	Any T	N1	cM0
	Any T	Any N	cM1
Pathological Stage^{1,2}			
Stage II	pT2	pN0	cM0
Stage III	pT3, pT4	pN0	cM0
Stage IV	Any pT	pN1	cM0
	Any T	Any N	pM1
Note			
¹ There is no pathological stage I			
² The AJCC also publish a prognostic group for prostate tumours			

TNM Clinical Classification	
T – Primary Tumour	
cTX	Primary tumour cannot be assessed
cT0	No evidence of primary tumour
cT1	Clinically inapparent tumour that is not palpable cT1a - Tumour incidental histological finding in 5% or less of tissue resected cT1b - Tumour incidental histological finding in more than 5% of tissue resected cT1c - Tumour identified by needle biopsy (e.g., because of elevated PSA)
cT2	Tumour that is palpable and confined within prostate cT2a - Tumour involves one half of one lobe or less cT2b - Tumour involves more than half of one lobe, but not both lobes cT2c - Tumour involves both lobes

cT3	Tumour extends through the prostatic capsule* cT3a - Extraprostatic extension (unilateral or bilateral) including microscopic bladder neck involvement cT3b - Tumour invades seminal vesicle(s)
cT4	Tumour is fixed or invades adjacent structures other than seminal vesicles: external sphincter, rectum, levator muscles, and/or pelvic wall
Note * Invasion into the prostatic apex or into (but not beyond) the prostatic capsule is not classified as cT3, but as cT2.	

N – Regional Lymph Nodes¹	
cNX	Regional lymph nodes cannot be assessed
cN0	No regional lymph node metastasis
cN1	Regional lymph node metastasis

M – Distant Metastasis²	
M0	No distant metastasis
M1	Distant metastasis M1a - Non-regional lymph node(s) M1b - Bone(s) M1c - Other site(s)
Note Due to the effect of stage migration, it is important that the procedures for determining the T, N, and M categories are recorded when known. The use of different imaging techniques in prostate cancer has resulted in increasing stage migration, particularly when MRI is used rather than palpation to determine the T category or PSMAPET is used to assess lymph node status and metastases. If the imaging technique used is known, the suffix abbreviations for MRI and PET below should be used. If not known nor recorded, it is assumed that the T category has been determined by palpation. MRI: (mr). e.g., T2b(mr), Stage II(mr) PSMAPET: (PET), e.g., N1(PET), Stage IV(PET) ¹ Metastasis no larger than 0.2 cm can be designated pNmi. (See introduction, pN, page 7). ² When more than one site of metastasis is present, the most advanced category is used. (p)M1c is the most advanced category	

pTNM Pathological Classification
<i>The pT and pN categories correspond to the cT and cN categories However, there is no pT1 category because there is insufficient tissue to assess the highest pT category. There are no sub-categories of pT2.</i>