

Breast Cancer Staging

7th EDITION

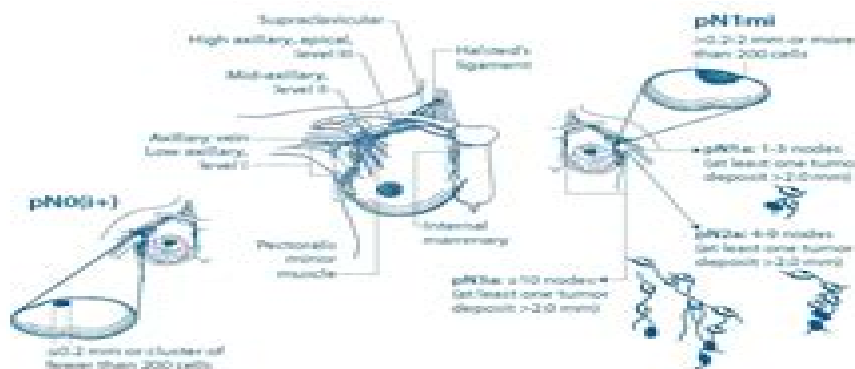
Regional Lymph Nodes (N)

CLINICAL

- N0: Regional lymph nodes cannot be assessed (for example, previously removed)
- N1: No regional lymph node metastases
- N1a: Metastases to movable ipsilateral level I, II axillary lymph node(s)
- N1b: Metastases to ipsilateral level I, II axillary lymph nodes that are clinically found or imaged, or in clinically detected* ipsilateral internal mammary nodes in the absence of clinically evident axillary lymph node metastases
- N1c: Metastases to ipsilateral level I, II axillary lymph nodes fixed to one another (matted) or to other structures
- N2: Metastases only in clinically detected* ipsilateral internal mammary nodes and in the absence of clinically evident level I, II axillary lymph node metastases
- N2a: Metastases to ipsilateral infraclavicular (level III axillary) lymph node(s) with or without level I, II axillary lymph node involvement, or in clinically detected* ipsilateral internal mammary lymph node(s) with clinically evident level I, II axillary lymph node metastases, or metastases to ipsilateral supraclavicular lymph node(s) with or without axillary or internal mammary lymph node involvement
- N2b: Metastases to ipsilateral infraclavicular lymph node(s)
- N2c: Metastases to ipsilateral internal mammary lymph node(s) and axillary lymph node(s)
- N3: Metastases to ipsilateral supraclavicular lymph node(s)

Notes

* "Clinically detected" is defined as detected by imaging studies (including lymphoscintigraphy) or by clinical examination and having characteristics highly suspicious for malignancy on a presumed pathologic macro-metastasis based on fine needle aspiration biopsy with cytologic examination. Confirmation of clinically detected metastatic disease by fine needle aspiration without excision biopsy is designated with an (E) suffix, for example, cN1(E). In certain biopsies of a lymph node or biopsy of a sentinel node, in the absence of assignment of a pN, it is classified as a clinical N, for example, cN1. Information regarding the confirmation of the nodal status will be designated in site-specific factors as clinical fine-needle aspiration, core biopsy, or sentinel lymph node biopsy. Pathologic classification (pN) is used for excision or sentinel lymph node biopsy only in conjunction with a pathologic T assignment.



PATHOLOGIC (PN)*

- pN0: Regional lymph nodes cannot be assessed (for example, previously removed) or not assessed for pathologic study
- pN0: No regional lymph node metastases identified histologically
Note: Isolated tumor cell clusters (ITC) are defined as small clusters of cells not greater than 0.2 mm, or single tumor cells, or a cluster of fewer than 200 cells in a single histologic cross-section. ITCs may be detected by routine histology or by immunohistochemical (IHC) methods. Nodes containing only ITCs are excluded from the total positive node count for purposes of N-classification but should be included in the total number of nodes evaluated
- pN0(i+): No regional lymph node metastases histologically, negative IHC
- pN0(i+): Malignant cells in regional lymph node(s) no greater than 0.2 mm (detected by IHC or IHC including ITC)
- pN0(mi+): No regional lymph node metastases histologically, negative molecular findings (RT-PCR)
- pN0(mi+): Positive molecular findings (RT-PCR)**, but no regional lymph node metastases detected by histology or IHC
- pN1: Micrometastases or metastases in 1–3 axillary lymph nodes, and/or in internal mammary nodes with metastases detected by sentinel lymph node biopsy but not clinically detected***
- pN1mi: Micrometastases (greater than 0.2 mm and/or more than 200 cells, but none greater than 2.0 mm)
- pN1a: Metastases in 1–3 axillary lymph nodes, at least one metastasis greater than 2.0 mm
- pN1b: Metastases in internal mammary nodes with micrometastases or macrometastases detected by sentinel lymph node biopsy but not clinically detected****
- pN1c: Metastases in 1–3 axillary lymph nodes and in internal mammary lymph nodes with micrometastases or macrometastases detected by sentinel lymph node biopsy but not clinically detected
- pN2: Metastases in 4–9 axillary lymph nodes, or in clinically detected**** internal mammary lymph nodes in the absence of axillary lymph node metastases
- pN2a: Metastases in 4–9 axillary lymph nodes (at least one tumor deposit greater than 2.0 mm)
- pN2b: Metastases in clinically detected**** internal mammary lymph nodes in the absence of axillary lymph node metastases
- pN3: Metastases in 10 or more axillary lymph nodes, or in infraclavicular (level III axillary) lymph nodes, or in clinically detected**** ipsilateral internal mammary lymph nodes in the presence of one or more positive level I, II axillary lymph nodes, or in more than three axillary lymph nodes and in internal mammary lymph nodes with micrometastases or macrometastases detected by sentinel lymph node biopsy but not clinically detected****, or in ipsilateral supraclavicular lymph nodes
- pN3a: Metastases in 10 or more axillary lymph nodes (at least one tumor deposit greater than 2.0 mm), or metastases to the infraclavicular (level III axillary) lymph nodes
- pN3b: Metastases in clinically detected**** ipsilateral internal mammary lymph nodes in the presence of one or more positive axillary lymph nodes, or in more than three axillary lymph nodes and in internal mammary lymph nodes with micrometastases or macrometastases detected by sentinel lymph node biopsy but not clinically detected****
- pN3c: Metastases to ipsilateral supraclavicular lymph nodes

Notes

- * Classification is based on axillary lymph node dissection with or without sentinel lymph node biopsy. Classification based solely on sentinel lymph node biopsy without subsequent axillary lymph node dissection is designated (s) for "sentinel node," for example, pN1(s).
- ** RT-PCR: reverse transcription/polymerase chain reaction.
- *** "Not clinically detected" is defined as not detected by imaging studies (including lymphoscintigraphy) or not detected by clinical examination.
- **** "Clinically detected" is defined as detected by imaging studies (including lymphoscintigraphy) or by clinical examination and having characteristics highly suspicious for malignancy on a presumed pathologic macro-metastasis based on fine needle aspiration biopsy with cytologic examination.



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Yan Bai



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Ajcc Cancer Staging Manual 7th Edition Book Review: Unveiling the Power of Words

In some sort of driven by information and connectivity, the power of words has be more evident than ever. They have the ability to inspire, provoke, and ignite change. Such may be the essence of the book **Ajcc Cancer Staging Manual 7th Edition**, a literary masterpiece that delves deep into the significance of words and their effect on our lives. Written by a renowned author, this captivating work takes readers on a transformative journey, unraveling the secrets and potential behind every word. In this review, we shall explore the book is key themes, examine its writing style, and analyze its overall affect readers.

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