**Question 45**
A 45-year-old man undergoes bronchoscopy for investigation of haemoptysis. An endobronchial tumour is identified and cytology confirms carcinoma. Staging computed tomography (CT) scans of the chest and upper abdomen are shown opposite.
Based on these diagnostic studies, the stage of the tumour can be best described as:

A. T1N0M0.  
B. T2N1M0.  
C. T1N1M1.  
D. T2N1M1.  
E. T4N1M1.

**Answer: E**

International staging system for lung cancer, 1997 revision

**Primary tumor (T)**

T1 - Tumor <3 cm diameter without invasion more proximal than lobar bronchus
T2 - Tumor >3 cm diameter OR Tumor of any size with any of the following:
  - Invades visceral pleura
  - Atelectasis of less than entire lung
  - Proximal extent at least 2 cm from carina
T3 - Tumor of any size with any of the following:
  - Invasion of chest wall
  - Involvement of diaphragm, mediastinal pleura, or pericardium
  - Atelectasis involving entire lung
  - Proximal extent within 2 cm of carina
T4 - Tumor of any size with any of the following:
  - Invasion of mediastinum
  - Invasion of heart or great vessels
  - Invasion of trachea or esophagus
  - Invasion of vertebral body or carina
  - Presence of malignant pleural or pericardial effusion
  - Satellite tumor nodule(s) within same lobe as primary tumor

**Nodal involvement (N)**

N0 - No regional node involvement
N1 - Metastasis to ipsilateral hilar and/or ipsilateral peribronchial nodes
N2 - Metastasis to ipsilateral mediastinal and/or subcarinal nodes
N3 - Metastasis to contralateral mediastinal or hilar nodes OR ipsilateral or contralateral scalene or supraclavicular nodes

**Metastasis (M)**

M0 - Distant metastasis absent
M1 - Distant metastasis present (includes metastatic tumor nodules in a different lobe from the primary tumor)

**Stage groupings of TNM subsets**

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<th>N</th>
<th>M</th>
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Adapted from Mountain, CF, Chest 1997; 111:1710.