CLASSIFICATION TNM 8ème EDITION

1. Classification TNM 8ème édition

T - Tumeur	**Tx**	Tumeur primaire non connue ou tumeur prouvée par la présence de cellules malignes dans les sécrétions broncho-pulmonaires mais non visible aux examens radiologiques et endoscopiques.
	T0	Absence de tumeur identifiable.
	Tis	Carcinome *in situ*.
	T1	Tumeur de **3 cm ou moins** dans ses plus grandes dimensions, entourée par du poumon ou de la plèvre viscérale, sans évidence d'invasion plus proximale que les bronches lobaires à la bronchoscopie (c'est-à-dire pas dans les bronches souches).
		T1a(mi) Adénocarcinome minimalement-invasif
		T1a ≤ 1cm
		T1b > 1 cm et ≤ 2 cm
		T1c > 2 cm et ≤ 3 cm
	T2	Tumeur de **plus de 3 cm, mais de moins de 5 cm** OU avec un quelconque des éléments suivants -envahissement d'une bronche souche quelle que soit sa distance par rapport à la carène mais sans envahissement de la carène, -envahissement de la plèvre viscérale, -existence d'une atélectasie ou pneumonie obstructive
		T2a > 3 cm mais ≤ 4 cm
		T2b > 4 cm mais ≤ 5 cm
	T3	Tumeur de **plus de 5 cm et de moins de 7 cm**, OU associée à un(**des) nodule(s) tumoral(aux) distinct(s) dans le même lobe**, OU envahissant directement : -la paroi thoracique (incluant les tumeurs du sommet), -le nerf phrénique, -la plèvre pariétale ou le péricarde pariétal.
	T4	Tumeur de **plus de 7 cm** OU associée à des nodules tumoraux séparés dans deux lobes différents du même poumon, OU envahissant directement : -le médiastin, -le cœur ou les gros vaisseaux, -la trachée, ou la carène -le diaphragme, -le nerf récurrent, -l'œsophage, -un(des) corps vertébral(ux).
N - Adénopathies	**Nx**	Envahissement locorégional inconnu.
	N0	Absence de métastase dans les ganglions lymphatiques régionaux.
	N1	Métastases ganglionnaires péri-bronchiques homolatérales et/ou hilaires homolatérales incluant une extension directe.
	N2	Métastases dans les ganglions médiastinaux homolatéraux ou dans les ganglions sous-carénaires
	N3	Métastases ganglionnaires médiastinales controlatérales ou hilaires controlatérales ou scaléniques, sus-claviculaires homo- ou controlatérales.
Métastases	**M0**	Pas de métastase à distance.
	M1	Existence de métastases :
		M1a Nodule(s) tumoral(ux) séparés dans un lobe controlatéral, ou nodules pleuraux ou pleurésie maligne ou péricardite maligne
		M1b Une seule métastase extra-thoracique dans un seul organe
		M1c Plusieurs métastases extrathoraciques dans un seul ou plusieurs organes

Tableau 1 – 8ème classification TNM du cancer du poumon (d'après (1))
La taille tumorale est celle de la plus grande dimension

Remarques

- La classification TNM est une classification clinique.
- En post-opératoire, avec les données anatomopathologiques, les patients sont reclassés en pTNM suivant les mêmes critères que précédemment ; ainsi que l'évaluation de la maladie résiduelle (R0 à R2).
- Après traitement d'induction, les patients sont reclassés en ypTNM suivant les mêmes critères que précédemment.

2. Classification par stade

Carcinome occulte	Tx N0 M0	**Stade IIIA**	T1,2 N2, M0
Stade 0	Tis N0 M0		T3 N1 M0
Stade IA-1	T1a(mi) N0 M0		T4 N0,1 M0
	T1a N0 M0	**Stade IIIB**	T1,2 N3 M0
Stade IA-2	T1b N0 M0		T3,4 N2 M0
Stade IA-3	T1c N0 M0	**Stade IIIC**	T3,4 N 3 M0
Stade IB	T2a N0 M0	**Stade IV-A**	Tout M1a
Stade IIA	T2b N0 M0		Tout M1b
Stade IIB	T1,2 N1 M0	**Stade IV-B**	Tout M1c
	T3 N0 M0		

	N0	N1	N2	N3	M1a-b *Tout N*	M1c *Tout N*
T1a	IA-1	IIB	IIIA	IIIB	IV-A	IV-B
T1b	IA-2	IIB	IIIA	IIIB	IV-A	IV-B
T1c	IA-3	IIB	IIIA	IIIB	IV-A	IV-B
T2a	IB	IIB	IIIA	IIIB	IV-A	IV-B
T2b	IIA	IIB	IIIA	IIIB	IV-A	IV-B
T3	IIB	IIIA	IIIB	IIIC	IV-A	IV-B
T4	IIIA	IIIA	IIIB	IIIC	IV-A	IV-B

Figure 1 – 8ème classification TNM du cancer du poumon (d'après (2))
Les TisN0M0 correspondent au stade 0 - Les T1a(mi)N0M0 correspondent à un stade IA-1

3. Différences entre la 7ème classification TNM et la 8ème classification TNM pour le T et pour la stadification

Une différence marquante entre les deux classifications TNM est le classement des tumeurs de plus de 4cm (non individualisées dans la TNM7, T2a soit IB si N0), en T2b (les T2a correspondant aux tumeurs de 3 à 4 cm). Les figures ci-dessous ont pour ambition de comparer les deux classifications afin de faciliter la lecture des essais cliniques utilisant la 7ème classification TNM.

	TNM7	TNM8
T1a	<2cm	≤ 1cm
T1b	≥2cm et <3cm	>1cm et ≤ 2cm
T1c		> 2cm et <3cm
T2a	≥3cm et <5cm	> 3 cm mais ≤ 4 cm
T2b	≥5cm et < 7cm	> 4 cm mais ≤ 5 cm
T3	≥7cm ou -atteinte de la paroi, du diaphragme, du nerf phrénique, de la plèvre pariétale, médiastinale ou du péricarde, -dans les bronches souches à moins de 2 cm de la carène, -association à une atélectasie ou à une pneumopathie obstructive de tout le poumon. -nodules tumoraux dans le même lobe	> 5 cm mais ≤ 7 cm OU associée à un(des) nodule(s) tumoral(aux) distinct(s) dans le même lobe, OU envahissant directement la paroi, le nerf phrénique, la plèvre pariétale ou le péricarde pariétal.
T4	Tumeur avec envahissement -médiastin -cœur ou gros vaisseaux -trachée -nerf récurrent -œsophage -corps vertébraux -carène -nodules tumoraux séparés dans deux lobes différents du même poumon.	> 7 cm OU associée à des nodules tumoraux séparés dans deux lobes différents du même poumon, OU envahissant : -le médiastin, -le cœur ou les gros vaisseaux, -la trachée, ou la carène -le diaphragme, -le nerf récurrent, -l'œsophage, -un(des) corps vertébral(ux)

	TNM7			TNM8		
	N0	**N1**	**N2**	**N0**	**N1**	**N2**
T1a	**IA**	**IIA**	**IIIA**	**IA-1**	**IIB**	**IIIA**
T1b	**IA**	**IIA**	**IIIA**	**IA-2**	**IIB**	**IIIA**
T1c				**IA-3**	**IIB**	**IIIA**
T2a	**IB**	**IIA**	**IIIA**	**IB**	**IIB**	**IIIA**
T2b	**IIA**	**IIB**	**IIIA**	**IIA**	**IIB**	**IIIA**
T3	**IIB**	**IIIA**	**IIIA**	**IIB**	**IIIA**	**IIIB**
T4	**IIIA**	**IIIA**	**IIIB**	**IIIA**	**IIIA**	**IIIB**

4. Anatomie descriptive des ganglions lymphatiques médiastinaux

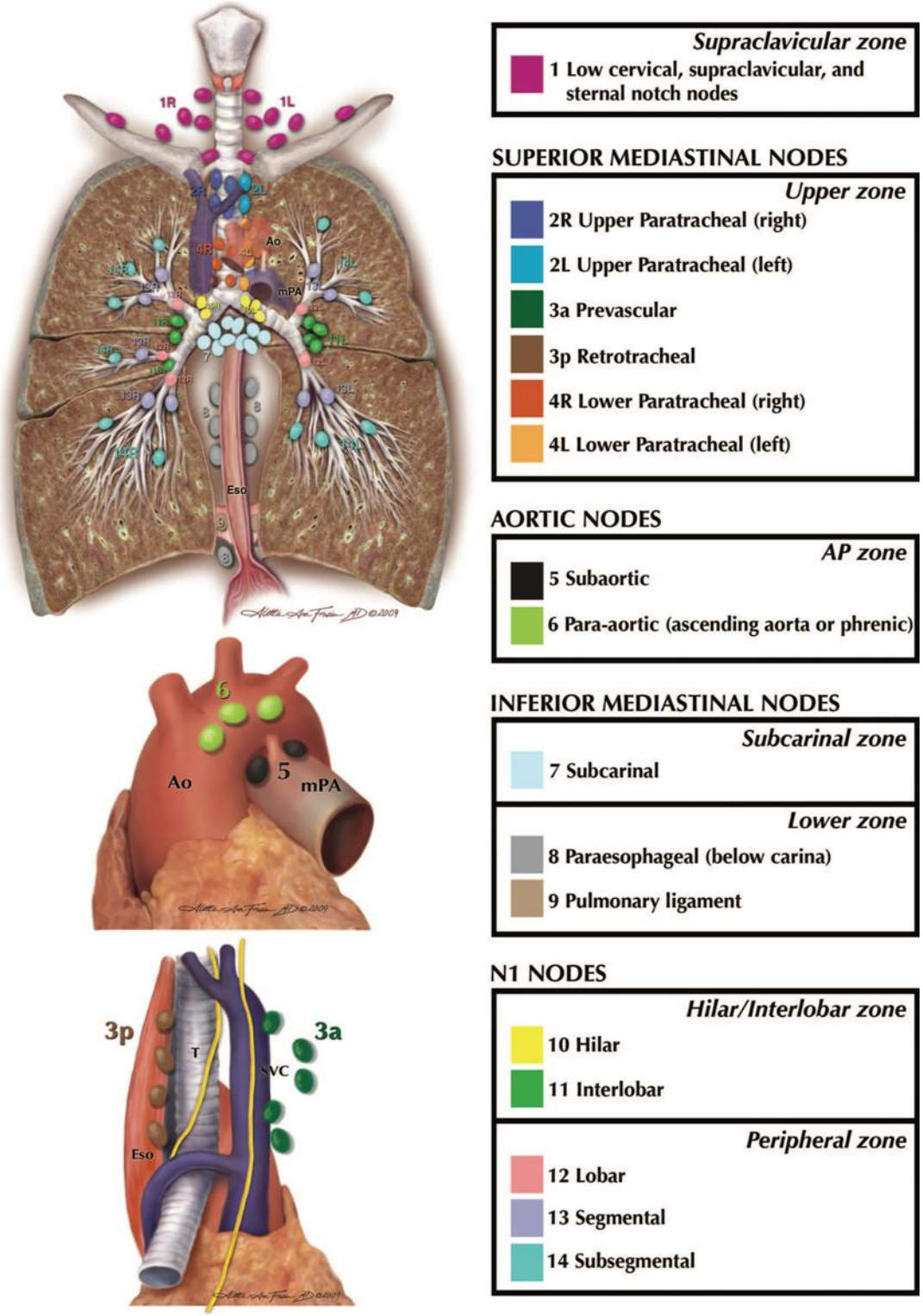

Figure 2 – Anatomie descriptive des ganglions lymphatiques médiastinaux selon l'IASLC. (3)

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