



## ANNEXE 1 : CLASSIFICATION TNM 8<sup>ème</sup> EDITION

	<b>Tx</b>	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.
	<b>T0</b>	Absence de tumeur identifiable.
	<b>Tis</b>	Carcinome <i>in situ</i> .
T - Tumeur	<b>T1</b>	Tumeur de <b>3 cm ou moins</b> 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).
	<b>T1a(mi)</b>	Adénocarcinome minimalement-invasif
	<b>T1a</b>	≤ 1cm
	<b>T1b</b>	> 1 cm et ≤ 2 cm
	<b>T1c</b>	> 2 cm et ≤ 3 cm
	<b>T2</b>	Tumeur de <b>plus de 3 cm, mais de 5 cm ou moins</b> , avec 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 s'étendant à la région hilare ((sub)lobaire ou pulmonaire)
	<b>T2a</b>	> 3 cm mais ≤ 4 cm
	<b>T2b</b>	> 4 cm mais ≤ 5 cm
	<b>T3</b>	Tumeur de <b>plus de 5 cm et de 7 cm ou moins</b> , ou associée à un(des) <b>nodule(s) tumoral(aux) distinct(s) et dans le même lobe</b> , ou ayant au moins l'un des caractères invasifs suivants : -atteinte de la paroi thoracique (incluant les tumeurs du sommet), -atteinte du nerf phrénique, -atteinte de la plèvre pariétale ou du péricarde.
	<b>T4</b>	Tumeur de <b>plus de 7 cm</b> ou associée à un(des) <b>nodule(s) pulmonaire(s) distinct(s)</b> comportant un envahissement quelconque parmi les suivants : -médiastin, -cœur ou gros vaisseaux, -trachée, -diaphragme, -nerf récurrent, -œsophage, -corps vertébraux, -carène, -nodules tumoraux séparés dans deux lobes différents du même poumon.
N - Adénopathies	<b>Nx</b>	Envahissement locorégional inconnu.
	<b>N0</b>	Absence de métastase dans les ganglions lymphatiques régionaux.
	<b>N1</b>	Métastases ganglionnaires péri-bronchiques homolatérales et/ou hilaires homolatérales incluant une extension directe.
	<b>N2</b>	Métastases dans les ganglions médiastinaux homolatéraux ou dans les ganglions sous-carénaux
	<b>N3</b>	Métastases ganglionnaires médiastinales controlatérales ou hilaires controlatérales ou scaléniques, sus-claviculaires homo- ou controlatérales.
Métastases	<b>M0</b>	Pas de métastase à distance.
	<b>M1</b>	Existence de métastases :
	<b>M1a</b>	Nodules tumoraux séparés dans un lobe controlatéral, ou nodules pleuraux ou pleurésie maligne ou péricardite maligne
	<b>M1b</b>	1 seule métastase dans un seul site métastatique
	<b>M1c</b>	Plusieurs métastases dans un seul site ou plusieurs sites atteints

### Annexe 1 – Classification TNM du cancer du poumon (d'après (132))



Tumeurs neuroendocrines

**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.
- Après traitement d'induction, les patients sont reclassés en ypTNM suivant les mêmes critères que précédemment.

**CLASSIFICATION PAR STADE**

<b>Carcinome occulte</b>	Tx N0 M0	<b>Stade IIIA</b>	T1,2 N2, M0
<b>Stade 0</b>	Tis N0 M0		T3 N1 M0
<b>Stade IA-1</b>	T1a(mi) N0 M0		T4 N0,1 M0
	T1a N0 M0	<b>Stade IIIB</b>	T1,2 N3 M0
<b>Stade IA-2</b>	T1b N0 M0		T3,4 N2 M0
<b>Stade IA-3</b>	T1c N0 M0	<b>Stade IIIC</b>	T3,4 N 3 M0
<b>Stade IB</b>	T2a N0 M0	<b>Stade IV-A</b>	Tout M1a
<b>Stade IIA</b>	T2b N0 M0		Tout M1b
<b>Stade IIB</b>	T1,2 N1 M0	<b>Stade IV-B</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 4 – Classification des cancers bronchiques en stades (132)**  
 Les TisN0M0 correspondent au stade 0 - Les T1a(mi)N0M0 correspondent à un stade IA-1



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## DECLARATION DES LIENS D'INTERETS

Les personnes ci-dessous ont déclaré des liens d'intérêt en oncologie thoracique pour des participations à des congrès, séminaires ou formations ; des bourses ou autre financement ; des rémunérations personnelles ; des intéressements ; ou tout autre lien pertinent dans les 3 dernières années :

ARPIN D : Takeda, Roche  
 AUDIGIER-VALETTE C : Roche, Abbvie, BMS, MSD, Takeda, Boehringer, AstraZeneca, Pfizer, Novartis, Fabre, Amgen, Lilly  
 AVRILLON V : BMS, Abbvie.  
 BARANZELLI A. : Roche, Takeda, BMS, MSD  
 BAUD M. : Boehringer  
 BAYCE BLEUEZ S. : Roche, BMS, AMGEN  
 BERARD H : Roche, Pfizer, Boehringer  
 BERNARDI M. : BMS, Sandoz, Roche  
 BOMBARON P : Roche, AstraZeneca, BMS, Boehringer.  
 COURAUD S. : AstraZeneca, Boehringer Ingelheim, Lilly, Merck, MSD, Novartis, Pfizer, Roche, Sysmex Innostics, Chugai, Laidet.  
 DELCLAUX B : BMS, Boehringer, AstraZeneca, Novartis, Roche.  
 DEMIR S : Pfizer, BMS  
 FALCHERO L. : Roche, Boehringer, AstraZeneca, BMS, Pfizer, Amgen.  
 FOUCHER P : AstraZeneca, Roche, BMS, MSD, Chugai, Vifor, IFCT, PFIZER  
 FOURNEL P. : Lilly, Amgen, BMS, MSD, Roche, Pfizer, Astellas, Boehringer, AstraZeneca, Takeda, Novartis, PFO  
 GERINIERE L : Lilly  
 GIAJ LEVRA M. : MSD, BMS, Roche, AstraZeneca, Novartis, Pfizer, Boehringer  
 GONZALEZ G. : Roche, Novartis, Pharmadom  
 GOUNANT V : Takeda, Lilly, Roche, AstraZeneca, BMS, Boehringer, Pfizer, Novartis.  
 GROUET A. : Boehringer, Novartis  
 HAMMOU Y : Chiesi, ISIS, Elia  
 JACOULET P : Boehringer  
 JANICOT H. Boehringer  
 LARIVE S. : TEVA Santé, Pfizer, Boehringer, BMS, MSD, AstraZeneca.  
 LE TREUT J. : AstraZeneca, Boehringer, Roche, BMS, MSD  
 LOCATELLI SANCHEZ M. : Boehringer, BMS, AstraZeneca, LFB  
 LUCIANI S : Pfizer  
 MARTIN E. : Astra Zeneca  
 MASTROIANNI B : Amgen  
 MERLE P : MSD, AstraZeneca, BMS, Pfizer  
 MORO-SIBILOT D : Roche, Pfizer, Lilly, Boehringer, MSD, BMS, Takeda, AstraZeneca, Novartis, Amgen, Abbvie  
 NAKAD A : BMS  
 ODIER L. : Lilly, Amgen, Pfizer  
 PAULUS V : MSD, Roche  
 PEROL M. : Roche, AstraZeneca, Boehringer, Lilly, Takeda, BMS, MSD, Pfizer, Novartis, Chugai  
 PERROT E. : AstraZeneca  
 PINSOLLE J. : Takeda, MSD, Roche, Pfizer, Agiradom.  
 RANCHON F : CELGENE, JAZZPHORNA  
 SAKHRI L : Pfizer, BMS.  
 SOUQUET P.-J. : Amgen, AstraZeneca, BI, CHUGAI, P FABRE, LILLY, MSD, BMS, Pfizer, Novartis, Sandoz, Roche, Takeda, Bayer, Merrimack, Merck, Astellas,  
 TAVIOT B : Chiesi  
 TISSOT C : Amgen, Sandoz, BMS  
 WATKIN E. : MSD, AstraZeneca, Boehringer, Pfizer, Roche, BMS  
 ZALCMAN G. : Roche, AstraZeneca, BMS, Pfizer, Novartis, Abbvie, MSD, Boehringer, GSK, Inventiva

Les autres participants et membres des groupes de travail n'ont déclaré aucun lien d'intérêt en oncologie thoracique. Aucun participant ou membre d'un groupe de travail n'a rapporté de lien d'intérêt avec l'industrie du tabac.





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## MENTIONS LEGALES

La réunion de mise à jour des référentiels (édition 2019) a été organisée par l'Association de Recherche d'Information Scientifique et Thérapeutique en Oncologie Thoracique (ARISTOT).

Les partenaires institutionnels 2019 d'ARISTOT sont : Amgen, Astra Zeneca, Boehringer Ingelheim, Chugai, Pfizer, Roche.

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