Melanoma of the Skin Staging

7th EDITION

Definitions

Primary Tumor (T)

- TX Primary tumor cannot be assessed (for example, curettaged or severely regressed melanoma)
- **TO** No evidence of primary tumor
- Tis Melanoma in situ
- T1 Melanomas 1.0 mm or less in thickness
- T2 Melanomas 1.01–2.0 mm
- T3 Melanomas 2.01–4.0 mm
- **T4** Melanomas more than 4.0 mm

NOTE: a and b subcategories of T are assigned based on ulceration and number of mitoses per mm², as shown below:

T CLASSIFICATION	THICKNESS (mm)	ULCERATION STATUS/MITOSES
T1	≤1.0	a: w/o ulceration and mitosis <1/mm² b: with ulceration or mitoses ≥1/mm²
T2	1.01-2.0	a: w/o ulceration b: with ulceration
T 3	2.01-4.0	a: w/o ulceration b: with ulceration
T4	>4.0	a: w/o ulceration b: with ulceration

Regional Lymph Nodes (N)

- NX Patients in whom the regional nodes cannot be assessed (for example, previously removed for another reason)
- NO No regional metastases detected
- N1-3 Regional metastases based upon the number of metastatic nodes and presence or absence of intralymphatic metastases (in transit or satellite metastases)

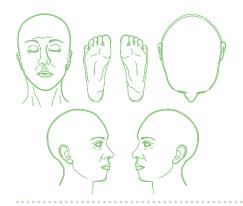
NOTE: N1—3 and a—c subcategories assigned as shown below:

N CLASSIFICATION	NO. OF METASTATIC NODES	NODAL METASTATIC MASS
N1	1 node	a: micrometastasis¹ b: macrometastasis²
N2	2–3 nodes	 a: micrometastasis¹ b: macrometastasis² c: in transit met(s)/satellite(s) without metastatic nodes
N3		static nodes, or matted nodes, (s)/satellite(s) with metastatic node(s)





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Distant Metastatis (M)

- MO No detectable evidence of distant metastases
- M1a Metastases to skin, subcutaneous, or distant lymph nodes
- M1b Metastases to lung
- M1c Metastases to all other visceral sites or distant metastases to any site combined with an elevated serum LDH

NOTE: Serum LDH is incorporated into the M category as shown below:

M CLASSIFICATION	SITE	SERUM LDH
M1a	Distant skin, subcutaneous, or nodal mets	Normal
M1b	Lung metastases	Normal
M1c	All other visceral metastases	Normal
	Any distant metastasis	Elevated

ANATOMIC STAGE/PROGNOSTIC GROUPS									
Clinical Staging³			Pathologic Staging⁴						
Stage 0	Tis	N0	M0	0	Tis	N0	M0		
Stage IA	T1a	N0	M0	IA	T1a	N0	M0		
Stage IB	T1b	N0	M0	IB	T1b	N0	M0		
	T2a	N0	M0		T2a	N0	M0		
Stage IIA	T2b	N0	M0	IIA	T2b	N0	M0		
	T3a	N0	M0		T3a	N0	M0		
Stage IIB	T3b	N0	M0	IIB	T3b	N0	M0		
	T4a	N0	M0		T4a	N0	M0		
Stage IIC	T4b	N0	M0	IIC	T4b	N0	M0		
Stage III	Any T	≥ N1	M0	IIIA	T1-4a	N1a	M0		
					T1-4a	N2a	M0		
		•		IIIB	T1-4b	N1a	M0		
			•		T1-4b	N2a	M0		
					T1-4a	N1b	M0		
					T1-4a	N2b	M0		
		•	•		T1-4a	N2c	M0		
				IIIC	T1-4b	N1b	M0		
					T1-4b	N2b	M0		
					T1-4b	N2c	M0		
					Any T	N3	M0		
Stage IV	Any T	Any N	M1	IV	Any T	Any N	M1		

Notes

- ¹ Micrometastases are diagnosed after sentinel lymph node biopsy and completion lymphadenectomy (if performed).
- ² Macrometastases are defined as clinically detectable nodal metastases confirmed by therapeutic lymphadenectomy or when nodal metastasis exhibits gross extracapsular extension.
- ³ Clinical staging includes microstaging of the primary melanoma and clinical/radiologic evaluation for metastases. By convention, it should be used after complete excision of the primary melanoma with clinical assessment for regional and distant metastases.
- 4 Pathologic staging includes microstaging of the primary melanoma and pathologic information about the regional lymph nodes after partial or complete lymphadenectomy. Pathologic Stage 0 or Stage IA patients are the exception; they do not require pathologic evaluation of their lymph nodes.