

CT: thoracic applications

TNM system

Primary tumour (T)

Tx: malignant cells on cytology but no tumour found on bronchoscopy or imaging.

Tis: carcinoma in situ

T1:

- tumour size equal or less than 3 cm

- not involving the main bronchus

 - T1a: smaller than 2 cm in longest dimension

 - T1b: larger than 2 cm but smaller or equal to 3 cm

T2:

- tumour size more than 3cm but less/equal to 7cm or

- involving the main bronchus but >2 cm from carina

- visceral pleural involvement

- lobar atelectasis extending to the hilum but not collapse of the entire lung

 - T2a: larger than 3 cm but smaller than 5 cm

 - T2b: larger than 5 cm but smaller than 7 cm

T3:

- tumour size more than 7 cm or
- tumour < 2 cm from carina but not involving trachea or carina
- involvement of the chest wall, including Pancoast tumour, diaphragm, phrenic nerve, mediastinal pleura or parietal pericardium
- separate tumour nodule(s) in the same lobe
- atelectasis or post obstructive pneumonitis of entire lung

T4:

- any size tumour with:
- involvement of the trachea, oesophagus, recurrent laryngeal nerve, vertebra, great vessels or heart
- separate tumour nodules in the same lung but not in the same lobe

Nodal status (N)

Nx: regional nodes cannot be assessed

N0: no regional nodal metastases

N1: ipsilateral peribronchial, hilar or intrapulmonary nodes, including direct invasion

N2: ipsilateral mediastinal or subcarinal nodes

N3: contralateral nodal involvement ; ipsilateral or contralateral scalene or supraclavicular nodal involvement

Distant metastasis (M)

Mx: distant metastases cannot be assessed

M0: no distant metastases

M1: distant metastases present

M1a: presence of a malignant pleural or pericardial effusion, pleural dissemination, or pericardial disease, and metastasis in opposite lung

M1b: extrathoracic metastases

Hodgkin lymphoma or Hodgkin disease (HD)

There is a bimodal distribution in the age of affected patients, with peaks in young adults (15-34 years) and older patients (>55 years).

Clinical presentation

The disease is characterized by the presence of Reed-Sternberg cells (considered to be a type of B cell). These cells however only occupy a very small proportion (<5%) of the overall cell population of the affected lymph node. Contiguous spread is another feature.

- Stage I is involvement of a single lymph node region (I) (mostly the cervical region) or single extralymphatic site (Ie)
- Stage II is involvement of two or more lymph node regions on the same side of the diaphragm (II) or of one lymph node region and a contiguous extralymphatic site (Ile)
- Stage III is involvement of lymph node regions on both sides of the diaphragm, which may include the spleen (IIIs) and/or limited contiguous extralymphatic organ or site (IIle, IIles)
- Stage IV is disseminated involvement of one or more extralymphatic organs