

Definitions

Primary Tumor (T)

- TX** Primary tumor cannot be assessed (for example, curettaged or severely regressed melanoma)
- T0** No evidence of primary tumor
- Tis** Melanoma in situ
- T1** Melanomas 1.0 mm or less in thickness
- T2** Melanomas 1.1 - 2.0 mm
- T3** Melanomas 2.1 - 4.0 mm
- T4** Melanomas more than 4.0 mm

NOTE: a and b subcategories of T are assigned based on ulceration and thickness as shown below:

T CLASSIFICATION	THICKNESS (mm)	ULCERATION STATUS
T1	≤1.0	a: Breslow < 0.8 mm w/o ulceration b: Breslow 0.8-1.0 mm w/o ulceration or ≤ 1.0 mm w/ ulceration.
T2	1.1-2.0	a: w/o ulceration b: w/ ulceration
T3	2.1-4.0	a: w/o ulceration b: w/ ulceration
T4	>4.0	a: w/o ulceration b: w/ ulceration

Regional Lymph Nodes (N)

- NX** Patients in whom the regional nodes cannot be assessed (for example previously removed for another reason)
- N0** No regional metastases detected
- N1-3** Regional metastases based on the number of metastatic nodes, number of palpable metastatic nodes on clinical exam, and presence or absence of MSI²

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

N CLASSIFICATION	# NODES	CLINICAL DETECTABILITY/MSI STATUS
N1	0-1 node	a: clinically occult ¹ , no MSI ² b: clinically detected ¹ , no MSI ² c: 0 nodes, MSI present ²
N2	1-3 nodes	a: 2-3 nodes clinically occult ¹ , no MSI ² b: 2-3 nodes clinically detected ¹ , no MSI ² c: 1 node clinical or occult ¹ , MSI present ²
N3	>1 nodes	a: >3 nodes, all clinically occult ¹ , no MSI ² b: >3 nodes, ≥1 clinically detected ¹ or matted, no MSI ² c: >1 nodes clinical or occult ¹ , MSI present ²

Distant Metastasis (M)

- M0** No detectable evidence of distant metastases
- M1a** Metastases to skin, sub cutaneous, or distant lymph nodes
- M1b** Metastases to lung
- M1c** Metastases to all other visceral sites
- M1d** Metastases to brain

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

M CLASSIFICATION	SITE	Serum LDH
M1a-d	Skin/subcutaneous/nodule (a), lung (b) other visceral (c), brain (d)	Not assessed
M1a-d(0)	Skin/subcutaneous/nodule (a), lung (b) other visceral (c), brain (d)	Normal
M1a-d(1)	Skin/subcutaneous/nodule (a), lung (b) other visceral (c), brain (d)	Elevated

ANATOMIC STAGE/PROGNOSTIC GROUPS								
Clinical Staging ³				Pathologic Staging				
Stage 0	Tis	N0	M0	0	Tis	N0	M0	
Stage IA	T1a	N0	M0	IA	T1a	N0	M0	
Stage IB	T1b	..	..	IB	T1b	..	..
	T2a	..	..		T2a	..	..
Stage IIA	T2b	N0	M0	IIA	T2b	M0	M0	
	T3a	..	..		T2a	..	..
Stage IIB	T3b	..	..	IIB	T3b	..	..
	T4a	..	..		T4a	..	..
Stage IIC	T4b	..	..	IIC	T4b	..	..
Stage III	Any T	≥N1	M0	IIIA	T1-2a	N1a	M0	
	..	..	..		T1-2a	N2a	..
		IIB	T0	N1b-c	M0
			T1-2a	N1b-c	..
	..	..	..		T1-2a	N2b	..
	..	..	..		T2b-3a	N1a-2b	..
		IIIC	T0	N2b-c	M0
			T0	N3b-c	..
			T1a-3a	N2c-3c	..
			T3b-4a	Any N	..
	..	..	..		T4b	N1a-2c	..
		IIID	T4b	N3a-c	M0
..	..	..	T4b	N3a-c		M0	
Stage IV	Any N	Any N	M1	IV	Any T	Any N	M1	

Notes

- ¹ Nodes are designated as 'clinically detectable' if they can be palpated on physical exam and are confirmed melanoma by pathology following excision/biopsy.
- ² MSI comprise any satellite, locally recurrent, or in transit lesions.
- 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.