

LUNG CANCER MINI-SERIES #2

Staging of Lung Cancer

Once your lung cancer is diagnosed, staging tells you and your health care provider about the size of your cancer (tumor) and how far it has spread. The stage of your cancer is based on your symptoms, results from tests like a CT ("cat") scan, and biopsies. A biopsy involves removing a piece of tissue (usually from your

lung or lymph node), and looking at it under a microscope. The stages of lung cancer are listed as I, II, III, and IV for non-small cell lung cancer and "limited" or "extensive" for small cell lung cancer. The higher the number (or when the word "extensive" is used) means the bigger the tumor and/or the more the cancer has spread.

Why is it important to know the stage of my lung cancer?

Finding out the stage of your lung cancer is important for two reasons. First, staging your lung cancer helps decide which therapy (or therapies) should be used. Second, lung cancer staging tells how much your cancer has spread. Knowing the stage of your cancer helps your health care team know the risks versus the benefits of different procedures and treatments. Treatments that are good for one stage may not be helpful for another stage, and in fact can be harmful to you. For example, if cancer has spread outside the lung, surgery to remove part of the lung may not improve your chance of living longer and may cause unnecessary harm. By knowing the stage of your cancer, you and your health care team can decide what is best for you.

How does staging differ between small cell lung cancer (SCLC) and non-small cell lung cancer (NSCLC)?

SCLC is divided into "limited" and "extensive" stages. Limited stage SCLC occurs when the lung cancer is limited to one side of the chest. Extensive stage occurs when the lung cancer has spread to the other side of the chest or to other organs such as the liver or brain.

NSCLC staging uses the TNM system. The initials TNM stand for the size and location of the **T**umor, the location

of cancer in the lymph **N**odes and if and where the cancer has spread (called **M**etastases). The staging system can be complicated but there are general rules that are used.

- The **T** number increases as the tumor gets bigger and how close it is to major structures in the chest like large airways in the lungs. The **T** number also increases if the cancer is growing into structures like the heart, major blood vessels, or tissues outside the lung.
- The **N** number says whether your cancer has spread to the lymph nodes. Lymph nodes are part of your immune system and cancer cells can spread into the lymph system. Usually, if the cancer has spread, it spreads to the nodes closest to the main tumor and then goes further away. Imaging studies (like a PET scan) are used to find possible lymph nodes affected by the cancer, but a biopsy is the best way to find out if the lymph nodes have cancer. The lymph node is rated as N1 if the cancer is found in the lymph nodes on the same side as the main tumor in the lung. A rating of N2 means cancer has spread to the middle part of the chest (called the mediastinum). A rating of N3 means the cancer has spread to the opposite lung or outside the chest. [A rating of N0 means the cancer has not been found in the lymph nodes.]
- The **M** says that metastases (spread of cancer) has happened throughout the body and is growing in other tissues or organs. Lung cancer often spreads to the brain, bones, adrenal glands, liver or other areas. The **M** stage is based on if the cancer has spread and where it has spread. Like the lymph node staging, imaging studies may help find out if a cancer has spread, but a biopsy is often a better way to find this out.



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