

## TNM Staging System

**T** refers to the size of the primary tumor

**N** will describe the extent of lymph node involvement

**M** refers to the presence or absence of metastases

### T Staging

#### Stage TX, T0, T1

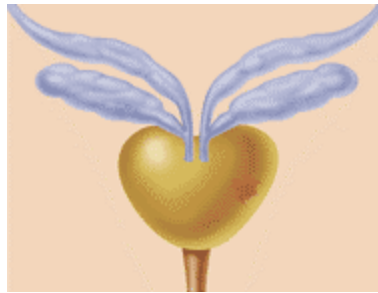
**Common treatment choices:** Prostatectomy or radiation therapy may be chosen for Stage T1. In addition, hormonal therapy may be used before, during, or after prostatectomy or radiation. In other cases, watchful waiting may be an option.

- TX** Primary tumor cannot be assessed.
- T0** No evidence of primary tumor.
- T1 (A)** Tumor not clinically apparent.
- T1a (A1)** Tumor incidentally found in  $\leq 5\%$  of prostate sample.
- T1b (A2)** Tumor incidentally found in  $> 5\%$  of prostate sample.
- T1c** Tumor identified at needle biopsy performed to investigate PSA elevation.

#### Stage T2

**Common treatment choices:** Treatment options for this stage often include prostatectomy and radiation therapy. In addition, hormonal therapy may be used before, during, or after prostatectomy or radiation. In other cases, watchful waiting may be an option.

- T2 (B)** Tumor palpable and confined to prostate.
- T2a (B1)** Tumor involves one prostate lobe.



- T2b (B2)** Tumor involves both prostate lobes.



#### Stage T3

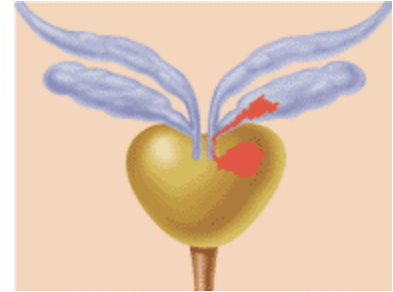
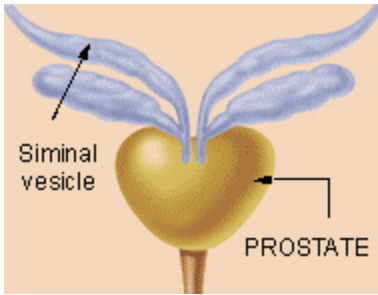
**Common treatment choices:** Prostatectomy, radiation therapy, or both are common choices during this stage. In addition, hormonal therapy may be used before, during, or after prostatectomy or radiation. In other cases, watchful waiting may be an option.


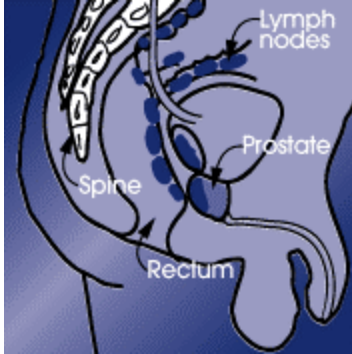
- T3 (C1 - tumor < 6 cm)** Tumor palpable and extends beyond prostate capsule.
- T3a (C1)** Tumor extends beyond prostate capsule, either on one side (unilaterally) or both sides (bilaterally).

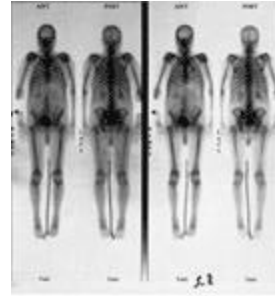


- T3b (C1)** Tumor invades seminal vesicles.





T Staging	N Staging	M Staging
<p><b>Stage T4</b></p> <p><b>Common treatment choices:</b> The treatment options available during Stage T4 are generally the same as those in Stage T3. However, prostatectomy is used less frequently.</p> <p><b>T4 (C2)</b> Tumor is fixed or invades adjacent anatomy other than seminal vesicles: bladder neck, external sphincter, rectum, levator muscles, and/or pelvic wall.</p> 	<p><b>Stage NX, N0, N1</b></p> <p><b>Common treatment choices:</b> Hormonal therapy is generally used. Prostatectomy or radiation may be used with hormonal therapy. Chemotherapy may be used later if hormonal therapy is no longer working. In other cases, watchful waiting may be an option.</p> <p><b>NX</b> Regional lymph nodes cannot be assessed.</p> <p><b>N0</b> No regional lymph node metastasis.</p> <p><b>N1(D1)</b> Metastasis in regional lymph node or nodes.</p> 	<p><b>Stage MX, M0, M1</b></p> <p><b>Common treatment choices:</b> Hormonal therapy is generally used. Chemotherapy may be used later if hormonal therapy is no longer working. In some cases, watchful waiting may be an option.</p> <p><b>MX</b> Presence of distant metastasis cannot be assessed.</p> <p><b>M0</b> No distant metastasis.</p>



A bone scan image. Dark spots ("hot spots") represent an accumulation of radioactive material which may indicate the presence of bone metastases.