

Stage III C

One of the following applies.

T4a, N2a, M0: The cancer has grown through the wall of the colon or rectum (including the visceral peritoneum) but has not reached nearby organs. It has spread to 4 to 6 nearby lymph nodes. It has not spread to distant sites.

T3-T4a, N2b, M0: The cancer has grown into the outermost layers of the colon or rectum (T3) or through the visceral peritoneum (T4a) but has not reached nearby organs. It has spread to 7 or more nearby lymph nodes. It has not spread to distant sites.

T4b, N1-N2, M0: The cancer has grown through the wall of the colon or rectum and is attached to or has grown into other nearby tissues or organs. It has spread to 1 or more nearby lymph nodes or into areas of fat near the lymph nodes. It has not spread to distant sites.

Stage IV A

Any T, Any N, M1a: The cancer may or may not have grown through the wall of the colon or rectum, and it may or may not have spread to nearby lymph nodes. It has spread to 1 distant organ (such as the liver or lung) or set of lymph nodes.

Stage IV B

Any T, Any N, M1b: The cancer may or may not have grown through the wall of the colon or rectum, and it may or may not have spread to nearby lymph nodes. It has spread to more than 1 distant organ (such as the liver or lung) or set of lymph nodes, or it has spread to distant parts of the peritoneum (the lining of the abdominal cavity).

c. Breast cancer

The following provides the example of TNM staging of breast cancer. Breast cancer takes a number of forms, as outlined below (35).

d. Breast cancer in situ (DCIS and LCIS)

Many breast cancers detected early, typically by mammography, are classified as breast cancer in situ. Two types of breast cancer in situ are: (1) ductal carcinoma in situ (DCIS) and (2) lobular carcinoma in situ (LCIS), as outlined below. Raju et al. (36) provide color photographs comparing the histology of DCIS and LCIS. Sullivan et al. (37) highlight the importance of a correct interpretation of the histology, as the two types of cancer are subjected to different types of treatment. DCIS can be managed

³⁵ University of California at San Francisco. <http://www.ucsfhealth.org/adult/medical_services/cancer/breast/conditions/breastcancer/signs.html>; May 8, 2007.

³⁶ Raju U, Mei L, Seema S, Hina Q, Wolman SR, Worsham MJ. Molecular classification of breast carcinoma in situ. *Curr Genomics*. 2006;7:523–532.

³⁷ Sullivan ME, Khan SA, Sullu Y, Schiller C, Susnik B. Lobular carcinoma in situ variants in breast cores: potential for misdiagnosis, upgrade rates at surgical excision, and practical implications. *Arch Pathol Lab Med*. 2010;134:1024–1028.