

Letters to the Editor

TNM classification: clarification of number of regional lymph nodes for pN0

Sir,

In the January 2001 issue of the *British Journal of Cancer* Klein Kranenbarg et al (2001) evaluated the latest TNM classification of gastric carcinoma (Sobin and Wittekind, 1997) and found the N (regional lymph node) classification to be the most important prognostic variable and that the 1997 edition's N classification had higher prognostic value than the N in the previous edition (Hermanek and Sobin, 1987). Although we are pleased with these findings, a clarification is needed regarding the number of regional lymph nodes needed to classify a case as pN0.

The authors believed there was a 'requirement for the examination of at least 15 nodes to justify the N0 status.' Consequently, 'patients with fewer examined negative nodes are unclassifiable (NX).'

The 1997 TNM gastric carcinoma classification states (Sobin and Wittekind, 1997): 'pN0 Histological examination of a regional lymphadenectomy specimen will ordinarily include 15 or more lymph nodes.' (This applies only to the pathological assessment, pN0, and not to the clinical N0 status.)

This statement was not intended to be a requirement for pN0, but rather a guideline. In fact, the TNM Supplement (Hermanek et al, 1993) notes for all tumour sites: 'If the examined lymph nodes are negative, but the number ordinarily resected is not met, classify as pN0.'

We hope you will call this to the attention of your readers so that similar cases need not be excluded from analysis. We will make this guideline more explicit in the next edition of TNM.

Questions regarding TNM classification can be addressed to the TNM helpdesk at <http://tnm.uicc.org>.

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A reply

Sir,

We are glad that our interpretation of the number of 15 examined negative nodes was too rigorous and that the confusion has been solved. Many other authors (Fujii et al, 1998; Roder et al, 1998; Ichikura et al, 1999; Kato et al, 1999) had the same assumption and excluded patients where < 15 nodes were examined. We could at least prove that 15 nodes was too strict and that less nodes were also sufficient. The main finding remains that the new classification had a better prognostic value.

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