

# AJCC 8<sup>th</sup> EDITION — HEAD & NECK STAGING QUICK REFERENCE

Oral Cavity · Oropharynx p16(+/-) · Hypopharynx · Larynx · Nasopharynx · Thyroid

■ **KEY 8<sup>th</sup> EDITION CHANGES:** (1) Oral Cavity T-stage uses DOI, not just size. (2) HPV+ Oropharynx: ENE does NOT affect N-stage. (3) ENE(+) = N3b for all other H&N; sites (cN and pN3b). (4) Thyroid staging shifts dramatically at age 55. (5) Minimal ETE no longer upstages thyroid.

## SHARED NODAL STAGING (Oral Cavity · OPX p16(-) · Hypopharynx · Larynx · Salivary · PNS)

| cN  | Clinical Definition                            | pN   | Pathological Definition                        |
|-----|--|------|--|
| N0  | No regional lymph node metastasis              | pN0  | No metastasis                                  |
| N1  | Single ipsilateral ≤3 cm, ENE(-)               | pN1  | Single ipsilateral ≤3 cm, ENE(-)               |
| N2a | Single ipsilateral >3–6 cm, ENE(-)             | pN2a | Single ≤3 cm ENE(+) OR >3–6 cm ENE(-)          |
| N2b | Multiple ipsilateral, none >6 cm, ENE(-)       | pN2b | Multiple ipsilateral, none >6 cm, ENE(-)       |
| N2c | Bilateral or contralateral, none >6 cm, ENE(-) | pN2c | Bilateral or contralateral, none >6 cm, ENE(-) |
| N3a | Any node >6 cm, ENE(-)                         | pN3a | Any >6 cm, ENE(-)                              |
| N3b | Any node(s), ENE(+) clinically                 | pN3b | Single >3 cm ENE(+) OR multiple any ENE(+)     |

■ ENE(+) = extranodal extension (clinical or pathological). ■ Radiographic evidence alone is insufficient for cENE(+).

## ORAL CAVITY

Lip · Tongue · Floor of Mouth · Buccal Mucosa · Hard Palate · Alveolus · Retromolar Trigone

| T   | Primary Tumor (T)   | Stage     | T     | N     | M  |
|-----|---|-----------|-------|-------|----|
| Tis | Carcinoma in situ   | Stage 0   | Tis   | N0    | M0 |
| T1  | ≤2 cm AND DOI ≤5 mm   | Stage I   | T1    | N0    | M0 |
| T2  | ≤2 cm with DOI >5–10 mm OR >2–4 cm with DOI ≤10 mm                                    | Stage II  | T2    | N0    | M0 |
| T3  | >4 cm OR any tumor with DOI >10 mm  | Stage III | T3    | N0    | M0 |
| T4a | Moderately advanced: cortical bone of mandible/maxilla, maxillary sinus, skin of face | Stage III | T1–3  | N1    | M0 |
| T4b | Very advanced: masticator space, pterygoid plates, skull base, encases ICA            | Stage IVA | T4a   | N0–2  | M0 |
|     |   | Stage IVA | T1–4a | N2    | M0 |
|     |   | Stage IVB | T4b   | Any N | M0 |
|     |   | Stage IVB | Any T | N3    | M0 |
|     |   | Stage IVC | Any T | Any N | M1 |

■ DOI = Depth of Invasion (NOT tumor thickness). Measured from nearest normal mucosal basement membrane to deepest point of invasion. ■ Shared cN / pN applies (see above).

## OROPHARYNX p16(+) / HPV-Associated

| T  | Primary Tumor (T)  |
|----|--|
| T0 | No primary identified; EBV(-), p16(+) neck node                              |
| T1 | ≤2 cm  |
| T2 | >2–4 cm  |
| T3 | >4 cm or extension to lingual epiglottis                                     |
| T4 | Larynx, extrinsic tongue, medial pterygoid, hard palate, mandible, or beyond |

| cN | Clinical Nodal — p16(+) specific       |
|----|--|
| N0 | No regional metastasis                 |
| N1 | One or more ipsilateral, none >6 cm    |
| N2 | Contralateral or bilateral, none >6 cm |
| N3 | Any node >6 cm                         |

| pN  | Pathological Nodal — p16(+) |
|-----|-----------------------------|
| pN0 | No metastasis               |
| pN1 | ≤4 metastatic nodes         |
| pN2 | >4 metastatic nodes         |

| Clinical Stage | T    | N    | M  |
|----------------|------|------|----|
| I              | T0–2 | N0–1 | M0 |
| II             | T0–2 | N2   | M0 |
| II             | T3   | N0–1 | M0 |
| III            | T0–3 | N3   | M0 |
| III            | T4   | N0–3 | M0 |
| IV             | Any  | Any  | M1 |

| Path Stage | T    | pN    | M  |
|------------|------|-------|----|
| I          | T0–2 | pN0–1 | M0 |
| II         | T0–2 | pN2   | M0 |
| II         | T3–4 | pN0–1 | M0 |
| III        | T3–4 | pN2   | M0 |
| III        | Any  | Any   | M1 |

■ ENE does NOT affect N-stage in HPV+ oropharynx. ■ Separate clinical and pathological staging systems.

## OROPHARYNX p16(-) / HYPOPHARYNX

Shared T and nodal staging

| T   | Primary Tumor (T)  |
|-----|--|
| T1  | ≤2 cm  |
| T2  | >2–4 cm  |
| T3  | >4 cm or extension to lingual epiglottis (OPX)   Hemi-larynx fixation or esophagus (HPX)   |
| T4a | OPX: Larynx, extrinsic tongue, med pterygoid, hard palate, mandible<br>HPX: Thyroid/cricoid cartilage, hyoid, thyroid gland, esophagus, central neck soft tissue |
| T4b | Lateral pterygoid/plates, lateral NP, skull base, carotid (OPX/HPX)  |

| Stage     | T     | N     | M  |
|-----------|-------|-------|----|
| Stage I   | T1    | N0    | M0 |
| Stage II  | T2    | N0    | M0 |
| Stage III | T3    | N0    | M0 |
| Stage III | T1–3  | N1    | M0 |
| Stage IVA | T4a   | N0–2  | M0 |
| Stage IVA | T1–4a | N2    | M0 |
| Stage IVB | T4b   | Any N | M0 |
| Stage IVB | Any T | N3    | M0 |
| Stage IVC | Any T | Any N | M1 |

■ p16(-) OPX uses same nodal system as Oral Cavity (Shared cN/pN). ■ OPX = Oropharynx · HPX = Hypopharynx.

## LARYNX

Supraglottic · Glottic · Subglottic

| T   | SUPRAGLOTTIC   |
|-----|--|
| T1  | One subsite, normal mobility   |
| T2  | Multiple subsites or glottis involvement, normal/impaired mobility               |
| T3  | Vocal cord fixation or paraglottic/pre-epiglottic/thyroid cartilage inner cortex |
| T4a | Through thyroid cartilage or extension outside larynx                            |
| T4b | Prevertebral, mediastinal, or encases carotid                                    |

| T   | GLOTTIC   |
|-----|---|
| T1a | One cord, normal mobility                                   |
| T1b | Both cords, normal mobility                                 |
| T2  | Supra- or subglottis extension OR impaired mobility         |
| T3  | Cord fixation or paraglottic/thyroid cartilage inner cortex |
| T4a | Through thyroid cartilage or outside larynx                 |
| T4b | Prevertebral/mediastinal/carotid encasement                 |

| Stage     | T     | N     | M  |
|-----------|-------|-------|----|
| Stage I   | T1    | N0    | M0 |
| Stage II  | T2    | N0    | M0 |
| Stage III | T3    | N0    | M0 |
| Stage III | T1–3  | N1    | M0 |
| Stage IVA | T4a   | N0–2  | M0 |
| Stage IVA | T1–4a | N2    | M0 |
| Stage IVB | T4b   | Any N | M0 |
| Stage IVB | Any T | N3    | M0 |
| Stage IVC | Any T | Any N | M1 |

■ ■ Vocal cord mobility is the primary T-stage discriminator. ■ Shared cN/pN applies. ■ Stage grouping is identical for supraglottic, glottic, and subglottic.

## NASOPHARYNX

EBV-Associated — Separate T and N staging system

| T  | Primary Tumor (T)   |
|----|---|
| T0 | No primary; EBV(+) cervical node(s)   |
| T1 | Nasopharynx, oropharynx, or nasal cavity without parapharyngeal extension           |
| T2 | Parapharyngeal extension or adjacent soft tissue involvement                        |
| T3 | Bony skull base, cervical vertebrae, pterygoid structures, or paranasal sinuses     |
| T4 | Intracranial, cranial nerves, hypopharynx, orbit, parotid, or lateral to pterygoids |

| N  | Nodal Staging — NPC-specific                     |
|----|--|
| N0 | No regional metastasis                           |
| N1 | Unilateral ≤6 cm, above caudal border of cricoid |
| N2 | Bilateral ≤6 cm, above caudal border of cricoid  |
| N3 | Any node >6 cm OR below caudal border of cricoid |

| Stage     | T     | N     | M  |
|-----------|-------|-------|----|
| Stage 0   | Tis   | N0    | M0 |
| Stage I   | T1    | N0    | M0 |
| Stage II  | T0–1  | N1    | M0 |
| Stage II  | T2    | N0–1  | M0 |
| Stage III | T0–2  | N2    | M0 |
| Stage III | T3    | N0–2  | M0 |
| Stage IVA | T4    | N0–2  | M0 |
| Stage IVA | T0–4  | N3    | M0 |
| Stage IVB | Any T | Any N | M1 |

■ ■ ENE does NOT affect N-stage. ■ ■ Completely separate nodal system from oral cavity/larynx sites. ■ pN = same as cN.

## THYROID

Differentiated (Papillary / Follicular) — Age cutoff at 55 years

| T   | Primary Tumor (T)   |
|-----|---|
| T1a | ≤1 cm, limited to thyroid   |
| T1b | >1–2 cm, limited to thyroid   |
| T2  | >2–4 cm, limited to thyroid   |
| T3a | >4 cm, limited to thyroid   |
| T3b | Gross extension into strap muscles only                                     |
| T4a | Extension into subcutaneous tissue, larynx, trachea, esophagus, or RLN      |
| T4b | Extension into prevertebral fascia, mediastinal vessels, or encases carotid |
| N   | Thyroid Nodal — specific  |
| N0a | Confirmed benign node(s)  |
| N0b | No radiologic/clinical evidence of nodal disease                            |
| N1a | Level VI or VII (central compartment)                                       |
| N1b | Levels I–V or retropharyngeal   |

| Age <55   | T     | N     | M  |
|-----------|-------|-------|----|
| Stage I   | Any T | Any N | M0 |
| Stage II  | Any T | Any N | M1 |
| Age ≥55   | T     | N     | M  |
| Stage I   | T1–2  | N0/NX | M0 |
| Stage II  | T1–2  | N1    | M0 |
| Stage II  | T3a/b | Any N | M0 |
| Stage III | T4a   | Any N | M0 |
| Stage IVA | T4b   | Any N | M0 |
| Stage IVB | Any T | Any N | M1 |

■ ■ Age cutoff of 55 years dramatically shifts stage — patients <55 max stage II regardless of T/N/M. ■ ■ Minimal (microscopic) ETE no longer upstages in 8th Ed. ■ pN = same as cN for thyroid.

## CERVICAL LYMPH NODE LEVELS — IMAGING-BASED CLASSIFICATION

Som PM, Curtin HD, Mancuso AA. Arch Otolaryngol Head Neck Surg. 1999;125:388–396

| Level                 | Imaging-Based Definition  | Key Landmark            | Primary Drainage   |
|-----------------------|---|-------------------------|--|
| IA (Submental)        | Between medial margins of anterior bellies of digastric muscles. Above hyoid, below mylohyoid.                              | Ant digastric bellies   | Floor of mouth — bilateral drainage                                  |
| IB (Submandibular)    | Lateral to IA nodes, anterior to posterior edge of each submandibular gland.  | Post edge submand gland | Oral cavity, lip, anterior tongue                                    |
| IIA                   | Upper internal jugular nodes. Skull base to bottom of hyoid. Anterior/medial/lateral to IJV — or posterior but inseparable. | Bottom of hyoid body    | Most common level for H&N; SCC metastasis                            |
| IIB                   | Level II node posterior to IJV with fat plane separating node from vein.  | Fat plane from IJV      | HPV+ OPX; nasopharynx; posterior tongue                              |
| III                   | Middle jugular nodes. Bottom of hyoid body to bottom of cricoid arch. Anterior to posterior SCM border.                     | Bottom of cricoid arch  | Larynx, hypopharynx, thyroid   |
| IV                    | Low jugular nodes. Bottom of cricoid arch to clavicle. Lateral to carotid artery.   | Clavicle                | Thyroid, subglottic, cervical esophagus; N3b risk                    |
| VA                    | Upper posterior triangle. Skull base to bottom of cricoid arch. Posterior to posterior SCM border.                          | Bottom of cricoid arch  | Nasopharynx, scalp, posterior neck SCC                               |
| VB                    | Lower posterior triangle. Bottom of cricoid arch to clavicle. Posterior/lateral to SCM–ant scalene line.                    | Clavicle                | Thyroid, nasopharynx; supraclavicular overlap                        |
| VI (Central)          | Upper visceral/central compartment. Between carotid arteries, bottom of hyoid to top of manubrium.                          | Top of manubrium        | Thyroid (N1a), subglottic larynx, hypopharynx                        |
| VII (Sup Mediastinal) | Between carotid arteries, below top of manubrium to innominate vein.  | Innominate vein         | Thyroid (N1a); requires sternotomy access                            |
| Retropharyngeal       | Within 2 cm of skull base, medial to internal carotid arteries. Lateral RP node is most important subgroup.                 | Medial to ICA           | Nasopharynx, posterior pharyngeal wall — imaging only, not dissected |
| Supraclavicular       | At or caudal to clavicle, lateral to carotid artery. Corresponds to Ho triangle (NPC).                                      | Clavicle level          | NPC = N3 (upstages); other sites = M1 risk                           |
| Parotid               | Intraparotid and periparotid nodes. Referred to by anatomical name, not level number.                                       | Parotid gland capsule   | Skin, ear, scalp, parotid primary SCC                                |

### SURGICAL NOTES FOR TUMOR BOARD

|   |   |
|---|---|
| Selective Neck Dissection (SND)         | Removes specific levels based on primary site drainage. Report levels by number and laterality (e.g., SND I–III right, II–IV left).         |
| Modified Radical Neck Dissection (MRND) | Removes I–V; preserves ≥1 of: SCM, IJV, CN XI. More common than radical in modern practice.   |
| Radical Neck Dissection                 | Removes I–V plus SCM, IJV, CN XI. Reserved for advanced nodal disease with structure involvement.   |
| ENE + Surgical Margin                   | ENE(+) on imaging = N3b (most sites). Pathological ENE significantly worsens prognosis; affects adjuvant treatment decisions.               |
| IIB Dissection Note                     | IIB dissection risks CN XI injury. ENT surgeons often omit IIB if IIA negative — radiologist should specifically report IIB involvement.    |
| Retropharyngeal Nodes                   | Not routinely dissected. Identified almost exclusively by imaging. Presence changes RT planning. Report medial vs lateral RP node location. |
| Level VI (Central Neck)                 | Critical for thyroid and subglottic primaries. N1a = level VI/VII. Separate from lateral neck dissection. Report unilateral vs bilateral.   |

Sources: AJCC Cancer Staging Manual 8th Ed (Amin MB et al., 2017) · Som PM, Curtin HD, Mancuso AA. Arch Otolaryngol Head Neck Surg 1999;125:388–396 · NCCN Clinical Practice Guidelines — Head & Neck Cancers · Generated for ENT Tumor Board clinical use, CentralSulcus.com