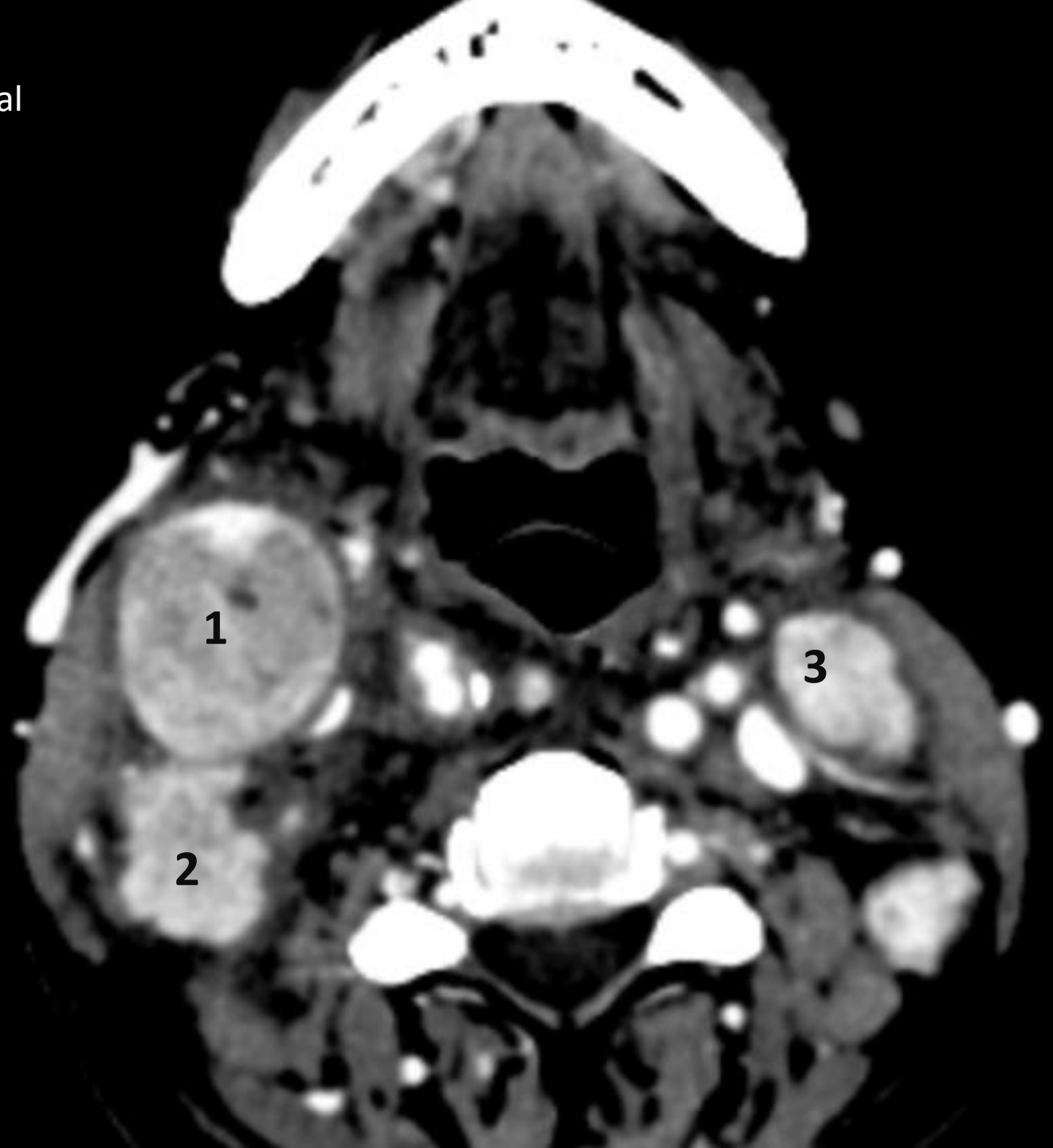
SJMCH, Bengaluru

Contributor of the Series

Known case of nasopharyngeal cancer.

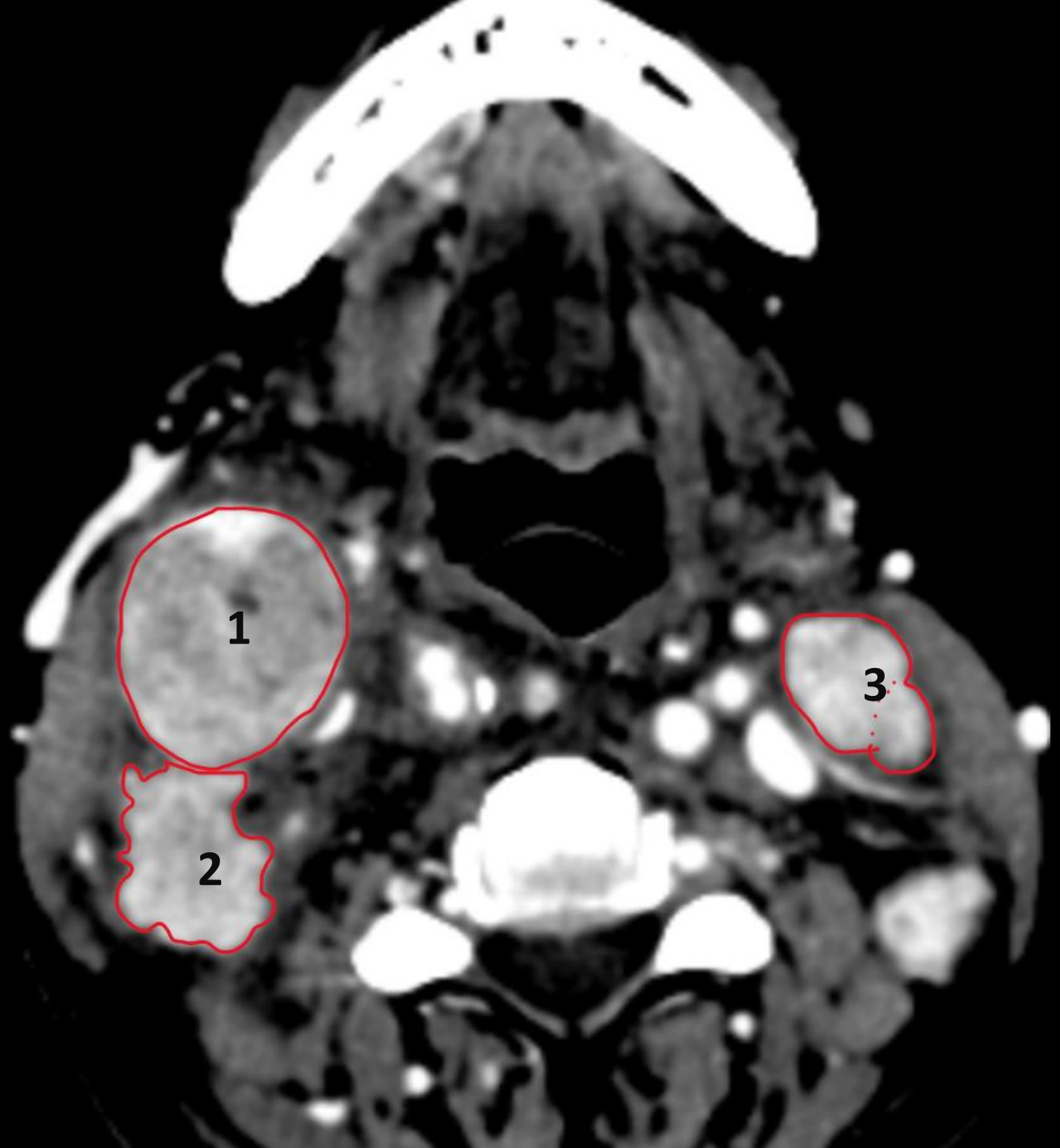
What is the N stage?



1. Enlarged node with regular smooth margins
2. Enlarged node with irregular margins.
3. Enlarged coalescing / conglomerating lymph node.

All are less than 6 cm. But, in view of iENE, it is N3 for nasopharyngeal carcinoma / p16+ oropharyngeal squamou cell carcinoma (OPSCC).

N3b for p16- OPSCC



Imaging-detected extranodal extension (iENE) on appropriate morphological imaging refers to unequivocal radiologic signs of tumour invasion through the capsule of a lymph node into either perinodal fat or adjacent tissues (e.g., skin, muscle, or neurovascular structures), **or** a coalescent nodal mass, which comprises **≥2 adjacent lymph nodes with loss of their intervening tissue planes and capsules to merge into a single indivisible structure**.

1- Enlarged node.
2- Enlarged but irregular – therefore iENE.
3- Enlarged and coalescing – loss of capsule and has become single indivisible structure.

- N stage for nasopharyngeal carcinoma 2025 update.
- iENE (any size) = N3

N – Regional Nodes

cNX	Regional lymph nodes cannot be assessed
cN0	No regional lymph node metastasis
cN1	Unilateral metastasis in cervical lymph node(s), and/or unilateral or bilateral metastasis in retropharyngeal lymph nodes, and 6 cm or less in greatest dimension, and above the caudal border of cricoid cartilage, and without advanced clinical/radiological extranodal extension*
cN2	Bilateral metastasis in cervical lymph nodes, and 6 cm or less in greatest dimension, and above the caudal border of cricoid cartilage, and without advanced clinical/radiological extranodal extension*
cN3	Metastasis in cervical lymph node(s) greater than 6 cm in greatest dimension or Extension below the caudal border of cricoid cartilage or Advanced clinical/radiological extranodal extension*

Notes

* Advanced radiological and/or clinical extranodal extension is unequivocal evidence of tumour invasion into adjacent structures (i.e., skin, muscle, salivary gland and/or neurovascular bundles) identified by appropriate morphological imaging or clinical examination.

Midline nodes are considered ipsilateral nodes.

iENE

- Core Imaging Features (CT/MRI):Irregular or spiculated nodal margins,Perinodal fat stranding or obliteration,Infiltration of adjacent muscles, vessels, or skin,Loss of nodal capsule sharpness and asymmetric enhancement.

- Presence of iENE is associated with worse locoregional control, distant metastasis, and reduced overall survival across HNSCC, NPC, and HPV-negative oropharyngeal carcinoma.

- Reporting Best Practice:Explicitly state presence / absence / suspicion of iENE,Describe extent (focal vs gross, involved compartments),Note adjacent structure invasion,Use standardized lexicon (e.g., iENE-definite/probable/indeterminate) to enhance multidisciplinary reproducibility.

- Staging charts can be referred for exact staging. Understanding basic Imaging biomarkers is more important and memorizing the stage.

Contributor

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