SHAREABLE PDF

Stage IV lung cancer: the relevance of tumour profile for the construction of prognostic groups

Ramón Rami-Porta[1,2] and Kwun M. Fong ⬤[3]

[1]Department of Thoracic Surgery, Hospital Universitari Mútua Terrassa, University of Barcelona, Terrassa, Spain. [2]Network of Centres for Biomedical Research in Respiratory Diseases (CIBERES) Lung Cancer Group, Terrassa, Spain. [3]The Prince Charles Hospital, University of Queensland Thoracic Research Centre, Department of Thoracic Medicine, Chermside, Australia.

Corresponding author: Ramón Rami-Porta (rramip@yahoo.es)

Check for updates

Shareable abstract (@ERSpublications)
The combination of anatomic and non-anatomic prognostic factors will increase our capacity to prognosticate for an individual patient with stage IV lung cancer http://bit.ly/3EssoFy

This single-page version can be shared freely online.

Believe it or not, the first edition of the tumour, node and metastasis (TNM) classification, published by the Union for International Cancer Control (UICC) in 1968, did not have stages. Stages, that is the grouping of tumours classified by the TNM system that have similar prognosis, were introduced in the second edition, published in 1975. There were only three, with metastatic disease included in stage III. It was not until the third edition of 1978 that stage IV was created to accommodate metastatic spread. The three categories then established (MX, metastasis cannot be assessed; M0, no distant metastasis; and M1, distant metastasis) remained unchanged until the seventh edition of the TNM classification [1]. The UICC and the American Joint Committee on Cancer, the two institutions responsible for the promulgation and periodic revisions of the classification, decided then to eliminate the MX category based on the fact that the presence or absence of distant metastases could be assessed by a well-taken medical history and a thoroughly performed physical examination. The other innovations derived from the analyses of international databases undertaken by the International Association for the Study of Lung Cancer (IASLC), who had taken the responsibility to revise the forthcoming editions of the TNM classification of thoracic malignancies based on data collected internationally. To inform the seventh edition, the IASLC database included 81 495 evaluable patients diagnosed of small and non-small cell lung cancer (NSCLC) [2]. The granularity of the database allowed the division of the former M1 category into M1a, intrathoracic metastasis, and M1b, extrathoracic metastasis [3]. For the eighth edition, the new IASLC database included 77 156 patients with lung cancer [4]. Once more, the detail of the database allowed further refinements in the M categories as it was found that the prognosis of having one or multiple extrathoracic metastases was different. M1a remained as it was, because all of its descriptors had similar prognosis, but M1b was reserved for the presence of only one extrathoracic metastasis, and the new category M1c was created to include multiple extrathoracic metastases, either in one or in several organs [5]. The ink of the M article was still wet when colleagues from Portugal analysed their own data. They could validate the three eighth edition M1 categories, but they also found a relevant result: having one or two extrathoracic metastases had the same prognosis [6]. It was clear that the last word on the M component of the TNM classification had not been said.