



# LIP AND ORAL CAVITY STAGING FORM

## ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> 0	Tis	N0	M0	<input type="checkbox"/> 0	Tis	N0	M0
<input type="checkbox"/> I	T1	N0	M0	<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> II	T2	N0	M0	<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> III	T3	N0	M0	<input type="checkbox"/> III	T3	N0	M0
	T1	N1	M0		T1	N1	M0
	T2	N1	M0		T2	N1	M0
	T3	N1	M0		T3	N1	M0
<input type="checkbox"/> IVA	T4a	N0	M0	<input type="checkbox"/> IVA	T4a	N0	M0
	T4a	N1	M0		T4a	N1	M0
	T1	N2	M0		T1	N2	M0
	T2	N2	M0		T2	N2	M0
	T3	N2	M0		T3	N2	M0
	T4a	N2	M0		T4a	N2	M0
<input type="checkbox"/> IVB	Any T	N3	M0	<input type="checkbox"/> IVB	Any T	N3	M0
	T4b	Any N	M0		T4b	Any N	M0
<input type="checkbox"/> IVC	Any T	Any N	M1	<input type="checkbox"/> IVC	Any T	Any N	M1
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> Stage unknown			

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

- Size of Lymph Nodes: \_\_\_\_\_
- Extracapsular Extension from Lymph Nodes for Head & Neck: \_\_\_\_\_
- Head & Neck Lymph Nodes Levels I-III: \_\_\_\_\_
- Head & Neck Lymph Nodes Levels IV-V: \_\_\_\_\_
- Head & Neck Lymph Nodes Levels VI-VII: \_\_\_\_\_
- Other Lymph Node Group: \_\_\_\_\_
- Clinical Location of cervical nodes: \_\_\_\_\_
- Extracapsular spread (ECS) Clinical: \_\_\_\_\_
- Extracapsular spread (ECS) Pathologic: \_\_\_\_\_
- Human Papillomavirus (HPV) Status: \_\_\_\_\_
- Tumor Thickness: \_\_\_\_\_

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

<p><b>HOSPITAL NAME/ADDRESS</b></p>	<p><b>PATIENT NAME/INFORMATION</b></p>
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## LIP AND ORAL CAVITY STAGING FORM

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

**General Notes (continued):**

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning  NCCN  Other (describe): \_\_\_\_\_

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/Time

<p><b>HOSPITAL NAME/ADDRESS</b></p>	<p><b>PATIENT NAME/INFORMATION</b></p>
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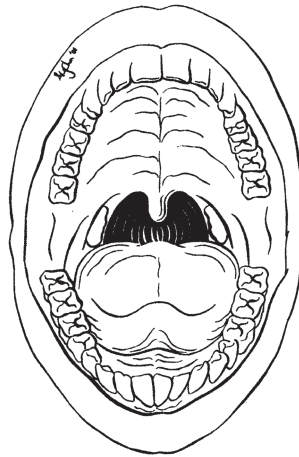
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# LIP AND ORAL CAVITY STAGING FORM

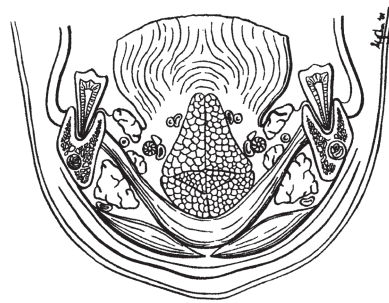
## Illustration

Indicate on diagram primary tumor and regional nodes involved.

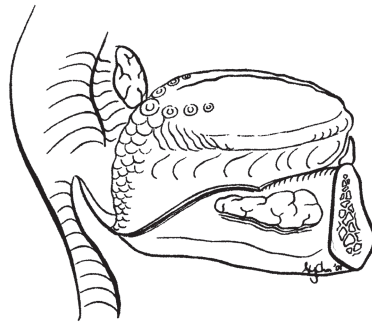
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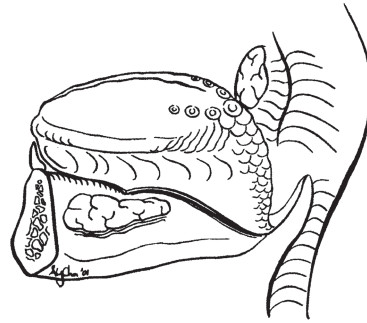
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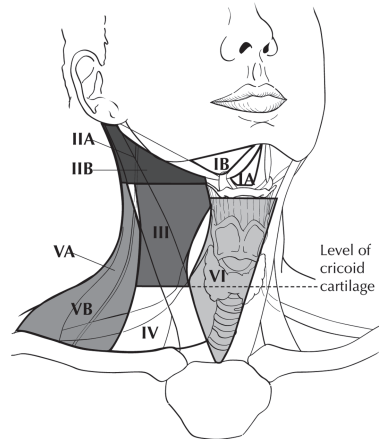
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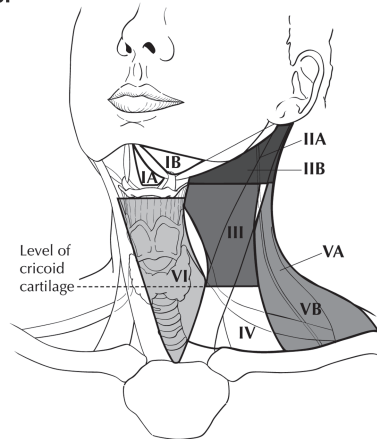
4.



5.



6.



HOSPITAL NAME/ADDRESS

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## PHARYNX STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease during and from surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____ <b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> <b>TX</b> <input type="checkbox"/> <b>T0</b> <input type="checkbox"/> <b>Tis</b>  <input type="checkbox"/> <b>T1</b> <input type="checkbox"/> <b>T2</b> <input type="checkbox"/> <b>T3</b> <input type="checkbox"/> <b>T4</b>  <input type="checkbox"/> <b>T1</b> <input type="checkbox"/> <b>T2</b> <input type="checkbox"/> <b>T3</b> <input type="checkbox"/> <b>T4a</b>  <input type="checkbox"/> <b>T4b</b>  <input type="checkbox"/> <b>T1</b> <input type="checkbox"/> <b>T2</b> <input type="checkbox"/> <b>T3</b> <input type="checkbox"/> <b>T4a</b>  <input type="checkbox"/> <b>T4b</b>	<p style="text-align: center;"><b>PRIMARY TUMOR (T)</b></p> <p>TX    Primary tumor cannot be assessed            T0    No evidence of primary tumor            Tis    Carcinoma <i>in situ</i></p> <p><b>Nasopharynx</b>            Tumor confined to the nasopharynx, or extends to oropharynx and/or nasal cavity without parapharyngeal extension*            Tumor with parapharyngeal extension*            Tumor involves bony structures of skull base and/or paranasal sinuses            Tumor with intracranial extension and/or involvement of involvement of cranial nerves, hypopharynx, orbit, or with extension to the infratemporal fossa/ masticator space</p> <p>* Parapharyngeal extension denotes posterolateral infiltration of tumor.</p> <p><b>Oropharynx</b>            Tumor 2 cm or less in greatest dimension            Tumor more than 2 cm but not more than 4 cm in greatest dimension            Tumor more than 4 cm in greatest dimension or extension to lingual surface of epiglottis            Moderately advanced local disease.            Tumor invades the larynx, extrinsic muscle of tongue, medial pterygoid, hard palate, or mandible*            Very advanced local disease.            Tumor invades lateral pterygoid muscle, pterygoid plates, lateral nasopharynx, or skull base or encases carotid artery</p> <p>* Mucosal extension to lingual surface of epiglottis from primary tumors of the base of the tongue and vallecula does not constitute invasion of larynx.</p> <p><b>Hypopharynx</b>            Tumor limited to one subsite of hypopharynx and/or 2 cm or less in greatest dimension            Tumor invades more than one subsite of hypopharynx or an adjacent site, or measures more than 2 cm but not more than 4 cm in greatest dimension without fixation of hemilarynx            Tumor more than 4 cm in greatest dimension or with fixation of hemilarynx or extension to esophagus            Moderately advanced local disease.            Tumor invades thyroid/cricoid cartilage, hyoid bone, thyroid gland, or central compartment soft tissue*            Very advanced local disease.            Tumor invades prevertebral fascia, encases carotid artery, or involves mediastinal structures</p> <p>* Central compartment soft tissue includes prelaryngeal strap muscles and subcutaneous fat.</p>	<input type="checkbox"/> <b>TX</b> <input type="checkbox"/> <b>T0</b> <input type="checkbox"/> <b>Tis</b>  <input type="checkbox"/> <b>T1</b> <input type="checkbox"/> <b>T2</b> <input type="checkbox"/> <b>T3</b> <input type="checkbox"/> <b>T4</b>  <input type="checkbox"/> <b>T1</b> <input type="checkbox"/> <b>T2</b> <input type="checkbox"/> <b>T3</b> <input type="checkbox"/> <b>T4a</b>  <input type="checkbox"/> <b>T4b</b>  <input type="checkbox"/> <b>T1</b> <input type="checkbox"/> <b>T2</b> <input type="checkbox"/> <b>T3</b> <input type="checkbox"/> <b>T4a</b>  <input type="checkbox"/> <b>T4b</b>

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## PHARYNX STAGING FORM

REGIONAL LYMPH NODES (N)		
	<p style="text-align: center;"><b>Nasopharynx</b></p> <p>The distribution and the prognostic impact of regional lymph node spread from nasopharynx cancer, particularly of the undifferentiated type, are different from those of other head and neck mucosal cancers and justify the use of a different N classification scheme.</p>	
<input type="checkbox"/> <b>NX</b> <input type="checkbox"/> <b>N0</b> <input type="checkbox"/> <b>N1</b>  <input type="checkbox"/> <b>N2</b>  <input type="checkbox"/> <b>N3</b> <input type="checkbox"/> <b>N3a</b> <input type="checkbox"/> <b>N3b</b>	<p>Regional lymph nodes cannot be assessed</p> <p>No regional lymph node metastasis</p> <p>Unilateral metastasis in lymph node(s), 6 cm or less in greatest dimension, above the supraclavicular fossa, and/or unilateral or bilateral, retropharyngeal lymph nodes, 6 cm or less, in greatest dimension*</p> <p>Bilateral metastasis in lymph node(s), 6 cm or less in greatest dimension, above the supraclavicular fossa*</p> <p>Metastasis in a lymph node(s)* &gt;6 cm and/or extension to supraclavicular fossa Greater than 6 cm in dimension</p> <p>Extension to the supraclavicular fossa**</p> <p>* Midline nodes are considered ipsilateral nodes.                      **Supraclavicular zone or fossa is relevant to the staging of nasopharyngeal carcinoma and is the triangular region originally described by Ho. It is defined by three points: (1) the superior margin of the sternal end of the clavicle, (2) the superior margin of the lateral end of the clavicle, (3) the point where the neck meets the shoulder (see Fig. 4.2). Note that this would include caudal portions of Levels IV and VB. All cases with lymph nodes (whole or part) in the fossa are considered N3b.</p>	<input type="checkbox"/> <b>NX</b> <input type="checkbox"/> <b>N0</b> <input type="checkbox"/> <b>N1</b>  <input type="checkbox"/> <b>N2</b>  <input type="checkbox"/> <b>N3</b> <input type="checkbox"/> <b>N3a</b> <input type="checkbox"/> <b>N3b</b>
<input type="checkbox"/> <b>NX</b> <input type="checkbox"/> <b>N0</b> <input type="checkbox"/> <b>N1</b> <input type="checkbox"/> <b>N2</b>  <input type="checkbox"/> <b>N2a</b> <input type="checkbox"/> <b>N2b</b> <input type="checkbox"/> <b>N2c</b> <input type="checkbox"/> <b>N3</b>	<p style="text-align: center;"><b>Oropharynx and Hypopharynx</b></p> <p>Regional lymph nodes cannot be assessed</p> <p>No regional lymph node metastasis</p> <p>Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension</p> <p>Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension, or in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension, or in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension</p> <p>Metastasis in a single ipsilateral lymph node more than 3 cm but not more than 6 cm in greatest dimension</p> <p>Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension</p> <p>Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension</p> <p>Metastasis in a lymph node more than 6 cm in greatest dimension</p> <p>* Metastases at Level VII are considered regional lymph node metastases.</p>	<input type="checkbox"/> <b>NX</b> <input type="checkbox"/> <b>N0</b> <input type="checkbox"/> <b>N1</b> <input type="checkbox"/> <b>N2</b>  <input type="checkbox"/> <b>N2a</b> <input type="checkbox"/> <b>N2b</b> <input type="checkbox"/> <b>N2c</b> <input type="checkbox"/> <b>N3</b>
<input type="checkbox"/> <b>M0</b> <input type="checkbox"/> <b>M1</b>	<p style="text-align: center;"><b>DISTANT METASTASIS (M)</b></p> <p>No distant metastasis (no pathologic M0; use clinical M to complete stage group)</p> <p>Distant metastasis</p>	<input type="checkbox"/> <b>M1</b>

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## PHARYNX STAGING FORM

### ANATOMIC STAGE • PROGNOSTIC GROUPS-NASOPHARYNX

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> 0	Tis	N0	M0	<input type="checkbox"/> 0	Tis	N0	M0
<input type="checkbox"/> I	T1	N0	M0	<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> II	T1	N1	M0	<input type="checkbox"/> II	T1	N1	M0
	T2	N0	M0		T2	N0	M0
	T2	N1	M0		T2	N1	M0
<input type="checkbox"/> III	T1	N2	M0	<input type="checkbox"/> III	T1	N2	M0
	T2	N2	M0		T2	N2	M0
	T3	N0	M0		T3	N0	M0
	T3	N1	M0		T3	N1	M0
<input type="checkbox"/> IVA	T4	N2	M0	<input type="checkbox"/> IVA	T3	N2	M0
	T4	N0	M0		T4	N0	M0
	T4	N1	M0		T4	N1	M0
<input type="checkbox"/> IVB	Any T	N3	M0	<input type="checkbox"/> IVB	Any T	N3	M0
<input type="checkbox"/> IVC	Any T	Any N	M1	<input type="checkbox"/> IVC	Any T	Any N	M1
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> Stage unknown			

### ANATOMIC STAGE • PROGNOSTIC GROUPS-OROPHARYNX, HYPOPHARYNX

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> 0	Tis	N0	M0	<input type="checkbox"/> 0	Tis	N0	M0
<input type="checkbox"/> I	T1	N0	M0	<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> II	T2	N0	M0	<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> III	T3	N0	M0	<input type="checkbox"/> III	T3	N0	M0
	T1	N1	M0		T1	N1	M0
	T2	N1	M0		T2	N1	M0
<input type="checkbox"/> IVA	T3	N1	M0	<input type="checkbox"/> IVA	T3	N1	M0
	T4a	N0	M0		T4a	N0	M0
	T4a	N1	M0		T4a	N1	M0
	T1	N2	M0		T1	N2	M0
<input type="checkbox"/> IVB	T2	N2	M0	<input type="checkbox"/> IVB	T2	N2	M0
	T3	N2	M0		T3	N2	M0
	T4a	N2	M0		T4a	N2	M0
	T4b	Any N	M0		T4b	Any N	M0
<input type="checkbox"/> IVC	Any T	N3	M0	<input type="checkbox"/> IVC	Any T	N3	M0
<input type="checkbox"/> IVC	Any T	Any N	M1	<input type="checkbox"/> IVC	Any T	Any N	M1
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> Stage unknown			

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# PHARYNX STAGING FORM

## PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

- Size of Lymph Nodes: \_\_\_\_\_
- Extracapsular Extension from Lymph Nodes for Head & Neck: \_\_\_\_\_
- Head & Neck Lymph Nodes Levels I-III: \_\_\_\_\_
- Head & Neck Lymph Nodes Levels IV-V: \_\_\_\_\_
- Head & Neck Lymph Nodes Levels VI-VII: \_\_\_\_\_
- Other Lymph Node Group: \_\_\_\_\_
- Clinical Location of cervical nodes: \_\_\_\_\_
- Extracapsular spread (ECS) Clinical: \_\_\_\_\_
- Extracapsular spread (ECS) Pathologic: \_\_\_\_\_
- Human Papillomavirus (HPV) Status: \_\_\_\_\_
- Tumor Thickness: \_\_\_\_\_

**General Notes:**

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**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

**Grade**

- |   |  |
|---|--|
| <input type="checkbox"/> 2 grade system<br><input type="checkbox"/> 3 grade system<br><input type="checkbox"/> 4 grade system<br><input type="checkbox"/> No 2, 3, or 4 grade system is available | <input type="checkbox"/> Grade I or 1<br><input type="checkbox"/> Grade II or 2<br><input type="checkbox"/> Grade III or 3<br><input type="checkbox"/> Grade IV or 4 |
|---|--|

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

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# PHARYNX STAGING FORM

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning     NCCN     Other (describe): \_\_\_\_\_

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/Time

**HOSPITAL NAME/ADDRESS**

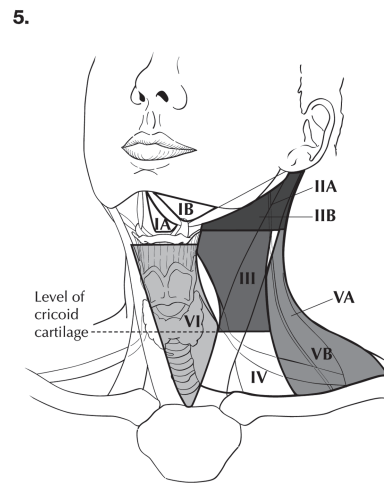
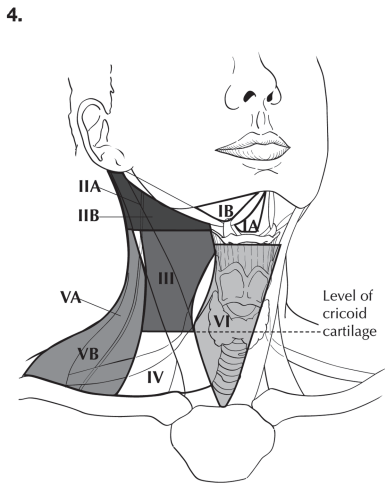
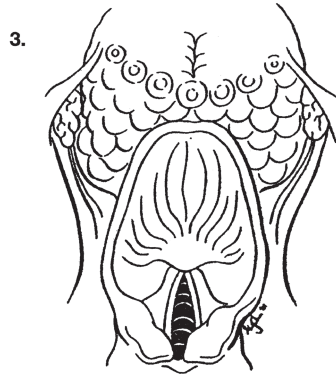
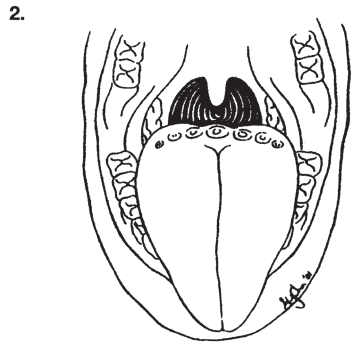
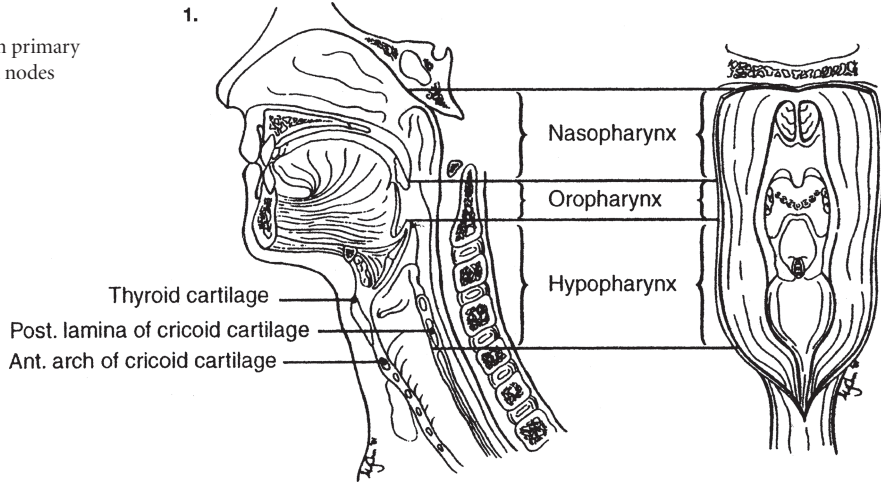
**PATIENT NAME/INFORMATION**

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# PHARYNX STAGING FORM

**Illustration**

Indicate on diagram primary tumor and regional nodes involved.



HOSPITAL NAME/ADDRESS

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# LARYNX STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease during and from surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____  <b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis  <input type="checkbox"/> T1 <input type="checkbox"/> T2  <input type="checkbox"/> T3  <input type="checkbox"/> T4a  <input type="checkbox"/> T4b  <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2  <input type="checkbox"/> T3  <input type="checkbox"/> T4a  <input type="checkbox"/> T4b  <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a  <input type="checkbox"/> T4b	<b>PRIMARY TUMOR (T)</b>  Primary tumor cannot be assessed No evidence of primary tumor Carcinoma in situ  <b>Supraglottis</b> Tumor limited to one subsite of supraglottis with normal vocal cord mobility Tumor invades mucosa of more than one adjacent subsite of supraglottis or glottis or region outside the supraglottis (e.g., mucosa of base of tongue, vallecula, medial wall of pyriform sinus) without fixation of the larynx Tumor limited to larynx with vocal cord fixation and/or invades any of the following: postcricoid area, pre-epiglottic space, paraglottic space, and/or inner cortex of thyroid cartilage. Moderately advanced local disease. Tumor invades through the thyroid cartilage and/or invades tissues beyond the larynx (e.g., trachea, soft tissues of neck including deep extrinsic muscle of the tongue, strap muscles, thyroid, or esophagus) Very advanced local disease. Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures  <b>Glottis</b> Tumor limited to the vocal cord(s) (may involve anterior or posterior commissure) with normal mobility Tumor limited to one vocal cord Tumor involves both vocal cords Tumor extends to supraglottis and/or subglottis, and/or with impaired vocal cord mobility Tumor limited to the larynx with vocal cord fixation and/or invasion of paraglottic space, and/or inner cortex of the thyroid cartilage Moderately advanced local disease. Tumor invades through the outer cortex of the thyroid cartilage and/or invades tissues beyond the larynx (e.g., trachea, soft tissues of neck including deep extrinsic muscle of the tongue, strap muscles, thyroid, or esophagus) Very advanced local disease. Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures  <b>Subglottis</b> Tumor limited to the subglottis Tumor extends to vocal cord(s) with normal or impaired mobility Tumor limited to larynx with vocal cord fixation Moderately advanced local disease. Tumor invades cricoid or thyroid cartilage and/or invades tissues beyond the larynx (e.g., trachea, soft tissues of neck including deep extrinsic muscles of the tongue, strap muscles, thyroid, or esophagus) Very advanced local disease. Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis  <input type="checkbox"/> T1 <input type="checkbox"/> T2  <input type="checkbox"/> T3  <input type="checkbox"/> T4a  <input type="checkbox"/> T4b  <input type="checkbox"/> T1  <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2  <input type="checkbox"/> T3  <input type="checkbox"/> T4a  <input type="checkbox"/> T4b  <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a  <input type="checkbox"/> T4b
<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>	

*(continued on next page)*

## LARYNX STAGING FORM

REGIONAL LYMPH NODES (N)*		
<input type="checkbox"/> NX	Regional lymph nodes cannot be assessed	<input type="checkbox"/> NX
<input type="checkbox"/> N0	No regional lymph node metastasis	<input type="checkbox"/> N0
<input type="checkbox"/> N1	Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension	<input type="checkbox"/> N1
<input type="checkbox"/> N2	Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension, or in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension, or in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension	<input type="checkbox"/> N2
<input type="checkbox"/> N2a	Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension	<input type="checkbox"/> N2a
<input type="checkbox"/> N2b	Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension	<input type="checkbox"/> N2b
<input type="checkbox"/> N2c	Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension	<input type="checkbox"/> N2c
<input type="checkbox"/> N3	Metastasis in a lymph node, more than 6 cm in greatest dimension	<input type="checkbox"/> N3

\*Note: Metastases at level VII are considered regional lymph node metastases.

DISTANT METASTASIS (M)		
<input type="checkbox"/> M0	No distant metastasis (no pathologic M0; use clinical M to complete stage group)	<input type="checkbox"/> M1
<input type="checkbox"/> M1	Distant metastasis	

### ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> 0	Tis	N0	M0	<input type="checkbox"/> 0	Tis	N0	M0
<input type="checkbox"/> I	T1	N0	M0	<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> II	T2	N0	M0	<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> III	T3	N0	M0	<input type="checkbox"/> III	T3	N0	M0
	T1	N1	M0		T1	N1	M0
	T2	N1	M0		T2	N1	M0
<input type="checkbox"/> IVA	T3	N1	M0	<input type="checkbox"/> IVA	T3	N1	M0
	T4a	N0	M0		T4a	N0	M0
	T4a	N1	M0		T4a	N1	M0
	T1	N2	M0		T1	N2	M0
	T2	N2	M0		T2	N2	M0
<input type="checkbox"/> IVB	T3	N2	M0	<input type="checkbox"/> IVB	T3	N2	M0
	T4a	N2	M0		T4a	N2	M0
	T4b	Any N	M0		T4b	Any N	M0
	Any T	N3	M0		Any T	N3	M0
<input type="checkbox"/> IVC	Any T	Any N	M1	<input type="checkbox"/> IVC	Any T	Any N	M1
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> Stage unknown			

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION
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# LARYNX STAGING FORM

## PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

- Size of Lymph Nodes: \_\_\_\_\_
- Extracapsular Extension from Lymph Nodes for Head & Neck: \_\_\_\_\_
- Head & Neck Lymph Nodes Levels I-III: \_\_\_\_\_
- Head & Neck Lymph Nodes Levels IV-V: \_\_\_\_\_
- Head & Neck Lymph Nodes Levels VI-VII: \_\_\_\_\_
- Other Lymph Node Group: \_\_\_\_\_
- Clinical Location of Cervical Nodes: \_\_\_\_\_
- Extracapsular Spread (ECS) Clinical: \_\_\_\_\_
- Extracapsular Spread (ECS) Pathologic: \_\_\_\_\_
- Human Papillomavirus (HPV) Status: \_\_\_\_\_
- Tumor Thickness: \_\_\_\_\_

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

**Histologic Grade (G) (also known as overall grade)**

**Grading system**

**Grade**

- |  |   |
|--|---|
| <input type="checkbox"/> 2 grade system                          | <input type="checkbox"/> Grade I or 1   |
| <input type="checkbox"/> 3 grade system                          | <input type="checkbox"/> Grade II or 2  |
| <input type="checkbox"/> 4 grade system                          | <input type="checkbox"/> Grade III or 3 |
| <input type="checkbox"/> No 2, 3, or 4 grade system is available | <input type="checkbox"/> Grade IV or 4  |

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

<p><b>HOSPITAL NAME/ADDRESS</b></p>	<p><b>PATIENT NAME/INFORMATION</b></p>
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# LARYNX STAGING FORM

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning    NCCN    Other (describe): \_\_\_\_\_

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/Time

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION
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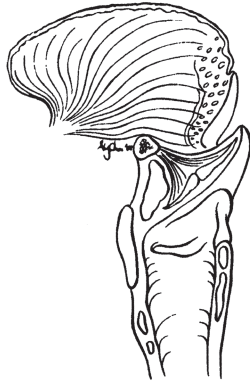
*(continued from previous page)*

# LARYNX STAGING FORM

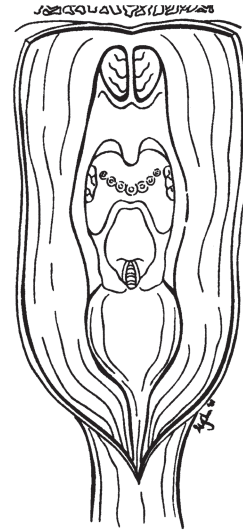
## Illustration

Indicate on diagram primary tumor and regional nodes involved.

1.



2.



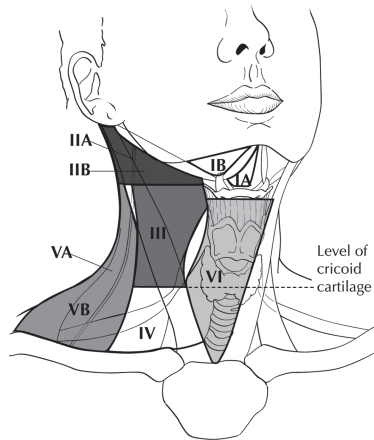
3.



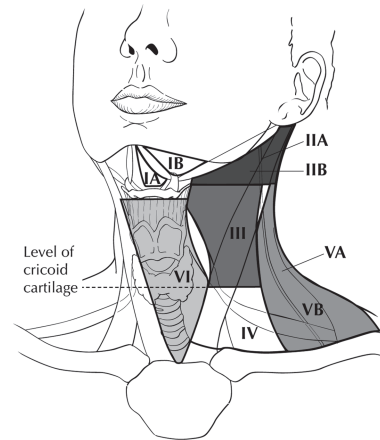
4.



5.



6.



HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

## NASAL CAVITY AND PARANASAL SINUSES STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____  <b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis  <input type="checkbox"/> T1 <input type="checkbox"/> T2  <input type="checkbox"/> T3  <input type="checkbox"/> T4a <input type="checkbox"/> T4b  <input type="checkbox"/> T1 <input type="checkbox"/> T2  <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b	<p style="text-align: center;"><b>PRIMARY TUMOR (T)</b></p> <p>Primary tumor cannot be assessed            No evidence of primary tumor            Tis Carcinoma <i>in situ</i></p> <p><b>Maxillary Sinus</b>            Tumor limited to maxillary sinus mucosa with no erosion or destruction of bone            Tumor causing bone erosion or destruction including extension into the hard palate and/or middle nasal meatus, except extension to posterior wall of maxillary sinus and pterygoid plates            Tumor invades any of the following: bone of the posterior wall of maxillary sinus, subcutaneous tissues, floor or medial wall of orbit, pterygoid fossa, ethmoid sinuses            Moderately advanced local disease.            Tumor invades anterior orbital contents, skin of cheek, pterygoid plates, infratemporal fossa, cribriform plate, sphenoid or frontal sinuses            Very advanced local disease.            Tumor invades any of the following: orbital apex, dura, brain, middle cranial fossa, cranial nerves other than maxillary division of trigeminal nerve (V<sub>2</sub>), nasopharynx, or clivus</p> <p><b>Nasal Cavity and Ethmoid Sinus</b>            Tumor restricted to any one subsite, with or without bony invasion            Tumor invading two subsites in a single region or extending to involve an adjacent region within the nasoethmoidal complex, with or without bony invasion            Tumor extends to invade the medial wall or floor of the orbit, maxillary sinus, palate, or cribriform plate            Moderately advanced local disease.            Tumor invades any of the following: anterior orbital contents, skin of nose or cheek, minimal extension to anterior cranial fossa, pterygoid plates, sphenoid or frontal sinuses            Very advanced local disease.            Tumor invades any of the following: orbital apex, dura, brain, middle cranial fossa, cranial nerves other than (V<sub>2</sub>), nasopharynx, or clivus</p>	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis  <input type="checkbox"/> T1 <input type="checkbox"/> T2  <input type="checkbox"/> T3  <input type="checkbox"/> T4a <input type="checkbox"/> T4b  <input type="checkbox"/> T1 <input type="checkbox"/> T2  <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2  <input type="checkbox"/> N2a	<p style="text-align: center;"><b>REGIONAL LYMPH NODES (N)</b></p> <p>Regional lymph nodes cannot be assessed            No regional lymph node metastasis            Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension            Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension, or in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension, or in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension            Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension</p>	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2  <input type="checkbox"/> N2a
<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>	

*(continued on next page)*



## NASAL CAVITY AND PARANASAL SINUSES STAGING FORM

<input type="checkbox"/> <b>N2b</b> <input type="checkbox"/> <b>N2c</b> <input type="checkbox"/> <b>N3</b>	Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension Metastasis in a lymph node, more than 6 cm in greatest dimension	<input type="checkbox"/> <b>N2b</b> <input type="checkbox"/> <b>N2c</b> <input type="checkbox"/> <b>N3</b>
<input type="checkbox"/> <b>M0</b> <input type="checkbox"/> <b>M1</b>	<b>DISTANT METASTASIS (M)</b> No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis	<input type="checkbox"/> <b>M1</b>

### ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> 0	Tis	N0	M0	<input type="checkbox"/> 0	Tis	N0	M0
<input type="checkbox"/> I	T1	N0	M0	<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> II	T2	N0	M0	<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> III	T3	N0	M0	<input type="checkbox"/> III	T3	N0	M0
	T1	N1	M0		T1	N1	M0
	T2	N1	M0		T2	N1	M0
<input type="checkbox"/> IVA	T3	N1	M0	<input type="checkbox"/> IVA	T3	N1	M0
	T4a	N0	M0		T4a	N0	M0
	T4a	N1	M0		T4a	N1	M0
	T1	N2	M0		T1	N2	M0
	T2	N2	M0		T2	N2	M0
<input type="checkbox"/> IVB	T3	N2	M0	<input type="checkbox"/> IVB	T3	N2	M0
	T4a	N2	M0		T4a	N2	M0
	T4b	Any N	M0		T4b	Any N	M0
<input type="checkbox"/> IVC	Any T	N3	M0	<input type="checkbox"/> IVC	Any T	N3	M0
	Any T	Any N	M1		Any T	Any N	M1
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> Stage unknown			

#### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

- Size of Lymph Nodes \_\_\_\_\_
- Extracapsular Extension from Lymph Nodes for Head & Neck \_\_\_\_\_
- Head & Neck Lymph Nodes Levels I-III \_\_\_\_\_
- Head & Neck Lymph Nodes Levels IV-V \_\_\_\_\_
- Head & Neck Lymph Nodes Levels VI-VII \_\_\_\_\_
- Other Lymph Nodes Group \_\_\_\_\_
- Clinical Location of cervical nodes \_\_\_\_\_
- Extracapsular spread (ECS) Clinical \_\_\_\_\_
- Extracapsular spread (ECS) Pathologic \_\_\_\_\_
- Human Papillomavirus (HPV) Status \_\_\_\_\_
- Tumor Thickness \_\_\_\_\_

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>
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# NASAL CAVITY AND PARANASAL SINUSES STAGING FORM

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

**General Notes (continued):**

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning  NCCN  Other (describe): \_\_\_\_\_

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/Time

<p><b>HOSPITAL NAME/ADDRESS</b></p>   	<p><b>PATIENT NAME/INFORMATION</b></p>   
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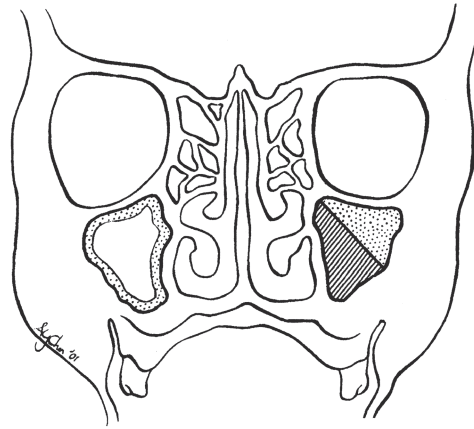
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# NASAL CAVITY AND PARANASAL SINUSES STAGING FORM

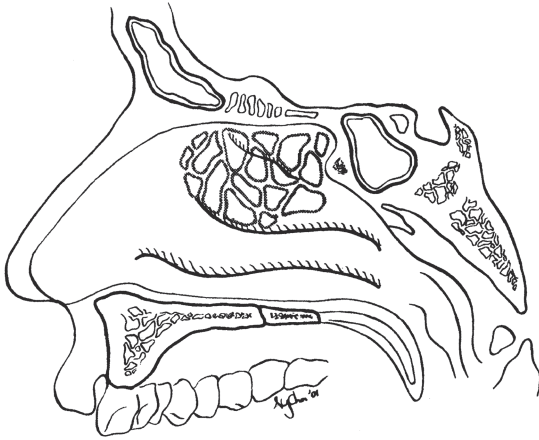
## Illustration

Indicate on diagram primary tumor and regional nodes involved.

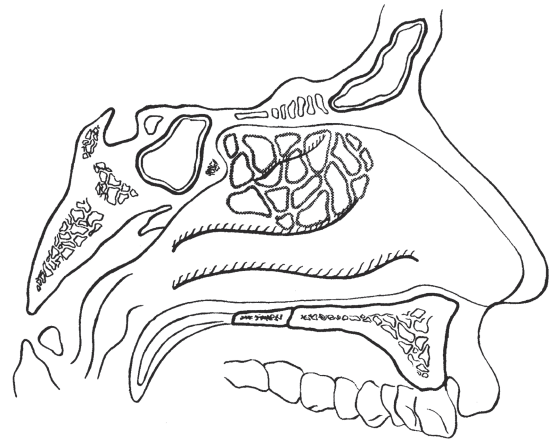
1.



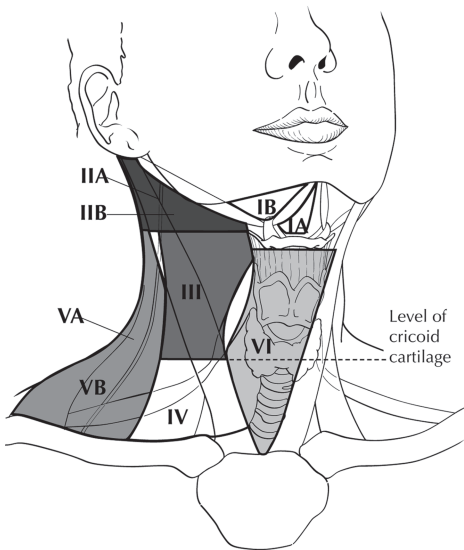
2.



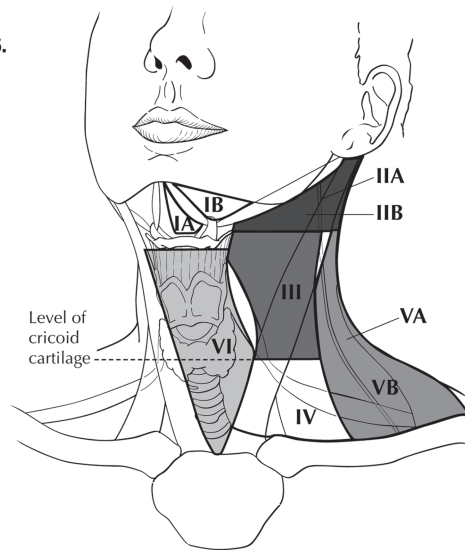
3.



4.



5.



<p>HOSPITAL NAME/ADDRESS</p>	<p>PATIENT NAME/INFORMATION</p>
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## MAJOR SALIVARY GLANDS STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____  <b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b	<p style="text-align: center;"><b>PRIMARY TUMOR (T)</b></p> Primary tumor cannot be assessed No evidence of primary tumor Tumor 2 cm or less in greatest dimension without extraparenchymal extension* Tumor more than 2 cm but not more than 4 cm in greatest dimension without extraparenchymal extension* Tumor more than 4 cm and/or tumor having extraparenchymal extension* Moderately advanced disease Tumor invades skin, mandible, ear canal, and/or facial nerve Very advanced disease Tumor invades skull base and/or pterygoid plates and/or encases carotid artery  <i>*Note: Extraparenchymal extension is clinical or macroscopic evidence of invasion of soft tissues. Microscopic evidence alone does not constitute extraparenchymal extension for classification purposes.</i>	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N2a <input type="checkbox"/> N2b <input type="checkbox"/> N2c <input type="checkbox"/> N3	<p style="text-align: center;"><b>REGIONAL LYMPH NODES (N)</b></p> Regional lymph nodes cannot be assessed No regional lymph node metastasis Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension, or in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension, or in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension Metastasis in a lymph node, more than 6 cm in greatest dimension	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N2a <input type="checkbox"/> N2b <input type="checkbox"/> N2c <input type="checkbox"/> N3
<input type="checkbox"/> M0 <input type="checkbox"/> M1	<p style="text-align: center;"><b>DISTANT METASTASIS (M)</b></p> No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis	<input type="checkbox"/> M1

<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>
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*(continued on next page)*

# MAJOR SALIVARY GLANDS STAGING FORM

## ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> I	T1	N0	M0	<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> II	T2	N0	M0	<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> III	T3	N0	M0	<input type="checkbox"/> III	T3	N0	M0
	T1	N1	M0		T1	N1	M0
	T2	N1	M0		T2	N1	M0
<input type="checkbox"/> IVA	T3	N1	M0	<input type="checkbox"/> IVA	T3	N1	M0
	T4a	N0	M0		T4a	N0	M0
	T4a	N1	M0		T4a	N1	M0
	T1	N2	M0		T1	N2	M0
<input type="checkbox"/> IVB	T2	N2	M0	<input type="checkbox"/> IVB	T2	N2	M0
	T3	N2	M0		T3	N2	M0
	T4a	N2	M0		T4a	N2	M0
<input type="checkbox"/> IVC	T4b	Any N	M0	<input type="checkbox"/> IVC	T4b	Any N	M0
	Any T	N3	M0		Any T	N3	M0
<input type="checkbox"/> IVC	Any T	Any N	M1	<input type="checkbox"/> IVC	Any T	Any N	M1
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> Stage unknown			

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING :** None

**CLINICALLY SIGNIFICANT:**

- Size of Lymph Nodes \_\_\_\_\_
- Extracapsular Extension from Lymph Nodes for Head & Neck \_\_\_\_\_
- Head & Neck Lymph Nodes Levels I-III \_\_\_\_\_
- Head & Neck Lymph Nodes Levels IV-V \_\_\_\_\_
- Head & Neck Lymph Nodes Levels VI-VII \_\_\_\_\_
- Other Lymph Nodes Group \_\_\_\_\_
- Clinical Location of cervical nodes \_\_\_\_\_
- Extracapsular spread (ECS) Clinical \_\_\_\_\_
- Extracapsular spread (ECS) Pathologic \_\_\_\_\_

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION

*(continued from previous page)*

## MAJOR SALIVARY GLANDS STAGING FORM

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologist (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-vascular Invasion Not Present (absent)/Not Identified
- Lymph-vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

**General Notes (continued):**

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning  NCCN  Other (describe): \_\_\_\_\_

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/Time

**HOSPITAL NAME/ADDRESS**

**PATIENT NAME/INFORMATION**

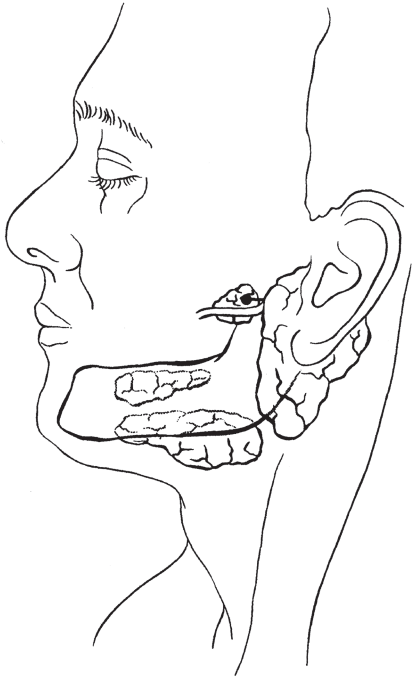
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# MAJOR SALIVARY GLANDS STAGING FORM

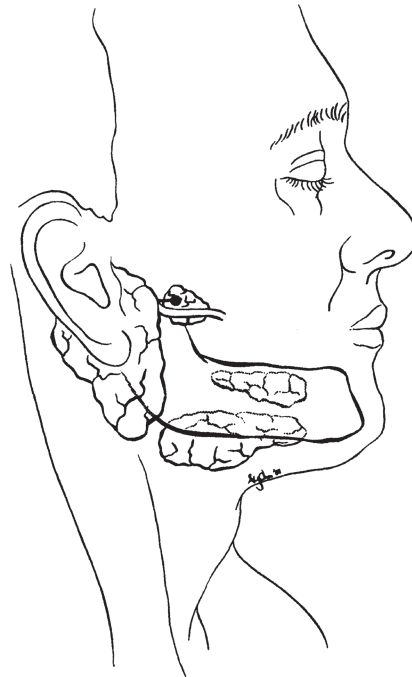
## Illustration

Indicate on diagram primary tumor and regional nodes involved.

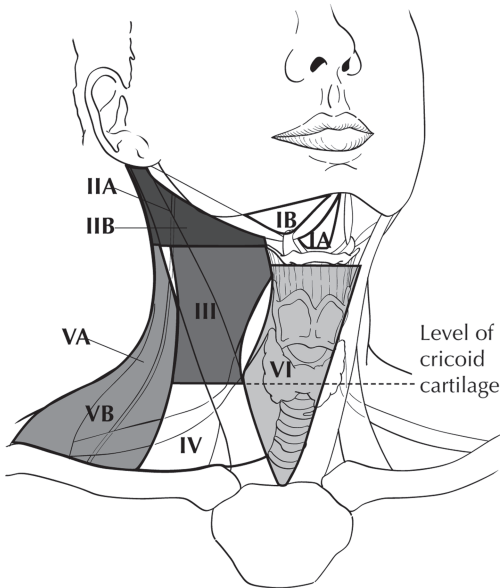
1.



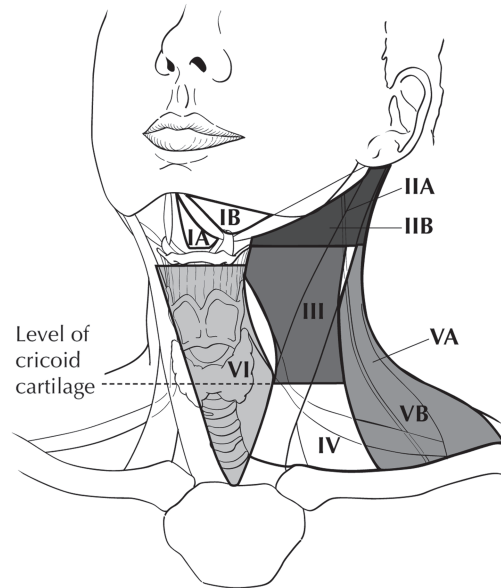
2.



3.



4.



HOSPITAL NAME/ADDRESS  	PATIENT NAME/INFORMATION  
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## THYROID STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____ <b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b  <input type="checkbox"/> T2 <input type="checkbox"/> T3  <input type="checkbox"/> T4a <input type="checkbox"/> T4b  <input type="checkbox"/> T4a <input type="checkbox"/> T4b	<p style="text-align: center;"><b>PRIMARY TUMOR (T)</b></p> <p>All categories may be subdivided: (s) solitary tumor and (m) multifocal tumor (the largest determines the classification).</p> <p>Primary tumor cannot be assessed</p> <p>No evidence of primary tumor</p> <p>Tumor 2 cm or less in greatest dimension limited to the thyroid</p> <p>Tumor 1 cm or less, limited to the thyroid</p> <p>Tumor more than 1 cm but not more than 2 cm in greatest dimension, limited to the thyroid</p> <p>Tumor more than 2 cm but not more than 4 cm in greatest dimension, limited to the thyroid</p> <p>Tumor more than 4 cm in greatest dimension limited to the thyroid, or any tumor with minimal extrathyroid extension (e.g., extension to sternothyroid muscle or perithyroid soft tissues)</p> <p>Moderately advanced disease. Tumor of any size extending beyond the thyroid capsule to invade subcutaneous soft tissues, larynx, trachea, esophagus, or recurrent laryngeal nerve</p> <p>Very advanced disease. Tumor invades prevertebral fascia or encases carotid artery or mediastinal vessels</p> <p><b><i>All anaplastic carcinomas are considered T4 tumors</i></b></p> <p>Intrathyroidal anaplastic carcinoma</p> <p>Anaplastic carcinoma with gross extrathyroid extension</p>	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b  <input type="checkbox"/> T2 <input type="checkbox"/> T3  <input type="checkbox"/> T4a <input type="checkbox"/> T4b  <input type="checkbox"/> T4a <input type="checkbox"/> T4b
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N1a <input type="checkbox"/> N1b	<p style="text-align: center;"><b>REGIONAL LYMPH NODES (N)</b></p> <p>Regional lymph nodes are the central compartment, lateral cervical, and upper mediastinal lymph nodes.</p> <p>Regional lymph nodes cannot be assessed.</p> <p>No regional lymph node metastasis</p> <p>Regional lymph node metastasis</p> <p>Metastasis to Level VI (pretracheal, paratracheal, and prelaryngeal/Delphian lymph nodes)</p> <p>Metastasis to unilateral, bilateral, or contralateral cervical (Levels I, II, III, IV or V) or retropharyngeal or superior mediastinal lymph nodes (Level VII)</p>	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N1a <input type="checkbox"/> N1b
<input type="checkbox"/> M0 <input type="checkbox"/> M1	<p style="text-align: center;"><b>DISTANT METASTASIS (M)</b></p> <p>No distant metastasis (no pathologic M0; use clinical M to complete stage group)</p> <p>Distant metastasis</p>	<input type="checkbox"/> M1

<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>
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# THYROID STAGING FORM

## ANATOMIC STAGE • PROGNOSTIC GROUPS

### CLINICAL

Separate stage groupings are recommended for papillary or follicular (differentiated), medullary, and anaplastic (undifferentiated) carcinoma.

#### **Papillary or Follicular (Differentiated)**

UNDER 45 YEARS

GROUP	T	N	M
<input type="checkbox"/> I	Any T	Any N	M0
<input type="checkbox"/> II	Any T	Any N	M1

#### **Papillary or Follicular (Differentiated)**

45 YEARS AND OLDER

GROUP	T	N	M
<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> III	T3	N0	M0
	T1	N1a	M0
	T2	N1a	M0
	T3	N1a	M0
<input type="checkbox"/> IVA	T4a	N0	M0
	T4a	N1a	M0
	T1	N1b	M0
	T2	N1b	M0
	T3	N1b	M0
	T4a	N1b	M0
<input type="checkbox"/> IVB	T4b	Any N	M0
<input type="checkbox"/> IVC	Any T	Any N	M1

#### **Medullary Carcinoma (All age groups)**

GROUP	T	N	M
<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> II	T2	N0	M0
	T3	N0	M0
<input type="checkbox"/> III	T1	N1a	M0
	T2	N1a	M0
	T3	N1a	M0
<input type="checkbox"/> IVA	T4a	N0	M0
	T4a	N1a	M0
	T1	N1b	M0
	T2	N1b	M0
	T3	N1b	M0
	T4a	N1b	M0
<input type="checkbox"/> IVB	T4b	Any N	M0
<input type="checkbox"/> IVC	Any T	Any N	M1

#### **Anaplastic Carcinoma**

All anaplastic carcinomas are considered Stage IV

GROUP	T	N	M
<input type="checkbox"/> IVA	T4a	Any N	M0
<input type="checkbox"/> IVB	T4b	Any N	M0
<input type="checkbox"/> IVC	Any T	Any N	M1
<input type="checkbox"/> Stage unknown			

### PATHOLOGIC

Separate stage groupings are recommended for papillary or follicular (differentiated), medullary, and anaplastic (undifferentiated) carcinoma.

#### **Papillary or Follicular (Differentiated)**

UNDER 45 YEARS

GROUP	T	N	M
<input type="checkbox"/> I	Any T	Any N	M0
<input type="checkbox"/> II	Any T	Any N	M1

#### **Papillary or Follicular (Differentiated)**

45 YEARS AND OLDER

GROUP	T	N	M
<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> III	T3	N0	M0
	T1	N1a	M0
	T2	N1a	M0
	T3	N1a	M0
<input type="checkbox"/> IVA	T4a	N0	M0
	T4a	N1a	M0
	T1	N1b	M0
	T2	N1b	M0
	T3	N1b	M0
	T4a	N1b	M0
<input type="checkbox"/> IVB	T4b	Any N	M0
<input type="checkbox"/> IVC	Any T	Any N	M1

#### **Medullary Carcinoma (All age groups)**

GROUP	T	N	M
<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> II	T2	N0	M0
	T3	N0	M0
<input type="checkbox"/> III	T1	N1a	M0
	T2	N1a	M0
	T3	N1a	M0
<input type="checkbox"/> IVA	T4a	N0	M0
	T4a	N1a	M0
	T1	N1b	M0
	T2	N1b	M0
	T3	N1b	M0
	T4a	N1b	M0
<input type="checkbox"/> IVB	T4b	Any N	M0
<input type="checkbox"/> IVC	Any T	Any N	M1

#### **Anaplastic Carcinoma**

All anaplastic carcinomas are considered Stage IV

GROUP	T	N	M
<input type="checkbox"/> IVA	T4a	Any N	M0
<input type="checkbox"/> IVB	T4b	Any N	M0
<input type="checkbox"/> IVC	Any T	Any N	M1
<input type="checkbox"/> Stage unknown			

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

(continued from previous page)

# THYROID STAGING FORM

## PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:** Solitary or Multifocal tumors in the primary site \_\_\_\_\_

**General Notes :**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning  NCCN  Other (describe): \_\_\_\_\_

Physician signature

Date/Time

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

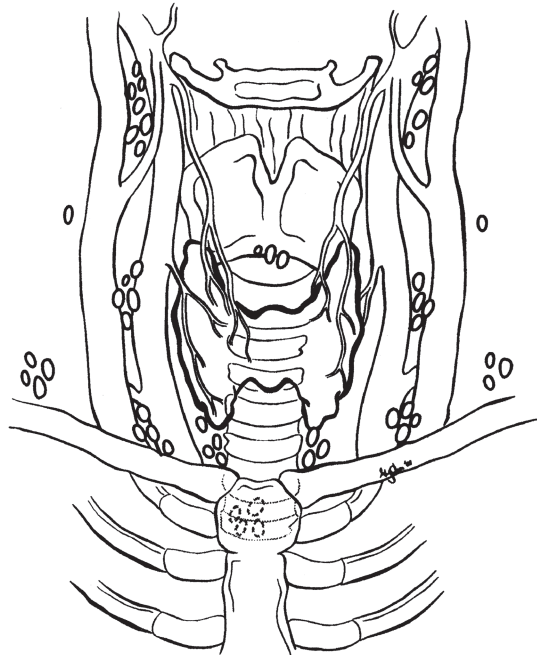
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# THYROID STAGING FORM

**Illustration**

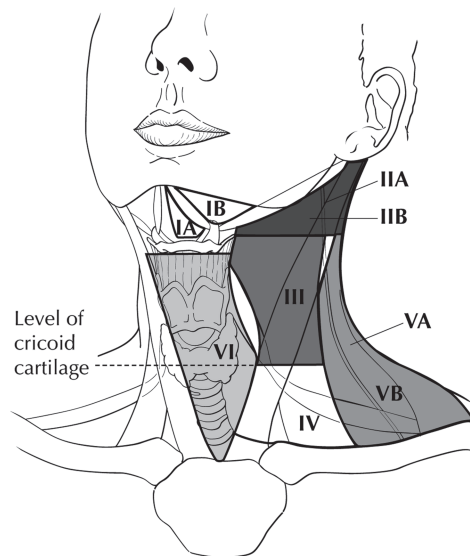
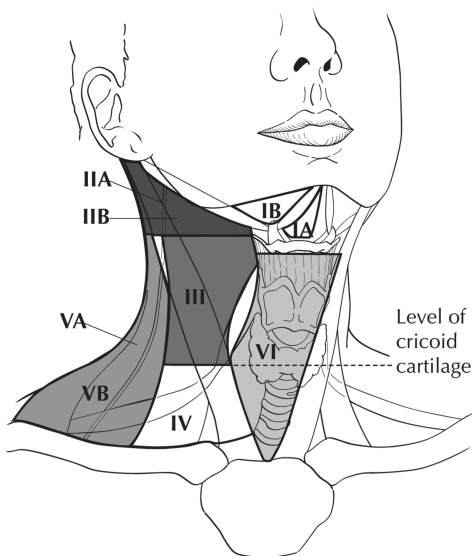
Indicate on diagram primary tumor and regional nodes involved.

1.



2.

3.



HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

*(continued from previous page)*

## APPENDIX STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____  <b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4  <input type="checkbox"/> T4a <input type="checkbox"/> T4b	<p style="text-align: center;"><b>PRIMARY TUMOR (T)</b></p> <p><b>Carcinoma</b>            Primary tumor cannot be assessed            No evidence of primary tumor            Carcinoma <i>in situ</i>: intraepithelial or invasion of lamina propria*            Tumor invades submucosa            Tumor invades muscularis propria            Tumor invades through muscularis propria into subserosa or into mesoappendix            Tumor penetrates visceral peritoneum, including mucinous peritoneal tumor within the right lower quadrant and/or directly invades other organs or structures** ***</p> <p>Tumor penetrates visceral peritoneum, including mucinous peritoneal tumor within the right lower quadrant            Tumor directly invades other organs or structures</p> <p>* Tis includes cancer cells confined within the glandular basement membrane (intraepithelial) or lamina propria (intramucosal) with no extension through muscularis mucosae into submucosa.            ** Direct invasion in T4 includes invasion of other segments of the colorectum by way of the serosa, e.g., invasion of ileum.            *** Tumor that is adherent to other organs or structures, grossly, is classified cT4b. However, if no tumor is present in the adhesion, microscopically, the classification should be pT1-3 depending on the anatomical depth of wall invasion.</p> <p><b>Carcinoid</b>            Primary tumor cannot be assessed            No evidence of primary tumor            Tumor 2 cm or less in greatest dimension            Tumor 1 cm or less in greatest dimension            Tumor more than 1 cm but not more than 2 cm            Tumor more than 2 cm but not more than 4 cm or with extension to the cecum            Tumor more than 4 cm or with extension to the ileum            Tumor directly invades other adjacent organs or structures, e.g., abdominal wall and skeletal muscle*</p> <p>Note: Tumor that is adherent to other organs or structures, grossly, is classified cT4. However, if no tumor is present in the adhesion, microscopically, the classification should be classified pT1-3 depending on the anatomical depth of wall invasion.            *Penetration of the mesoappendix does not seem to be as important a prognostic factor as the size of the primary tumor and is not separately categorized.</p>	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4  <input type="checkbox"/> T4a <input type="checkbox"/> T4b
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2	<p style="text-align: center;"><b>REGIONAL LYMPH NODES (N)</b></p> <p><b>Carcinoma</b>            Regional lymph nodes cannot be assessed            No regional lymph node metastasis            Metastasis in 1 to 3 regional lymph nodes            Metastasis in 4 or more regional lymph nodes</p>	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2
<b>HOSPITAL NAME/ADDRESS</b>		<b>PATIENT NAME/INFORMATION</b>

*(continued on next page)*

## APPENDIX STAGING FORM

<input type="checkbox"/> <b>N0</b> <input type="checkbox"/> <b>N1</b>	<p><b>Carcinoid</b>                  No regional lymph node metastasis                  Regional lymph node metastasis</p>	<input type="checkbox"/> <b>N0</b> <input type="checkbox"/> <b>N1</b>
<b>DISTANT METASTASIS (M)</b>		
<input type="checkbox"/> <b>M0</b> <input type="checkbox"/> <b>M1</b> <input type="checkbox"/> <b>M1a</b>  <input type="checkbox"/> <b>M1b</b>  <input type="checkbox"/> <b>M0</b> <input type="checkbox"/> <b>M1</b>	<p><b>Carcinoma</b>                  No distant metastasis (no pathologic M0; use clinical M to complete stage group)                  Distant metastasis                  Intraperitoneal metastasis beyond the right lower quadrant, including pseudomyxoma peritonei                  Non-peritoneal metastasis</p> <p><b>Carcinoid</b>                  No distant metastasis (no pathologic M0; use clinical M to complete stage group)                  Distant metastasis</p>	<input type="checkbox"/> <b>M1</b> <input type="checkbox"/> <b>M1a</b>  <input type="checkbox"/> <b>M1b</b>  <input type="checkbox"/> <b>M0</b> <input type="checkbox"/> <b>M1</b>

### ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL					PATHOLOGIC				
<b>Carcinoma GROUP</b>					<b>Carcinoma GROUP</b>				
<input type="checkbox"/> 0	Tis	N0	M0		<input type="checkbox"/> 0	Tis	N0	M0	
<input type="checkbox"/> I	T1	N0	M0		<input type="checkbox"/> I	T1	N0	M0	
	T2	N0	M0			T2	N0	M0	
<input type="checkbox"/> IIA	T3	N0	M0		<input type="checkbox"/> IIA	T3	N0	M0	
<input type="checkbox"/> IIB	T4a	N0	M0		<input type="checkbox"/> IIB	T4a	N0	M0	
<input type="checkbox"/> IIC	T4b	N0	M0		<input type="checkbox"/> IIC	T4b	N0	M0	
<input type="checkbox"/> IIIA	T1	N1	M0		<input type="checkbox"/> IIIA	T1	N1	M0	
	T2	N1	M0			T2	N1	M0	
<input type="checkbox"/> IIIB	T3	N1	M0		<input type="checkbox"/> IIIB	T3	N1	M0	
	T4	N1	M0			T4	N1	M0	
<input type="checkbox"/> IIIC	Any T	N2	M0		<input type="checkbox"/> IIIC	Any T	N2	M0	
<input type="checkbox"/> IVA	Any T	N0	M1a	G1	<input type="checkbox"/> IVA	Any T	N0	M1a	G1
<input type="checkbox"/> IVB	Any T	N0	M1a	G2, 3	<input type="checkbox"/> IVB	Any T	N0	M1a	G2, 3
	Any T	N1	M1a	Any G		Any T	N1	M1a	Any G
	Any T	N2	M1a	Any G		Any T	N2	M1a	Any G
<input type="checkbox"/> IVC	Any T	Any N	M1b	Any G	<input type="checkbox"/> IVC	Any T	Any N	M1b	Any G
<b>Carcinoid GROUP</b>					<b>Carcinoid GROUP</b>				
<input type="checkbox"/> I	T1	N0	M0		<input type="checkbox"/> I	T1	N0	M0	
<input type="checkbox"/> II	T2, T3	N0	M0		<input type="checkbox"/> II	T2, T3	N0	M0	
<input type="checkbox"/> III	T4	N0	M0		<input type="checkbox"/> III	T4	N0	M0	
	Any T	N1	M0			Any T	N1	M0	
<input type="checkbox"/> IV	Any T	Any N	M1		<input type="checkbox"/> IV	Any T	Any N	M1	
<input type="checkbox"/> Stage unknown					<input type="checkbox"/> Stage unknown				

<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>
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## APPENDIX STAGING FORM

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**Carcinoma**

**REQUIRED FOR STAGING:** Grade \_\_\_\_\_

**CLINICALLY SIGNIFICANT:**

- Preoperative/Pretreatment carcinoembryonic antigen (CEA) \_\_\_\_\_
- Preoperative/Pretreatment CA 19-9 \_\_\_\_\_
- Tumor Deposits (TD) \_\_\_\_\_
- Microsatellite instability (MSI) \_\_\_\_\_
- 18q Loss of Heterozygosity (LOH) \_\_\_\_\_

**Carcinoid**

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

Serum Chromogranin A \_\_\_\_\_

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning  NCCN  Other (describe): \_\_\_\_\_

Physician signature

Date/Time

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

## COLON AND RECTUM STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____  <b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b	<p style="text-align: center;"><b>PRIMARY TUMOR (T)</b></p> <p>Primary tumor cannot be assessed                      No evidence of primary tumor                      Carcinoma <i>in situ</i>: intraepithelial or invasion of lamina propria*                      Tumor invades submucosa                      Tumor invades muscularis propria                      Tumor invades through the muscularis propria into pericorectal tissues                      Tumor penetrates to the surface of the visceral peritoneum**                      Tumor directly invades or is adherent to other organs or structures**,***</p> <p><small>*Note: Tis includes cancer cells confined within the glandular basement membrane (intraepithelial) or mucosal lamina propria (intramucosal) with no extension through the muscularis mucosae into the submucosa.                      **Note: Direct invasion in T4 includes invasion of other organs or other segments of the colorectum as a result of direct extension through the serosa, as confirmed on microscopic examination (for example, invasion of the sigmoid colon by a carcinoma of the cecum) or, for cancers in a retro-peritoneal or subperitoneal location, direct invasion of other organs or structures by virtue of extension beyond the muscularis propria (i.e., respectively, a tumor on the posterior wall of the descending colon invading the left kidney or lateral abdominal wall; or a mid or distal rectal cancer with invasion of prostate, seminal vesicles, cervix or vagina).                      ***Note: Tumor that is adherent to other organs or structures, grossly, is classified cT4b. However, if no tumor is present in the adhesion, microscopically, the classification should be pT1-4a depending on the anatomical depth of wall invasion. The V and L classifications should be used to identify the presence or absence of vascular or lymphatic invasion whereas the PN site-specific factor should be used for perineural invasion.</small></p>	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N1a <input type="checkbox"/> N1b <input type="checkbox"/> N1c  <input type="checkbox"/> N2 <input type="checkbox"/> N2a <input type="checkbox"/> N2b	<p style="text-align: center;"><b>REGIONAL LYMPH NODES (N)</b></p> <p>Regional lymph nodes cannot be assessed                      No regional lymph node metastasis                      Metastasis in 1 to 3 regional lymph nodes                      Metastasis in 1 regional lymph node                      Metastasis in 2-3 regional lymph nodes                      Tumor deposit(s) in the subserosa, mesentery, or non-peritonealized pericolic or perirectal tissues without regional nodal metastasis                      Metastasis in 4 or more regional lymph nodes                      Metastasis in 4 to 6 regional lymph nodes                      Metastasis in 7 or more regional lymph nodes</p> <p><small>Note: A satellite peritumoral nodule in the pericorectal adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule may represent discontinuous spread, venous invasion with extravascular spread (V1/2) or a totally replaced lymph node (N1/2). Replaced nodes should be counted separately as positive nodes in the N category, whereas discontinuous spread or venous invasion should be classified and counted in the Site-Specific Factor category Tumor Deposits (TD).</small></p>	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N1a <input type="checkbox"/> N1b <input type="checkbox"/> N1c  <input type="checkbox"/> N2 <input type="checkbox"/> N2a <input type="checkbox"/> N2b
<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>	

*(continued on next page)*

## COLON AND RECTUM STAGING FORM

DISTANT METASTASIS (M)		
<input type="checkbox"/> M0 <input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b	No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis Metastasis confined to one organ or site (e.g., liver, lung, ovary, non-regional node). Metastases in more than one organ/site or the peritoneum.	<input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b

### ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL						PATHOLOGIC					
GROUP	T	N	M	Dukes*	MAC*	GROUP	T	N	M	Dukes*	MAC*
<input type="checkbox"/> 0	Tis	N0	M0	-	-	<input type="checkbox"/> 0	Tis	N0	M0	-	-
<input type="checkbox"/> I	T1	N0	M0	A	A	<input type="checkbox"/> I	T1	N0	M0	A	A
	T2	N0	M0	A	B1		T2	N0	M0	A	B1
<input type="checkbox"/> IIA	T3	N0	M0	B	B2	<input type="checkbox"/> IIA	T3	N0	M0	B	B2
<input type="checkbox"/> IIB	T4a	N0	M0	B	B2	<input type="checkbox"/> IIB	T4a	N0	M0	B	B2
<input type="checkbox"/> IIC	T4b	N0	M0	B	B3	<input type="checkbox"/> IIC	T4b	N0	M0	B	B3
<input type="checkbox"/> IIIA	T1-T2	N1/N1c	M0	C	C1	<input type="checkbox"/> IIIA	T1-T2	N1/N1c	M0	C	C1
	T1	N2a	M0	C	C1		T1	N2a	M0	C	C1
<input type="checkbox"/> IIIB	T3-T4a	N1/N1c	M0	C	C2	<input type="checkbox"/> IIIB	T3-T4a	N1/N1c	M0	C	C2
	T2-T3	N2a	M0	C	C1/C2		T2-T3	N2a	M0	C	C1/C2
	T1-T2	N2b	M0	C	C1		T1-T2	N2b	M0	C	C1
<input type="checkbox"/> IIIC	T4a	N2a	M0	C	C2	<input type="checkbox"/> IIIC	T4a	N2a	M0	C	C2
	T3-T4a	N2b	M0	C	C2		T3-T4a	N2b	M0	C	C2
	T4b	N1-N2	M0	C	C3		T4b	N1-N2	M0	C	C3
<input type="checkbox"/> IVA	Any T	Any N	M1a	-	-	<input type="checkbox"/> IVA	Any T	Any N	M1a	-	-
<input type="checkbox"/> IVB	Any T	Any N	M1b	-	-	<input type="checkbox"/> IVB	Any T	Any N	M1b	-	-

\*Dukes B is a composite of better (T3 N0 M0) and worse (T4 N0 M0) prognostic groups, as is Dukes C (Any TN1 M0 and Any T N2 M0). MAC is the modified Astler-Coller classification.

Stage unknown

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

- Pre-operative or pre-treatment carcinoembryonic antigen (CEA) ng/ml \_\_\_\_\_
- Tumor Deposits (TD) \_\_\_\_\_
- Circumferential Resection Margin (CRM) \_\_\_\_\_
- Perineural Invasion (PN) \_\_\_\_\_
- Microsatellite Instability (MSI) \_\_\_\_\_
- Tumor Regression Grade (with neoadjuvant therapy) \_\_\_\_\_
- KRAS gene analysis \_\_\_\_\_
- 18q loss of heterozygosity (LOH) assay \_\_\_\_\_

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION
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## COLON AND RECTUM STAGING FORM

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

**General Notes (continued):**

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning  NCCN  Other (describe): \_\_\_\_\_

Physician signature

Date/Time

HOSPITAL NAME/ADDRESS

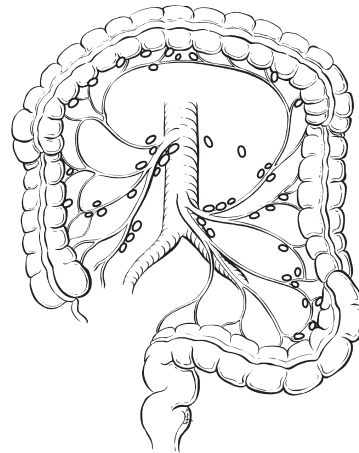
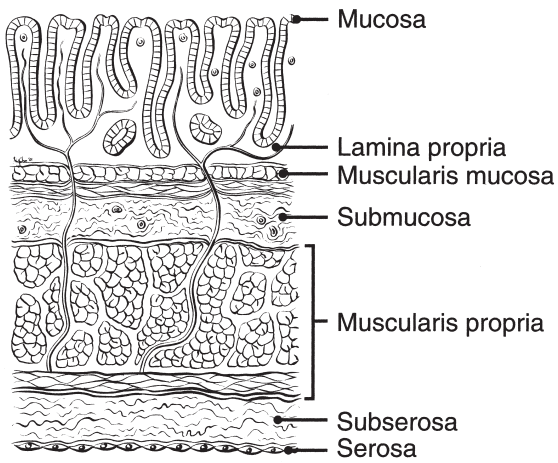
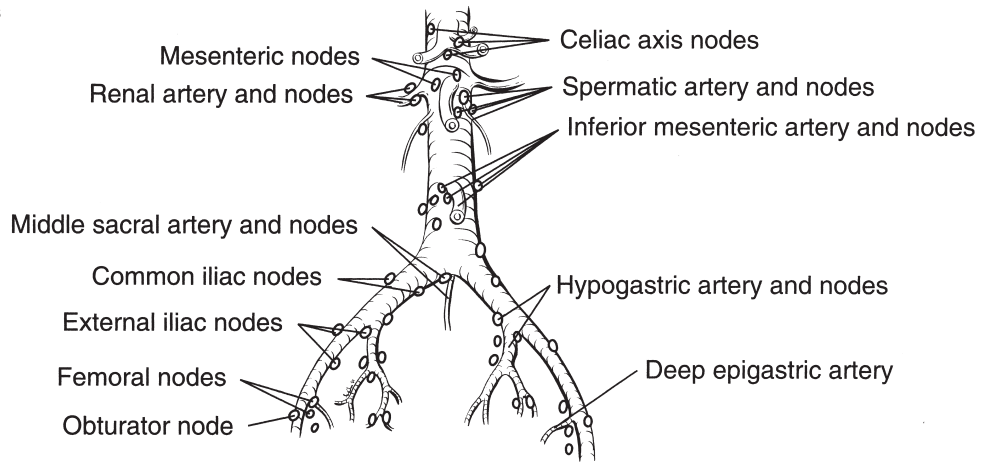
PATIENT NAME/INFORMATION

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# COLON AND RECTUM STAGING FORM

## Illustration

Indicate on diagram primary tumor and regional nodes involved.



HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION

*(continued from previous page)*

## GASTROINTESTINAL STROMAL TUMOR STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS FOR GIST AT ALL SITES	PATHOLOGIC <i>Extent of disease during and from surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4	<b>PRIMARY TUMOR (T)</b> Primary tumor cannot be assessed No evidence of primary tumor Tumor 2 cm or less Tumor more than 2 cm but not more than 5 cm Tumor more than 5 cm but not more than 10 cm Tumor more than 10 cm in greatest dimension	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4
<input type="checkbox"/> N0 <input type="checkbox"/> N1	<b>REGIONAL LYMPH NODES (N)</b> No regional lymph node metastasis* Regional lymph node metastasis * If regional node status is unknown, use N0, not NX	<input type="checkbox"/> N0 <input type="checkbox"/> N1
<input type="checkbox"/> M0 <input type="checkbox"/> M1	<b>DISTANT METASTASIS (M)</b> No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis	<input type="checkbox"/> M1

### ANATOMIC STAGE • PROGNOSTIC GROUPS – GASTRIC GIST (also to be used for omentum)

CLINICAL					PATHOLOGIC				
GROUP	T	N	M	Mitotic Rate	GROUP	T	N	M	Mitotic Rate
<input type="checkbox"/> IA	T1 or T2	N0	M0	Low	<input type="checkbox"/> IA	T1 or T2	N0	M0	Low
<input type="checkbox"/> IB	T3	N0	M0	Low	<input type="checkbox"/> IB	T3	N0	M0	Low
<input type="checkbox"/> II	T1	N0	M0	High	<input type="checkbox"/> II	T1	N0	M0	High
	T2	N0	M0	High		T2	N0	M0	High
	T4	N0	M0	Low		T4	N0	M0	Low
<input type="checkbox"/> IIIA	T3	N0	M0	High	<input type="checkbox"/> IIIA	T3	N0	M0	High
<input type="checkbox"/> IIIB	T4	N0	M0	High	<input type="checkbox"/> IIIB	T4	N0	M0	High
<input type="checkbox"/> IV	Any T	N1	M0	Any rate	<input type="checkbox"/> IV	Any T	N1	M0	Any rate
	Any T	Any N	M1	Any rate		Any T	Any N	M1	Any rate
<input type="checkbox"/> Stage unknown					<input type="checkbox"/> Stage unknown				

### ANATOMIC STAGE • PROGNOSTIC GROUPS – SMALL INTESTINAL GIST (also to be used for esophagus, colorectal, mesentery, and peritoneum)

CLINICAL					PATHOLOGIC				
GROUP	T	N	M	Mitotic Rate	GROUP	T	N	M	Mitotic Rate
<input type="checkbox"/> I	T1 or T2	N0	M0	Low	<input type="checkbox"/> I	T1 or T2	N0	M0	Low
<input type="checkbox"/> II	T3	N0	M0	Low	<input type="checkbox"/> II	T3	N0	M0	Low
<input type="checkbox"/> IIIA	T1	N0	M0	High	<input type="checkbox"/> IIIA	T1	N0	M0	High
	T4	N0	M0	Low		T4	N0	M0	Low
<input type="checkbox"/> IIIB	T2	N0	M0	High	<input type="checkbox"/> IIIB	T2	N0	M0	High
	T3	N0	M0	High		T3	N0	M0	High
	T4	N0	M0	High		T4	N0	M0	High
<input type="checkbox"/> IV	Any T	N1	M0	Any rate	<input type="checkbox"/> IV	Any T	N1	M0	Any rate
	Any T	Any N	M1	Any rate		Any T	Any N	M1	Any rate
<input type="checkbox"/> Stage unknown					<input type="checkbox"/> Stage unknown				

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION
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*(continued on next page)*

# GASTROINTESTINAL STROMAL TUMOR STAGING FORM

## PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS) – For GIST AT ALL SITES

**REQUIRED FOR STAGING:** Mitotic rate \_\_\_\_\_

**CLINICALLY SIGNIFICANT:**

KIT Immunohistochemistry: \_\_\_\_\_

Mutational status of KIT, PDGFRA: \_\_\_\_\_

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

**Histologic Grade (G)** (also known as overall grade)

Histological grading, an ingredient in sarcoma staging, is not well suited to GISTs, because a majority of these tumors have low or relatively low mitotic rates below the thresholds used for grading of soft tissue tumors, and because GISTs often manifest aggressive features with mitotic rates below the thresholds used for soft tissue tumor grading (the lowest tier of mitotic rates for soft tissue sarcomas being 10 mitoses per 10 HPFs). In GIST staging, the grade is replaced by mitotic activity.

- GX Grade cannot be assessed
- G1 Low grade; mitotic rate <5/50 HPF
- G2 High grade, mitotic rate >5/50 HPF

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning  NCCN  Other (describe): \_\_\_\_\_

Physician signature \_\_\_\_\_

Date/Time \_\_\_\_\_

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

(continued from previous page)

## LUNG STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____  <b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1  <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2  <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T3  <input type="checkbox"/> T4	<p style="text-align: center;"><b>PRIMARY TUMOR (T)</b></p> <p>Primary tumor cannot be assessed            No evidence of primary tumor            Tis Carcinoma <i>in situ</i>            Tumor ≤3 cm in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus)*            Tumor ≤2 cm in greatest dimension            Tumor &gt; 2 cm but ≤3 cm in greatest dimension            Tumor &gt; 3 cm but ≤7 cm or tumor with any of the following features (T2 tumors with these features are classified T2a if ≤ 5 cm)              Involves main bronchus, ≥2 cm distal to the carina              Invades visceral pleura (PL1 or PL2)              Associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung            Tumor &gt; 3 cm but ≤5 cm in greatest dimension            Tumor &gt; 5 cm but ≤7 cm in greatest dimension            Tumor &gt; 7 cm or one that directly invades any of the following: parietal pleural (PL3) chest wall (including superior sulcus tumors), diaphragm, phrenic nerve, mediastinal pleura, parietal pericardium; or tumor in the main bronchus (&lt; 2 cm distal to the carina* but without involvement of the carina; or associated atelectasis or obstructive pneumonitis of the entire lung or separate tumor nodule(s) in the same lobe            Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, carina, separate tumor nodule(s) in a different ipsilateral lobe</p> <p>* The uncommon superficial spreading tumor of any size with its invasive component limited to the bronchial wall, which may extend proximally to the main bronchus, is also classified as T1a.</p>	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1  <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2  <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T3  <input type="checkbox"/> T4
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3	<p style="text-align: center;"><b>REGIONAL LYMPH NODES (N)</b></p> <p>Regional lymph nodes cannot be assessed            No regional lymph node metastasis            Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes and intrapulmonary nodes, including involvement by direct extension            Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)            Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)</p>	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1  <input type="checkbox"/> N2 <input type="checkbox"/> N3
<input type="checkbox"/> M0 <input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b	<p style="text-align: center;"><b>DISTANT METASTASIS (M)</b></p> <p>No distant metastasis (no pathologic M0; use clinical M to complete stage group)            Distant metastasis            Separate tumor nodule(s) in a contralateral lobe; tumor with pleural nodules or malignant pleural (or pericardial) effusion**            Distant metastasis (in extrathoracic organs)</p> <p>**Most pleural (and pericardial) effusions with lung cancer are due to tumor. In a few patients, however, multiple cytopathologic examinations of pleural (pericardial) fluid are negative for tumor, and the fluid is nonbloody and is not an exudate. Where</p>	<input type="checkbox"/> M1 <input type="checkbox"/> M1a  <input type="checkbox"/> M1b
<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>	

*(continued on next page)*

## LUNG STAGING FORM

these elements and clinical judgement dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging element and the patient should be classified as M0.

### ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC					
GROUP	T	N	M	GROUP	T	N	M		
<input type="checkbox"/>	Occult	TX	N0	M0	<input type="checkbox"/>	Occult	TX	N0	M0
<input type="checkbox"/>	0	Tis	N0	M0	<input type="checkbox"/>	0	Tis	N0	M0
<input type="checkbox"/>	IA	T1a	N0	M0	<input type="checkbox"/>	IA	T1a	N0	M0
		T1b	N0	M0			T1b	N0	M0
<input type="checkbox"/>	IB	T2a	N0	M0	<input type="checkbox"/>	IB	T2a	N0	M0
<input type="checkbox"/>	IIA	T2b	N0	M0	<input type="checkbox"/>	IIA	T2b	N0	M0
		T1a	N1	M0			T1a	N1	M0
		T1b	N1	M0			T1b	N1	M0
		T2a	N1	M0			T2a	N1	M0
<input type="checkbox"/>	IIB	T2b	N1	M0	<input type="checkbox"/>	IIB	T2b	N1	M0
		T3	N0	M0			T3	N0	M0
<input type="checkbox"/>	IIIA	T1a	N2	M0	<input type="checkbox"/>	IIIA	T1a	N2	M0
		T1b	N2	M0			T1b	N2	M0
		T2a	N2	M0			T2a	N2	M0
		T2b	N2	M0			T2b	N2	M0
		T3	N1	M0			T3	N1	M0
		T3	N2	M0			T3	N2	M0
		T4	N0	M0			T4	N0	M0
		T4	N1	M0			T4	N1	M0
<input type="checkbox"/>	IIIB	T1a	N3	M0	<input type="checkbox"/>	IIIB	T1a	N3	M0
		T1b	N3	M0			T1b	N3	M0
		T2a	N3	M0			T2a	N3	M0
		T2b	N3	M0			T2b	N3	M0
		T3	N3	M0			T3	N3	M0
		T4	N2	M0			T4	N2	M0
		T4	N3	M0			T4	N3	M0
<input type="checkbox"/>	IV	Any T	Any N	M1a	<input type="checkbox"/>	IV	Any T	Any N	M1a
		Any T	Any N	M1b			Any T	Any N	M1b
<input type="checkbox"/>	Stage unknown				<input type="checkbox"/>	Stage unknown			

#### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

Pleural/Elastic Layer Invasion (based on H&E and elastic stains) \_\_\_\_\_

Separate Tumor Nodules \_\_\_\_\_

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

*(continued from previous page)*

## LUNG STAGING FORM

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

**General Notes (continued):**

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning  NCCN  Other (describe): \_\_\_\_\_

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/Time

HOSPITAL NAME/ADDRESS

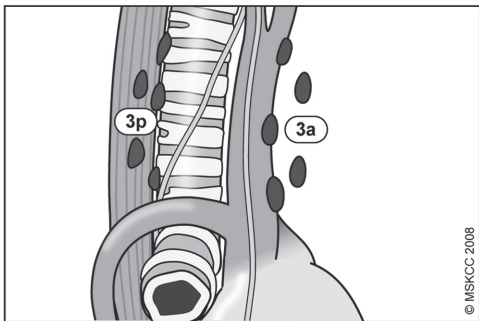
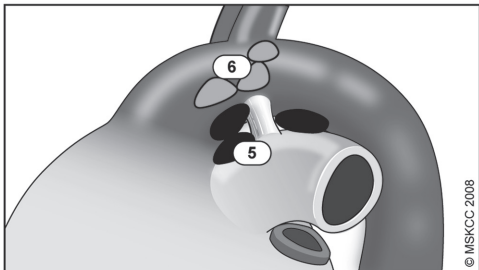
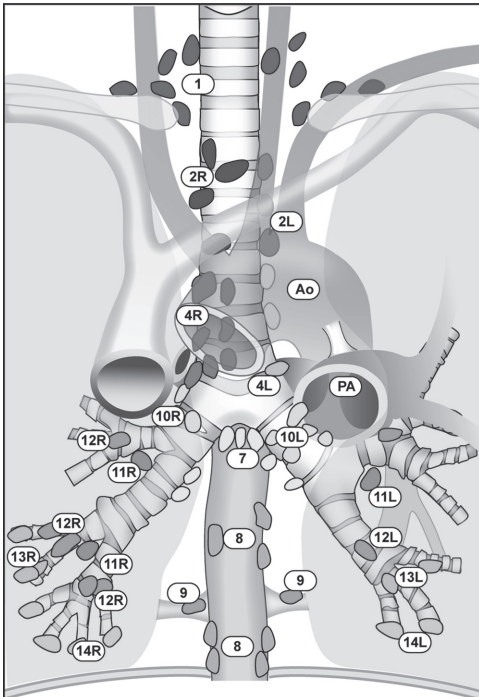
PATIENT NAME/INFORMATION

(continued on next page)

# LUNG STAGING FORM

## Illustration

The IASLC lymph node map shown with the proposed amalgamation of lymph node levels into zones.  
 (© Memorial Sloan-Kettering Cancer Center, 2009.)



### *Supraclavicular zone*

- 1 Low cervical, supraclavicular, and sternal notch nodes

### Superior Mediastinal Nodes

#### *Upper zone*

- 2R Upper Paratracheal (right)
- 2L Upper Paratracheal (left)
- 3a Pre-vascular
- 3p Retrotracheal
- 4R Lower Paratracheal (right)
- 4L Lower Paratracheal (left)

### Aortic Nodes

#### *AP zone*

- 5 Subaortic
- 6 Para-aortic (ascending aorta or phrenic)

### Inferior Mediastinal Nodes

#### *Subcarinal zone*

- 7 Subcarinal

#### *Lower zone*

- 8 Paraesophageal (below carina)
- 9 Pulmonary ligament

### N<sub>1</sub> Nodes

#### *Hilar/Interlobar zone*

- 10 Hilar
- 11 Interlobar

#### *Peripheral zone*

- 12 Lobar
- 13 Segmental
- 14 Subsegmental

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

(continued from previous page)



## BONE STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease during and from surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____ <b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3	<b>PRIMARY TUMOR (T)</b> Primary tumor cannot be assessed No evidence of primary tumor Tumor 8 cm or less in greatest dimension Tumor more than 8 cm in greatest dimension Discontinuous tumors in the primary bone site	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1	<b>REGIONAL LYMPH NODES (N)</b> Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastasis	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1
<input type="checkbox"/> M0 <input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b	<b>DISTANT METASTASIS (M)</b> No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis Lung Other distant sites	<input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b
ANATOMIC STAGE • PROGNOSTIC GROUPS		
<b>CLINICAL</b>	<b>PATHOLOGIC</b>	
<b>GROUP    T        N        M</b>	<b>GROUP    T        N        M</b>	
<input type="checkbox"/> IA    T1        N0        M0        G1,2    Low grade    GX <input type="checkbox"/> IB    T2        N0        M0        G1,2    Low grade    GX <input type="checkbox"/> IB    T3        N0        M0        G1,2    Low grade    GX <input type="checkbox"/> IIA    T1        N0        M0        G3,4    High grade <input type="checkbox"/> IIB    T2        N0        M0        G3,4    High grade <input type="checkbox"/> III    T3        N0        M0        G3,4*    High grade <input type="checkbox"/> IVA    Any T    N0        M1a      Any G <input type="checkbox"/> IVB    Any T    N1        Any M    Any G Any T    Any N    M1b      Any G	<input type="checkbox"/> IA    T1        N0        M0        G1,2    Low grade    GX <input type="checkbox"/> IB    T2        N0        M0        G1,2    Low grade    GX <input type="checkbox"/> IB    T3        N0        M0        G1,2    Low grade    GX <input type="checkbox"/> IIA    T1        N0        M0        G3,4    High grade <input type="checkbox"/> IIB    T2        N0        M0        G3,4    High grade <input type="checkbox"/> III    T3        N0        M0        G3,4*    High grade <input type="checkbox"/> IVA    Any T    N0        M1a      Any G <input type="checkbox"/> IVB    Any T    N1        Any M    Any G Any T    Any N    M1b      Any G	
* Ewing's sarcoma is classified as G4. <input type="checkbox"/> Stage unknown	* Ewing's sarcoma is classified as G4. <input type="checkbox"/> Stage unknown	
<b>PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)</b>		<b>General Notes:</b> For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.  <b>m suffix</b> indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.
<b>REQUIRED FOR STAGING:</b> Grade _____		
<b>CLINICALLY SIGNIFICANT:</b> Three dimensions of tumor size _____ x _____ x _____		
Percentage necrosis post neoadjuvant systemic therapy from pathology report: _____ Number of resected pulmonary metastases from pathology report: _____		

<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>
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*(continued on next page)*

## BONE STAGING FORM

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

**General Notes (continued):**

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning     NCCN     Other (describe): \_\_\_\_\_

Physician signature

Date/Time

<p><b>HOSPITAL NAME/ADDRESS</b></p>	<p><b>PATIENT NAME/INFORMATION</b></p>
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## SOFT TISSUE SARCOMA STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease during and from surgery</i>
<input type="checkbox"/> y clinical—staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____  <b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T2a <input type="checkbox"/> T2b	<p style="text-align: center;"><b>PRIMARY TUMOR (T)</b></p> Primary tumor cannot be assessed No evidence of primary tumor Tumor 5 cm or less in greatest dimension Superficial tumor Deep tumor Tumor more than 5 cm in greatest dimension Superficial tumor Deep tumor  Note: Superficial tumor is located exclusively above the superficial fascia without invasion of the fascia; deep tumor is located either exclusively beneath the superficial fascia, superficial to the fascia with invasion of or through the fascia, or both superficial yet beneath the fascia.	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T2a <input type="checkbox"/> T2b
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1*	<p style="text-align: center;"><b>REGIONAL LYMPH NODES (N)</b></p> Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastasis  *Note: Presence of positive nodes (N1) in M0 tumors is considered Stage III	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1
<input type="checkbox"/> M0 <input type="checkbox"/> M1	<p style="text-align: center;"><b>DISTANT METASTASIS (M)</b></p> No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis	<input type="checkbox"/> M1

### ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL					PATHOLOGIC				
GROUP	T	N	M	Grade	GROUP	T	N	M	Grade
<input type="checkbox"/> IA	T1a	N0	M0	G1, GX	<input type="checkbox"/> IA	T1a	N0	M0	G1, GX
	T1b	N0	M0	G1, GX		T1b	N0	M0	G1, GX
<input type="checkbox"/> IB	T2a	N0	M0	G1, GX	<input type="checkbox"/> IB	T2a	N0	M0	G1, GX
	T2b	N0	M0	G1, GX		T2b	N0	M0	G1, GX
<input type="checkbox"/> IIA	T1a	N0	M0	G2, G3	<input type="checkbox"/> IIA	T1a	N0	M0	G2, G3
	T1b	N0	M0	G2, G3		T1b	N0	M0	G2, G3
<input type="checkbox"/> IIB	T2a	N0	M0	G2	<input type="checkbox"/> IIB	T2a	N0	M0	G2
	T2b	N0	M0	G2		T2b	N0	M0	G2
<input type="checkbox"/> III	T2a, T2b	N0	M0	G3	<input type="checkbox"/> III	T2b	N0	M0	G3
	Any T	N1	M0	Any G		Any T	N1	M0	Any G
<input type="checkbox"/> IV	Any T	Any N	M1	Any G	<input type="checkbox"/> IV	Any T	Any N	M1	Any G
<input type="checkbox"/> Stage unknown					<input type="checkbox"/> Stage unknown				

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION
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*(continued on next page)*

## SOFT TISSUE SARCOMA STAGING FORM

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** Grade \_\_\_\_\_

**CLINICALLY SIGNIFICANT:**

Neurovascular invasion as determined by pathology: \_\_\_\_\_

Bone invasion as determined by imaging: \_\_\_\_\_

If pM1, source of pathologic metastatic specimen: \_\_\_\_\_

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning  NCCN  Other (describe): \_\_\_\_\_

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/Time

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

(continued from previous page)

# MERKEL CELL CARCINOMA STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS		PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>				
<input type="checkbox"/> y clinical—staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____	<b>LATERALITY:</b> <input type="checkbox"/> midline <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery				
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4	<b>PRIMARY TUMOR (T)</b> Primary tumor cannot be assessed No evidence of primary tumor <i>In situ</i> primary tumor Less than or equal to 2 cm maximum tumor dimension Greater than 2 cm but not more than 5 cm maximum tumor dimension Over 5 cm maximum tumor dimension Primary tumor invades bone, muscle, fascia, or cartilage		<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4				
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> cN0 <input type="checkbox"/> N1  <input type="checkbox"/> N2	<b>REGIONAL LYMPH NODES (N)</b> Regional lymph nodes cannot be assessed No regional lymph node metastasis Nodes negative by clinical exam* (no pathologic node exam performed) Nodes negative by pathologic exam Metastasis in regional lymph node(s) Micrometastasis** Macrometastasis*** In transit metastasis **** *Clinical detection of nodal disease may be via inspection, palpation and/or imaging **Isolated tumor cells in a lymph node are classified as micrometastases (N1a) and the presence of isolated tumor cells recorded using the prognostic factor. Micrometastases are diagnosed after sentinel or elective lymphadenectomy ***Macrometastases are defined as clinically detectable nodal metastases confirmed by therapeutic lymphadenectomy or needle biopsy ****In transit metastasis: a tumor distinct from the primary lesion and located either 1) between the primary lesion and the draining regional lymph nodes or 2) distal to the primary lesion		<input type="checkbox"/> NX <input type="checkbox"/> N0  <input type="checkbox"/> pN0 <input type="checkbox"/> N1 <input type="checkbox"/> N1a <input type="checkbox"/> N1b <input type="checkbox"/> N2				
<input type="checkbox"/> M0 <input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b <input type="checkbox"/> M1c	<b>DISTANT METASTASIS (M)</b> No distant metastasis (no pathologic M0; use clinical M to complete stage group) Metastasis beyond regional lymph nodes Metastasis to skin, subcutaneous tissues or distant lymph nodes Metastasis to lung Metastasis to all other visceral sites		<input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b <input type="checkbox"/> M1c				
ANATOMIC STAGE • PROGNOSTIC GROUPS							
<b>CLINICAL</b>		<b>PATHOLOGIC</b>					
<b>GROUP</b>	<b>T</b>	<b>N</b>	<b>M</b>	<b>GROUP</b>	<b>T</b>	<b>N</b>	<b>M</b>
<input type="checkbox"/> 0	Tis	N0	M0	<input type="checkbox"/> 0	Tis	N0	M0
<input type="checkbox"/> IB	T1	N0	M0	<input type="checkbox"/> IA	T1	pN0	M0
<input type="checkbox"/> IIB	T2/T3	N0	M0	<input type="checkbox"/> IIA	T2/T3	pN0	M0
<input type="checkbox"/> IIC	T4	N0	M0	<input type="checkbox"/> IIC	T4	N0	M0
<input type="checkbox"/> IIIB	Any T	cN1/N1b/N2	M0	<input type="checkbox"/> IIIA	Any T	N1a	M0
<input type="checkbox"/> IV	Any T	Any N	M1	<input type="checkbox"/> IIIB	Any T	N1b/N2	M0
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> IV	Any T	Any N	M1
<i>Note: Isolated tumor nodes should be considered positive nodes.</i>				<input type="checkbox"/> Stage unknown <i>Note: Isolated tumor nodes should be considered positive nodes.</i>			
<b>HOSPITAL NAME/ADDRESS</b>				<b>PATIENT NAME/INFORMATION</b>			

*(continued on next page)*

# MERKEL CELL CARCINOMA STAGING FORM

## PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

- Measured Thickness (Depth) \_\_\_\_\_
- Tumor Base Transection Status \_\_\_\_\_
- Profound Immune Suppression \_\_\_\_\_
- Tumor Infiltrating Lymphocytes in the Primary Tumor (TIL) \_\_\_\_\_
- Growth Pattern of Primary Tumor \_\_\_\_\_
- Size of tumor nests in regional lymph nodes \_\_\_\_\_
- Clinical Status of Regional Lymph Nodes \_\_\_\_\_
- Regional Lymph Nodes Pathological Extracapsular Extension \_\_\_\_\_
- Isolated Tumor Cells in Regional Lymph Node(s) \_\_\_\_\_

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**General Notes (continued):**

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

**Histologic Grade (G)** (also known as overall grade)

Histologic grade is not used in the staging of Merkel cell carcinoma.

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning     NCCN     Other (describe): \_\_\_\_\_

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/Time

HOSPITAL NAME/ADDRESS

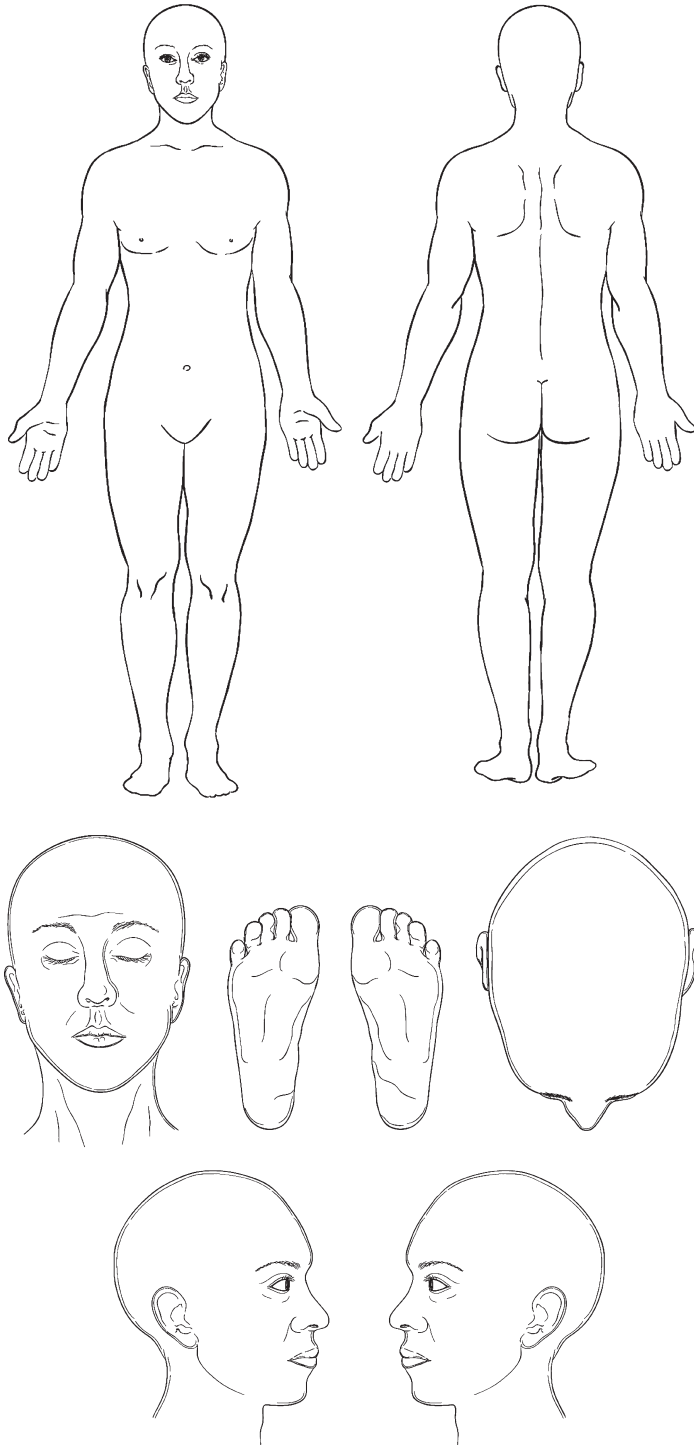
PATIENT NAME/INFORMATION

(continued from previous page)

# MERKEL CELL CARCINOMA STAGING FORM

## Illustration

Indicate on diagram primary tumor and regional nodes involved.



HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

## MELANOMA OF THE SKIN STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____ <b>LATERALITY:</b> <input type="checkbox"/> midline <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T3 <input type="checkbox"/> T3a <input type="checkbox"/> T3b <input type="checkbox"/> T4 <input type="checkbox"/> T4a <input type="checkbox"/> T4b	<b>PRIMARY TUMOR (T)</b> Primary tumor cannot be assessed No evidence of primary tumor Melanoma <i>in situ</i> Melanomas $\leq 1.0$ mm in thickness without ulceration and mitosis $< 1/\text{mm}^2$ with ulceration or mitoses $\geq 1/\text{mm}^2$ Melanomas 1.01 – 2.0 mm without ulceration with ulceration Melanomas 2.01–4.0 mm without ulceration with ulceration Melanomas $> 4.0$ mm without ulceration with ulceration	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T3 <input type="checkbox"/> T3a <input type="checkbox"/> T3b <input type="checkbox"/> T4 <input type="checkbox"/> T4a <input type="checkbox"/> T4b
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1  <input type="checkbox"/> N2c <input type="checkbox"/> N3	<b>REGIONAL LYMPH NODES (N)</b> Regional lymph nodes cannot be assessed No regional lymph node metastasis 1 node micrometastasis* macrometastasis** 2-3 nodes micrometastasis* macrometastasis** in transit met(s)/satellite(s) <i>without</i> metastatic nodes Clinical: $\geq 1$ node with in transit met(s)/ satellite(s); pathologic: 4 or more metastatic nodes, or matted nodes, or in transit met(s)/ satellite(s) <i>with</i> metastatic node(s) *Micrometastases are diagnosed after sentinel lymph node biopsy and completion lymphadenectomy (if performed). **Macrometastases are defined as clinically detectable nodal metastases confirmed by therapeutic lymphadenectomy or when nodal metastasis exhibits gross extracapsular extension.	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N1a <input type="checkbox"/> N1b <input type="checkbox"/> N2 <input type="checkbox"/> N2a <input type="checkbox"/> N2b <input type="checkbox"/> N2c <input type="checkbox"/> N3
<input type="checkbox"/> M0 <input type="checkbox"/> M1a <input type="checkbox"/> M1b <input type="checkbox"/> M1c	<b>DISTANT METASTASIS (M)</b> No distant metastasis (no pathologic M0; use clinical M to complete stage group) Metastases to skin, subcutaneous tissues, or distant lymph nodes Metastases to lung Metastases to all other visceral sites or distant metastases to any site combined with an elevated serum LDH	<input type="checkbox"/> M1a <input type="checkbox"/> M1b <input type="checkbox"/> M1c

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION
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# MELANOMA OF THE SKIN STAGING FORM

## ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL*				PATHOLOGIC <sup>+</sup>			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> 0	Tis	N0	M0	<input type="checkbox"/> 0	Tis	N0	M0
<input type="checkbox"/> IA	T1a	N0	M0	<input type="checkbox"/> IA	T1a	N0	M0
<input type="checkbox"/> IB	T1b	N0	M0	<input type="checkbox"/> IB	T1b	N0	M0
	T2a	N0	M0			T2a	N0
<input type="checkbox"/> IIA	T2b	N0	M0	<input type="checkbox"/> IIA	T2b	N0	M0
	T3a	N0	M0			T3a	N0
<input type="checkbox"/> IIB	T3b	N0	M0	<input type="checkbox"/> IIB	T3b	N0	M0
	T4a	N0	M0			T4a	N0
<input type="checkbox"/> IIC	T4b	N0	M0	<input type="checkbox"/> IIC	T4b	N0	M0
<input type="checkbox"/> III	Any T	≥N1	M0	<input type="checkbox"/> IIIA	T1 – 4a	N1a	M0
<input type="checkbox"/> IV	Any T	Any N	M1	<input type="checkbox"/> IIIB	T1 – 4a	N2a	M0
					T1 – 4b	N1a	M0
					T1 – 4b	N2a	M0
					T1 – 4a	N1b	M0
					T1 – 4a	N2b	M0
					T1 – 4a	N2c	M0
					T1 – 4a	N1b	M0
<input type="checkbox"/> IIIC	T1 – 4b	N2b	M0				
	T1 – 4b	N2c	M0				
	T1 – 4b	N2c	M0				
	Any T	N3	M0				
	Any T	Any N	M1				

\* Clinical staging includes microstaging of the primary melanoma and clinical/radiologic evaluation for metastases. By convention, it should be used after complete excision of the primary melanoma with clinical assessment for regional and distant metastases.

+ Pathologic staging includes microstaging of the primary melanoma and pathologic information about the regional lymph nodes after partial or complete lymphadenectomy. Pathologic Stage 0 or Stage IA patients are the exception; they do not require pathologic evaluation of their lymph nodes.

<p style="text-align: center;"><b>PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)</b></p> <p><b>REQUIRED FOR STAGING:</b> None</p> <p><b>CLINICALLY SIGNIFICANT:</b></p> <p>Measured thickness (depth) _____</p> <p>Ulceration _____</p> <p>Serum lactate dehydrogenase (LDH) _____</p> <p>Mitotic rate _____</p> <p>Tumor infiltrating lymphocytes (TIL) _____</p> <p>Level of invasion _____</p> <p>Vertical growth plate _____</p> <p>Regression _____</p> <p><b>Histologic Grade (G)</b> (also known as overall grade)</p> <p>Histologic grading is not used in the staging of Melanoma.</p>	<p><b>General Notes:</b></p> <p>For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.</p> <p><b>m suffix</b> indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.</p> <p><b>y prefix</b> indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.</p>
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<p><b>HOSPITAL NAME/ADDRESS</b></p>	<p><b>PATIENT NAME/INFORMATION</b></p>
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## MELANOMA OF THE SKIN STAGING FORM

### ADDITIONAL DESCRIPTORS

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

### Residual Tumor (R)

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

### General Notes (continued):

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning  NCCN  Other (describe): \_\_\_\_\_

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/Time

HOSPITAL NAME/ADDRESS

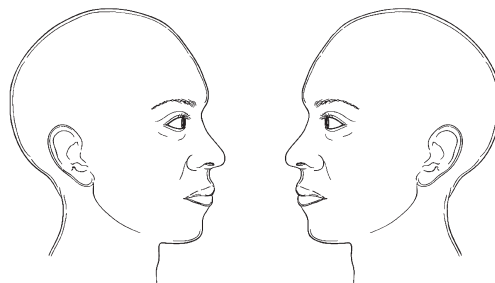
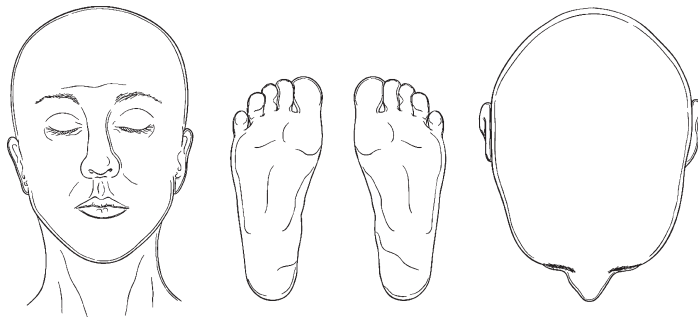
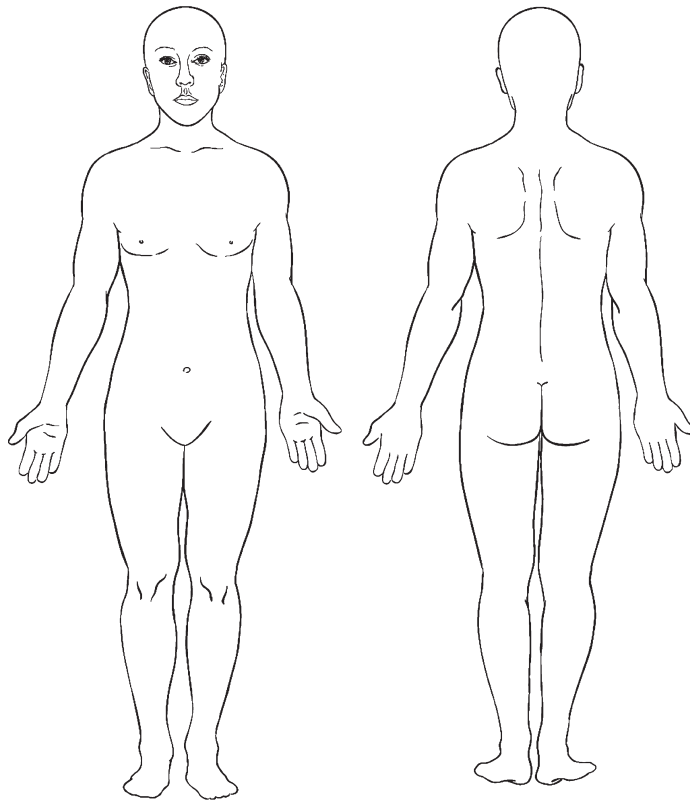
PATIENT NAME/INFORMATION

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# MELANOMA OF THE SKIN STAGING FORM

## Illustration

Indicate on diagram primary tumor and regional nodes involved.



HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

*(continued from previous page)*

## VAGINA STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS		PATHOLOGIC <i>Extent of disease during and from surgery</i>																																																								
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<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>
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## VAGINA STAGING FORM

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

FIGO Stage: \_\_\_\_\_

Pelvic nodal status and method of assessment: \_\_\_\_\_

Para-aortic nodal status and method of assessment: \_\_\_\_\_

Distant (mediastinal, scalene) nodal status and method of assessment: \_\_\_\_\_

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

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**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

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- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning     NCCN     Other (describe): \_\_\_\_\_

Physician signature \_\_\_\_\_

Date/Time \_\_\_\_\_

HOSPITAL NAME/ADDRESS

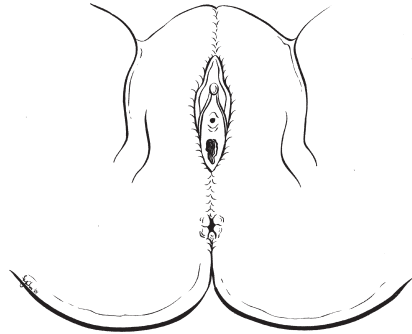
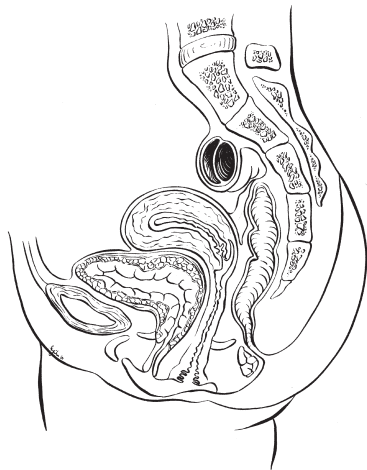
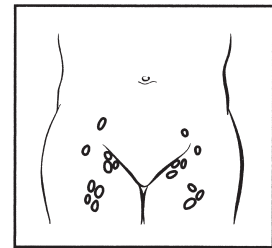
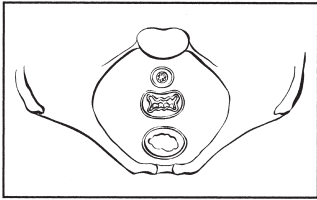
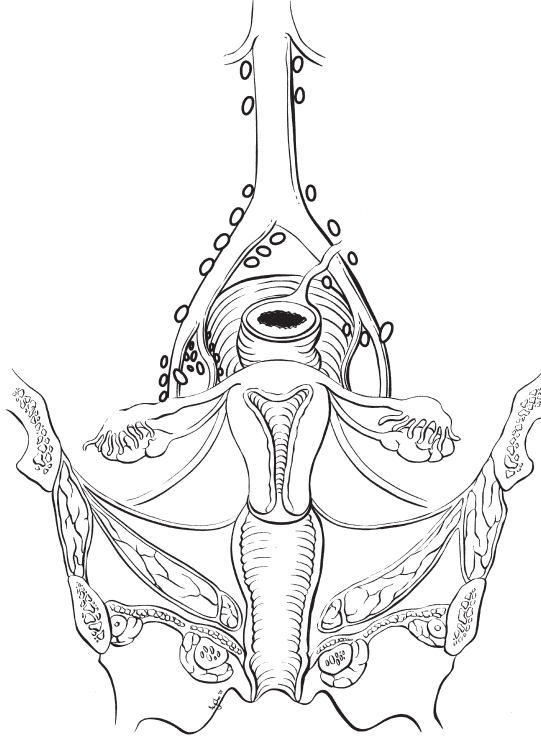
PATIENT NAME/INFORMATION

(continued from previous page)

# VAGINA STAGING FORM

## Illustration

Indicate on diagram primary tumor and regional nodes involved.



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## CERVIX UTERI STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS		PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____	<b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<b>TNM CATEGORY</b> <input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1  <input type="checkbox"/> T1a**  <input type="checkbox"/> T1a1 <input type="checkbox"/> T1a2 <input type="checkbox"/> T1b <input type="checkbox"/> T1b1 <input type="checkbox"/> T1b2 <input type="checkbox"/> T2  <input type="checkbox"/> T2a <input type="checkbox"/> T2a1 <input type="checkbox"/> T2a2 <input type="checkbox"/> T2b <input type="checkbox"/> T3  <input type="checkbox"/> T3a <input type="checkbox"/> T3b  <input type="checkbox"/> T4	<b>FIGO STAGE</b>  * I  IA  IA1 IA2 IB IB1 IB2 II  IIA IIA1 IIA2 IIB III  IIIA IIIB  IVA	<b>PRIMARY TUMOR (T)</b> Primary tumor cannot be assessed No evidence of primary tumor Carcinoma <i>in situ</i> (preinvasive carcinoma) Cervical carcinoma confined to uterus (extension to corpus should be disregarded) Invasive carcinoma diagnosed only by microscopy. Stromal invasion with a maximum depth of 5.0 mm measured from the base of the epithelium and a horizontal spread of 7.0 mm or less. Vascular space involvement, venous or lymphatic, does not affect classification Measured stromal invasion 3.0 mm or less in depth and 7.0 mm or less in horizontal spread Measured stromal invasion more than 3.0 mm and not more than 5.0 mm with a horizontal spread 7.0 mm or less Clinically visible lesion confined to the cervix or microscopic lesion greater than T1a/IA2 Clinically visible lesion 4.0 cm or less in greatest dimension Clinically visible lesion more than 4.0 cm in greatest dimension Cervical carcinoma invades beyond uterus but not to pelvic wall or to lower third of vagina Tumor without parametrial invasion Clinically visible lesion 4.0 cm or less in greatest dimension Clinically visible lesion more than 4.0 cm in greatest dimension Tumor with parametrial invasion Tumor extends to pelvic wall and/or involves lower third of vagina, and/or causes hydronephrosis or non-functioning kidney Tumor involves lower third of vagina, no extension to pelvic wall Tumor extends to pelvic wall and/or causes hydronephrosis or non-functioning kidney Tumor invades mucosa of bladder or rectum, and/or extends beyond true pelvis (bullous edema is not sufficient to classify a tumor as T4)  * FIGO staging no longer includes Stage 0 (Tis) ** All macroscopically visible lesions—even with superficial invasion—are T1b/IB.	<b>TNM CATEGORY</b> <input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1  <input type="checkbox"/> T1a**  <input type="checkbox"/> T1a1 <input type="checkbox"/> T1a2 <input type="checkbox"/> T1b <input type="checkbox"/> T1b1 <input type="checkbox"/> T1b2 <input type="checkbox"/> T2  <input type="checkbox"/> T2a <input type="checkbox"/> T2a1 <input type="checkbox"/> T2a2 <input type="checkbox"/> T2b <input type="checkbox"/> T3  <input type="checkbox"/> T3a <input type="checkbox"/> T3b  <input type="checkbox"/> T4
<b>TNM CATEGORY</b> <input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1	<b>FIGO STAGE</b>   IIIB	<b>REGIONAL LYMPH NODES (N)</b> Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastasis	<b>TNM CATEGORY</b> <input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION
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# CERVIX UTERI STAGING FORM

<b>TNM CATEGORY</b>	<b>FIGO STAGE</b>	<b>DISTANT METASTASIS (M)</b>	<b>TNM CATEGORY</b>	<b>FIGO STAGE</b>
<input type="checkbox"/> M0		No distant metastasis (no pathologic M0; use clinical M to complete stage group)	<input type="checkbox"/> M1	IVB
<input type="checkbox"/> M1	IVB	Distant metastasis (including peritoneal spread, involvement of supraclavicular, mediastinal, or paraaortic lymph nodes, lung, liver, or bone)		

## ANATOMIC STAGE • PROGNOSTIC GROUPS (FIGO 2008)

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> Stage 0*	Tis	N0	M0	<input type="checkbox"/> Stage 0*	Tis	N0	M0
<input type="checkbox"/> Stage I	T1	N0	M0	<input type="checkbox"/> Stage I	T1	N0	M0
<input type="checkbox"/> Stage IA	T1a	N0	M0	<input type="checkbox"/> Stage IA	T1a	N0	M0
<input type="checkbox"/> Stage IA1	T1a1	N0	M0	<input type="checkbox"/> Stage IA1	T1a1	N0	M0
<input type="checkbox"/> Stage IA2	T1a2	N0	M0	<input type="checkbox"/> Stage IA2	T1a2	N0	M0
<input type="checkbox"/> Stage IB	T1b	N0	M0	<input type="checkbox"/> Stage IB	T1b	N0	M0
<input type="checkbox"/> Stage IB1	T1b1	N0	M0	<input type="checkbox"/> Stage IB1	T1b1	N0	M0
<input type="checkbox"/> Stage IB2	T1b2	N0	M0	<input type="checkbox"/> Stage IB2	T1b2	N0	M0
<input type="checkbox"/> Stage II	T2	N0	M0	<input type="checkbox"/> Stage II	T2	N0	M0
<input type="checkbox"/> Stage IIA	T2a	N0	M0	<input type="checkbox"/> Stage IIA	T2a	N0	M0
<input type="checkbox"/> Stage IIA1	T2a1	N0	M0	<input type="checkbox"/> Stage IIA1	T2a1	N0	M0
<input type="checkbox"/> Stage IIA2	T2a2	N0	M0	<input type="checkbox"/> Stage IIA2	T2a2	N0	M0
<input type="checkbox"/> Stage IIB	T2b	N0	M0	<input type="checkbox"/> Stage IIB	T2b	N0	M0
<input type="checkbox"/> Stage III	T3	N0	M0	<input type="checkbox"/> Stage III	T3	N0	M0
<input type="checkbox"/> Stage IIIA	T3a	N0	M0	<input type="checkbox"/> Stage IIIA	T3a	N0	M0
<input type="checkbox"/> Stage IIIB	T3b	Any N	M0	<input type="checkbox"/> Stage IIIB	T3b	Any N	M0
	T1-3	N1	M0		T1-3	N1	M0
<input type="checkbox"/> Stage IVA	T4	Any N	M0	<input type="checkbox"/> Stage IVA	T4	Any N	M0
<input type="checkbox"/> Stage IVB	Any T	Any N	M1	<input type="checkbox"/> Stage IVB	Any T	Any N	M1
*FIGO no longer includes Stage 0 (Tis)				*FIGO no longer includes Stage 0 (Tis)			
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> Stage unknown			

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

FIGO Stage: \_\_\_\_\_

Pelvic nodal status and method of assessment: \_\_\_\_\_

Paraaortic nodal status and method of assessment: \_\_\_\_\_

Distant (mediastinal, scalene) nodal status and method of assessment: \_\_\_\_\_

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

<p><b>HOSPITAL NAME/ADDRESS</b></p>	<p><b>PATIENT NAME/INFORMATION</b></p>
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## CERVIX UTERI STAGING FORM

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

**General Notes (continued):**

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning     NCCN     Other (describe): \_\_\_\_\_

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/Time

HOSPITAL NAME/ADDRESS

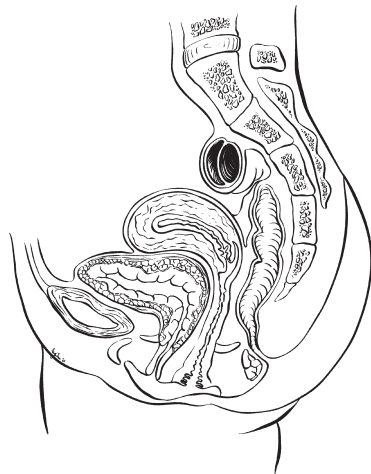
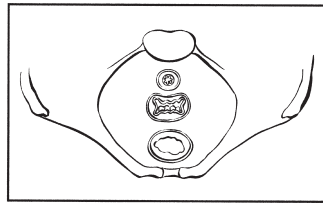
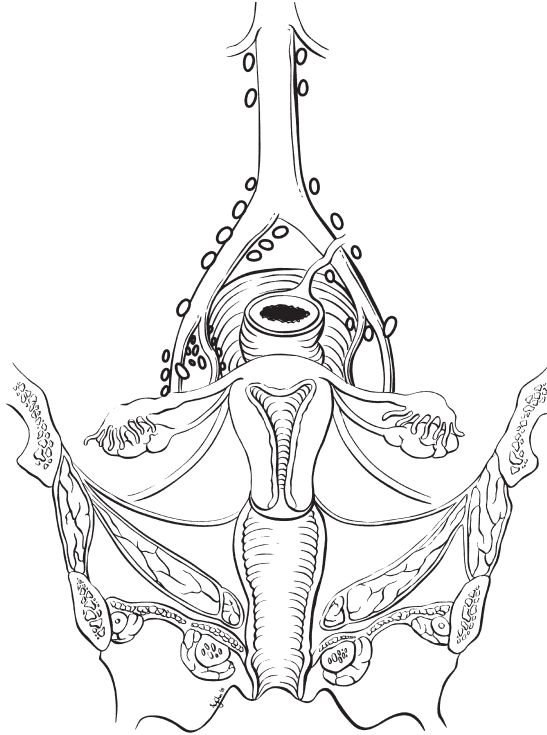
PATIENT NAME/INFORMATION

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# CERVIX UTERI STAGING FORM

## Illustration

Indicate on diagram primary tumor and regional nodes involved.



<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>
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## CORPUS UTERI CARCINOMA STAGING FORM

*(Carcinosarcomas should be staged as carcinomas)*

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS		PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>																																																																		
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<input type="checkbox"/> M1	IVB	Distant metastasis (includes metastasis to inguinal lymph nodes intraperitoneal disease, or lung, liver, or bone. It excludes metastasis to para-aortic lymph nodes, vagina, pelvic serosa, or adnexa)																																																																			
TNM CATEGORY	FIGO STAGE																																																																				
<input type="checkbox"/> M1	IVB	Distant metastasis (includes metastasis to inguinal lymph nodes intraperitoneal disease, or lung, liver, or bone. It excludes metastasis to para-aortic lymph nodes, vagina, pelvic serosa, or adnexa)																																																																			

<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>
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## CORPUS UTERI CARCINOMA STAGING FORM

(Carcinosarcomas should be staged as carcinomas)

### ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> 0*	Tis	N0	M0	<input type="checkbox"/> 0*	Tis	N0	M0
<input type="checkbox"/> I	T1	N0	M0	<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> IA	T1a	N0	M0	<input type="checkbox"/> IA	T1a	N0	M0
<input type="checkbox"/> IB	T1b	N0	M0	<input type="checkbox"/> IB	T1b	N0	M0
<input type="checkbox"/> II	T2	N0	M0	<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> III	T3	N0	M0	<input type="checkbox"/> III	T3	N0	M0
<input type="checkbox"/> IIIA	T3a	N0	M0	<input type="checkbox"/> IIIA	T3a	N0	M0
<input type="checkbox"/> IIIB	T3b	N0	M0	<input type="checkbox"/> IIIB	T3b	N0	M0
<input type="checkbox"/> IIIC1	T1-T3	N1	M0	<input type="checkbox"/> IIIC1	T1-T3	N1	M0
<input type="checkbox"/> IIIC2	T1-T3	N2	M0	<input type="checkbox"/> IIIC2	T1-T3	N2	M0
<input type="checkbox"/> IVA	T4	Any N	M0	<input type="checkbox"/> IVA	T4	Any N	M0
<input type="checkbox"/> IVB	Any T	Any N	M1	<input type="checkbox"/> IVB	Any T	Any N	M1

\*FIGO no longer includes Stage 0 (Tis)  
Carcinosarcomas should be staged as carcinoma.  
 Stage unknown

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)	General Notes:
<p><b>REQUIRED FOR STAGING:</b> None</p> <p><b>CLINICALLY SIGNIFICANT:</b></p> <p>FIGO Stage: _____</p> <p>Peritoneal cytology results: _____</p> <p>Pelvic nodal dissection with number of nodes positive/examined: _____</p> <p>Para-aortic nodal dissection with number of nodes positive/examined: _____</p> <p>Percentage of non-endometrioid cell type in mixed histology tumors: _____</p> <p>Omentectomy performed: _____</p>	<p>For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.</p> <p><b>m suffix</b> indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.</p> <p><b>y prefix</b> indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.</p> <p><b>r prefix</b> indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.</p> <p><b>a prefix</b> designates the stage determined at autopsy: aTNM.</p> <p><b>surgical margins</b> is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.</p>

Histologic Grade (G) (also known as overall grade)	
<p><b>Grading system</b></p> <p><input type="checkbox"/> 2 grade system</p> <p><input type="checkbox"/> 3 grade system</p> <p><input type="checkbox"/> 4 grade system</p> <p><input type="checkbox"/> No 2, 3, or 4 grade system is available</p>	<p><b>Grade</b></p> <p><input type="checkbox"/> Grade I or 1</p> <p><input type="checkbox"/> Grade II or 2</p> <p><input type="checkbox"/> Grade III or 3</p> <p><input type="checkbox"/> Grade IV or 4</p>
<p>Endometrioid adenocarcinomas should be graded according to the degree of differentiation of the adenocarcinoma as follows:</p> <p><input type="checkbox"/> G1      5% or less of a non-squamous or non-morular solid growth pattern</p> <p><input type="checkbox"/> G2      6% to 50% of a non-squamous or non-morular solid growth pattern</p> <p><input type="checkbox"/> G3      More than 50% of a non-squamous or non-morular solid growth pattern</p>	
<p><b>Notes on Pathologic Grading</b></p> <ol style="list-style-type: none"> <li>Notable nuclear atypia, inappropriate for the architectural grade, raises the grade by one.</li> <li>Serous, clear cell, and mixed mesodermal tumors are Grade 3.</li> </ol>	

<p>HOSPITAL NAME/ADDRESS</p>	<p>PATIENT NAME/INFORMATION</p>
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**CORPUS UTERI CARCINOMA STAGING FORM**  
*(Carcinosarcomas should be staged as carcinomas)*

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

**General Notes (continued):**

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning     NCCN     Other (describe): \_\_\_\_\_

Physician signature

Date/Time

<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>

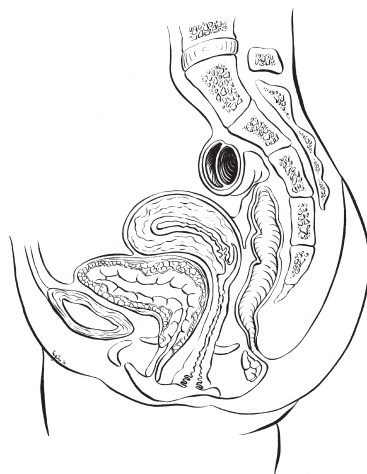
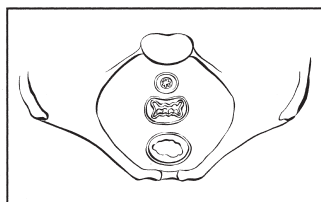
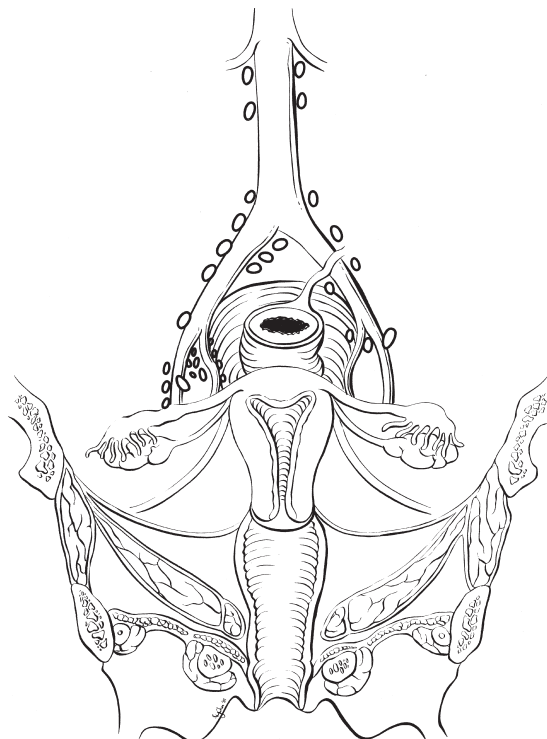
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# CORPUS UTERI CARCINOMA STAGING FORM

*(Carcinosarcomas should be staged as carcinomas)*

**Illustration**

Indicate on diagram primary tumor and regional nodes involved.



<p><b>HOSPITAL NAME/ADDRESS</b></p>	<p><b>PATIENT NAME/INFORMATION</b></p>
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## CORPUS UTERI SARCOMA STAGING FORM

(Carcinosarcomas should be staged as carcinomas)

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS		PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____	<b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<b>TNM CATEGORY</b> <b>FIGO STAGE</b>	<b>PRIMARY TUMOR (T)</b>		<b>TNM CATEGORY</b> <b>FIGO STAGE</b>
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1    I <input type="checkbox"/> T1a    IA <input type="checkbox"/> T1b    IB <input type="checkbox"/> T2    II <input type="checkbox"/> T2a    IIA <input type="checkbox"/> T2b    IIB <input type="checkbox"/> T3    III* <input type="checkbox"/> T3a    IIIA <input type="checkbox"/> T3b    IIIB <input type="checkbox"/> T4    IVA	<b><i>Leiomyosarcoma, Endometrial Stromal Sarcoma</i></b>  Primary tumor cannot be assessed No evidence of primary tumor Tumor limited to the uterus Tumor 5 cm or less in greatest dimension Tumor more than 5 cm Tumor extends beyond the uterus, within the pelvis Tumor involves adnexa Tumor involves other pelvic tissues Tumor infiltrates abdominal tissues One site More than one site Tumor invades bladder or rectum  <b><i>Adenosarcoma</i></b>  Primary tumor cannot be assessed No evidence of primary tumor Tumor limited to the uterus Tumor limited to the endometrium/endocervix Tumor invades to less than half of the myometrium Tumor invades more than half of the myometrium Tumor extends beyond the uterus, within the pelvis Tumor involves adnexa Tumor involves other pelvic tissues Tumor involves abdominal tissues One site More than one site Tumor invades bladder or rectum  <i>Note:</i> Simultaneous tumors of the uterine corpus and ovary/pelvis in association with ovarian/pelvic endometriosis should be classified as independent primary tumors.  * In this stage, lesions must infiltrate abdominal tissues and not just protrude into the abdominal cavity.		<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1    I <input type="checkbox"/> T1a    IA <input type="checkbox"/> T1b    IB <input type="checkbox"/> T2    II <input type="checkbox"/> T2a    IIA <input type="checkbox"/> T2b    IIB <input type="checkbox"/> T3    III* <input type="checkbox"/> T3a    IIIA <input type="checkbox"/> T3b    IIIB <input type="checkbox"/> T4    IVA
<b>TNM CATEGORY</b> <b>FIGO STAGE</b>	<b>REGIONAL LYMPH NODES (N)</b>		<b>TNM CATEGORY</b> <b>FIGO STAGE</b>
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1    IIIC	Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastasis		<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1    IIIC

<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>
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## CORPUS UTERI SARCOMA STAGING FORM

(Carcinosarcomas should be staged as carcinomas)

TNM CATEGORY	FIGO STAGE	DISTANT METASTASIS (M)	TNM CATEGORY	FIGO STAGE
<input type="checkbox"/> M0		No distant metastasis (no pathologic M0; use clinical M to complete stage group)	<input type="checkbox"/> M1	IVB
<input type="checkbox"/> M1	IVB	Distant metastasis (excluding adexa, pelvic, and abdominal tissue)		

### ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> I	T1	N0	M0	<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> IA*	T1a	N0	M0	<input type="checkbox"/> IA*	T1a	N0	M0
<input type="checkbox"/> IB*	T1b	N0	M0	<input type="checkbox"/> IB*	T1b	N0	M0
<input type="checkbox"/> IC**	T1c	N0	M0	<input type="checkbox"/> IC**	T1c	N0	M0
<input type="checkbox"/> II	T2	N0	M0	<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> IIIA	T3a	N0	M0	<input type="checkbox"/> IIIA	T3a	N0	M0
<input type="checkbox"/> IIIB	T3b	N0	M0	<input type="checkbox"/> IIIB	T3b	N0	M0
<input type="checkbox"/> IIIC	T1-3	N1	M0	<input type="checkbox"/> IIIC	T1-3	N1	M0
<input type="checkbox"/> IVA	T4	Any N	M0	<input type="checkbox"/> IVA	T4	Any N	M0
<input type="checkbox"/> IVB	Any T	Any N	M1	<input type="checkbox"/> IVB	Any T	Any N	M1

\*Note: Stages IA and IB differ from those applied for leiomyosarcoma and endometrial stromal sarcoma.

\*\*Note: Stage IC does not apply for leiomyosarcoma and endometrial stromal sarcoma.

Stage unknown

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

FIGO Stage: \_\_\_\_\_

Peritoneal cytology results: \_\_\_\_\_

Pelvic nodal dissection with number of nodes positive/examined: \_\_\_\_\_

Para-aortic nodal dissection with number of nodes positive/examined: \_\_\_\_\_

Percentage of non-endometrioid cell type in mixed histology tumors: \_\_\_\_\_

Omentectomy performed: \_\_\_\_\_

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION
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**CORPUS UTERI SARCOMA STAGING FORM**  
*(Carcinosarcomas should be staged as carcinomas)*

<p>Endometrioid adenocarcinomas should be graded according to the degree of differentiation of the adenocarcinoma as follows:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> G1 5% or less of a non-squamous or non-morular solid growth pattern</li> <li><input type="checkbox"/> G2 6% to 50% of a non-squamous or non-morular solid growth pattern</li> <li><input type="checkbox"/> G3 More than 50% of a non-squamous or non-morular solid growth pattern</li> </ul> <p><b>Notes on Pathologic Grading</b></p> <ol style="list-style-type: none"> <li>1. Notable nuclear atypia, inappropriate for the architectural grade, raises the grade by one.</li> <li>2. Serous, clear cell, and mixed mesodermal tumors are Grade 3.</li> </ol>	<p><b>General Notes (continued):</b></p> <p><b>r prefix</b> indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.</p> <p><b>a prefix</b> designates the stage determined at autopsy: aTNM.</p> <p><b>surgical margins</b> is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.</p> <p><b>neoadjuvant treatment</b> is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.</p>
<p><b>ADDITIONAL DESCRIPTORS</b></p> <p><b>Lymphatic Vessel Invasion (L) and Venous Invasion (V)</b> have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lymph-Vascular Invasion Not Present (absent)/Not Identified</li> <li><input type="checkbox"/> Lymph-Vascular Invasion Present/Identified</li> <li><input type="checkbox"/> Not Applicable</li> <li><input type="checkbox"/> Unknown/Indeterminate</li> </ul> <p><b>Residual Tumor (R)</b></p> <p>The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> RX Presence of residual tumor cannot be assessed</li> <li><input type="checkbox"/> R0 No residual tumor</li> <li><input type="checkbox"/> R1 Microscopic residual tumor</li> <li><input type="checkbox"/> R2 Macroscopic residual tumor</li> </ul>	

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning     NCCN     Other (describe): \_\_\_\_\_

\_\_\_\_\_  
 Physician signature

\_\_\_\_\_  
 Date/Time

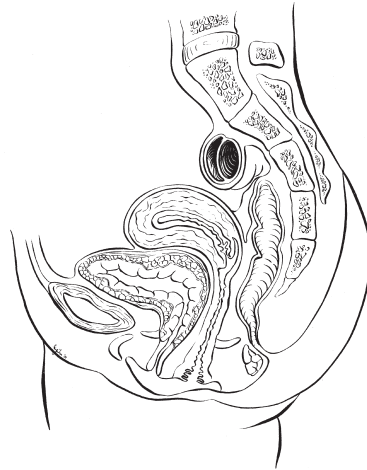
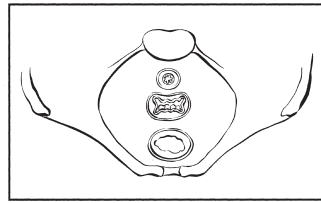
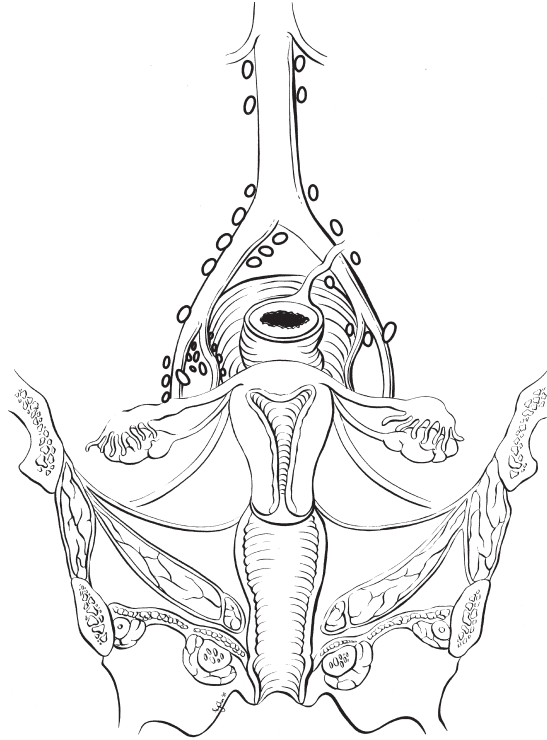
<p><b>HOSPITAL NAME/ADDRESS</b></p>	<p><b>PATIENT NAME/INFORMATION</b></p>
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**CORPUS UTERI SARCOMA STAGING FORM**  
(Carcinosarcomas should be staged as carcinomas)

**Illustration**

Indicate on diagram primary tumor and regional nodes involved.



HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION

(continued from previous page)

## OVARY STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS		PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>																																																																																											
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____	<b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery																																																																																											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">TNM CATEGORY</th> <th style="width: 15%;">FIGO STAGE</th> <th style="width: 70%;">PRIMARY TUMOR (T)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> TX</td> <td></td> <td>Primary tumor cannot be assessed</td> </tr> <tr> <td><input type="checkbox"/> T0</td> <td></td> <td>No evidence of primary tumor</td> </tr> <tr> <td><input type="checkbox"/> T1</td> <td>I</td> <td>Tumor limited to ovaries (one or both)</td> </tr> <tr> <td><input type="checkbox"/> T1a</td> <td>IA</td> <td>Tumor limited to one ovary; capsule intact, no tumor on ovarian surface. No malignant cells in ascites or peritoneal washings</td> </tr> <tr> <td><input type="checkbox"/> T1b</td> <td>IB</td> <td>Tumor limited to both ovaries; capsules intact, no tumor on ovarian surface. No malignant cells in ascites or peritoneal washings</td> </tr> <tr> <td><input type="checkbox"/> T1c</td> <td>IC</td> <td>Tumor limited to one or both ovaries with any of the following: capsule ruptured, tumor on ovarian surface, malignant cells in ascites or peritoneal washings</td> </tr> <tr> <td><input type="checkbox"/> T2</td> <td>II</td> <td>Tumor involves one or both ovaries with pelvic extension and/or implants</td> </tr> <tr> <td><input type="checkbox"/> T2a</td> <td>IIA</td> <td>Extension and/or implants on uterus and/or tube(s). No malignant cells in ascites or peritoneal washings</td> </tr> <tr> <td><input type="checkbox"/> T2b</td> <td>IIB</td> <td>Extension to and/or implants on other pelvic tissues. No malignant cells in ascites or peritoneal washings</td> </tr> <tr> <td><input type="checkbox"/> T2c</td> <td>IIC</td> <td>Pelvic extension and/or implants (T2a or T2b) with malignant cells in ascites or peritoneal washings</td> </tr> <tr> <td><input type="checkbox"/> T3</td> <td>III</td> <td>Tumor involves one or both ovaries with microscopically confirmed peritoneal metastasis outside the pelvis</td> </tr> <tr> <td><input type="checkbox"/> T3a</td> <td>IIIA</td> <td>Microscopic peritoneal metastasis beyond pelvis (no macroscopic tumor)</td> </tr> <tr> <td><input type="checkbox"/> T3b</td> <td>IIIB</td> <td>Macroscopic peritoneal metastasis beyond pelvis 2 cm or less in greatest dimension</td> </tr> <tr> <td><input type="checkbox"/> T3c</td> <td>IIIC</td> <td>Peritoneal metastasis beyond pelvis more than 2 cm in greatest dimension and/or regional lymph node metastasis</td> </tr> <tr> <td colspan="3" style="font-size: small;">                     Note: Liver capsule metastasis T3/Stage III; liver parenchymal metastasis M1/Stage IV. Pleural effusion must have positive cytology for M1/Stage IV.                 </td> </tr> </tbody> </table>	TNM CATEGORY	FIGO STAGE	PRIMARY TUMOR (T)	<input type="checkbox"/> TX		Primary tumor cannot be assessed	<input type="checkbox"/> T0		No evidence of primary tumor	<input type="checkbox"/> T1	I	Tumor limited to ovaries (one or both)	<input type="checkbox"/> T1a	IA	Tumor limited to one ovary; capsule intact, no tumor on ovarian surface. No malignant cells in ascites or peritoneal washings	<input type="checkbox"/> T1b	IB	Tumor limited to both ovaries; capsules intact, no tumor on ovarian surface. No malignant cells in ascites or peritoneal washings	<input type="checkbox"/> T1c	IC	Tumor limited to one or both ovaries with any of the following: capsule ruptured, tumor on ovarian surface, malignant cells in ascites or peritoneal washings	<input type="checkbox"/> T2	II	Tumor involves one or both ovaries with pelvic extension and/or implants	<input type="checkbox"/> T2a	IIA	Extension and/or implants on uterus and/or tube(s). No malignant cells in ascites or peritoneal washings	<input type="checkbox"/> T2b	IIB	Extension to and/or implants on other pelvic tissues. 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Pleural effusion must have positive cytology for M1/Stage IV.			<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">TNM CATEGORY</th> <th style="width: 15%;">FIGO STAGE</th> <th style="width: 70%;">PRIMARY TUMOR (T)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> TX</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> T0</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> T1</td> <td>I</td> <td></td> </tr> <tr> <td><input type="checkbox"/> T1a</td> <td>IA</td> <td></td> </tr> <tr> <td><input type="checkbox"/> T1b</td> <td>IB</td> <td></td> </tr> <tr> <td><input type="checkbox"/> T1c</td> <td>IC</td> <td></td> </tr> <tr> <td><input type="checkbox"/> T2</td> <td>II</td> <td></td> </tr> <tr> <td><input type="checkbox"/> T2a</td> <td>IIA</td> <td></td> </tr> <tr> <td><input type="checkbox"/> T2b</td> <td>IIB</td> <td></td> </tr> <tr> <td><input type="checkbox"/> T2c</td> <td>IIC</td> <td></td> </tr> <tr> <td><input type="checkbox"/> T3</td> <td>III</td> <td></td> </tr> <tr> <td><input type="checkbox"/> T3a</td> <td>IIIA</td> <td></td> </tr> <tr> <td><input type="checkbox"/> T3b</td> <td>IIIB</td> <td></td> </tr> <tr> <td><input type="checkbox"/> T3c</td> <td>IIIC</td> <td></td> </tr> </tbody> </table>	TNM CATEGORY	FIGO STAGE	PRIMARY TUMOR (T)	<input type="checkbox"/> TX			<input type="checkbox"/> T0			<input type="checkbox"/> T1	I		<input type="checkbox"/> T1a	IA		<input type="checkbox"/> T1b	IB		<input type="checkbox"/> T1c	IC		<input type="checkbox"/> T2	II		<input type="checkbox"/> T2a	IIA		<input type="checkbox"/> T2b	IIB		<input type="checkbox"/> T2c	IIC		<input type="checkbox"/> T3	III		<input type="checkbox"/> T3a	IIIA		<input type="checkbox"/> T3b	IIIB		<input type="checkbox"/> T3c	IIIC	
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<input type="checkbox"/> T1	I	Tumor limited to ovaries (one or both)																																																																																												
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<input type="checkbox"/> T1b	IB	Tumor limited to both ovaries; capsules intact, no tumor on ovarian surface. No malignant cells in ascites or peritoneal washings																																																																																												
<input type="checkbox"/> T1c	IC	Tumor limited to one or both ovaries with any of the following: capsule ruptured, tumor on ovarian surface, malignant cells in ascites or peritoneal washings																																																																																												
<input type="checkbox"/> T2	II	Tumor involves one or both ovaries with pelvic extension and/or implants																																																																																												
<input type="checkbox"/> T2a	IIA	Extension and/or implants on uterus and/or tube(s). No malignant cells in ascites or peritoneal washings																																																																																												
<input type="checkbox"/> T2b	IIB	Extension to and/or implants on other pelvic tissues. No malignant cells in ascites or peritoneal washings																																																																																												
<input type="checkbox"/> T2c	IIC	Pelvic extension and/or implants (T2a or T2b) with malignant cells in ascites or peritoneal washings																																																																																												
<input type="checkbox"/> T3	III	Tumor involves one or both ovaries with microscopically confirmed peritoneal metastasis outside the pelvis																																																																																												
<input type="checkbox"/> T3a	IIIA	Microscopic peritoneal metastasis beyond pelvis (no macroscopic tumor)																																																																																												
<input type="checkbox"/> T3b	IIIB	Macroscopic peritoneal metastasis beyond pelvis 2 cm or less in greatest dimension																																																																																												
<input type="checkbox"/> T3c	IIIC	Peritoneal metastasis beyond pelvis more than 2 cm in greatest dimension and/or regional lymph node metastasis																																																																																												
Note: Liver capsule metastasis T3/Stage III; liver parenchymal metastasis M1/Stage IV. Pleural effusion must have positive cytology for M1/Stage IV.																																																																																														
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<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>
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# OVARY STAGING FORM

## ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> I	T1	N0	M0	<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> IA	T1a	N0	M0	<input type="checkbox"/> IA	T1a	N0	M0
<input type="checkbox"/> IB	T1b	N0	M0	<input type="checkbox"/> IB	T1b	N0	M0
<input type="checkbox"/> IC	T1c	N0	M0	<input type="checkbox"/> IC	T1c	N0	M0
<input type="checkbox"/> II	T2	N0	M0	<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> IIA	T2a	N0	M0	<input type="checkbox"/> IIA	T2a	N0	M0
<input type="checkbox"/> IIB	T2b	N0	M0	<input type="checkbox"/> IIB	T2b	N0	M0
<input type="checkbox"/> IIC	T2c	N0	M0	<input type="checkbox"/> IIC	T2c	N0	M0
<input type="checkbox"/> III	T3	N0	M0	<input type="checkbox"/> III	T3	N0	M0
<input type="checkbox"/> IIIA	T3a	N0	M0	<input type="checkbox"/> IIIA	T3a	N0	M0
<input type="checkbox"/> IIIB	T3b	N0	M0	<input type="checkbox"/> IIIB	T3b	N0	M0
<input type="checkbox"/> IIIC	T3c	N0	M0	<input type="checkbox"/> IIIC	T3c	N0	M0
<input type="checkbox"/> IV	Any T	N1	M0	<input type="checkbox"/> IV	Any T	N1	M0
<input type="checkbox"/> IV	Any T	Any N	M1	<input type="checkbox"/> IV	Any T	Any N	M1
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> Stage unknown			

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

FIGO stage: \_\_\_\_\_  
 Gross residual tumor after primary cyto-reductive surgery: \_\_\_\_\_ (present, absent, unknown, "y" meaning patient received chemotherapy prior to surgery)  
 Residual tumor volume after primary cyto-reductive surgery: \_\_\_\_\_ (no gross, ≤1 cm, >1 cm, unknown, "y" meaning patient received chemotherapy prior to surgery)  
 Residual tumor location following primary cyto-reductive surgery: \_\_\_\_\_ ("y" indicates patient received chemotherapy prior to surgery)  
 Malignant ascites volume: \_\_\_\_\_

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

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## OVARY STAGING FORM

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

**General Notes (continued):**

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning  NCCN  Other (describe): \_\_\_\_\_

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/Time

HOSPITAL NAME/ADDRESS

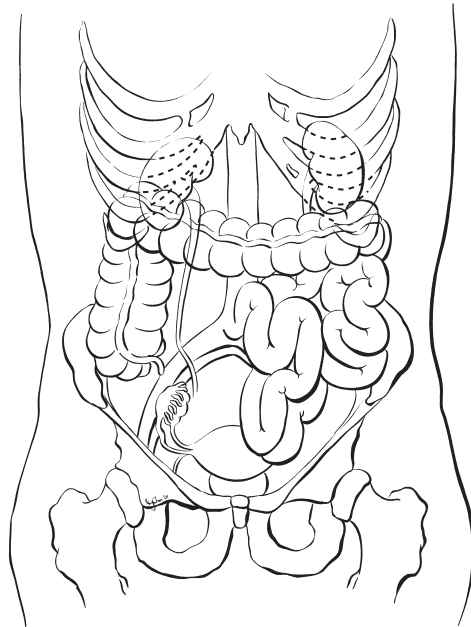
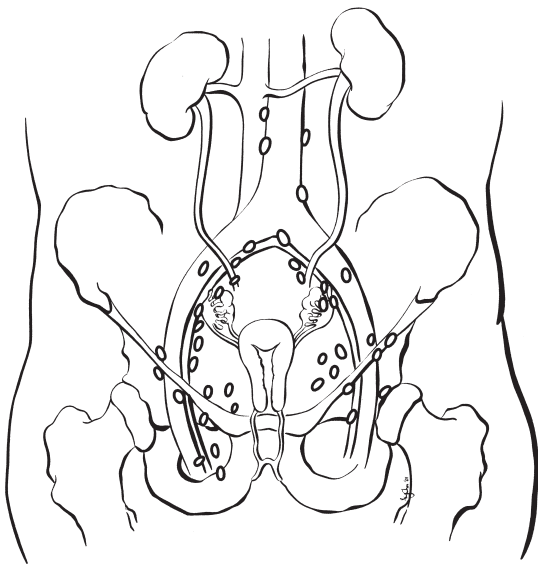
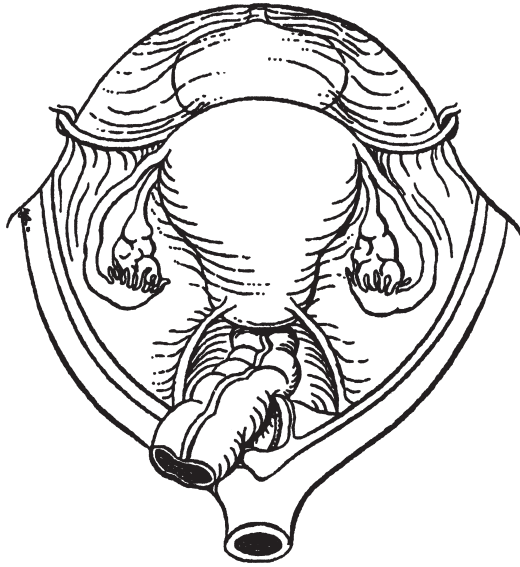
PATIENT NAME/INFORMATION

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# OVARY STAGING FORM

## Illustration

Indicate on diagram primary tumor and regional nodes involved.



HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

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## FALLOPIAN TUBE STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS		PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>																																																																							
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____	<b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery																																																																							
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# FALLOPIAN TUBE STAGING FORM

## ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> 0*	Tis	N0	M0	<input type="checkbox"/> 0*	Tis	N0	M0
<input type="checkbox"/> I	T1	N0	M0	<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> IA	T1a	N0	M0	<input type="checkbox"/> IA	T1a	N0	M0
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<input type="checkbox"/> IC	T1c	N0	M0	<input type="checkbox"/> IC	T1c	N0	M0
<input type="checkbox"/> II	T2	N0	M0	<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> IIA	T2a	N0	M0	<input type="checkbox"/> IIA	T2a	N0	M0
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<input type="checkbox"/> IIIC	T3c	N0	M0	<input type="checkbox"/> IIIC	T3c	N0	M0
	Any T	N1	M0		Any T	N1	M0
<input type="checkbox"/> IV	Any T	Any N	M1	<input type="checkbox"/> IV	Any T	Any N	M1

\*FIGO no longer includes Stage 0 (Tis)

Stage unknown

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)	General Notes:
<p><b>REQUIRED FOR STAGING:</b> None</p> <p><b>CLINICALLY SIGNIFICANT:</b></p> <p>FIGO Stage: _____</p> <p>Tumor location : _____ (fimbria, isthmus, unknown)</p> <p>Pelvic and paraaortic nodal status: Pelvic _____ Paraaortic _____ (report as number of nodes removed/number of nodes involved with tumor)</p>	<p>For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.</p> <p><b>m suffix</b> indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.</p> <p><b>y prefix</b> indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.</p> <p><b>r prefix</b> indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.</p> <p><b>a prefix</b> designates the stage determined at autopsy: aTNM.</p>

<p><b>Histologic Grade (G)</b> (also known as overall grade)</p> <table style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Grading system</th> <th style="text-align: center;">Grade</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 2 grade system</td> <td><input type="checkbox"/> Grade I or 1</td> </tr> <tr> <td><input type="checkbox"/> 3 grade system</td> <td><input type="checkbox"/> Grade II or 2</td> </tr> <tr> <td><input type="checkbox"/> 4 grade system</td> <td><input type="checkbox"/> Grade III or 3</td> </tr> <tr> <td><input type="checkbox"/> No 2, 3, or 4 grade system is available</td> <td><input type="checkbox"/> Grade IV or 4</td> </tr> </tbody> </table> <p><b>ADDITIONAL DESCRIPTORS</b></p> <p><b>Lymphatic Vessel Invasion (L) and Venous Invasion (V)</b> have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.</p> <p><input type="checkbox"/> Lymph-Vascular Invasion Not Present (absent)/Not Identified</p> <p><input type="checkbox"/> Lymph-Vascular Invasion Present/Identified</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Unknown/Indeterminate</p>	Grading system	Grade	<input type="checkbox"/> 2 grade system	<input type="checkbox"/> Grade I or 1	<input type="checkbox"/> 3 grade system	<input type="checkbox"/> Grade II or 2	<input type="checkbox"/> 4 grade system	<input type="checkbox"/> Grade III or 3	<input type="checkbox"/> No 2, 3, or 4 grade system is available	<input type="checkbox"/> Grade IV or 4	<p><b>ADDITIONAL DESCRIPTORS</b></p> <p><b>Lymphatic Vessel Invasion (L) and Venous Invasion (V)</b> have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.</p> <p><input type="checkbox"/> Lymph-Vascular Invasion Not Present (absent)/Not Identified</p> <p><input type="checkbox"/> Lymph-Vascular Invasion Present/Identified</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Unknown/Indeterminate</p>
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<p><b>HOSPITAL NAME/ADDRESS</b></p>	<p><b>PATIENT NAME/INFORMATION</b></p>
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## FALLOPIAN TUBE STAGING FORM

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

**General Notes (continued):**

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning     NCCN     Other (describe): \_\_\_\_\_

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/Time

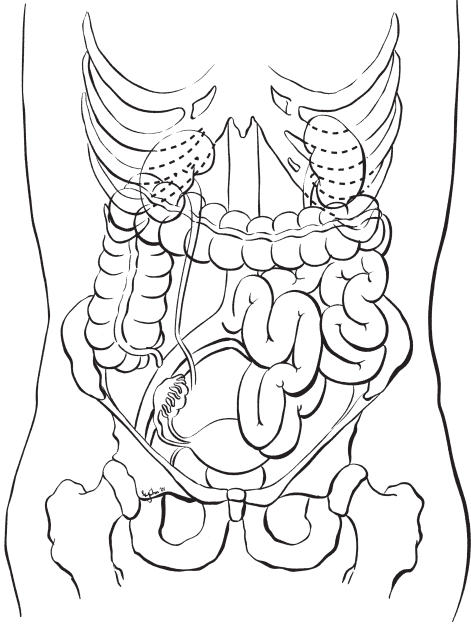
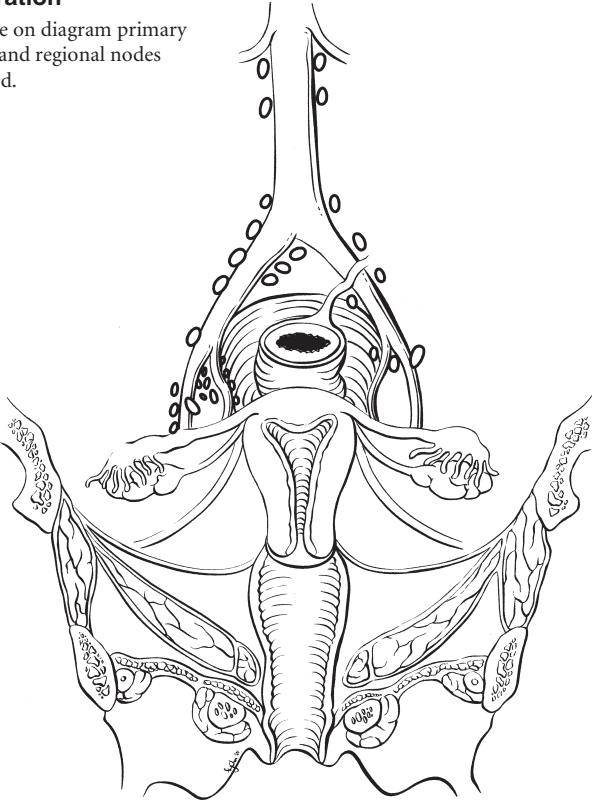
<p><b>HOSPITAL NAME/ADDRESS</b></p>  	<p><b>PATIENT NAME/INFORMATION</b></p>  
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# FALLOPIAN TUBE STAGING FORM

## Illustration

Indicate on diagram primary tumor and regional nodes involved.



<b>HOSPITAL NAME/ADDRESS</b>
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<b>PATIENT NAME/INFORMATION</b>
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## GESTATIONAL TROPHOBLASTIC TUMORS STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS				PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>																																																																																																																																																						
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<b>TNM CATEGORY</b> <input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T2	<b>FIGO STAGE</b>  I II	<b>PRIMARY TUMOR (T)</b> Primary tumor cannot be assessed No evidence of primary tumor Tumor confined to uterus Tumor extends to other genital structures (ovary, tube, vagina, broad ligaments) by metastasis or direct extension				<b>TNM CATEGORY</b> <input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T2	<b>FIGO STAGE</b>  I II																																																																																																																																																				
<b>REGIONAL LYMPH NODES (N)</b> There is no regional nodal designation in the staging of these tumors. Nodal metastases should be classified as metastatic (M1) disease.																																																																																																																																																											
<b>TNM CATEGORY</b> <input type="checkbox"/> M0 <input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b	<b>FIGO STAGE</b>  III IV	<b>DISTANT METASTASIS (M)</b> No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis Lung metastasis All other distant metastasis				<b>TNM CATEGORY</b> <input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b	<b>FIGO STAGE</b>  III IV																																																																																																																																																				
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# GESTATIONAL TROPHOBLASTIC TUMORS STAGING FORM

## PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** Prognostic Risk Scoring Index

Prognostic Factor	Risk Score			
	0	1	2	4
Age	<40	≥40		
antecedent pregnancy	Hydatidiform mole	Abortion	Term pregnancy	
Interval months from index pregnancy	<4	4–6	7–12	>12
Pretreatment hCG (IU/ml)	<10 <sup>3</sup>	10 <sup>3</sup> –10 <sup>4</sup>	10 <sup>4</sup> –10 <sup>5</sup>	> 10 <sup>5</sup>
Largest tumor size, including uterus	<3 cm	3–5 cm	>5 cm	
Site of metastases	Lung	Spleen, kidney	Gastrointestinal tract	Brain, liver
Number of metastases identified		1–4	5–8	>8
Previous failed chemotherapy			Single drug	Two or more drugs
Total score				

Low risk is a score of 6 or less. High risk is a score of 7 or greater.

**CLINICALLY SIGNIFICANT:**

FIGO stage : \_\_\_\_\_

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

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## GESTATIONAL TROPHOBLASTIC TUMORS STAGING FORM

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning  NCCN  Other (describe): \_\_\_\_\_

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/Time

HOSPITAL NAME/ADDRESS

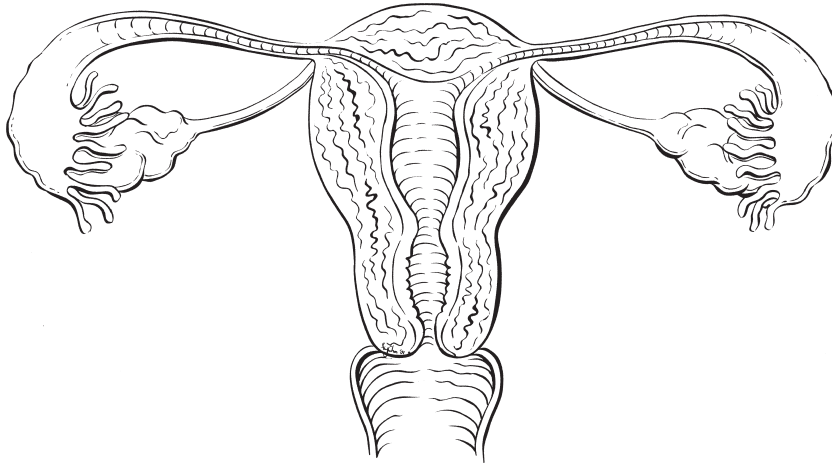
PATIENT NAME/INFORMATION

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# GESTATIONAL TROPHOBLASTIC TUMORS STAGING FORM

## Illustration

Indicate on diagram primary tumor and regional nodes involved.



HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

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## PENIS STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____  <b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> Ta <input type="checkbox"/> T1a  <input type="checkbox"/> T1b  <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4	<p style="text-align: center;"><b>PRIMARY TUMOR (T)</b></p> Primary tumor cannot be assessed No evidence of primary tumor Carcinoma <i>in situ</i> Noninvasive verrucous carcinoma* Tumor invades subepithelial connective tissue without lymph vascular invasion and is not poorly differentiated (i.e., grade 3-4) Tumor invades subepithelial connective tissue with LVI or is poorly differentiated Tumor invades corpus spongiosum or cavernosum Tumor invades urethra Tumor invades other adjacent structures  *Note: Broad pushing penetration (invasion) is permitted - destructive invasion is against this diagnosis	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> Ta <input type="checkbox"/> T1a  <input type="checkbox"/> T1b  <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4
<input type="checkbox"/> NX <input type="checkbox"/> pNX <input type="checkbox"/> N0 <input type="checkbox"/> pN0 <input type="checkbox"/> N1 <input type="checkbox"/> pN1 <input type="checkbox"/> N2 <input type="checkbox"/> pN2 <input type="checkbox"/> N3  <input type="checkbox"/> pN3	<p style="text-align: center;"><b>REGIONAL LYMPH NODES (N)</b></p> Regional lymph nodes cannot be assessed* Regional lymph nodes cannot be assessed** No palpable or visibly enlarged inguinal lymph nodes* No regional lymph node metastasis** Palpable mobile unilateral inguinal lymph node* Metastasis in a single inguinal lymph node** Palpable mobile multiple or bilateral inguinal lymph nodes* Metastasis in multiple or bilateral inguinal lymph nodes** Palpable fixed inguinal nodal mass or pelvic lymphadenopathy unilateral or bilateral* Extranodal extension of lymph node metastasis or pelvic lymph node(s) unilateral or bilateral**  *Based upon palpation, imaging **Based upon biopsy, or surgical excision	<input type="checkbox"/> pNX <input type="checkbox"/> pN0 <input type="checkbox"/> pN1 <input type="checkbox"/> pN2  <input type="checkbox"/> pN3
<input type="checkbox"/> M0 <input type="checkbox"/> M1	<p style="text-align: center;"><b>DISTANT METASTASIS (M)</b></p> No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis*  *Note: Lymph node metastasis outside of the true pelvis in addition to visceral or bone sites.	<input type="checkbox"/> M1

<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>
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# PENIS STAGING FORM

## ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> 0	Tis	N0	M0	<input type="checkbox"/> 0	Tis	N0	M0
	Ta	N0	M0		Ta	N0	M0
<input type="checkbox"/> I	T1a	N0	M0	<input type="checkbox"/> I	T1a	N0	M0
<input type="checkbox"/> II	T1b	N0	M0	<input type="checkbox"/> II	T1b	N0	M0
	T2	N0	M0		T2	N0	M0
	T3	N0	M0		T3	N0	M0
<input type="checkbox"/> IIIa	T1-3	N1	M0	<input type="checkbox"/> IIIa	T1-3	N1	M0
<input type="checkbox"/> IIIb	T1-3	N2	M0	<input type="checkbox"/> IIIb	T1-3	N2	M0
<input type="checkbox"/> IV	T4	Any N	M0	<input type="checkbox"/> IV	T4	Any N	M0
	Any T	N3	M0		Any T	N3	M0
	Any T	Any N	M1		Any T	Any N	M1
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> Stage unknown			

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

- Involvement of corpus spongiosum \_\_\_\_\_
- Involvement of corpus cavernosum \_\_\_\_\_
- Percent of tumor that is poorly differentiated \_\_\_\_\_
- Verrucous carcinoma depth of invasion \_\_\_\_\_
- Size of largest lymph node metastasis \_\_\_\_\_
- Extranodal/extracapsular extension \_\_\_\_\_
- HPV Status \_\_\_\_\_

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

<p><b>HOSPITAL NAME/ADDRESS</b></p>	<p><b>PATIENT NAME/INFORMATION</b></p>
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*(continued from previous page)*



## PENIS STAGING FORM

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

**General Notes (continued):**

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning     NCCN     Other (describe): \_\_\_\_\_

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/Time

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

## TESTIS STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____  <b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<p style="text-align: center;"><b>PRIMARY TUMOR (T)</b></p> <p>The extent of primary tumor is usually classified after radical orchiectomy and, for this reason, a <i>pathologic</i> stage is assigned.</p> <p><b>pTX</b> Primary tumor cannot be assessed</p> <p><b>pT0</b> No evidence of primary tumor (e.g., histologic scar in testis)</p> <p><b>pTis</b> Intratubular germ cell neoplasia (<i>carcinoma in situ</i>)</p> <p><b>pT1</b> Tumor limited to the testis and epididymis without vascular/lymphatic invasion; tumor may invade into the tunica albuginea but not the tunica vaginalis</p> <p><b>pT2</b> Tumor limited to the testis and epididymis with vascular/lymphatic invasion, or tumor extending through the tunica albuginea with involvement of the tunica vaginalis</p> <p><b>pT3</b> Tumor invades the spermatic cord with or without vascular/lymphatic invasion</p> <p><b>pT4</b> Tumor invades the scrotum with or without vascular/lymphatic invasion</p> <p style="font-size: small;">* Except for pTis and pT4, extent of primary tumor is classified by radical orchiectomy. TX may be used for other categories in the absence of radical orchiectomy.</p>	<input type="checkbox"/> pTX <input type="checkbox"/> pT0 <input type="checkbox"/> pTis <input type="checkbox"/> pT1  <input type="checkbox"/> pT2  <input type="checkbox"/> pT3 <input type="checkbox"/> pT4	
<input type="checkbox"/> <b>NX</b> Regional lymph nodes cannot be assessed <input type="checkbox"/> <b>N0</b> No regional lymph node metastasis <input type="checkbox"/> <b>N1</b> Metastasis with a lymph node mass 2 cm or less in greatest dimension; or multiple lymph nodes, none more than 2 cm in greatest dimension <b>pN1</b> Metastasis with a lymph node mass 2 cm or less in greatest dimension and less than or equal to 5 nodes positive, none more than 2 cm in greatest dimension <input type="checkbox"/> <b>N2</b> Metastasis with a lymph node mass more than 2 cm but not more than 5 cm in greatest dimension; or multiple lymph nodes, any one mass greater than 2 cm but not more than 5 cm in greatest dimension <b>pN2</b> Metastasis with a lymph node mass more than 2 cm but not more than 5 cm in greatest dimension; or more than 5 nodes positive, none more than 5 cm; or evidence of extranodal extension of tumor <input type="checkbox"/> <b>N3</b> Metastasis with a lymph node mass more than 5 cm in greatest dimension <b>pN3</b> Metastasis with a lymph node mass more than 5 cm in greatest dimension	<input type="checkbox"/> <b>NX</b> <input type="checkbox"/> <b>N0</b> <input type="checkbox"/> <b>N1</b>  <input type="checkbox"/> <b>pN1</b>  <input type="checkbox"/> <b>pN2</b>  <input type="checkbox"/> <b>pN3</b>	
<input type="checkbox"/> <b>M0</b> No distant metastasis <input type="checkbox"/> <b>M1</b> Distant metastasis <input type="checkbox"/> <b>M1a</b> Nonregional nodal or pulmonary metastasis <input type="checkbox"/> <b>M1b</b> Distant metastasis other than to non-regional lymph nodes and lung	<input type="checkbox"/> <b>M1</b> <input type="checkbox"/> <b>M1a</b> <input type="checkbox"/> <b>M1b</b>	

<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/ INFORMATION</b>
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*(continued on next page)*

# TESTIS STAGING FORM

## ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL					PATHOLOGIC				
GROUP	T	N	M	S (serum tumor markers)	GROUP	T	N	M	S (serum tumor markers)
<input type="checkbox"/> 0	pTis	N0	M0	S0	<input type="checkbox"/> 0	pTis	N0	M0	S0
<input type="checkbox"/> I	pT1-4	N0	M0	SX	<input type="checkbox"/> I	pT1-4	N0	M0	SX
<input type="checkbox"/> IA	pT1	N0	M0	S0	<input type="checkbox"/> IA	pT1	N0	M0	S0
<input type="checkbox"/> IB	pT2	N0	M0	S0	<input type="checkbox"/> IB	pT2	N0	M0	S0
	pT3	N0	M0	S0		pT3	N0	M0	S0
	pT4	N0	M0	S0		pT4	N0	M0	S0
<input type="checkbox"/> IS	Any pT/Tx	N0	M0	S1-3	<input type="checkbox"/> IS	Any pT/Tx	N0	M0	S1-3
<input type="checkbox"/> II	Any pT/Tx	N1-3	M0	SX	<input type="checkbox"/> II	Any pT/Tx	N1-3	M0	SX
<input type="checkbox"/> IIA	Any pT/Tx	N1	M0	S0	<input type="checkbox"/> IIA	Any pT/Tx	N1	M0	S0
	Any pT/Tx	N1	M0	S1		Any pT/Tx	N1	M0	S1
<input type="checkbox"/> IIB	Any pT/Tx	N2	M0	S0	<input type="checkbox"/> IIB	Any pT/Tx	N2	M0	S0
	Any pT/Tx	N2	M0	S1		Any pT/Tx	N2	M0	S1
<input type="checkbox"/> IIC	Any pT/Tx	N3	M0	S0	<input type="checkbox"/> IIC	Any pT/Tx	N3	M0	S0
	Any pT/Tx	N3	M0	S1		Any pT/Tx	N3	M0	S1
<input type="checkbox"/> III	Any pT/Tx	Any N	M1	SX	<input type="checkbox"/> III	Any pT/Tx	Any N	M1	SX
<input type="checkbox"/> IIIA	Any pT/Tx	Any N	M1a	S0	<input type="checkbox"/> IIIA	Any pT/Tx	Any N	M1a	S0
	Any pT/Tx	Any N	M1a	S1		Any pT/Tx	Any N	M1a	S1
<input type="checkbox"/> IIIB	Any pT/Tx	N1-3	M0	S2	<input type="checkbox"/> IIIB	Any pT/Tx	N1-3	M0	S2
	Any pT/Tx	Any N	M1a	S2		Any pT/Tx	Any N	M1a	S2
<input type="checkbox"/> IIIC	Any pT/Tx	N1-3	M0	S3	<input type="checkbox"/> IIIC	Any pT/Tx	N1-3	M0	S3
	Any pT/Tx	Any N	M1a	S3		Any pT/Tx	Any N	M1a	S3
	Any pT/Tx	Any N	M1b	Any S		Any pT/Tx	Any N	M1b	Any S
<input type="checkbox"/> Stage unknown					<input type="checkbox"/> Stage unknown				

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** Serum Tumor Markers (S) \_\_\_\_\_

- SX Marker studies not available or not performed
- S0 Marker study levels within normal limits
- S1 LDH < 1.5 X N\* **AND** hCG (mlu/ml) < 5000 **AND** AFP (ng/ml) < 1000
- S2 LDH 1.5-10 x N **OR** hCG (mlu/ml) 5000-50,000 **OR** AFP (ng/ml) 1000-10,000
- S3 LDH > 10 x N **OR** hCG (mlu/ml) > 50,000 **OR** AFP (ng/ml) > 10,000

\*N indicates the upper limit of normal for the LDH assay.

Serum tumor marker levels should be measured prior to orchiectomy, but levels after orchiectomy are used for assignment of S category, taking into account the half life of AFP and hCG. Stage grouping classification of Stage IS requires persistent elevation of serum tumor markers following orchiectomy.

The Serum Tumor Markers (S) category is comprised of the following:

- Alpha Fetoprotein (AFP) — half life 5-7 days
- Human Chorionic Gonadotropin (hCG) — half life 1-3 days
- Lactate Dehydrogenase (LDH)

**CLINICALLY SIGNIFICANT:**

Size of Largest Metastases in Lymph Nodes: \_\_\_\_\_  
 Radical Orchiectomy Performed: \_\_\_\_\_

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION

*(continued from previous page)*

## TESTIS STAGING FORM

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

**General Notes (continued):**

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning     NCCN     Other (describe): \_\_\_\_\_

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/Time

HOSPITAL NAME/ADDRESS

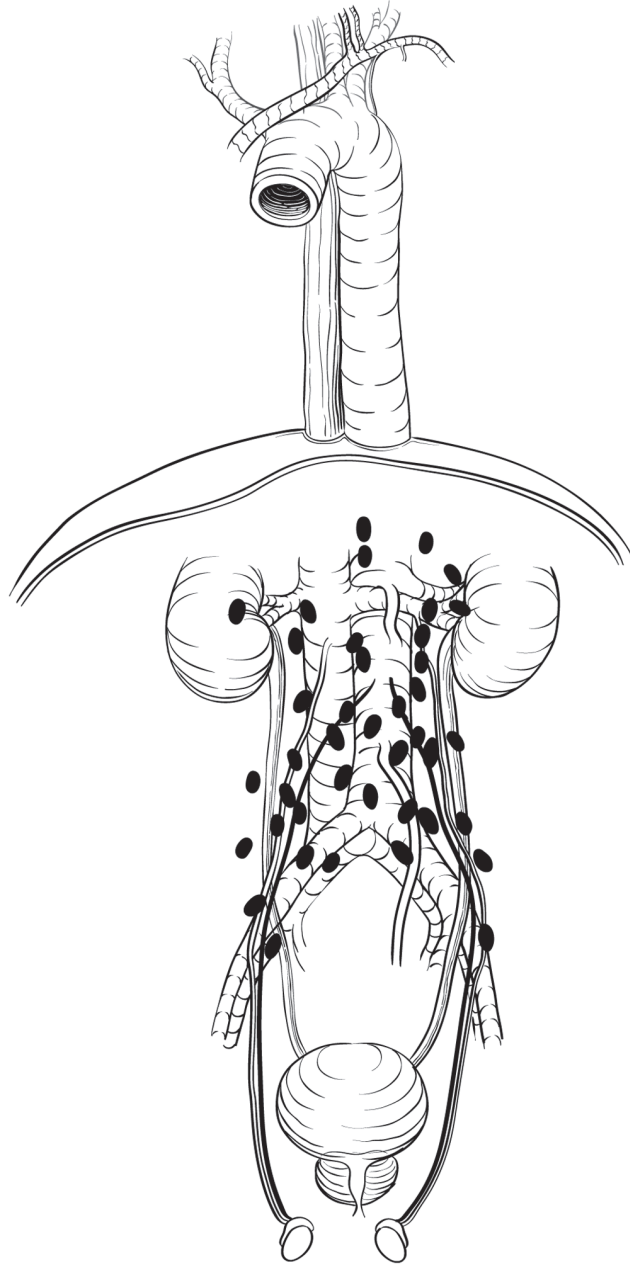
PATIENT NAME/INFORMATION

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# TESTIS STAGING FORM

## Illustration

Indicate on diagram primary tumor and regional nodes involved.



HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

*(continued from previous page)*

## KIDNEY STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS		PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____	<b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T3 <input type="checkbox"/> T3a <input type="checkbox"/> T3b <input type="checkbox"/> T3c <input type="checkbox"/> T4	<b>PRIMARY TUMOR (T)</b> Primary tumor cannot be assessed No evidence of primary tumor Tumor 7 cm or less in greatest dimension, limited to the kidney Tumor 4 cm or less in greatest dimension, limited to the kidney Tumor more than 4 cm but not more than 7 cm in greatest dimension limited to the kidney Tumor more than 7 cm in greatest dimension, limited to the kidney Tumor more than 7 cm but less than or equal to 10 cm in greatest dimension, limited to the kidney Tumor more than 10 cm, limited to the kidney Tumor extends into major veins or perinephric tissues but not into the ipsilateral adrenal gland and not beyond Gerota's fascia Tumor grossly extends into the renal vein or its segmental (muscle containing) branches, or tumor invades perirenal and/or renal sinus fat but not beyond Gerota's fascia Tumor grossly extends into the vena cava below the diaphragm Tumor grossly extends into the vena cava above the diaphragm or invades the wall of the vena cava Tumor invades beyond Gerota's fascia (including contiguous extension into the ipsilateral adrenal gland)		<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T3 <input type="checkbox"/> T3a <input type="checkbox"/> T3b <input type="checkbox"/> T3c <input type="checkbox"/> T4
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1	<b>REGIONAL LYMPH NODES (N)</b> Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastasis		<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1
<input type="checkbox"/> M0 <input type="checkbox"/> M1	<b>DISTANT METASTASIS (M)</b> No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis		<input type="checkbox"/> M1
ANATOMIC STAGE • PROGNOSTIC GROUPS			
<b>CLINICAL</b>		<b>PATHOLOGIC</b>	
<b>GROUP</b>	<b>T</b>	<b>N</b>	<b>M</b>
<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV  <input type="checkbox"/> Stage unknown	T1 T2 T1 or T2 T3 T4 Any T	N0 N0 N1 NO or N1 Any N Any N	M0 M0 M0 M0 M0 M1
<b>CLINICAL</b>		<b>PATHOLOGIC</b>	
<b>GROUP</b>	<b>T</b>	<b>N</b>	<b>M</b>
<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV  <input type="checkbox"/> Stage unknown	T1 T2 T1 or T2 T3 T4 Any T	N0 N0 N1 NO or N1 Any N Any N	M0 M0 M0 M0 M0 M1

<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>
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*(continued on next page)*

# KIDNEY STAGING FORM

## PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

Invasion beyond capsule into fat or perisinus tissues: \_\_\_\_\_

Venous involvement: \_\_\_\_\_

Adrenal Extension: \_\_\_\_\_

Fuhrman Grade: \_\_\_\_\_

Sarcomatoid features: \_\_\_\_\_

Histologic tumor necrosis: \_\_\_\_\_

Extranodal extension: \_\_\_\_\_

Size of metastasis in lymph nodes: \_\_\_\_\_

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning     NCCN     Other (describe): \_\_\_\_\_

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/Time

HOSPITAL NAME/ADDRESS

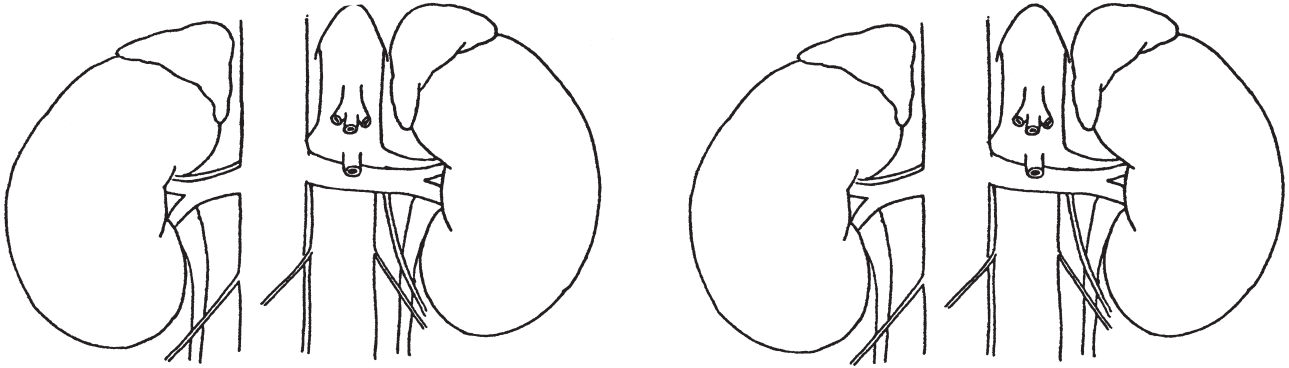
PATIENT NAME/INFORMATION

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# KIDNEY STAGING FORM

## Illustration

Indicate on diagram primary tumor and regional nodes involved.



HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION



## CARCINOMA OF THE EYELID STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>																																																																															
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____  <b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery																																																																															
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1  <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T3a  <input type="checkbox"/> T3b <input type="checkbox"/> T4	<b>PRIMARY TUMOR (T)</b> Primary tumor cannot be assessed No evidence of primary tumor Carcinoma <i>in situ</i> Tumor 5 mm or less in greatest dimension. Not invading the tarsal plate or eyelid margin. Tumor more than 5 mm, but not more than 10 mm in greatest dimension. Or, any tumor that invades the tarsal plate or eyelid margin. Tumor more than 10mm, but not more than 20 mm in greatest dimension. Or, involves full thickness eyelid. Tumor more than 20 mm in greatest dimension. Or, any tumor that invades adjacent ocular, or orbital structures. Any T with perineural tumor invasion. Tumor complete resection requires enucleation, exenteration or bone resection. Tumor is not resectable due to extensive invasion of ocular, orbital, craniofacial structures or brain.	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1  <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T3a  <input type="checkbox"/> T3b <input type="checkbox"/> T4																																																																															
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1	<b>REGIONAL LYMPH NODES (N)</b> Regional lymph nodes cannot be assessed. No regional lymph node metastasis, based upon clinical evaluation or imaging. No regional lymph node metastasis, based upon lymph node biopsy. Regional lymph node metastasis.	<input type="checkbox"/> NX  <input type="checkbox"/> N0 <input type="checkbox"/> N1																																																																															
<input type="checkbox"/> M0 <input type="checkbox"/> M1	<b>DISTANT METASTASIS (M)</b> No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis	<input type="checkbox"/> M1																																																																															
ANATOMIC STAGE • PROGNOSTIC GROUPS																																																																																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">GROUP</th> <th style="width: 15%;">T</th> <th style="width: 15%;">N</th> <th style="width: 15%;">M</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 0</td><td>Tis</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> I A</td><td>T1</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> I B</td><td>T2a</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> I C</td><td>T2b</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> II</td><td>T3a</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> III A</td><td>T3b</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> III B</td><td>Any T</td><td>N1</td><td>M0</td></tr> <tr><td><input type="checkbox"/> III C</td><td>T4</td><td>Any N</td><td>M0</td></tr> <tr><td><input type="checkbox"/> IV</td><td>Any T</td><td>Any N</td><td>M1</td></tr> </tbody> </table> <input type="checkbox"/> Stage unknown	GROUP	T	N	M	<input type="checkbox"/> 0	Tis	N0	M0	<input type="checkbox"/> I A	T1	N0	M0	<input type="checkbox"/> I B	T2a	N0	M0	<input type="checkbox"/> I C	T2b	N0	M0	<input type="checkbox"/> II	T3a	N0	M0	<input type="checkbox"/> III A	T3b	N0	M0	<input type="checkbox"/> III B	Any T	N1	M0	<input type="checkbox"/> III C	T4	Any N	M0	<input type="checkbox"/> IV	Any T	Any N	M1	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">GROUP</th> <th style="width: 15%;">T</th> <th style="width: 15%;">N</th> <th style="width: 15%;">M</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 0</td><td>Tis</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> I A</td><td>T1</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> I B</td><td>T2a</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> I C</td><td>T2b</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> II</td><td>T3a</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> III A</td><td>T3b</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> III B</td><td>Any T</td><td>N1</td><td>M0</td></tr> <tr><td><input type="checkbox"/> III C</td><td>T4</td><td>Any N</td><td>M0</td></tr> <tr><td><input type="checkbox"/> IV</td><td>Any T</td><td>Any N</td><td>M1</td></tr> </tbody> </table> <input type="checkbox"/> Stage unknown	GROUP	T	N	M	<input type="checkbox"/> 0	Tis	N0	M0	<input type="checkbox"/> I A	T1	N0	M0	<input type="checkbox"/> I B	T2a	N0	M0	<input type="checkbox"/> I C	T2b	N0	M0	<input type="checkbox"/> II	T3a	N0	M0	<input type="checkbox"/> III A	T3b	N0	M0	<input type="checkbox"/> III B	Any T	N1	M0	<input type="checkbox"/> III C	T4	Any N	M0	<input type="checkbox"/> IV	Any T	Any N	M1
GROUP	T	N	M																																																																														
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# CARCINOMA OF THE EYELID STAGING FORM

## PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

- Sentinel Lymph Node Biopsy (SLNB) results: \_\_\_\_\_
- Regional nodes identified on clinical or radiographic examination: \_\_\_\_\_
- Perineural invasion: \_\_\_\_\_
- Tumor necrosis: \_\_\_\_\_
- Pagetoid spread: \_\_\_\_\_
- More than 3 Mohs micrographic surgical layers required: \_\_\_\_\_
- Immunosuppression – patient has HIV: \_\_\_\_\_
- Immunosuppression – history of solid organ transplant or leukemia: \_\_\_\_\_
- Prior radiation to the tumor field: \_\_\_\_\_
- Excluding skin cancer, patient has history of two or more carcinomas : \_\_\_\_\_
- Patient has Muir-Torre syndrome: \_\_\_\_\_
- Patient has xeroderma pigmentosa : \_\_\_\_\_

**For Eyelid Cutaneous Squamous Cell Carcinoma only (see cSCC, Chapter 29):**

- REQUIRED FOR STAGING:** Tumor thickness (in mm): \_\_\_\_\_
- Clark's Level: \_\_\_\_\_
- Presence / absence of perineural invasion: \_\_\_\_\_
- Primary site location on ear or non-glabrous lip: \_\_\_\_\_
- Histologic grade: \_\_\_\_\_
- Size of largest lymph node metastasis: \_\_\_\_\_

**General Notes:**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

**Histologic Grade (G) (also known as overall grade)**

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

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## CARCINOMA OF THE EYELID STAGING FORM

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning  NCCN  Other (describe): \_\_\_\_\_

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/Time

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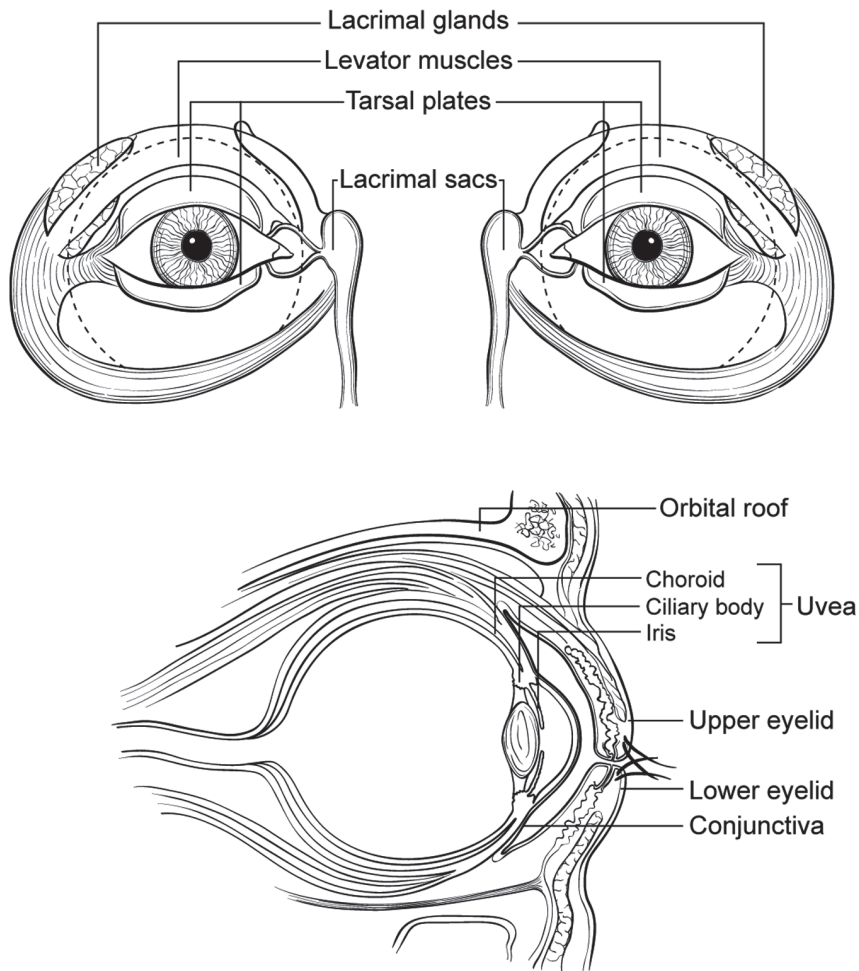
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# CARCINOMA OF THE EYELID STAGING FORM

## Illustration

Indicate on diagram primary tumor and regional nodes involved.



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