


THYROID

Hospital Name/Address
 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <p style="margin: 0;">Presbyterian Hospital of Dallas</p> <p style="margin: 0; font-size: small;">Texas Health Resources</p> <p style="margin: 0;">8200 Walnut Hill Lane <input type="checkbox"/></p> <p style="margin: 0;">Dallas, Texas 75231</p> </div>

Patient Name/Information
Patient name _____ <input type="checkbox"/> <input type="checkbox"/> Medical Record # _____ <input type="checkbox"/> <input type="checkbox"/> Date of Classification _____

Type of Specimen _____
 Tumor Size _____

Histopathologic Type _____
 Laterality: Bilateral Left Right

DEFINITIONS

Clinical	Pathologic	Primary Tumor (T)
<input type="checkbox"/>	<input type="checkbox"/>	TX Primary tumor cannot be assessed
<input type="checkbox"/>	<input type="checkbox"/>	T0 No evidence of primary tumor
<input type="checkbox"/>	<input type="checkbox"/>	T1 Tumor 2 cm or less in greatest dimension limited to the thyroid
<input type="checkbox"/>	<input type="checkbox"/>	T2 Tumor more than 2 cm but not more than 4 cm in greatest dimension limited to the thyroid
<input type="checkbox"/>	<input type="checkbox"/>	T3 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)
<input type="checkbox"/>	<input type="checkbox"/>	T4a Tumor of any size extending beyond the thyroid capsule to invade subcutaneous soft tissues, larynx, trachea, esophagus, or recurrent laryngeal nerve
<input type="checkbox"/>	<input type="checkbox"/>	T4b Tumor invades prevertebral fascia or encases carotid artery or mediastinal vessels
<i>All anaplastic carcinomas are considered T4 tumors.</i>		
<input type="checkbox"/>	<input type="checkbox"/>	T4a Intrathyroidal anaplastic carcinoma – surgically resectable
<input type="checkbox"/>	<input type="checkbox"/>	T4b Extrathyroidal anaplastic carcinoma – surgically unresectable

Notes

1. All categories may be subdivided: (a) solitary tumor, (b) multifocal tumor (the largest determines the classification)

Regional Lymph Nodes (N)

Regional lymph nodes are the central compartment, lateral cervical, and upper mediastinal lymph nodes.

<input type="checkbox"/>	<input type="checkbox"/>	NX Regional lymph nodes cannot be assessed
<input type="checkbox"/>	<input type="checkbox"/>	N0 No regional lymph node metastasis
<input type="checkbox"/>	<input type="checkbox"/>	N1 Regional lymph node metastasis
<input type="checkbox"/>	<input type="checkbox"/>	N1a Metastasis to Level VI (pretracheal, paratracheal, and prelaryngeal/Delphian lymph nodes)
<input type="checkbox"/>	<input type="checkbox"/>	N1b Metastasis to unilateral, bilateral, or contralateral cervical or superior mediastinal lymph nodes

Distant Metastasis (M)

<input type="checkbox"/>	<input type="checkbox"/>	MX Distant metastasis cannot be assessed
<input type="checkbox"/>	<input type="checkbox"/>	M0 No distant metastasis
<input type="checkbox"/>	<input type="checkbox"/>	M1 Distant metastasis
Biopsy of metastatic site performed <input type="checkbox"/> Y <input type="checkbox"/> N		
Source of pathologic metastatic specimen _____		

Stage Grouping

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

Papillary or Follicular

Under 45 years

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

Papillary or Follicular

45 years and older

Clinical	Pathologic	Stage	T	N	M
<input type="checkbox"/>	<input type="checkbox"/>	I	T1	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	II	T2	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	III	T3	N0	M0
			T1	N1a	M0
			T2	N1a	M0
			T3	N1a	M0
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	IVB	T4b	Any N	M0
<input type="checkbox"/>	<input type="checkbox"/>	IVC	Any T	Any N	M1

Clinical	Pathologic	Stage	T	N	M
<input type="checkbox"/>	<input type="checkbox"/>	I	T1	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	II	T2	N0	M0
			T3	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	III	T1	N1a	M0
			T2	N1a	M0
			T3	N1a	M0
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	IVB	T4b	Any N	M0
<input type="checkbox"/>	<input type="checkbox"/>	IVC	Any T	Any N	M1

Anaplastic Carcinoma

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

Residual Tumor (R)

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

Additional Descriptors

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.

Prognostic Indicators (if applicable)

Notes

Additional Descriptors

Lymphatic Vessel Invasion (L)
LX Lymphatic vessel invasion cannot be assessed

L0 No lymphatic vessel invasion

L1 Lymphatic vessel invasion

Venous Invasion (V)

VX Venous invasion cannot be assessed

V0 No venous invasion

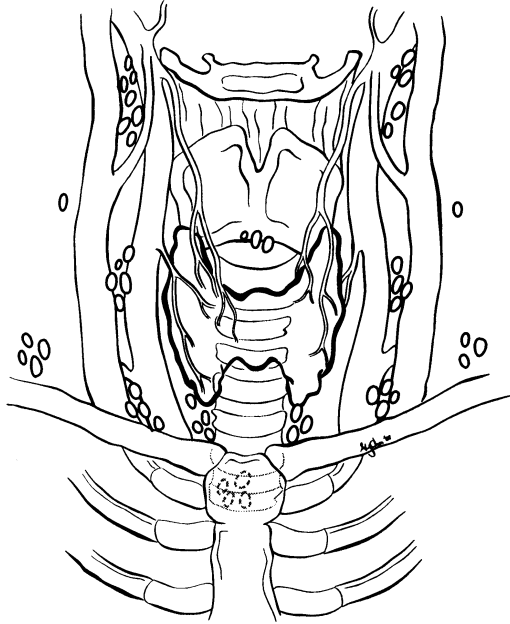
V1 Microscopic venous invasion

V2 Macroscopic venous invasion

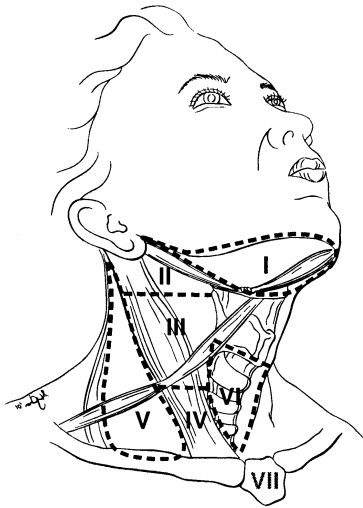
ILLUSTRATION

Indicate on diagram primary tumor and regional nodes involved.

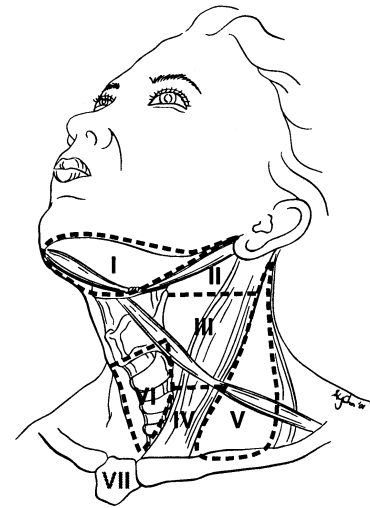
1.



2.



3.



Staging Support Request:

Please fax staging form to my office for completion at fax # _____

Please assign staging form to Dr. _____

I am unable to stage at this time because workup is incomplete. Please return chart to me in 60 days.

Physician initials _____ Date _____

Staging Summary: T _____ N _____ M _____ Stage Group _____

Physician's Signature _____ Date _____