

ESOPHAGUS



Hospital Name/Address

**Presbyterian
Hospital of Dallas**
Texas Health Resources

8200 Walnut Hill Lane ☐
Dallas, Texas 75231

Patient Name/Information

Patient name _____ ☐

☐

Medical Record # _____ ☐

☐

Date of Classification _____

Type of Specimen _____

Histopathologic Type _____

Tumor Size _____

DEFINITIONS

Clinical	Pathologic	Primary Tumor (T)
☐	☐	TX Primary tumor cannot be assessed
☐	☐	T0 No evidence of primary tumor
☐	☐	Tis Carcinoma <i>in situ</i>
☐	☐	T1 Tumor invades lamina propria or submucosa
☐	☐	T2 Tumor invades muscularis propria
☐	☐	T3 Tumor invades adventitia
☐	☐	T4 Tumor invades adjacent structures

Clinical	Pathologic	Regional Lymph Nodes (N)
☐	☐	NX Regional lymph nodes cannot be assessed
☐	☐	N0 No regional lymph node metastasis
☐	☐	N1 Regional lymph node metastasis

Clinical	Pathologic	Distant Metastasis (M)
☐	☐	MX Distant metastasis cannot be assessed
☐	☐	M0 No distant metastasis
☐	☐	M1 Distant metastasis
		<i>Tumors of the lower thoracic esophagus:</i>
☐	☐	M1a Metastasis in celiac lymph nodes
☐	☐	M1b Other distant metastasis
		<i>Tumors of the midthoracic esophagus:</i>
☐	☐	M1a Not applicable
☐	☐	M1b Nonregional lymph nodes and/or other distant metastasis
		<i>Tumors of the upper thoracic esophagus:</i>
☐	☐	M1a Metastasis in cervical nodes
☐	☐	M1b Other distant metastasis
		Biopsy of metastatic site performed ☐ Y ☐ N
		Source of pathologic metastatic specimen _____

Clinical	Pathologic	Stage Grouping
☐	☐	0 Tis N0 M0
☐	☐	I T1 N0 M0
☐	☐	IIA T2 N0 M0
		T3 N0 M0
☐	☐	IIB T1 N1 M0
		T2 N1 M0
☐	☐	III T3 N1 M0
		T4 Any N M0
☐	☐	IV Any T Any N M1
☐	☐	IVA Any T Any N M1a
☐	☐	IVB Any T Any N M1b

Histologic Grade (G)

- ☐ GX Grade cannot be assessed
- ☐ G1 Well differentiated
- ☐ G2 Moderately differentiated
- ☐ G3 Poorly differentiated
- ☐ G4 Undifferentiated

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

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 _____