# STOMACH

**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 *in situ:* intraepithelial tumor without invasion of the lamina propria |
| ☐ | ☐ | T1 | Tumor invades lamina propria or submucosa |
| ☐ | ☐ | T2 | Tumor invades muscularis propria or subserosa |
| ☐ | ☐ | T2a | Tumor invades muscularis propria |
| ☐ | ☐ | T2b | Tumor invades subserosa |
| ☐ | ☐ | T3 | Tumor penetrates serosa (visceral peritoneum) without invasion of adjacent structures |
| ☐ | ☐ | T4 | Tumor invades adjacent structures |

**Regional Lymph Nodes (N)**

| | | | |
|---|---|---|---|
| ☐ | ☐ | NX | Regional lymph nodes(s) cannot be assessed |
| ☐ | ☐ | N0 | No regional lymph node metastasis |
| ☐ | ☐ | N1 | Metastasis in 1 to 6 regional lymph nodes |
| ☐ | ☐ | N2 | Metastasis in 7 to 15 regional lymph nodes |
| ☐ | ☐ | N3 | Metastasis in more than 15 regional lymph nodes |
| | | | Total nodes examined = _____ |

**Distant Metastasis (M)**

| | | | |
|---|---|---|---|
| ☐ | ☐ | MX | Distant metastasis cannot be assessed |
| ☐ | ☐ | M0 | No distant metastasis |
| ☐ | ☐ | M1 | Distant metastasis |
| | | | Biopsy of metastatic site performed ..... ☐Y ..... ☐N |
| | | | Source of pathologic metastatic specimen _____ |

**Stage Grouping**

| | | | | |
|---|---|---|---|---|
| ☐ | ☐ | 0 | Tis | N0 | M0 |
| ☐ | ☐ | IA | T1 | N0 | M0 |
| ☐ | ☐ | IB | T1 | N1 | M0 |
| | | | T2a/b | N0 | M0 |
| ☐ | ☐ | II | T1 | N2 | M0 |
| | | | T2a/b | N1 | M0 |
| | | | T3 | N0 | M0 |
| ☐ | ☐ | IIIA | T2a/b | N2 | M0 |
| | | | T3 | N1 | M0 |
| | | | T4 | N0 | M0 |
| ☐ | ☐ | IIIB | T3 | N2 | M0 |
| ☐ | ☐ | IV | T4 | N1-3 | M0 |
| | | | T1-3 | N3 | M0 |
| | | | Any T | Any N | M1 |

**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)**

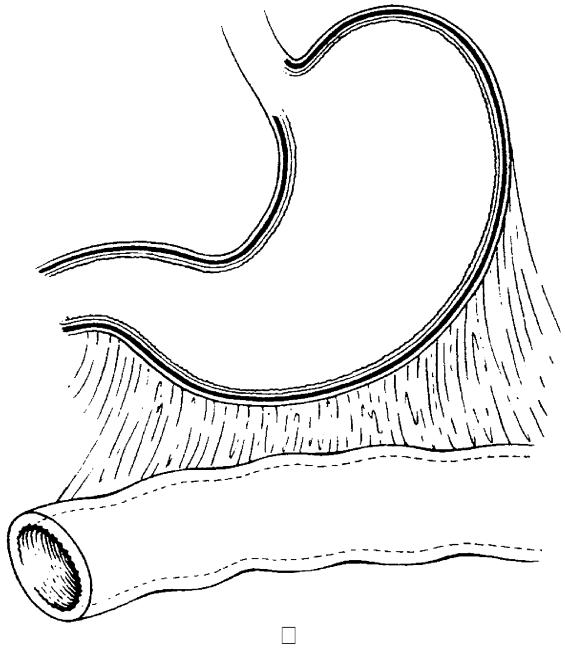
- LX Lymphatic vessel invasion cannot be assessed
- L0 No lymphatic vessel invasion
- L1 Lymphatic vessel invasion

**Venous Invasion (V)**

- VX Venous invasion cannot be assessed
- V0 No venous invasion
- V1 Microscopic venous invasion
- V2 Macroscopic venous invasion

**ILLUSTRATION**

Indicate on diagram primary tumor and regional nodes involved.



**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_____