LIVER *(INCLUDING INTRAHEPATIC BILE DUCTS)*

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
☐	☐	T1	Solitary tumor without vascular invasion
☐	☐	T2	Solitary tumor with vascular invasion or multiple tumors none more than 5 cm
☐	☐	T3	Multiple tumors more than 5 cm or tumor involving a major branch of the portal or hepatic vein(s)
☐	☐	T4	Tumor(s) with direct invasion of adjacent organs other than the gallbladder or with perforation of visceral peritoneum

Regional Lymph Nodes (N)

☐	☐	NX	Regional lymph nodes cannot be assessed
☐	☐	N0	No regional lymph node metastasis
☐	☐	N1	Regional lymph node metastasis

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

☐	☐	I	T1	N0	M0
☐	☐	II	T2	N0	M0
☐	☐	IIIA	T3	N0	M0
☐	☐	IIIB	T4	N0	M0
☐	☐	IIIC	Any T	N1	M0
☐	☐	IV	Any T	Any N	M1

Histologic Grade (G)

The grading scheme of Edmondson and Steiner is recommended. The system employs four grades.

☐	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

Fibrosis Score (F)

The fibrosis score as defined by Ishak is recommended because of its prognostic value in overall survival. This scoring system uses a 0-6 scale.

☐ F0 Fibrosis score 0-4 (none to moderate fibrosis)
☐ F1 Fibrosis score 5-6 (severe fibrosis or cirrhosis)

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.

Notes

Additional Descriptors

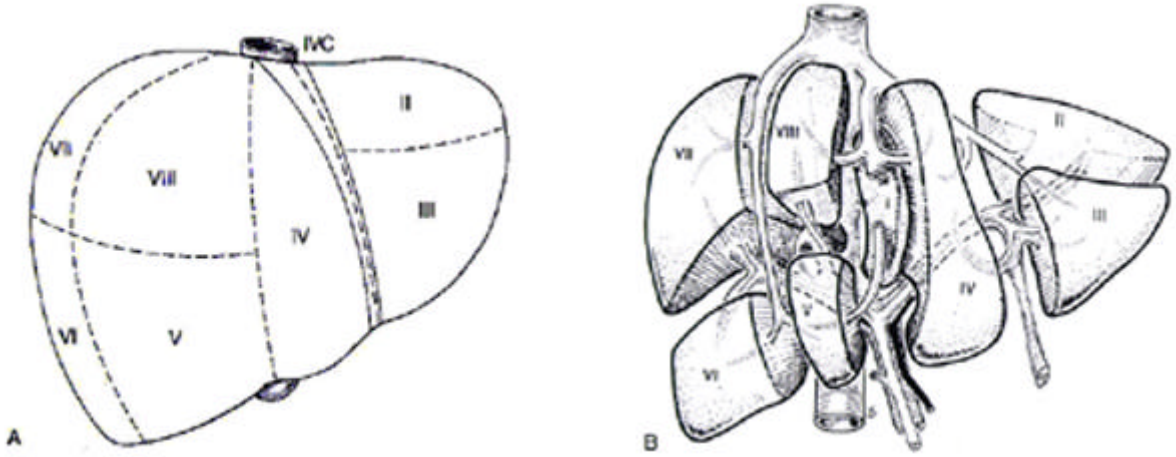
Lymphatic Vessel Invasion (L)
LX Lymphatic vessel invasion cannot be assessed
L0 No lymphatic vessel invasion
L1 Lymphatic vessel invasion

Venous Invasion (V)
VX Venous invasion cannot be assessed
V0 No venous invasion
V1 Microscopic venous invasion
V2 Macroscopic venous invasion

Prognostic Indicators (if applicable) _____

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_____