


GALLBLADDER

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

<u>Clinical</u>	<u>Pathologic</u>	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"/>	Tis Carcinoma <i>in situ</i>
<input type="checkbox"/>	<input type="checkbox"/>	T1 Tumor invades lamina propria or muscle layer
<input type="checkbox"/>	<input type="checkbox"/>	T1a Tumor invades lamina propria
<input type="checkbox"/>	<input type="checkbox"/>	T1b Tumor invades muscle layer
<input type="checkbox"/>	<input type="checkbox"/>	T2 Tumor invades perimuscular connective tissue; no extension beyond serosa or into liver
<input type="checkbox"/>	<input type="checkbox"/>	T3 Tumor perforates the serosa (visceral peritoneum) and/or directly invades the liver and/or one other adjacent organ or structure, such as the stomach, duodenum, colon, pancreas, omentum, or extrahepatic bile ducts
<input type="checkbox"/>	<input type="checkbox"/>	T4 Tumor invades main portal vein or hepatic artery or invades two or more extrahepatic organs or structures

<u>Clinical</u>	<u>Pathologic</u>	Regional Lymph Nodes (N)
<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

<u>Clinical</u>	<u>Pathologic</u>	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 Y N
Source of pathologic metastatic specimen _____

<u>Clinical</u>	<u>Pathologic</u>	Stage Grouping
<input type="checkbox"/>	<input type="checkbox"/>	0 Tis N0 M0
<input type="checkbox"/>	<input type="checkbox"/>	IA T1 N0 M0
<input type="checkbox"/>	<input type="checkbox"/>	IB T2 N0 M0
<input type="checkbox"/>	<input type="checkbox"/>	IIA T3 N0 M0
<input type="checkbox"/>	<input type="checkbox"/>	IIB T1 N1 M0
		T2 N1 M0
		T3 N1 M0
<input type="checkbox"/>	<input type="checkbox"/>	III T4 Any N M0
<input type="checkbox"/>	<input type="checkbox"/>	IV 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

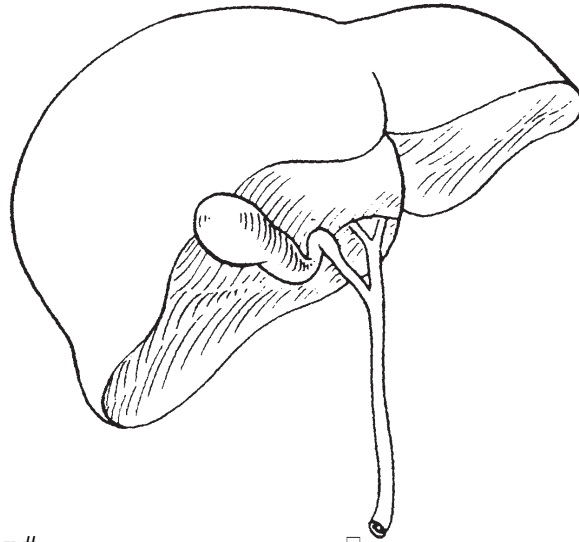
Venous Invasion (V)

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 _____