


LUNG

 <p style="margin: 0;">Hospital Name/Address Presbyterian Hospital of Dallas Texas Health Resources</p> <p style="margin: 0;">8200 Walnut Hill Lane <input type="checkbox"/> Dallas, Texas 75231</p>
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<p style="margin: 0;">Patient Name/Information</p> <p style="margin: 0;">Patient name _____ <input type="checkbox"/> <input type="checkbox"/></p> <p style="margin: 0;">Medical Record # _____ <input type="checkbox"/> <input type="checkbox"/></p> <p style="margin: 0;">Date of Classification _____</p>
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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, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy
<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 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus ⁽¹⁾ (i.e., not in the main bronchus)
<input type="checkbox"/>	<input type="checkbox"/>	T2	Tumor with any of the following features of size or extent: <ul style="list-style-type: none"> • More than 3 cm in greatest dimension • Involves main bronchus, 2 cm or more distal to the carina • Invades the visceral pleura • Associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung
<input type="checkbox"/>	<input type="checkbox"/>	T3	Tumor of any size that directly invades any of the following: chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura, parietal pericardium; or tumor in the main bronchus less than 2 cm distal to the carina, but without involvement of the carina; or associated atelectasis or obstructive pneumonitis of the entire lung
<input type="checkbox"/>	<input type="checkbox"/>	T4	Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina; or separate tumor nodules in the same lobe; or tumor with malignant pleural effusion ⁽²⁾

Notes

1. The uncommon superficial tumor of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus, is also classified T1.
2. Most pleural effusions associated with lung cancer are due to tumor. However, there are a few patients in whom multiple cytopathologic examinations of pleural fluid are negative for tumor. In these cases, fluid is non-bloody and is not an exudate. Such patients may be further evaluated by videothoracoscopy (VATS) and direct pleural biopsies. When these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging element and the patient should be staged T1, T2, or T3.
3. M1 includes separate tumor nodule(s) in a different lobe (ipsilateral or contralateral).

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	Metastasis to ipsilateral peribronchial and/or ipsilateral hilar lymph nodes, and intrapulmonary nodes including involvement by direct extension of the primary tumor
<input type="checkbox"/>	<input type="checkbox"/>	N2	Metastasis to ipsilateral mediastinal and/or subcarinal lymph nodes(s)
<input type="checkbox"/>	<input type="checkbox"/>	N3	Metastasis to contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph nodes(s)

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 present ⁽³⁾ Biopsy of metastatic site performed <input type="checkbox"/> Y <input type="checkbox"/> N Source of pathologic metastatic specimen _____

Clinical	Pathologic	Stage Grouping				Notes
<input type="checkbox"/>	<input type="checkbox"/>	Occult Carcinoma	TX	N0	M0	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
<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	T1	N1	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIB	T2	N1	M0	
			T3	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIIA	T1	N2	M0	
			T2	N2	M0	
			T3	N1	M0	
			T3	N2	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIIB	Any T	N3	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IV	T4	Any N	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)

ILLUSTRATION (Top left)

Indicate on diagram primary tumor and regional nodes involved.

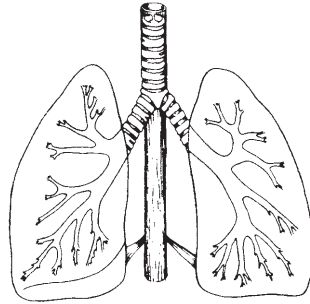
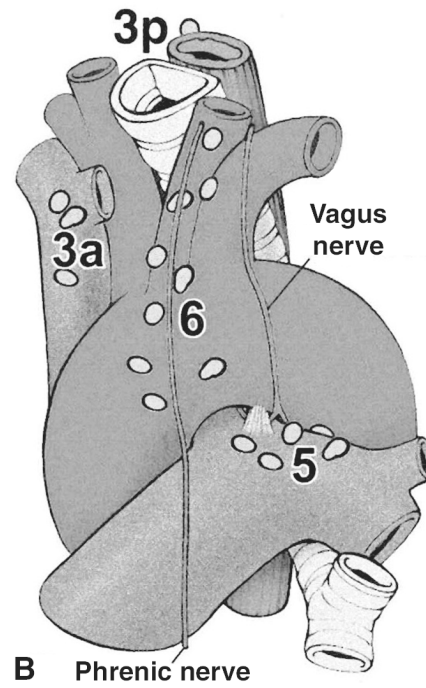
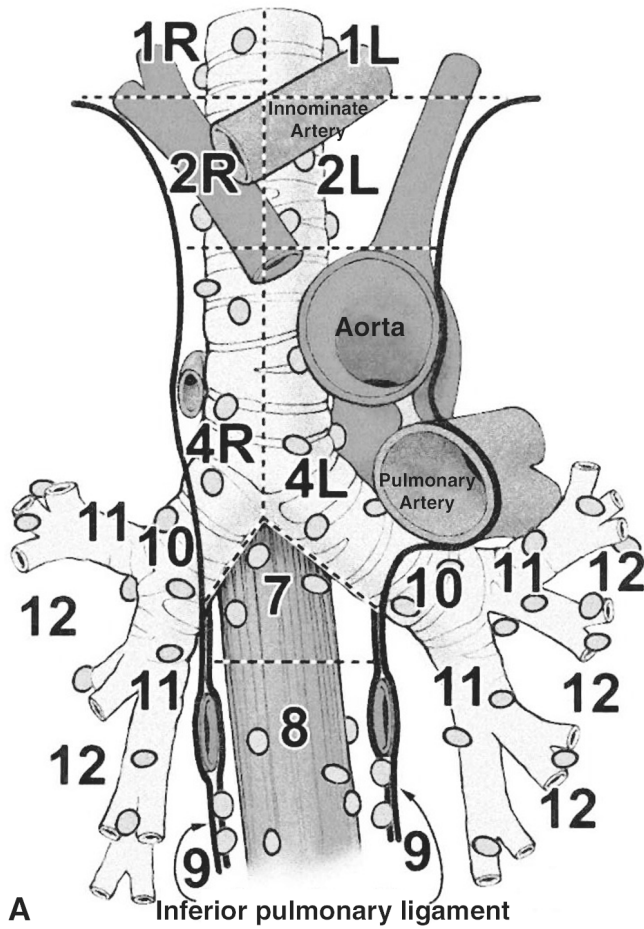
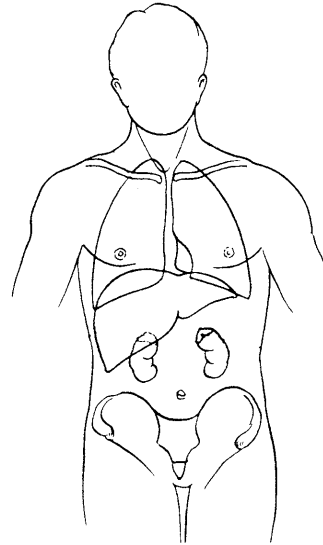


ILLUSTRATION (Top right)

Indicate metastatic sites.



For a description of the lymph node maps of the lung, see Chapter 19 of the *AJCC Cancer Staging Manual*

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 _____