PLEURAL MESOTHELIOMA

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 _____ Laterality: ☐ Bilateral ☐ Left ☐ Right

DEFINITIONS

Clinical	*Pathologic*	**Primary Tumor (T)**	
☐	☐	TX	Primary tumor cannot be assessed
☐	☐	T0	No evidence of primary tumor
☐	☐	T1	Tumor involves ipsilateral parietal pleura, with or without focal involvement of visceral pleura
☐	☐	T1a	Tumor involves ipsilateral parietal (mediastinal, diaphragmatic) pleura. No involvement of the visceral pleura
☐	☐	T1b	Tumor involves ipsilateral parietal (mediastinal, diaphragmatic) pleura, with focal involvement of the visceral pleura
☐	☐	T2	Tumor involves any of the ipsilateral pleural surfaces with at least one of the following: • confluent visceral pleural tumor (including fissure) • invasion of diaphragmatic muscle • invasion of lung parenchyma
☐	☐	T3[(1)]	Tumor involves any of the ipsilateral pleural surfaces, with at least one of the following: • invasion of the endothoracic fascia • invasion into mediastinal fat • solitary focus of tumor invading the soft tissues of the chest wall • non-transmural involvement of the pericardium
☐	☐	T4[(2)]	Tumor involves any of the ipsilateral pleural surfaces, with at least one of the following: • diffuse or multifocal invasion of soft tissues of the chest wall • any involvement of rib • invasion through the diaphragm to the peritoneum • invasion of any mediastinal organ(s) • direct extension to the contralateral pleura • invasion into the spine • extension to the internal surface of the pericardium • pericardial effusion with positive cytology • invasion of the myocardium • invasion of the brachial plexus

Notes

1. T3 describes locally advanced but potentially resectable tumor

2. T4 describes locally advanced, technically unresectable tumor

		Regional Lymph Nodes (N)	
☐	☐	NX	Regional lymph nodes cannot be assessed
☐	☐	N0	No regional lymph node metastases
☐	☐	N1	Metastases in the ipsilateral bronchopulmonary and/or hilar lymph node(s)
☐	☐	N2	Metastases in the subcarinal lymph node(s) and/or the ipsilateral internal mammary or mediastinal lymph node(s)
☐	☐	N3	Metastases in the contralateral mediastinal, internal mammary, or hilar lymph node(s), and/or the ipsilateral or contralateral supra-clavicular or scalene lymph node(s)

Clinical	*Pathologic*	**Distant Metastasis (M)**	
☐	☐	MX	Distant metastases 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
☐	☐	IA	T1a	N0	M0
☐	☐	IB	T1b	N0	M0
☐	☐	II	T2	N0	M0
☐	☐	III	T1, T2	N1	M0
			T1, T2	N2	M0
			T3	N0, N1, N2	M0
☐	☐	IV	T4	Any N	M0
			Any T	N3	M0
			Any T	Any N	M1

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_____