

BONE



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 8 cm or less in greatest dimension
☐	☐	T2 Tumor more than 8 cm in greatest dimension
☐	☐	T3 Discontinuous tumors in the primary bone site

Clinical	Pathologic	Regional Lymph Nodes (N)
☐	☐	NX Regional lymph nodes cannot be assessed ⁽¹⁾
☐	☐	N0 No regional lymph node metastasis
☐	☐	N1 Regional lymph node metastasis

Clinical	Pathologic	Distant Metastasis (M)
☐	☐	MX Distant metastasis cannot be assessed
☐	☐	M0 No distant metastasis
☐	☐	M1 Distant metastasis
☐	☐	M1a Lung
☐	☐	M1b Other distant sites
		Biopsy of metastatic site performed ☐ Y ☐ N
		Source of pathologic metastatic specimen _____

Notes

1. Because of the rarity of lymph node involvement in sarcomas, the designation NX may not be appropriate and could be considered N0 if no clinical involvement is evident.

2. Ewing's sarcoma is classified as G4.

Clinical	Pathologic	Stage Grouping
☐	☐	IA T1 N0 M0 G1,2 Low grade
☐	☐	IB T2 N0 M0 G1,2 Low grade
☐	☐	IIA T1 N0 M0 G3,4 High grade
☐	☐	IIB T2 N0 M0 G3,4 High grade
☐	☐	III T3 N0 M0 Any G
☐	☐	IVA Any T N0 M1a Any G
☐	☐	IVB Any T N1 Any M Any G
		Any T Any N M1b Any G

Histologic Grade (G)

- ☐ GX Grade cannot be assessed
- ☐ G1 Well differentiated—Low Grade
- ☐ G2 Moderately differentiated—Low Grade
- ☐ G3 Poorly differentiated—High Grade
- ☐ G4 Undifferentiated—High Grade⁽²⁾

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**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 _____