


BREAST

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

<i>Clinical</i>	<i>Pathologic</i>	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"/>	Tis	(DCIS) Ductal carcinoma <i>in situ</i>
<input type="checkbox"/>	<input type="checkbox"/>	Tis	(LCIS) Lobular carcinoma <i>in situ</i>
<input type="checkbox"/>	<input type="checkbox"/>	Tis	(Paget's) Paget's disease of the nipple with no tumor <i>Note: Paget's disease associated with a tumor is classified according to the size of the tumor.</i>
<input type="checkbox"/>	<input type="checkbox"/>	T1	Tumor 2 cm or less in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T1mic	Microinvasion 0.1 cm or less in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T1a	Tumor more than 0.1 cm but not more than 0.5 cm in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T1b	Tumor more than 0.5 cm but not more than 1 cm in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T1c	Tumor more than 1 cm but not more than 2 cm in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T2	Tumor more than 2 cm but not more than 5 cm in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T3	Tumor more than 5 cm in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T4	Tumor of any size with direct extension to (a) chest wall or (b) skin, only as described below.
<input type="checkbox"/>	<input type="checkbox"/>	T4a	Extension to chest wall, not including pectoralis muscle
<input type="checkbox"/>	<input type="checkbox"/>	T4b	Edema (including peau d'orange) or ulceration of the skin of the breast, or satellite skin nodules confined to the same breast
<input type="checkbox"/>	<input type="checkbox"/>	T4c	Both T4a and T4b
<input type="checkbox"/>	<input type="checkbox"/>	T4d	Inflammatory carcinoma

Notes

- Clinically apparent* is defined as detected by imaging studies (excluding lymphoscintigraphy) or by clinical examination.
- Classification is based on axillary lymph node dissection with or without sentinel lymph node dissection. Classification based solely on sentinel lymph node dissection without subsequent axillary lymph node dissection is designated (sn) for "sentinel node" e.g., pN0(i+)(sn).
- Isolated tumor cells (ITC) are defined as single tumor cells or small cell clusters not greater than 0.2 mm, usually detected only by immunohistochemical (IHC) or molecular methods but which may be verified on H&E stains. ITCs do not usually show evidence of metastatic activity (e.g., proliferation or stromal reaction.)
- RT-PCR: reverse transcriptase/polymerase chain reaction.
- Not clinically apparent* is defined as not detected by imaging studies (excluding lymphoscintigraphy) or by clinical examination.
- If associated with greater than 3 positive axillary lymph nodes, the internal mammary nodes are classified as pN3b to reflect increased tumor burden.
- T1 includes T1mic

Clinical	Regional Lymph Nodes (N)	Pathologic	Regional Lymph Nodes (pN)⁽²⁾
<input type="checkbox"/>	NX Regional lymph nodes cannot be assessed (e.g., previously removed)	<input type="checkbox"/>	pNX Regional lymph nodes cannot be assessed (e.g., previously removed, or not removed for pathologic study)
<input type="checkbox"/>	N0 No regional lymph node metastasis	<input type="checkbox"/>	pN0 No regional lymph node metastasis histologically, no additional examination for isolated tumor cells (ITC) ⁽³⁾
<input type="checkbox"/>	N1 Metastasis in movable ipsilateral axillary lymph node(s)	<input type="checkbox"/>	pN0(i-) No regional lymph node metastasis histologically, negative IHC
<input type="checkbox"/>	N2 Metastases in ipsilateral axillary lymph nodes fixed or matted, or in clinically apparent ⁽¹⁾ ipsilateral internal mammary nodes in the <i>absence</i> of clinically evident axillary lymph node metastasis	<input type="checkbox"/>	pN0(i+) No regional lymph node metastasis histologically, positive IHC, no IHC cluster greater than 0.2 mm
<input type="checkbox"/>	N2a Metastasis in ipsilateral axillary lymph nodes fixed to one another (matted) or to other structures	<input type="checkbox"/>	pN0(mol-) No regional lymph node metastasis histologically, negative molecular findings (RT-PCR) ⁽⁴⁾
<input type="checkbox"/>	N2b Metastasis only in clinically apparent ⁽¹⁾ ipsilateral internal mammary nodes and in the <i>absence</i> of clinically evident axillary lymph node metastasis	<input type="checkbox"/>	pN0(mol+) No regional lymph node metastasis histologically, positive molecular findings (RT-PCR) ⁽⁴⁾
<input type="checkbox"/>	N3 Metastasis in ipsilateral infraclavicular lymph node(s) with or without axillary lymph node involvement, or in clinically apparent ⁽¹⁾ ipsilateral internal mammary lymph node(s) and in the <i>presence</i> of clinically evident axillary lymph node metastasis; or metastasis in ipsilateral supraclavicular lymph node(s) with or without axillary or internal mammary lymph node involvement	<input type="checkbox"/>	pN1 Metastasis in 1 to 3 axillary lymph nodes, and/or in internal mammary nodes with microscopic disease detected by sentinel lymph node dissection but not clinically apparent ⁽⁵⁾
<input type="checkbox"/>	N3a Metastasis in ipsilateral infraclavicular lymph node(s) and axillary lymph node(s)	<input type="checkbox"/>	pN1mi Micrometastasis (greater than 0.2 mm, none greater than 2.0 mm)
<input type="checkbox"/>	N3b Metastasis in ipsilateral internal mammary lymph node(s) and axillary lymph node(s)	<input type="checkbox"/>	pN1a Metastasis in 1 to 3 axillary lymph nodes
<input type="checkbox"/>	N3c Metastasis in ipsilateral supraclavicular lymph node(s)	<input type="checkbox"/>	pN1b Metastasis in internal mammary nodes with microscopic disease detected by sentinel lymph node dissection but not clinically apparent ⁽⁵⁾
		<input type="checkbox"/>	pN1c Metastasis in 1 to 3 axillary lymph nodes and in internal mammary lymph nodes with microscopic disease detected by sentinel lymph node dissection but not clinically apparent ^(5,6)
		<input type="checkbox"/>	pN2 Metastasis in 4 to 9 axillary lymph nodes, or in clinically apparent ⁽¹⁾ internal mammary lymph nodes in the <i>absence</i> of axillary lymph node metastasis
		<input type="checkbox"/>	pN2a Metastasis in 4 to 9 axillary lymph nodes (at least one tumor deposit greater than 2.0 mm)
		<input type="checkbox"/>	pN2b Metastasis in clinically apparent ⁽¹⁾ internal mammary lymph nodes in the <i>absence</i> of axillary lymph node metastasis
		<input type="checkbox"/>	pN3 Metastasis in 10 or more axillary lymph nodes, or in infraclavicular lymph nodes, or in clinically apparent ⁽¹⁾ ipsilateral internal mammary lymph nodes in the <i>presence</i> of 1 or more positive axillary lymph nodes; or in more than 3 axillary lymph nodes with clinically negative microscopic metastasis in internal mammary lymph nodes; or in ipsilateral supraclavicular lymph nodes
		<input type="checkbox"/>	pN3a Metastasis in 10 or more axillary lymph nodes (at least one tumor deposit greater than 2.0mm), or metastasis to the infraclavicular lymph nodes
		<input type="checkbox"/>	pN3b Metastasis in clinically apparent ⁽¹⁾ ipsilateral internal mammary lymph nodes in the <i>presence</i> of 1 or more positive axillary lymph nodes; or in more than 3 axillary lymph nodes and in internal mammary lymph nodes with microscopic disease detected by sentinel lymph node dissection but not clinically apparent ⁽⁵⁾
		<input type="checkbox"/>	pN3c Metastasis in ipsilateral supraclavicular lymph nodes

Clinical	Pathologic	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.... <input type="checkbox"/> Y..... <input type="checkbox"/> N
			Source of pathologic metastatic specimen

		Stage Grouping			
<input type="checkbox"/>	<input type="checkbox"/>	0	Tis	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	I	T1 ⁽⁷⁾	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	IIA	T0	N1	M0
			T1 ⁽⁷⁾	N1	M0
			T2	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	IIB	T2	N1	M0
			T3	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	IIIA	T0	N2	M0
			T1 ⁽⁷⁾	N2	M0
			T2	N2	M0
			T3	N1	M0
<input type="checkbox"/>	<input type="checkbox"/>	IIIB	T3	N2	M0
			T4	N0	M0
			T4	N1	M0
<input type="checkbox"/>	<input type="checkbox"/>	IIIC	T4	N2	M0
			Any T	N3	M0
<input type="checkbox"/>	<input type="checkbox"/>	IV	Any T	Any N	M1

Note: Stage designation may be changed if post-surgical imaging studies reveal the presence of distant metastases, provided that the studies are carried out within 4 months of diagnosis in the absence of disease progression and provided that the patient has not received neoadjuvant therapy.

Histologic Grade (G)

All invasive breast carcinomas with the exception of medullary carcinoma should be graded. The Nottingham combined histologic grade (Elston-Ellis modification of Scarff-Bloom-Richardson grading system) is recommended. The grade for a tumor is determined by assessing morphologic features (tubule formation, nuclear pleomorphism, and mitotic count), assigning a value of 1 (favorable) to 3 (unfavorable) for each feature, and adding together the scores for all three categories. A combined score of 3–5 points is designated as grade 1; a combined score of 6–7 points is grade 2; a combined score of 8–9 points is grade 3.

Histologic Grade (Nottingham combined histologic grade is recommended)

- GX Grade cannot be assessed
- G1 Low combined histologic grade (favorable)
- G2 Intermediate combined histologic grade (moderately favorable)
- G3 High combined histologic grade (unfavorable)

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 multi-modality 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

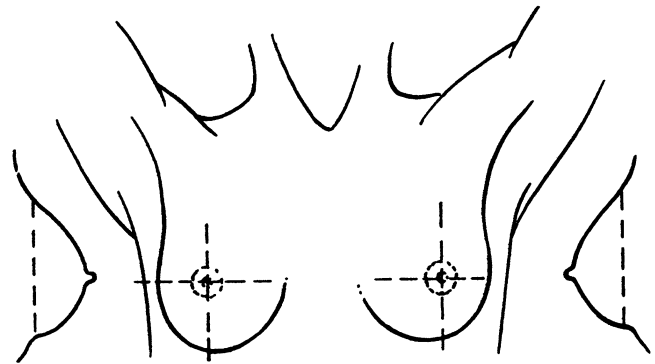
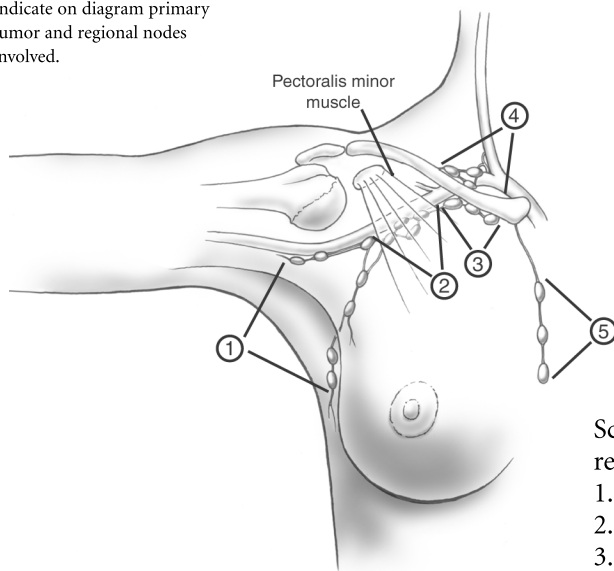
V0 No venous invasion

V1 Microscopic venous invasion

V2 Macroscopic venous invasion

ILLUSTRATION

Indicate on diagram primary tumor and regional nodes involved.



Schematic diagram of breast and regional lymph nodes:

- 1. Low axillary, Level I
- 2. Mid-axillary, Level II
- 3. High axillary, apical, Level III
- 4. Supraclavicular
- 5. Internal mammary nodes

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 _____