VULVA

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

Clinical	*Pathologic*	**Primary Tumor (T)** *TNM Categories*	*FIGO Stages*	
☐	☐	TX		Primary tumor cannot be assessed
☐	☐	T0		No evidence of primary tumor
☐	☐	Tis	0	Carcinoma *in situ* (preinvasive carcinoma)
☐	☐	T1	I	Tumor confined to the vulva or vulva and perineum, 2 cm or less in greatest dimension
☐	☐	T1a	IA	Tumor confined to the vulva or vulva and perineum, 2 cm or less in greatest dimension, and with stromal invasion no greater than 1 mm(1)
☐	☐	T1b	IB	Tumor confined to the vulva or vulva and perineum, 2 cm or less in greatest dimension, and with stromal invasion greater than 1 mm(1)
☐	☐	T2	II	Tumor confined to the vulva or vulva and perineum, more than 2 cm in greatest dimension
☐	☐	T3	III	Tumor of any size with contiguous spread to the lower urethra and/or vagina or anus
☐	☐	T4	IVA	Tumor invades any of the following: upper urethra, bladder mucosa, rectal mucosa, or is fixed to the pubic bone

Regional Lymph Nodes (N)

☐	☐	NX	Regional lymph nodes cannot be assessed
☐	☐	N0	No regional lymph node metastasis
☐	☐	N1	III Unilateral regional lymph node metastasis
☐	☐	N2	IVA Bilateral regional lymph node metastasis

Distant Metastasis (M)

☐	☐	MX	Distant metastasis cannot be assessed
☐	☐	M0	No distant metastasis
☐	☐	M1	IVB Distant metastasis (including pelvic lymph node metastasis)

Biopsy of metastatic site performed .... ☐Y ..... ☐N

Source of pathologic metastatic specimen _____

Stage Grouping (AJCC/UICC/FIGO)

☐ ☐	0	Tis	N0	M0
☐ ☐	I	T1	N0	M0
☐ ☐	IA	T1a	N0	M0
☐ ☐	IB	T1b	N0	M0
☐ ☐	II	T2	N0	M0
☐ ☐	III	T1	N1	M0
		T2	N1	M0
		T3	N0	M0
		T3	N1	M0
☐ ☐	IVA	T1	N2	M0
		T2	N2	M0
		T3	N2	M0
		T4	Any N	M0
☐ ☐	IVB	Any T	Any N	M1

Notes

1. The depth of invasion is defined as the measurement of the tumor from the epithelial-stromal junction of the adjacent most superficial dermal papilla to the deepest point of invasion.

Histologic Grade (G)

- ☐ GX Grade cannot be assessed
- ☐ G1 Well differentiated
- ☐ G2 Moderately differentiated
- ☐ G3 Poorly differentiated
- ☐ G4 Undifferentiated

Residual Tumor (R)

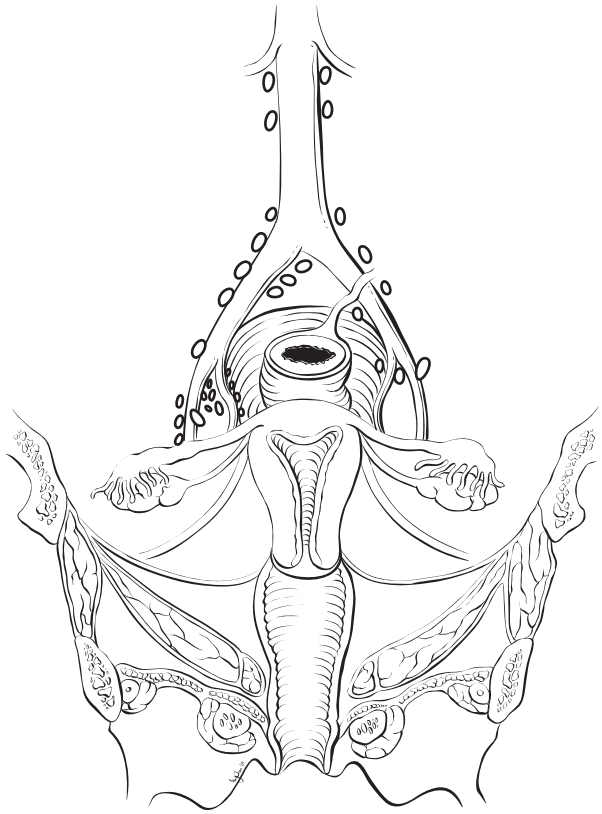
- ☐ RX Presence of residual tumor cannot be assessed
- ☐ R0 No residual tumor
- ☐ R1 Microscopic residual tumor
- ☐ R2 Macroscopic residual tumor

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

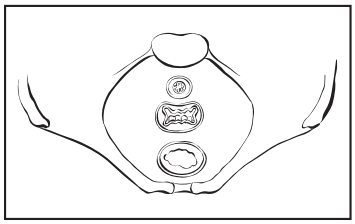
Lymphatic Vessel Invasion (L)

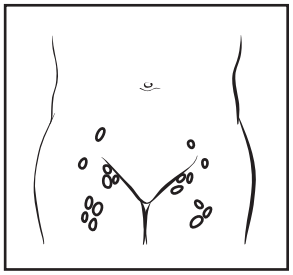
- LX Lymphatic vessel invasion cannot be assessed
- L0 No lymphatic vessel invasion
- L1 Lymphatic vessel invasion

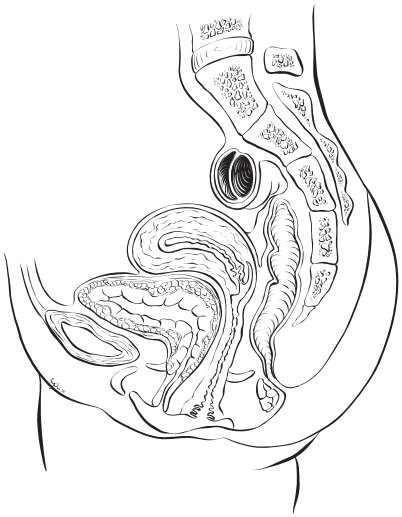
Venous Invasion (V)

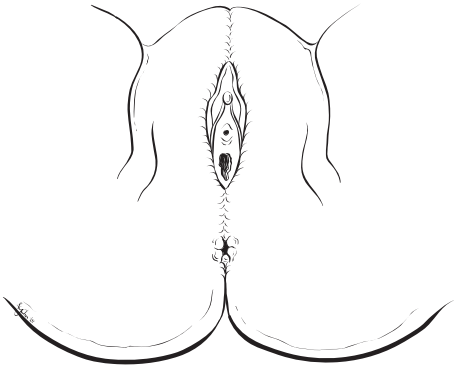
- VX Venous invasion cannot be assessed
- V0 No venous invasion
- V1 Microscopic venous invasion
- V2 Macroscopic venous invasion

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_____