VAGINA

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

Primary Tumor (T)

Clinical	*Pathologic*	*TNM Categories*	*FIGO Stages*	*Definitions*
☐	☐	TX		Primary tumor cannot be assessed
☐	☐	T0		No evidence of primary tumor
☐	☐	Tis	0	Carcinoma *in situ*
☐	☐	T1	I	Tumor confined to vagina
☐	☐	T2	II	Tumor invades paravaginal tissues but not to pelvic wall
☐	☐	T3	III	Tumor extends to pelvic wall[1]
☐	☐	T4	IVA	Tumor invades mucosa of the bladder or rectum and/or extends beyond the true pelvis (bullous edema is not sufficient evidence to classify a tumor as T4)

Regional Lymph Nodes (N)

☐	☐	NX	Regional lymph nodes cannot be assessed
☐	☐	N0	No regional lymph node metastasis
☐	☐	N1	Pelvic or inguinal lymph node metastasis

Distant Metastasis (M)

☐	☐	MX		Distant metastasis cannot be assessed
☐	☐	M0		No distant metastasis
☐	☐	M1	IVB	Distant 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
☐	☐	II	T2	N0	M0
☐	☐	III	T1-T3	N1	M0
			T3	N0	M0
☐	☐	IVA	T4	Any N	M0
☐	☐	IVB	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

Notes

1. Pelvic wall is defined as the muscle, fascia associated neurovascular structures, or skeletal portions of the bony pelvis.

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.

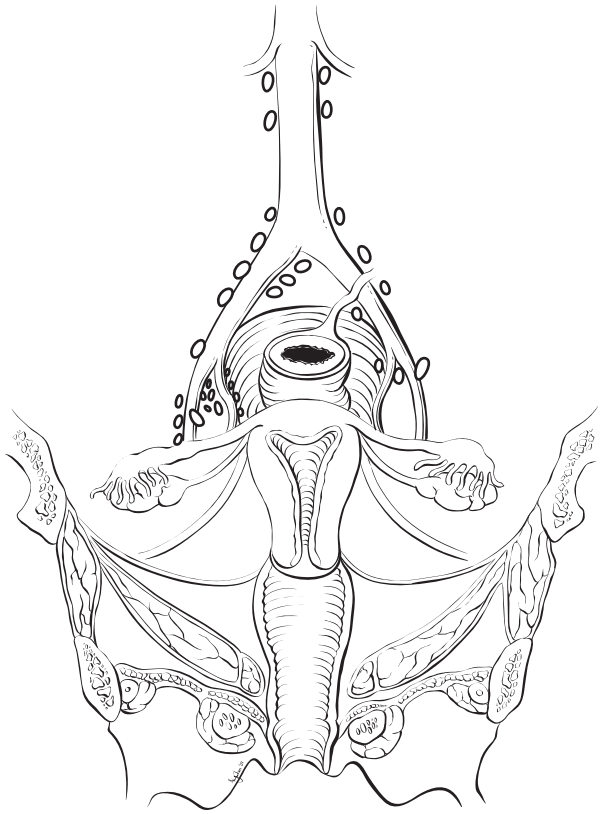
☐ **m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

☐ **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)

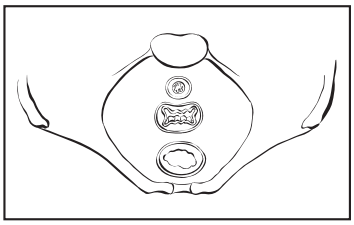
LX Lymphatic vessel invasion cannot be assessed
L0 No lymphatic vessel invasion
L1 Lymphatic vessel invasion

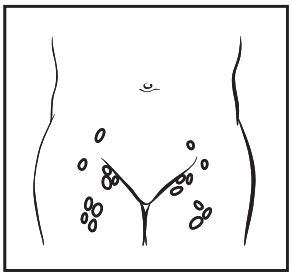
Venous Invasion (V)

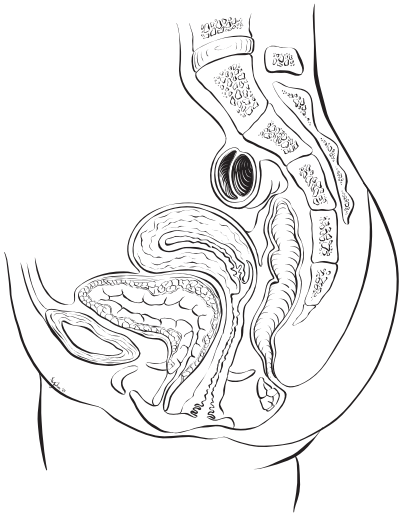
VX Venous invasion cannot be assessed
V0 No venous invasion
V1 Microscopic venous invasion
V2 Macroscopic venous invasion

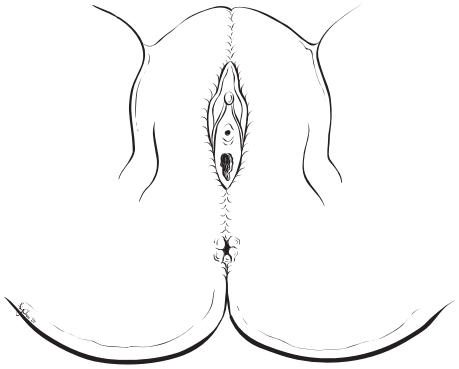
ILLUSTRATION

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_____