# CORPUS UTERI

**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)

*FIGO recommends surgical/pathologic staging. Clinical staging is done with 1971 FIGO as follows:*

| *Clinical* | *TNM* | *FIGO* | *Definitions* |
|---|---|---|---|
| ☐ | (c)Tis | 0 | Carcinoma *in situ*. Histological findings suspicious of malignancy |
| ☐ | (c)T1 | I | Carcinoma is confined to the corpus including the isthmus |
| ☐ | (c)T1a | IA | Length of the uterine cavity is 8 cm or less |
| ☐ | (c)T1b | IB | Length of the uterine cavity is more than 8 cm |

*Stage I cases should be subgrouped with regard to the histological type of the adenocarcinoma as follows:*

| | | | |
|---|---|---|---|
| ☐ | G1 | | Highly differentiated adenomatous carcinoma |
| ☐ | G2 | | Moderately differentiated adenomatous carcinoma with partly solid areas |
| ☐ | G3 | | Predominately solid or entirely undifferentiated carcinoma |
| ☐ | (c)T2 | II | Carcinoma has involved the corpus and the cervix, but has not extended outside the uterus |
| ☐ | (c)T3 | III | Carcinoma has extended outside the uterus, but not outside the true pelvis |
| ☐ | (c)T4 | IV | Carcinoma has extended outside the true pelvis or has obviously involved the mucosa of the bladder or rectum (Bullous edema as such does not permit a case to be allotted to stage IV) |
| ☐ | (c)T4a | IVA | Spread of the growth to adjacent organs as urinary bladder, rectum, sigmoid colon, or small bowel |

*Stage 0 cases should not be included in any therapeutic statistics.*

### Primary Tumor (T)

| *Pathologic* | *TNM* | *FIGO* | *Definitions* |
|---|---|---|---|
| ☐ | TX | | Primary tumor cannot be assessed |
| ☐ | T0 | | No evidence of primary tumor |
| ☐ | Tis | 0 | Carcinoma *in situ* |
| ☐ | T1 | I | Tumor confined to corpus uteri |
| ☐ | T1a | IA | Tumor limited to endometrium |
| ☐ | T1b | IB | Tumor invades less than one-half of the myometrium |
| ☐ | T1c | IC | Tumor invades one-half or more of the myometrium |
| ☐ | T2 | II | Tumor invades cervix but does not extend beyond uterus |
| ☐ | T2a | IIA | Tumor limited to the glandular epithelium of the endocervix. There is no evidence of connective tissue stromal invasion |
| ☐ | T2b | IIB | Invasion of the stromal connective tissue of the cervix |
| ☐ | T3 | III | Local and/or regional spread as defined below |
| ☐ | T3a | IIIA | Tumor involves serosa and/or adnexa (direct extension or metastasis) and/or cancer cells in ascites or peritoneal washings |
| ☐ | T3b | IIIB | Vaginal involvement (direct extension or metastasis) |
| ☐ | T4 | IVA | Tumor invades bladder mucosa and/or bowel mucosa (bullous edema is not sufficient evidence to classify a tumor as T4) |

### Regional Lymph Nodes (N)

| *Clinical* | *Pathologic* | | | |
|---|---|---|---|---|
| ☐ | ☐ | NX | | Regional lymph nodes cannot be assessed |
| ☐ | ☐ | N0 | | No regional lymph node metastasis |
| ☐ | ☐ | N1 | IIIC | Regional lymph node metastases to pelvic and/or para-aortic lymph nodes |

### Distant Metastasis (M)

| | | | | |
|---|---|---|---|---|
| ☐ | ☐ | MX | | Distant metastasis cannot be assessed |
| ☐ | ☐ | M0 | | No distant metastasis |
| ☐ | ☐ | M1 | IVB | Distant metastasis includes metastasis to intra-abdominal lymph nodes other than para-aortic, and/or inguinal lymph nodes; excludes metastasis to vagina, pelvic serosa, or adnexa |

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

Source of pathologic metastatic specimen _____

**Stage Grouping** (AJCC/UICC/FIGO)

| Clinical | Pathologic | | | | |
|---|---|---|---|---|---|
| ☐ | ☐ | 0 | Tis | N0 | M0 |
| ☐ | ☐ | I | T1 | N0 | M0 |
| ☐ | ☐ | IA | T1a | N0 | M0 |
| ☐ | ☐ | IB | T1b | N0 | M0 |
| ☐ | ☐ | IC | T1c | N0 | M0 |
| ☐ | ☐ | II | T2 | N0 | M0 |
| ☐ | ☐ | IIA | T2a | N0 | M0 |
| ☐ | ☐ | IIB | T2b | N0 | M0 |
| ☐ | ☐ | III | T3 | N0 | M0 |
| ☐ | ☐ | IIIA | T3a | N | M0 |
| ☐ | ☐ | IIIB | T3b | N0 | M0 |
| ☐ | ☐ | IIIC | T1 | N1 | M0 |
| | | | T2 | N1 | M0 |
| | | | T3 | N1 | 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-G4 Poorly differentiated or undifferentiated

**Histopathology—Degree of Differentiation**

*Cases of carcinoma of the corpus should be grouped with regard to the degree of differentiation of the adenocarcinoma as follows:*

☐ G1 5% or less of a non-squamous or non-morular solid growth pattern
☐ G2 6% to 50% of a non-squamous or non-morular solid growth pattern
☐ G3 more than 50% of a non-squamous or non-morular solid growth pattern

**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)**

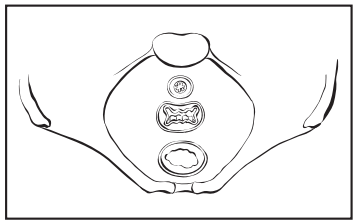
**Notes**

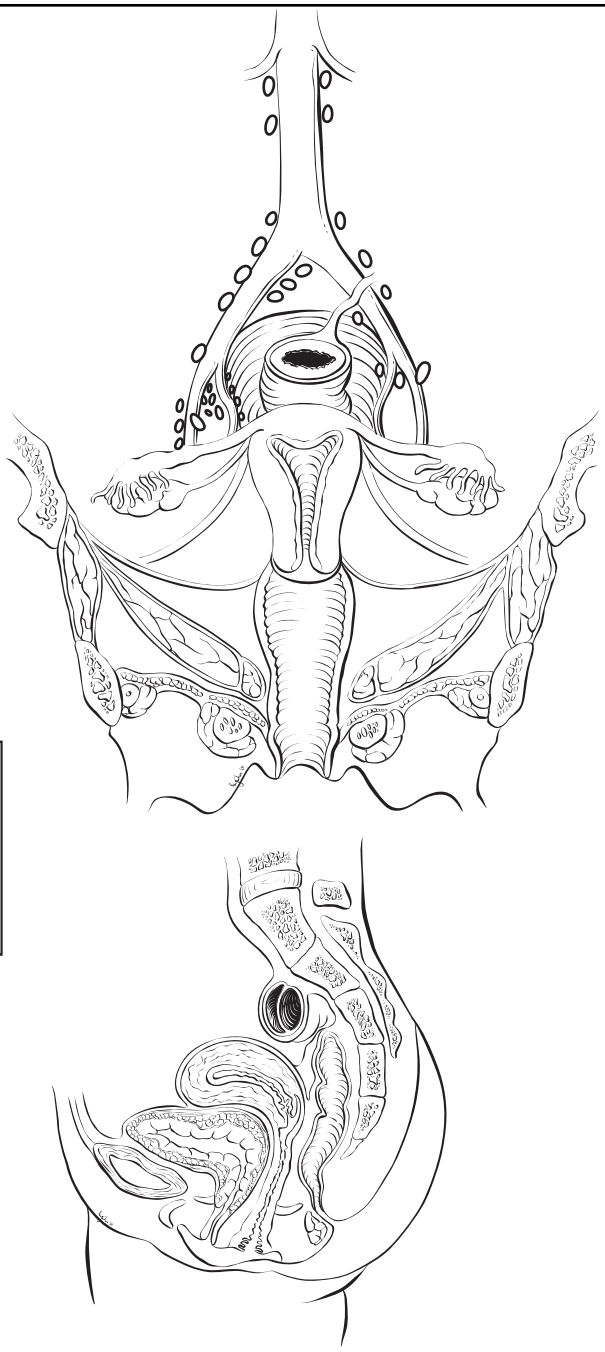
***Additional Descriptors***

**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_____