


FALLOPIAN TUBE

Hospital Name/Address
 <div style="display: inline-block; vertical-align: middle;"> <p style="margin: 0;">Presbyterian Hospital of Dallas</p> <p style="margin: 0; font-size: small;">Texas Health Resources</p> </div>
<p>8200 Walnut Hill Lane <input type="checkbox"/></p> <p>Dallas, Texas 75231</p>

Patient Name/Information
Patient name _____ <input type="checkbox"/> <input type="checkbox"/>
Medical Record # _____ <input type="checkbox"/> <input type="checkbox"/>
Date of Classification _____

Type of Specimen _____

Histopathologic Type _____

Tumor Size _____

Laterality: Bilateral Left Right

DEFINITIONS

Clinical	Pathologic	Primary Tumor (T)		
		TNM	FIGO	
		Categories	Stages	
<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	0	Carcinoma <i>in situ</i> (limited to tubal mucosa)
<input type="checkbox"/>	<input type="checkbox"/>	T1	I	Tumor limited to the fallopian tube(s)
<input type="checkbox"/>	<input type="checkbox"/>	T1a	IA	Tumor limited to one tube, without penetrating the serosal surface; no ascites
<input type="checkbox"/>	<input type="checkbox"/>	T1b	IB	Tumor limited to both tubes, without penetrating the serosal surface; no ascites
<input type="checkbox"/>	<input type="checkbox"/>	T1c	IC	Tumor limited to one or both tubes with extension onto or through the tubal serosa, or with malignant cells in ascites or peritoneal washings
<input type="checkbox"/>	<input type="checkbox"/>	T2	II	Tumor involves one or both fallopian tubes with pelvic extension
<input type="checkbox"/>	<input type="checkbox"/>	T2a	IIA	Extension and/or metastasis to the uterus and/or ovaries
<input type="checkbox"/>	<input type="checkbox"/>	T2b	IIB	Extension to other pelvic structures
<input type="checkbox"/>	<input type="checkbox"/>	T2c	IIC	Pelvic extension with malignant cells in ascites or peritoneal washings
<input type="checkbox"/>	<input type="checkbox"/>	T3	III	Tumor involves one or both fallopian tubes, with peritoneal implants outside the pelvis
<input type="checkbox"/>	<input type="checkbox"/>	T3a	IIIA	Microscopic peritoneal metastasis outside the pelvis
<input type="checkbox"/>	<input type="checkbox"/>	T3b	IIIB	Macroscopic peritoneal metastasis outside the pelvis 2 cm or less in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T3c	IIIC	Peritoneal metastasis more than 2 cm in diameter

Regional Lymph Nodes (N)

<input type="checkbox"/>	<input type="checkbox"/>	NX		Regional lymph nodes cannot be assessed
<input type="checkbox"/>	<input type="checkbox"/>	N0		No regional lymph node metastasis
<input type="checkbox"/>	<input type="checkbox"/>	N1	IIIC	Regional lymph node metastasis

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	IV	Distant metastasis (excludes metastasis within the peritoneal cavity)

Biopsy of metastatic site performed Y N

Source of pathologic metastatic specimen _____

Clinical	Pathologic	Stage Grouping (AJCC/UICC/FIGO)			Notes	
<input type="checkbox"/>	<input type="checkbox"/>	0	Tis	N0	M0	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
<input type="checkbox"/>	<input type="checkbox"/>	I	T1	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IA	T1a	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IB	T1b	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IC	T1c	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	II	T2	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIA	T2a	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIB	T2b	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIC	T2c	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	III	T3	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIIA	T3a	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIIB	T3b	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIIC	T3c	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>		Any T	N1	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IV	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

Additional Descriptors

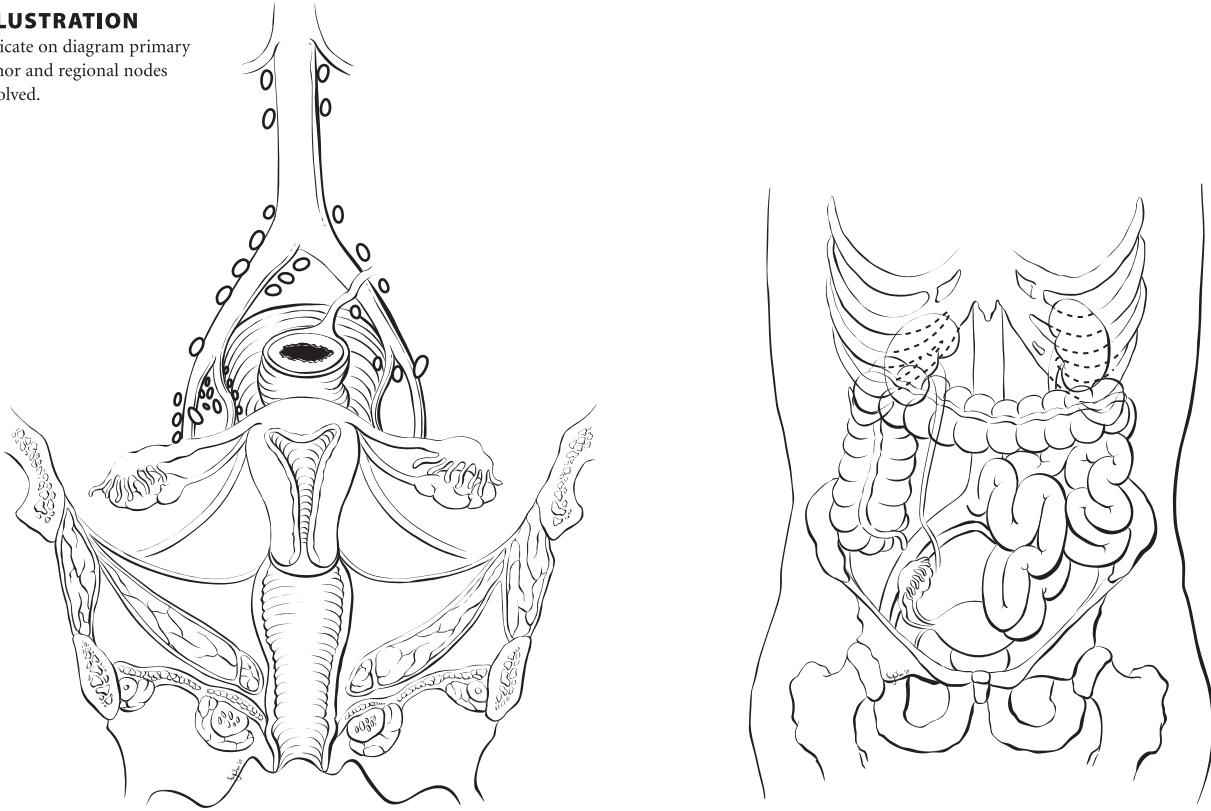
For identification of special cases of TNM or pTNM classifications, the “m” suffix and “y,” “r,” and “a” prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

- 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)

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 _____