GESTATIONAL TROPHOBLASTIC TUMORS

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)[1]

Clinical	*Pathologic*	*TNM* Categories*	*FIGO Stages*	
☐	☐	TX		Primary tumor cannot be assessed
☐	☐	T0		No evidence of primary tumor
☐	☐	T1	I	Disease limited to uterus
☐	☐	T2	II	Disease outside of uterus but limited to genital structures (ovary, tube, vagina, broad ligaments)

Distant Metastasis (M)

☐	☐	MX	Metastasis cannot be assessed
☐	☐	M0	No distant metastasis
☐	☐	M1	Distant metastasis
☐	☐	M1a	III	Lung metastasis
☐	☐	M1b	IV	All other distant metastasis

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

Source of pathologic metastatic specimen _____

**Note:* There is no regional nodal staging for this tumor.

Stage Grouping[2]

		Stage	*T*	*M*	*Risk Factors*
☐	☐	I	T1	M0	Unknown
☐	☐	IA	T1	M0	Low risk
☐	☐	IB	T1	M0	High risk
☐	☐	II	T2	M0	Unknown
☐	☐	IIA	T2	M0	Low risk
☐	☐	IIB	T2	M0	High risk
☐	☐	III	Any T	M1a	Unknown
☐	☐	IIIA	Any T	M1a	Low risk
☐	☐	IIIB	Any T	M1a	High risk
☐	☐	IV	Any T	M1b	Unknown
☐	☐	IVA	Any T	M1b	Low risk
☐	☐	IVB	Any T	M1b	High risk

Notes

1. See prognostic indicator section for substage definitions.
2. See prognostic indicators for substage grouping

Histopathologic Type

☐ Hydatidiform mole
- ☐ Complete
- ☐ Partial

☐ Invasive hydatidiform mole
☐ Choriocarcinoma
☐ Placental site trophoblastic tumors

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 Scoring Index

Prognostic Factor	*Risk Score*			
	0	1	2	4
Age	<40	≥40		
Antecedent Pregnancy	H. mole	Abortion	Term Pregnancy	
Interval months from index pregnancy	<4	4-<7	7-12	>12
Pretreatment hCG (IU/ml)	$<10^3$	$\geq 10^3$-$<10^4$	10^4-$<10^5$	$\geq 10^5$
Largest tumor size including uterus	<3cm	3-<5cm	≥5cm	
Site of metastases	Lung	Spleen, kidney	Gastrointestinal tract	Brain, liver
Number of metastases identified		1-4	5-8	>8
Previous failed chemotherapy			Single drug	Two or more drugs
Total Score				

Low Risk is a score of 7 or less. *High risk* is a score of 8 or greater.

Notes

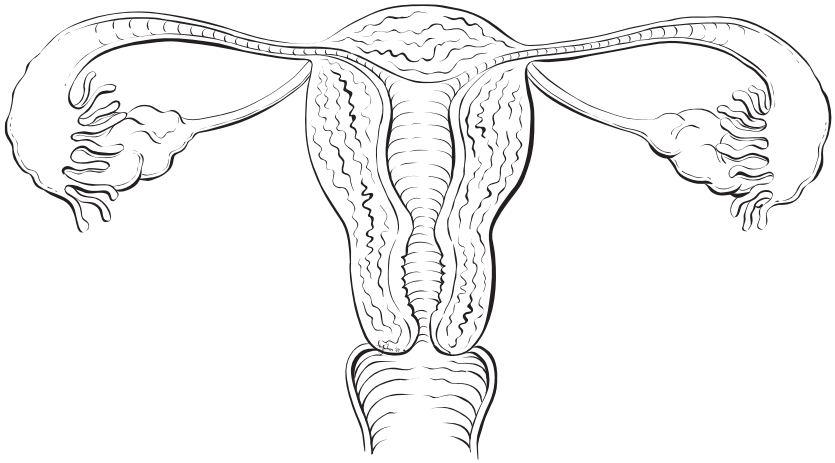
Additional Descriptors

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_____