PROSTATE

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 _____

CLINICAL

Primary Tumor (T)

- cTX Primary tumor cannot be assessed
- cT0 No evidence of primary tumor
- **cT1 Clinically inapparent tumor neither palpable nor visible by imaging**
- cT1a Incidental histologic finding in 5% of less of tissue resected
- cT1b Incidental histologic finding in more than 5% of tissue resected
- cT1c Identified by needle biopsy (not palpable or visible by imaging)
- cT2 Tumor confined within prostate
- cT2a Involves one-half of one lobe or less
- cT2b Involves more than one-half of one lobe but not both lobes
- cT2c Involves both lobes
- cT3a Extracapsular extension (unilateral or bilateral)
- cT3b Invades seminal vesicle(s)
- cT4 Fixed or invades adjacent structures other than seminal vesicles: bladder neck, external sphincter, rectum, levator muscles, and/or pelvic wall

Gleason Grade:_____+ ____=___ (biopsy or TURP)

- GX Grade cannot be assessed
- G1 Well differentiated (slight anaplasia) 2-4
- G2 Moderately well-diff (mod.anaplasia)5-6
- G3-4 Poorly diff/undiff (marked anaplasia)7-10

Clinical Lymph Nodes (N)

- cNX Regional lymph nodes not assessed
- cN0 No regional lymph nodes metastasis
- cN1 Metastasis in regional lymph node(s)

Clinical Distant Metastasis (M)

- cMX Distant metastasis cannot be assessed
- cM0 No distant metastasis
- cM1 Distant metastasis
- cM1a Non-regional lymph node(s)
- cM1b Bone(s)
- cM1c Other site(s) with or without bone disease. Biopsy of metastatic site performed? Y N Source of pathologic specimen_____

PATHOLOGIC

Primary Tumor (T)

There is no pathologic T1 classification.

- pT2 Organ-confined
- pT2a Unilateral, one-half of one lobe or less
- pT2b Unilateral, more than one-half of one lobe but not both lobes
- pT2c Involves both lobes
- pT3 Extraprostatic extension*
- pT3a Extraprostatic extension
- pT3b Invades seminal vesicle(s)
- pT4 Fixed or invades adjacent structures other than seminal vesicles: bladder neck, external sphincter, rectum, levator muscles, and/or pelvic wall

NOTE: Invasion into the prostatic apex or into (but not beyond) the prostatic capsule is classified not as T3, but as T2.

***Positive surgical margins should be indicated by an R1 descriptor (residual microscopic disease)**

- RX Presence of residual tumor not assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

Gleason Grade: ____+ _____= _____ (surgical)

- GX Grade cannot be assessed
- G1 Well differentiated (slight anaplasia) 2-4
- G2 Moderately well-diff (mod.anaplasia)5-6
- G3-4 Poorly diff/undiff (marked anaplasia)7-10

Pathologic Lymph Nodes (N)

- pNX Regional lymph nodes not assessed
- pN0 No regional lymph nodes metastasis
- pN1 Metastasis in regional lymph node(s)

Clinical Distant Metastasis (M)

- pMX Distant metastasis cannot be assessed
- pM0 No distant metastasis
- pM1 Distant metastasis
- pM1a Non-regional lymph node(s)
- pM1b Bone(s)
- pM1c Other site(s) with or without bone disease. Biopsy of metastatic site performed? Y N Source of pathologic specimen_____

When more than one site of metastasis is present, the most advanced category is used. pM1c is most advanced.

PROSTATE

Clinical	Pathologic	Stage Grouping 99	Any T	Nx and /or	Mx	Any G
☐	☐					
☐	☐	I	T1a	N0	M0	G1
☐	☐	II	T1a	N0	M0	G2,3-4
			T1b,T1c,T1,T2	N0	M0	Any G
☐	☐	III	T3	N0	M0	Any G
☐	☐	IV	T4	N0	M0	Any G
			Any T, N1, M0; Any T,Any N, M1			Any G

Additional Descriptors if applicable:

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

For identification of special cases 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

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's initials _____ Date _____

☐

Staging Summary: T_____ N_____M_____ Stage Group _____

Physician's Signature _____ Date_____