

8200 Walnut Hill Lane □
Dallas, Texas 75231

Patient name _____ □

□

Medical Record # _____ □

□

Date of Classification _____

Histologic Grade (G)

- GX Grade cannot be assessed
- G1 Well differentiated
- G2 Moderately differentiated
- G3 Poorly differentiated
- G4 Undifferentiated

Residual Tumor (R)

- R0 Complete resection, margins histologically negative, no residual tumor left after resection
- R1 Incomplete resection, margins histologically involved, microscopic tumor remains after resection of gross disease
- R2 Incomplete resection, margins involved or gross disease remains after subtotal resection

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

For CRC

CEA level: _____ ng/ml

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

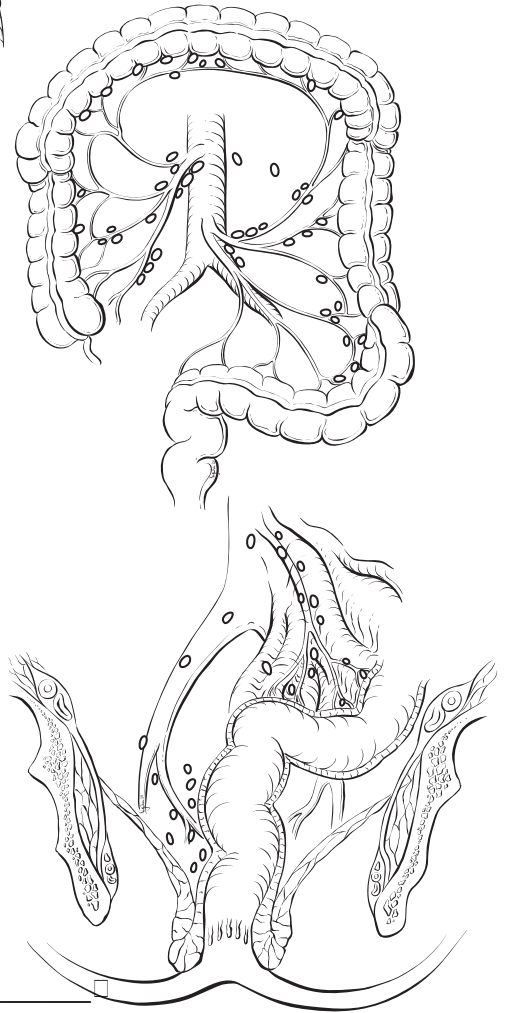
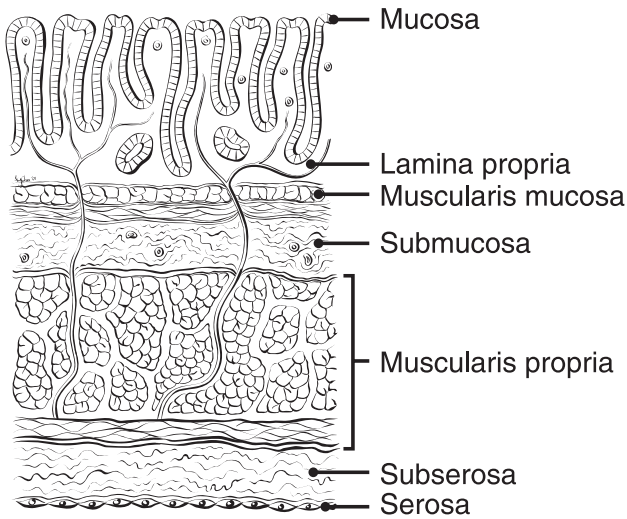
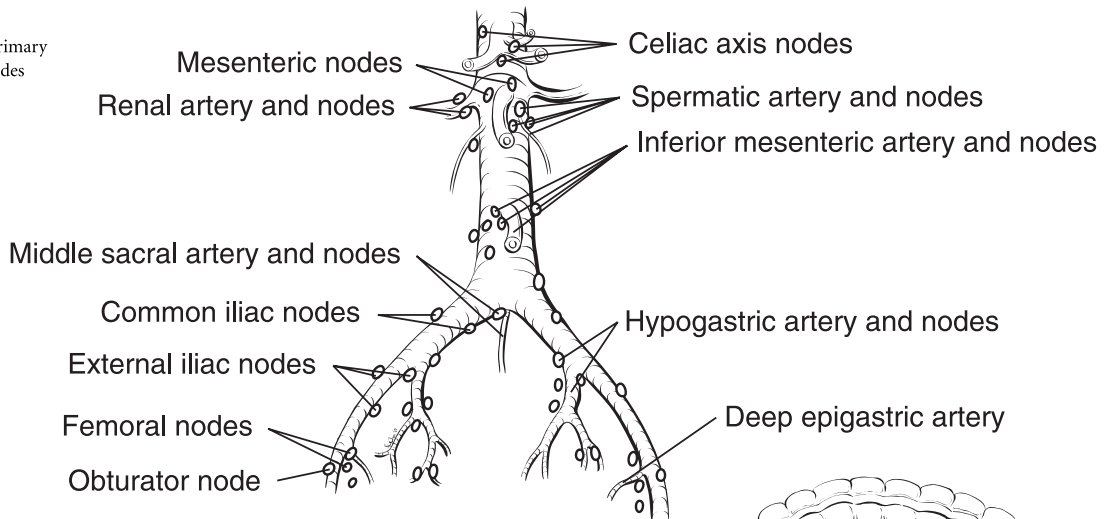
V0 No venous invasion

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 _____