


LIVER (INCLUDING INTRAHEPATIC BILE DUCTS)

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

Clinical	Pathologic	Primary Tumor (T)	
<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"/>	T1	Solitary tumor without vascular invasion
<input type="checkbox"/>	<input type="checkbox"/>	T2	Solitary tumor with vascular invasion or multiple tumors none more than 5 cm
<input type="checkbox"/>	<input type="checkbox"/>	T3	Multiple tumors more than 5 cm or tumor involving a major branch of the portal or hepatic vein(s)
<input type="checkbox"/>	<input type="checkbox"/>	T4	Tumor(s) with direct invasion of adjacent organs other than the gallbladder or with perforation of visceral peritoneum

Clinical	Pathologic	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	Regional lymph node metastasis

Clinical	Pathologic	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	Distant metastasis

Biopsy of metastatic site performed Y N
 Source of pathologic metastatic specimen _____

Clinical	Pathologic	Stage Grouping			
<input type="checkbox"/>	<input type="checkbox"/>	I	T1	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	II	T2	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	IIIA	T3	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	IIIB	T4	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	IIIC	Any T	N1	M0
<input type="checkbox"/>	<input type="checkbox"/>	IV	Any T	Any N	M1

Histologic Grade (G)

The grading scheme of Edmondson and Steiner is recommended. The system employs four grades.

- 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

Fibrosis Score (F)

The fibrosis score as defined by Ishak is recommended because of its prognostic value in overall survival. This scoring system uses a 0-6 scale.

- F0 Fibrosis score 0-4 (none to moderate fibrosis)
- F1 Fibrosis score 5-6 (severe fibrosis or cirrhosis)

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) _____

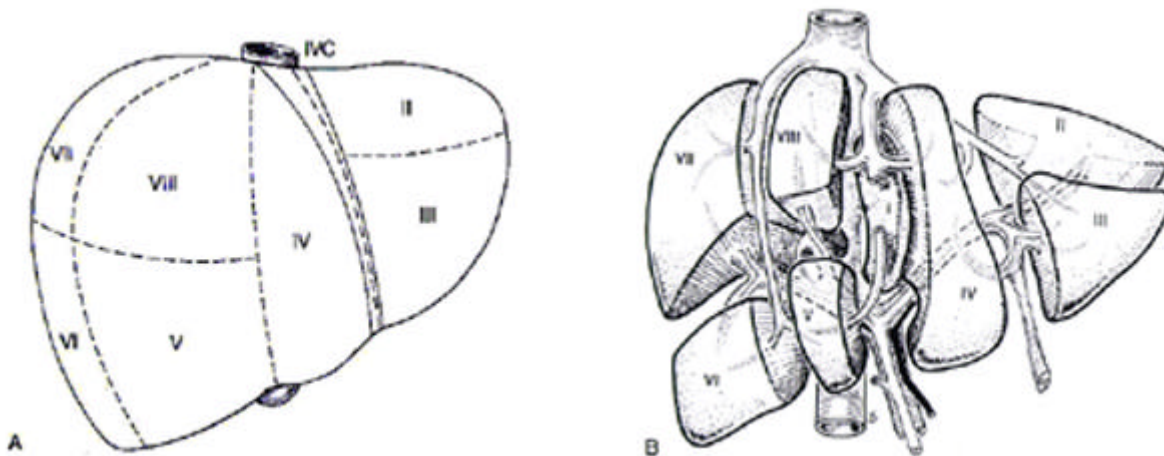
Notes

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 _____