


AMPULLA OF VATER

Hospital Name/Address  Presbyterian Hospital of Dallas Texas Health Resources 8200 Walnut Hill Lane <input type="checkbox"/> Dallas, Texas 75231

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 _____

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"/>	Tis	Carcinoma <i>in situ</i>
<input type="checkbox"/>	<input type="checkbox"/>	T1	Tumor limited to ampulla of Vater or sphincter of Oddi
<input type="checkbox"/>	<input type="checkbox"/>	T2	Tumor invades duodenal wall
<input type="checkbox"/>	<input type="checkbox"/>	T3	Tumor invades pancreas
<input type="checkbox"/>	<input type="checkbox"/>	T4	Tumor invades peripancreatic soft tissues or other adjacent organs or structures

<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

<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 _____

Stage Grouping			
<input type="checkbox"/>	<input type="checkbox"/>	0	Tis N0 M0
<input type="checkbox"/>	<input type="checkbox"/>	IA	T1 N0 M0
<input type="checkbox"/>	<input type="checkbox"/>	IB	T2 N0 M0
<input type="checkbox"/>	<input type="checkbox"/>	IIA	T3 N0 M0
<input type="checkbox"/>	<input type="checkbox"/>	IIB	T1 N1 M0
			T2 N1 M0
			T3 N1 M0
<input type="checkbox"/>	<input type="checkbox"/>	III	T4 Any N 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)

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

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 _____