


EXOCRINE PANCREAS

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

<u>Clinical</u>	<u>Pathologic</u>	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 the pancreas 2 cm or less in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T2	Tumor limited to the pancreas more than 2 cm in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T3	Tumor extends beyond the pancreas but without involvement of the celiac axis or the superior mesenteric artery
<input type="checkbox"/>	<input type="checkbox"/>	T4	Tumor involves the celiac axis or the superior mesenteric artery (unresectable primary tumor)

<u>Clinical</u>	<u>Pathologic</u>	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

<u>Clinical</u>	<u>Pathologic</u>	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 _____

<u>Clinical</u>	<u>Pathologic</u>	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)

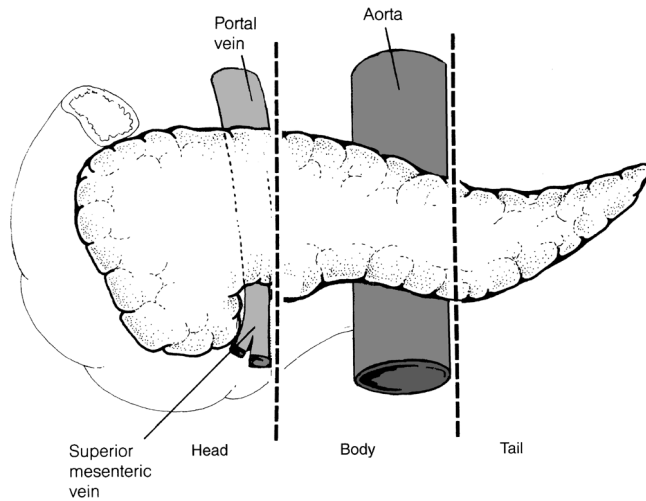
- VX Venous invasion cannot be assessed
- V0 No venous invasion
- V1 Microscopic venous invasion
- V2 Macroscopic venous invasion

ILLUSTRATION

Indicate on diagram primary tumor and regional nodes involved.

Tumor Involves:

- Head
- Body
- Tail



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 _____