


# PLEURAL MESOTHELIOMA

<b>Hospital Name/Address</b>  <b>Presbyterian Hospital of Dallas</b> Texas Health Resources 8200 Walnut Hill Lane <input type="checkbox"/> Dallas, Texas 75231
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<b>Patient Name/Information</b> Patient name _____ <input type="checkbox"/> <input type="checkbox"/> Medical Record # _____ <input type="checkbox"/> <input type="checkbox"/> Date of Classification _____
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Type of Specimen \_\_\_\_\_  
 Tumor Size \_\_\_\_\_

Histopathologic Type \_\_\_\_\_  
 Laterality:     Bilateral     Left     Right

### DEFINITIONS

Clinical	Pathologic	<b>Primary Tumor (T)</b>	
<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	Tumor involves ipsilateral parietal pleura, with or without focal involvement of visceral pleura
<input type="checkbox"/>	<input type="checkbox"/>	T1a	Tumor involves ipsilateral parietal (mediastinal, diaphragmatic) pleura. No involvement of the visceral pleura
<input type="checkbox"/>	<input type="checkbox"/>	T1b	Tumor involves ipsilateral parietal (mediastinal, diaphragmatic) pleura, with focal involvement of the visceral pleura
<input type="checkbox"/>	<input type="checkbox"/>	T2	Tumor involves any of the ipsilateral pleural surfaces with at least one of the following: <ul style="list-style-type: none"> <li>• confluent visceral pleural tumor (including fissure)</li> <li>• invasion of diaphragmatic muscle</li> <li>• invasion of lung parenchyma</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	T3 <sup>(1)</sup>	Tumor involves any of the ipsilateral pleural surfaces, with at least one of the following: <ul style="list-style-type: none"> <li>• invasion of the endothoracic fascia</li> <li>• invasion into mediastinal fat</li> <li>• solitary focus of tumor invading the soft tissues of the chest wall</li> <li>• non-transmural involvement of the pericardium</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	T4 <sup>(2)</sup>	Tumor involves any of the ipsilateral pleural surfaces, with at least one of the following: <ul style="list-style-type: none"> <li>• diffuse or multifocal invasion of soft tissues of the chest wall</li> <li>• any involvement of rib</li> <li>• invasion through the diaphragm to the peritoneum</li> <li>• invasion of any mediastinal organ(s)</li> <li>• direct extension to the contralateral pleura</li> <li>• invasion into the spine</li> <li>• extension to the internal surface of the pericardium</li> <li>• pericardial effusion with positive cytology</li> <li>• invasion of the myocardium</li> <li>• invasion of the brachial plexus</li> </ul>

### Notes

1. T3 describes locally advanced but potentially resectable tumor
2. T4 describes locally advanced, technically unresectable tumor

### 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 metastases
<input type="checkbox"/>	<input type="checkbox"/>	N1	Metastases in the ipsilateral bronchopulmonary and/or hilar lymph node(s)
<input type="checkbox"/>	<input type="checkbox"/>	N2	Metastases in the subcarinal lymph node(s) and/or the ipsilateral internal mammary or mediastinal lymph node(s)
<input type="checkbox"/>	<input type="checkbox"/>	N3	Metastases in the contralateral mediastinal, internal mammary, or hilar lymph node(s), and/or the ipsilateral or contralateral supra-clavicular or scalene lymph node(s)

Clinical	Pathologic	Distant Metastasis (M)	
<input type="checkbox"/>	<input type="checkbox"/>	MX	Distant metastases 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 ..... <input type="checkbox"/> Y ..... <input type="checkbox"/> N	
		Source of pathologic metastatic specimen _____	

**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

Stage Grouping		T	N	M
<input type="checkbox"/>	<input type="checkbox"/>	I T1	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	IA T1a	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	IB T1b	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	II T2	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	III T1, T2	N1	M0
		T1, T2	N2	M0
		T3	N0, N1, N2	M0
<input type="checkbox"/>	<input type="checkbox"/>	IV T4	Any N	M0
		Any T	N3	M0
		Any T	Any N	M1

**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)**

**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 \_\_\_\_\_