


**BONE**

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

Laterality:  Bilateral  Left  Right

**DEFINITIONS**

<i>Clinical</i>	<i>Pathologic</i>	<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 8 cm or less in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T2	Tumor more than 8 cm in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T3	Discontinuous tumors in the primary bone site

<i>Clinical</i>	<i>Pathologic</i>	<b>Regional Lymph Nodes (N)</b>	
<input type="checkbox"/>	<input type="checkbox"/>	NX	Regional lymph nodes cannot be assessed <sup>(1)</sup>
<input type="checkbox"/>	<input type="checkbox"/>	N0	No regional lymph node metastasis
<input type="checkbox"/>	<input type="checkbox"/>	N1	Regional lymph node metastasis

<i>Clinical</i>	<i>Pathologic</i>	<b>Distant Metastasis (M)</b>	
<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
<input type="checkbox"/>	<input type="checkbox"/>	M1a	Lung
<input type="checkbox"/>	<input type="checkbox"/>	M1b	Other distant sites

Biopsy of metastatic site performed ....  Y .....  N

Source of pathologic metastatic specimen \_\_\_\_\_

**Notes**

1. Because of the rarity of lymph node involvement in sarcomas, the designation NX may not be appropriate and could be considered N0 if no clinical involvement is evident.

2. Ewing's sarcoma is classified as G4.

<i>Clinical</i>	<i>Pathologic</i>	<b>Stage Grouping</b>					
<input type="checkbox"/>	<input type="checkbox"/>	IA	T1	N0	M0	G1,2	Low grade
<input type="checkbox"/>	<input type="checkbox"/>	IB	T2	N0	M0	G1,2	Low grade
<input type="checkbox"/>	<input type="checkbox"/>	IIA	T1	N0	M0	G3,4	High grade
<input type="checkbox"/>	<input type="checkbox"/>	IIB	T2	N0	M0	G3,4	High grade
<input type="checkbox"/>	<input type="checkbox"/>	III	T3	N0	M0	Any G	
<input type="checkbox"/>	<input type="checkbox"/>	IVA	Any T	N0	M1a	Any G	
<input type="checkbox"/>	<input type="checkbox"/>	IVB	Any T	N1	Any M	Any G	
			Any T	Any N	M1b	Any G	

**Histologic Grade (G)**

- GX Grade cannot be assessed
- G1 Well differentiated—Low Grade
- G2 Moderately differentiated—Low Grade
- G3 Poorly differentiated—High Grade
- G4 Undifferentiated—High Grade<sup>(2)</sup>

**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**

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