


VAGINA

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

		Primary Tumor (T)		
<i>Clinical</i>	<i>Pathologic</i>	<i>TNM</i>	<i>FIGO</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<i>Categories</i>	<i>Stages</i>	<i>Definitions</i>
<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	0	Carcinoma <i>in situ</i>
<input type="checkbox"/>	<input type="checkbox"/>	T1	I	Tumor confined to vagina
<input type="checkbox"/>	<input type="checkbox"/>	T2	II	Tumor invades paravaginal tissues but not to pelvic wall
<input type="checkbox"/>	<input type="checkbox"/>	T3	III	Tumor extends to pelvic wall ⁽¹⁾
<input type="checkbox"/>	<input type="checkbox"/>	T4	IVA	Tumor invades mucosa of the bladder or rectum and/or extends beyond the true pelvis (bullous edema is not sufficient evidence to classify a tumor as T4)

Notes

1. Pelvic wall is defined as the muscle, fascia associated neurovascular structures, or skeletal portions of the bony pelvis.

		Regional Lymph Nodes (N)		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Categories</i>	<i>Stages</i>	<i>Definitions</i>
<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		Pelvic or inguinal lymph node metastasis

		Distant Metastasis (M)		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Categories</i>	<i>Stages</i>	<i>Definitions</i>
<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	IVB	Distant metastasis

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

Source of pathologic metastatic specimen _____

		Stage Grouping (AJCC/UICC/FIGO)			
<input type="checkbox"/>	<input type="checkbox"/>	<i>Categories</i>	<i>Stages</i>	<i>Stages</i>	<i>Stages</i>
<input type="checkbox"/>	<input type="checkbox"/>	0	Tis	N0	M0
<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"/>	III	T1-T3	N1	M0
<input type="checkbox"/>	<input type="checkbox"/>		T3	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	IVA	T4	Any N	M0
<input type="checkbox"/>	<input type="checkbox"/>	IVB	Any T	Any N	M1

Histologic Grade (G)	
<input type="checkbox"/>	GX Grade cannot be assessed
<input type="checkbox"/>	G1 Well differentiated
<input type="checkbox"/>	G2 Moderately differentiated
<input type="checkbox"/>	G3 Poorly differentiated
<input type="checkbox"/>	G4 Undifferentiated

Residual Tumor (R)	
<input type="checkbox"/>	RX Presence of residual tumor cannot be assessed
<input type="checkbox"/>	R0 No residual tumor
<input type="checkbox"/>	R1 Microscopic residual tumor
<input type="checkbox"/>	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

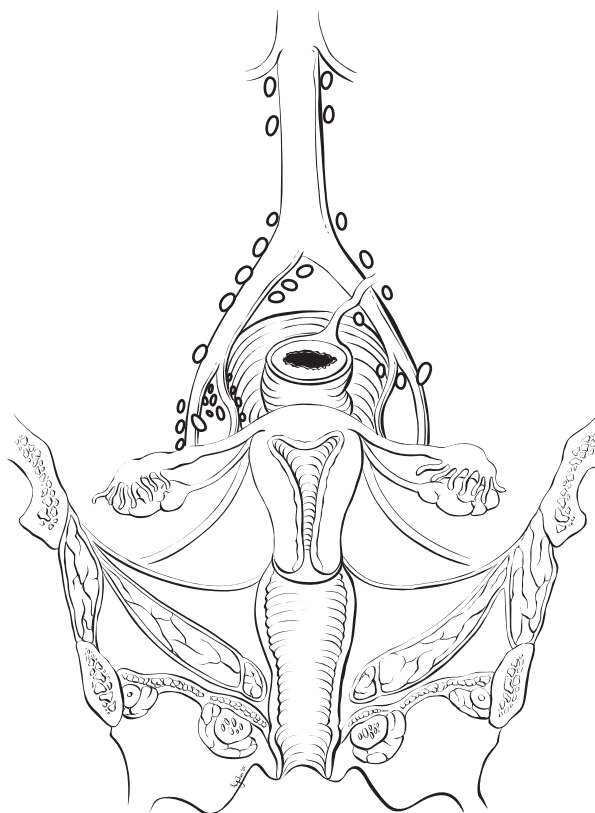
Venous Invasion (V)

VX Venous invasion cannot be assessed

V0 No venous invasion

V1 Microscopic venous invasion

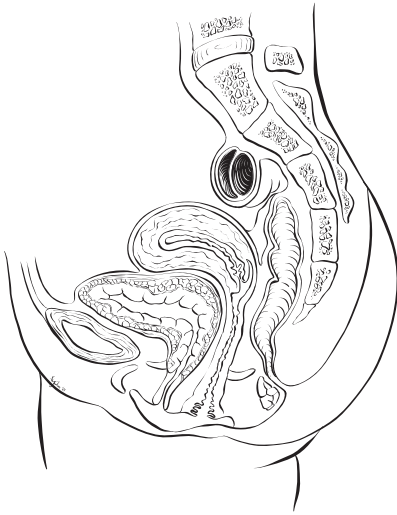
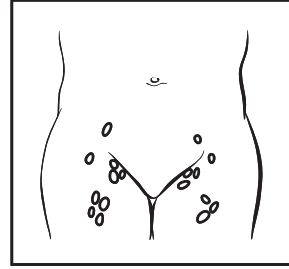
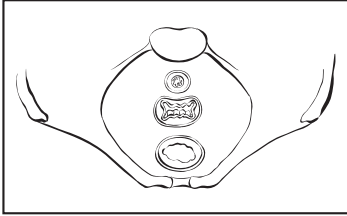
V2 Macroscopic venous invasion



VAGINA

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 _____