


CORPUS UTERI

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 _____
Tumor Size _____

Histopathologic Type _____

DEFINITIONS

<i>Clinical</i>	Primary Tumor (T)
	<i>FIGO recommends surgical/pathologic staging. Clinical staging is done with 1971 FIGO as follows:</i>
	<i>TNM FIGO Definitions</i>
<input type="checkbox"/>	(c)Tis 0 Carcinoma <i>in situ</i> . Histological findings suspicious of malignancy
<input type="checkbox"/>	(c)T1 I Carcinoma is confined to the corpus including the isthmus
<input type="checkbox"/>	(c)T1a IA Length of the uterine cavity is 8 cm or less
<input type="checkbox"/>	(c)T1b IB Length of the uterine cavity is more than 8 cm
	<i>Stage I cases should be subgrouped with regard to the histological type of the adenocarcinoma as follows:</i>
<input type="checkbox"/>	G1 Highly differentiated adenomatous carcinoma
<input type="checkbox"/>	G2 Moderately differentiated adenomatous carcinoma with partly solid areas
<input type="checkbox"/>	G3 Predominately solid or entirely undifferentiated carcinoma
<input type="checkbox"/>	(c)T2 II Carcinoma has involved the corpus and the cervix, but has not extended outside the uterus
<input type="checkbox"/>	(c)T3 III Carcinoma has extended outside the uterus, but not outside the true pelvis
<input type="checkbox"/>	(c)T4 IV Carcinoma has extended outside the true pelvis or has obviously involved the mucosa of the bladder or rectum (Bullous edema as such does not permit a case to be allotted to stage IV)
<input type="checkbox"/>	(c)T4a IVA Spread of the growth to adjacent organs as urinary bladder, rectum, sigmoid colon, or small bowel
	<i>Stage 0 cases should not be included in any therapeutic statistics.</i>

<i>Pathologic</i>	Primary Tumor (T)	<i>Definitions</i>
<input type="checkbox"/>	TX	Primary tumor cannot be assessed
<input type="checkbox"/>	T0	No evidence of primary tumor
<input type="checkbox"/>	Tis	0 Carcinoma <i>in situ</i>
<input type="checkbox"/>	T1	I Tumor confined to corpus uteri
<input type="checkbox"/>	T1a	IA Tumor limited to endometrium
<input type="checkbox"/>	T1b	IB Tumor invades less than one-half of the myometrium
<input type="checkbox"/>	T1c	IC Tumor invades one-half or more of the myometrium
<input type="checkbox"/>	T2	II Tumor invades cervix but does not extend beyond uterus
<input type="checkbox"/>	T2a	IIA Tumor limited to the glandular epithelium of the endocervix. There is no evidence of connective tissue stromal invasion
<input type="checkbox"/>	T2b	IIB Invasion of the stromal connective tissue of the cervix
<input type="checkbox"/>	T3	III Local and/or regional spread as defined below
<input type="checkbox"/>	T3a	IIIA Tumor involves serosa and/or adnexa (direct extension or metastasis) and/or cancer cells in ascites or peritoneal washings
<input type="checkbox"/>	T3b	IIIB Vaginal involvement (direct extension or metastasis)
<input type="checkbox"/>	T4	IVA Tumor invades bladder mucosa and/or bowel mucosa (bullous edema is not sufficient evidence to classify a tumor as T4)

<i>Clinical</i>	<i>Pathologic</i>	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 IIC Regional lymph node metastases to pelvic and/or para-aortic lymph nodes

<i>Clinical</i>	<i>Pathologic</i>	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 IVB Distant metastasis includes metastasis to intra-abdominal lymph nodes other than para-aortic, and/or inguinal lymph nodes; excludes metastasis to vagina, pelvic serosa, or adnexa
		Biopsy of metastatic site performed <input type="checkbox"/> Y <input type="checkbox"/> N
		Source of pathologic metastatic specimen _____

Clinical	Pathologic	Stage Grouping (AJCC/UICC/FIGO)			Notes	
<input type="checkbox"/>	<input type="checkbox"/>	0	Tis	N0	M0	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
<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"/>	IC	T1c	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	II	T2	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIA	T2a	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIB	T2b	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	III	T3	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIIA	T3a	N	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIIB	T3b	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIIC	T1	N1	M0	
			T2	N1	M0	
			T3	N1	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)

- GX Grade cannot be assessed
 G1 Well differentiated
 G2 Moderately differentiated
 G3-G4 Poorly differentiated or undifferentiated

Histopathology—Degree of Differentiation

Cases of carcinoma of the corpus should be grouped with regard to the degree of differentiation of the adenocarcinoma as follows:

- G1 5% or less of a non-squamous or non-morular solid growth pattern
 G2 6% to 50% of a non-squamous or non-morular solid growth pattern
 G3 more than 50% of a non-squamous or non-morular solid growth pattern

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.

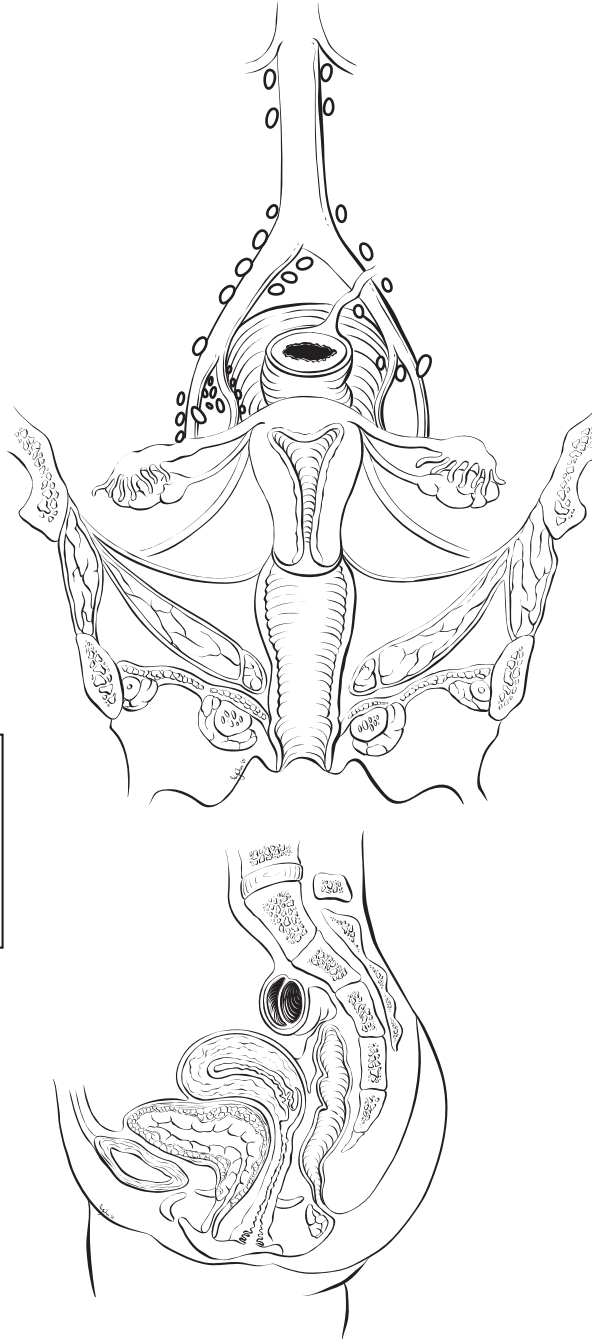
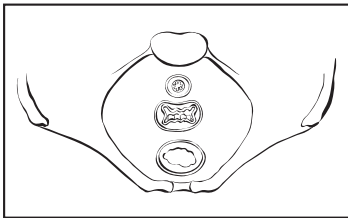
- m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.
 y prefix indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a “y” prefix. The 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)

CORPUS UTERI

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 _____