

8200 Walnut Hill Lane □
Dallas, Texas 75231

Patient name _____ □

□

Medical Record # _____ □

□

Date of Classification _____

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"/>	IIC	T2c	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	III	T3	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIIA	T3a	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIIB	T3b	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIIC	T3c	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>		Any T	N1	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

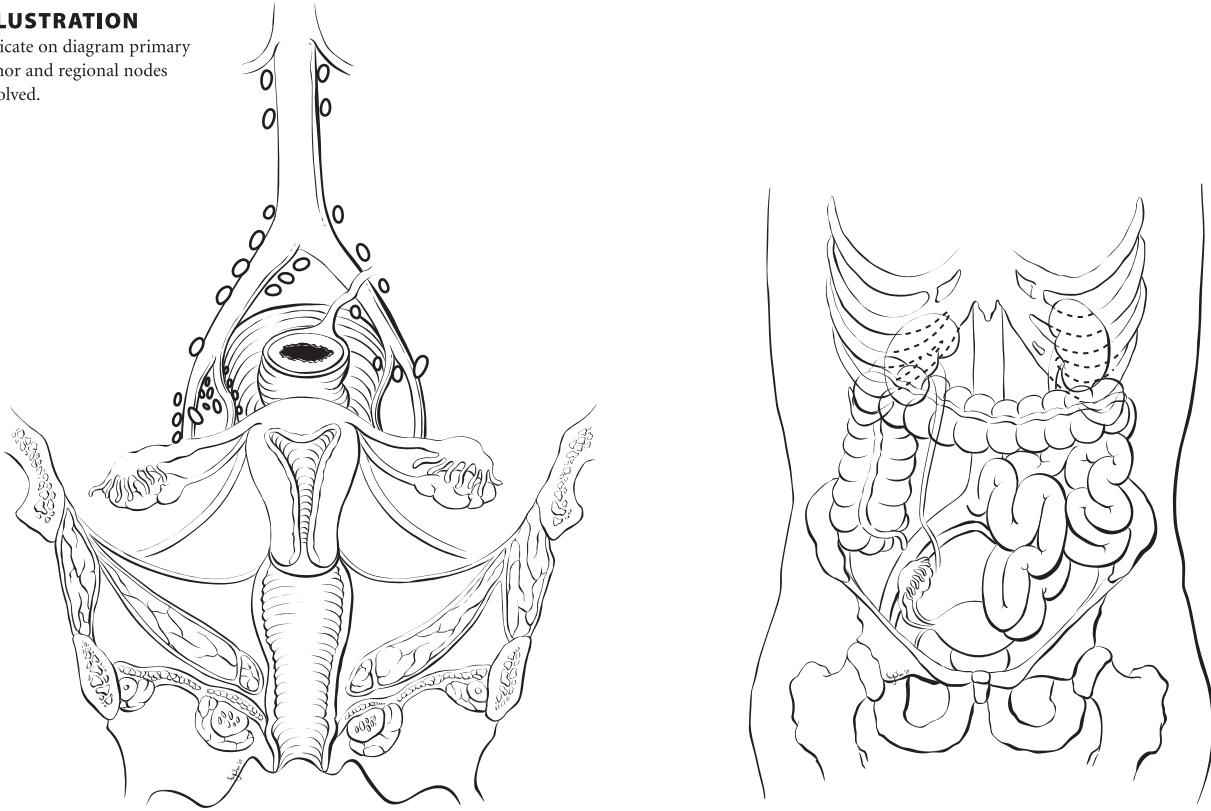
For identification of special cases of TNM or pTNM classifications, the “m” suffix and “y,” “r,” and “a” prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

- 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)

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 _____