

8200 Walnut Hill Lane □  
Dallas, Texas 75231

Patient name \_\_\_\_\_ □

□

Medical Record # \_\_\_\_\_ □

□

Date of Classification \_\_\_\_\_

**Histologic Grade (G)**

- GX Grade cannot be assessed
- G1 Well differentiated
- G2 Moderately differentiated
- G3-4 Poorly differentiated or 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)**

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

<input type="checkbox"/> <b>Staging Summary:</b> T _____ N _____ M _____ Stage Group _____
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Physician's Signature _____ Date _____
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