

ESOPHAGUS STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	TUMOR SIZE: _____ LATERALITY: <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4 <input type="checkbox"/> T4a <input type="checkbox"/> T4b	PRIMARY TUMOR (T) Primary tumor cannot be assessed No evidence of primary tumor High-grade dysplasia * Tumor invades lamina propria, muscularis mucosae, or submucosa Tumor invades lamina propria or muscularis mucosae Tumor invades submucosa Tumor invades muscularis propria Tumor invades adventitia Tumor invades adjacent structures Resectable tumor invading pleura, pericardium, or diaphragm Unresectable tumor invading other adjacent structures, such as aorta, vertebral body, trachea, etc. *High-grade dysplasia includes all non-invasive neoplastic epithelium that was formerly called carcinoma <i>in situ</i> , a diagnosis that is no longer used for columnar mucosae anywhere in the gastrointestinal tract.	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4 <input type="checkbox"/> T4a <input type="checkbox"/> T4b
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3	REGIONAL LYMPH NODES (N) Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastases involving 1 to 2 nodes Regional lymph node metastases involving 3 to 6 nodes Regional lymph node metastases involving 7 or more nodes	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3
<input type="checkbox"/> M0 <input type="checkbox"/> M1	DISTANT METASTASIS (M) No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis	<input type="checkbox"/> M1

ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL						PATHOLOGIC					
<i>Squamous Cell Carcinoma*</i>						<i>Squamous Cell Carcinoma*</i>					
GROUP	T	N	M	Grade	Tumor Location**	GROUP	T	N	M	Grade	Tumor Location**
<input type="checkbox"/> 0	Tis (HGD)	N0	M0	1	Any	<input type="checkbox"/> 0	Tis (HGD)	N0	M0	1	Any
<input type="checkbox"/> IA	T1	N0	M0	1, X	Any	<input type="checkbox"/> IA	T1	N0	M0	1, X	Any
<input type="checkbox"/> IB	T1	N0	M0	2-3	Any	<input type="checkbox"/> IB	T1	N0	M0	2-3	Any
<input type="checkbox"/> IIA	T2-3	N0	M0	1, X	Lower, X	<input type="checkbox"/> IIA	T2-3	N0	M0	1, X	Lower, X
<input type="checkbox"/> IIB	T2-3	N0	M0	2-3	Upper, middle	<input type="checkbox"/> IIB	T2-3	N0	M0	2-3	Upper, middle
<input type="checkbox"/> IIC	T2-3	N0	M0	2-3	Lower, X	<input type="checkbox"/> IIC	T2-3	N0	M0	2-3	Lower, X
<input type="checkbox"/> IIIA	T1-2	N1	M0	Any	Any	<input type="checkbox"/> IIIA	T1-2	N1	M0	Any	Any
<input type="checkbox"/> IIIB	T1-2	N2	M0	Any	Any	<input type="checkbox"/> IIIB	T1-2	N2	M0	Any	Any
<input type="checkbox"/> IIIC	T3	N1	M0	Any	Any	<input type="checkbox"/> IIIC	T3	N1	M0	Any	Any
<input type="checkbox"/> IVA	T4a	N0	M0	Any	Any	<input type="checkbox"/> IVA	T4a	N0	M0	Any	Any
<input type="checkbox"/> IVB	T4a	N2	M0	Any	Any	<input type="checkbox"/> IVB	T4a	N2	M0	Any	Any
<input type="checkbox"/> IVC	T4a	N1-2	M0	Any	Any	<input type="checkbox"/> IVC	T4a	N1-2	M0	Any	Any
<input type="checkbox"/> IVD	T4b	Any	M0	Any	Any	<input type="checkbox"/> IVD	T4b	Any	M0	Any	Any
<input type="checkbox"/> IVE	Any	N3	M0	Any	Any	<input type="checkbox"/> IVE	Any	N3	M0	Any	Any
<input type="checkbox"/> IVF	Any	Any	M1	Any	Any	<input type="checkbox"/> IVF	Any	Any	M1	Any	Any

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

(continued on next page)

ESOPHAGUS STAGING FORM

* or mixed histology including a squamous component or NOS
 ** Location of the primary cancer site is defined by the position of the upper (proximal) edge of the tumor in the esophagus

Adenocarcinoma

GROUP	T	N	M	Grade
<input type="checkbox"/> 0	Tis (HGD)	N0	M0	1, X
<input type="checkbox"/> IA	T1	N0	M0	1-2, X
<input type="checkbox"/> IB	T1	N0	M0	3
	T2	N0	M0	1-2, X
<input type="checkbox"/> IIA	T2	N0	M0	3
<input type="checkbox"/> IIB	T3	N0	M0	Any
	T1-2	N1	M0	Any
<input type="checkbox"/> IIIA	T1-2	N2	M0	Any
	T3	N1	M0	Any
	T4a	N0	M0	Any
<input type="checkbox"/> IIIB	T3	N2	M0	Any
<input type="checkbox"/> IIIC	T4a	N1-2	M0	Any
	T4b	Any	M0	Any
	Any	N3	M0	Any
<input type="checkbox"/> IV	Any	Any	M1	Any
<input type="checkbox"/> Stage unknown				

* or mixed histology including a squamous component or NOS
 ** Location of the primary cancer site is defined by the position of the upper (proximal) edge of the tumor in the esophagus

Adenocarcinoma

GROUP	T	N	M	Grade
<input type="checkbox"/> 0	Tis (HGD)	N0	M0	1, X
<input type="checkbox"/> IA	T1	N0	M0	1-2, X
<input type="checkbox"/> IB	T1	N0	M0	3
	T2	N0	M0	1-2, X
<input type="checkbox"/> IIA	T2	N0	M0	3
<input type="checkbox"/> IIB	T3	N0	M0	Any
	T1-2	N1	M0	Any
<input type="checkbox"/> IIIA	T1-2	N2	M0	Any
	T3	N1	M0	Any
	T4a	N0	M0	Any
<input type="checkbox"/> IIIB	T3	N2	M0	Any
<input type="checkbox"/> IIIC	T4a	N1-2	M0	Any
	T4b	Any	M0	Any
	Any	N3	M0	Any
<input type="checkbox"/> IV	Any	Any	M1	Any
<input type="checkbox"/> Stage unknown				

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

Squamous Cell Carcinoma

REQUIRED FOR STAGING:

Location – based on the position of the upper (proximal) edge of the tumor in the esophagus
 (Upper or middle—cancers above lower border of inferior pulmonary vein; Lower—below inferior pulmonary vein) _____

Grade _____

CLINICALLY SIGNIFICANT:

Distance to proximal edge of tumor from incisors _____

Distance to distal edge of tumor from incisors _____

Number of regional nodes with extracapsular tumor _____

Adenocarcinoma

REQUIRED FOR STAGING:

Grade _____

CLINICALLY SIGNIFICANT:

Distance to proximal edge of tumor from incisors _____

Distance to distal edge of tumor from incisors _____

Number of regional nodes with extracapsular tumor _____

Histologic Grade (G) (also known as overall grade)

Grading system

2 grade system

3 grade system

4 grade system

No 2, 3, or 4 grade system is available

Grade

Grade I or 1

Grade II or 2

Grade III or 3

Grade IV or 4

General Notes:

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.

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

(continued from previous page)

ESOPHAGUS STAGING FORM

ADDITIONAL DESCRIPTORS

Lymphatic Vessel Invasion (L) and Venous Invasion (V) have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

Residual Tumor (R)

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

General Notes (continued):

surgical margins is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

neoadjuvant treatment is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

Clinical stage was used in treatment planning (describe): _____

National guidelines were used in treatment planning NCCN Other (describe): _____

Physician signature

Date/Time

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION