

SOFT TISSUE SARCOMA STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease during and from 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"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T2a <input type="checkbox"/> T2b	<p style="text-align: center;">PRIMARY TUMOR (T)</p> Primary tumor cannot be assessed No evidence of primary tumor Tumor 5 cm or less in greatest dimension Superficial tumor Deep tumor Tumor more than 5 cm in greatest dimension Superficial tumor Deep tumor Note: Superficial tumor is located exclusively above the superficial fascia without invasion of the fascia; deep tumor is located either exclusively beneath the superficial fascia, superficial to the fascia with invasion of or through the fascia, or both superficial yet beneath the fascia.	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T2a <input type="checkbox"/> T2b
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1*	<p style="text-align: center;">REGIONAL LYMPH NODES (N)</p> Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastasis *Note: Presence of positive nodes (N1) in M0 tumors is considered Stage III	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1
<input type="checkbox"/> M0 <input type="checkbox"/> M1	<p style="text-align: center;">DISTANT METASTASIS (M)</p> 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				
GROUP	T	N	M	Grade	GROUP	T	N	M	Grade
<input type="checkbox"/> IA	T1a	N0	M0	G1, GX	<input type="checkbox"/> IA	T1a	N0	M0	G1, GX
	T1b	N0	M0	G1, GX		T1b	N0	M0	G1, GX
<input type="checkbox"/> IB	T2a	N0	M0	G1, GX	<input type="checkbox"/> IB	T2a	N0	M0	G1, GX
	T2b	N0	M0	G1, GX		T2b	N0	M0	G1, GX
<input type="checkbox"/> IIA	T1a	N0	M0	G2, G3	<input type="checkbox"/> IIA	T1a	N0	M0	G2, G3
	T1b	N0	M0	G2, G3		T1b	N0	M0	G2, G3
<input type="checkbox"/> IIB	T2a	N0	M0	G2	<input type="checkbox"/> IIB	T2a	N0	M0	G2
	T2b	N0	M0	G2		T2b	N0	M0	G2
<input type="checkbox"/> III	T2a, T2b	N0	M0	G3	<input type="checkbox"/> III	T2b	N0	M0	G3
	Any T	N1	M0	Any G		Any T	N1	M0	Any G
<input type="checkbox"/> IV	Any T	Any N	M1	Any G	<input type="checkbox"/> IV	Any T	Any N	M1	Any G
<input type="checkbox"/> Stage unknown					<input type="checkbox"/> Stage unknown				

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION
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PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: Grade _____

CLINICALLY SIGNIFICANT:

Neurovascular invasion as determined by pathology: _____

Bone invasion as determined by imaging: _____

If pM1, source of pathologic metastatic specimen: _____

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.

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.

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

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

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

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