

CORPUS UTERI CARCINOMA STAGING FORM

(Carcinosarcomas should be staged as carcinomas)

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																																											
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">TNM CATEGORY</th> <th style="text-align: left;">FIGO STAGE</th> </tr> <tr> <td><input type="checkbox"/> TX</td> <td></td> </tr> <tr> <td><input type="checkbox"/> T0</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Tis</td> <td>*</td> </tr> <tr> <td><input type="checkbox"/> T1</td> <td>I</td> </tr> <tr> <td><input type="checkbox"/> T1a</td> <td>IA</td> </tr> <tr> <td><input type="checkbox"/> T1b</td> <td>IB</td> </tr> <tr> <td><input type="checkbox"/> T2</td> <td>II</td> </tr> <tr> <td><input type="checkbox"/> T3a</td> <td>IIIA</td> </tr> <tr> <td><input type="checkbox"/> T3b</td> <td>IIIB</td> </tr> <tr> <td><input type="checkbox"/> T4</td> <td>IVA</td> </tr> </table>	TNM CATEGORY	FIGO STAGE	<input type="checkbox"/> TX		<input type="checkbox"/> T0		<input type="checkbox"/> Tis	*	<input type="checkbox"/> T1	I	<input type="checkbox"/> T1a	IA	<input type="checkbox"/> T1b	IB	<input type="checkbox"/> T2	II	<input type="checkbox"/> T3a	IIIA	<input type="checkbox"/> T3b	IIIB	<input type="checkbox"/> T4	IVA	PRIMARY TUMOR (T)	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">TNM CATEGORY</th> <th style="text-align: left;">FIGO STAGE</th> </tr> <tr> <td><input type="checkbox"/> TX</td> <td></td> </tr> <tr> <td><input type="checkbox"/> T0</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Tis</td> <td>*</td> </tr> <tr> <td><input type="checkbox"/> T1</td> <td>I</td> </tr> <tr> <td><input type="checkbox"/> T1a</td> <td>IA</td> </tr> <tr> <td><input type="checkbox"/> T1b</td> <td>IB</td> </tr> <tr> <td><input type="checkbox"/> T2</td> <td>II</td> </tr> <tr> <td><input type="checkbox"/> T3a</td> <td>IIIA</td> </tr> <tr> <td><input type="checkbox"/> T3b</td> <td>IIIB</td> </tr> <tr> <td><input type="checkbox"/> T4</td> <td>IVA</td> </tr> </table>	TNM CATEGORY	FIGO STAGE	<input type="checkbox"/> TX		<input type="checkbox"/> T0		<input type="checkbox"/> Tis	*	<input type="checkbox"/> T1	I	<input type="checkbox"/> T1a	IA	<input type="checkbox"/> T1b	IB	<input type="checkbox"/> T2	II	<input type="checkbox"/> T3a	IIIA	<input type="checkbox"/> T3b	IIIB	<input type="checkbox"/> T4	IVA
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HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION
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CORPUS UTERI CARCINOMA STAGING FORM

(Carcinosarcomas should be staged as carcinomas)

ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> 0*	Tis	N0	M0	<input type="checkbox"/> 0*	Tis	N0	M0
<input type="checkbox"/> I	T1	N0	M0	<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> IA	T1a	N0	M0	<input type="checkbox"/> IA	T1a	N0	M0
<input type="checkbox"/> IB	T1b	N0	M0	<input type="checkbox"/> IB	T1b	N0	M0
<input type="checkbox"/> II	T2	N0	M0	<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> III	T3	N0	M0	<input type="checkbox"/> III	T3	N0	M0
<input type="checkbox"/> IIIA	T3a	N0	M0	<input type="checkbox"/> IIIA	T3a	N0	M0
<input type="checkbox"/> IIIB	T3b	N0	M0	<input type="checkbox"/> IIIB	T3b	N0	M0
<input type="checkbox"/> IIIC1	T1-T3	N1	M0	<input type="checkbox"/> IIIC1	T1-T3	N1	M0
<input type="checkbox"/> IIIC2	T1-T3	N2	M0	<input type="checkbox"/> IIIC2	T1-T3	N2	M0
<input type="checkbox"/> IVA	T4	Any N	M0	<input type="checkbox"/> IVA	T4	Any N	M0
<input type="checkbox"/> IVB	Any T	Any N	M1	<input type="checkbox"/> IVB	Any T	Any N	M1

*FIGO no longer includes Stage 0 (Tis)
Carcinosarcomas should be staged as carcinoma.
 Stage unknown

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

CLINICALLY SIGNIFICANT:

FIGO Stage: _____

Peritoneal cytology results: _____

Pelvic nodal dissection with number of nodes positive/examined: _____

Para-aortic nodal dissection with number of nodes positive/examined: _____

Percentage of non-endometrioid cell type in mixed histology tumors: _____

Omentectomy performed: _____

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.

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

Grading system	Grade
<input type="checkbox"/> 2 grade system	<input type="checkbox"/> Grade I or 1
<input type="checkbox"/> 3 grade system	<input type="checkbox"/> Grade II or 2
<input type="checkbox"/> 4 grade system	<input type="checkbox"/> Grade III or 3
<input type="checkbox"/> No 2, 3, or 4 grade system is available	<input type="checkbox"/> Grade IV or 4

Endometrioid adenocarcinomas should be graded according to the degree of differentiation of the adenocarcinoma as follows:

<input type="checkbox"/> G1	5% or less of a non-squamous or non-morular solid growth pattern
<input type="checkbox"/> G2	6% to 50% of a non-squamous or non-morular solid growth pattern
<input type="checkbox"/> G3	More than 50% of a non-squamous or non-morular solid growth pattern

Notes on Pathologic Grading

- Notable nuclear atypia, inappropriate for the architectural grade, raises the grade by one.
- Serous, clear cell, and mixed mesodermal tumors are Grade 3.

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CORPUS UTERI CARCINOMA STAGING FORM
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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):

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

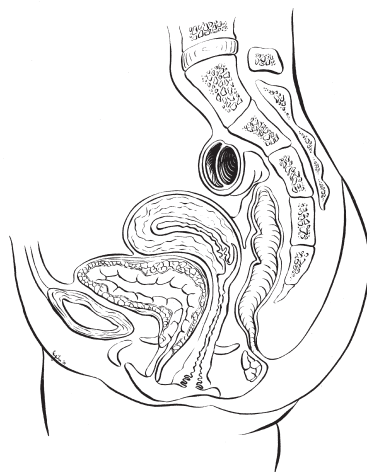
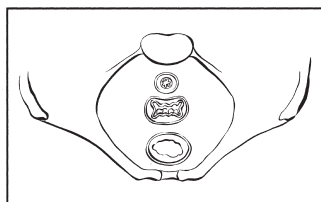
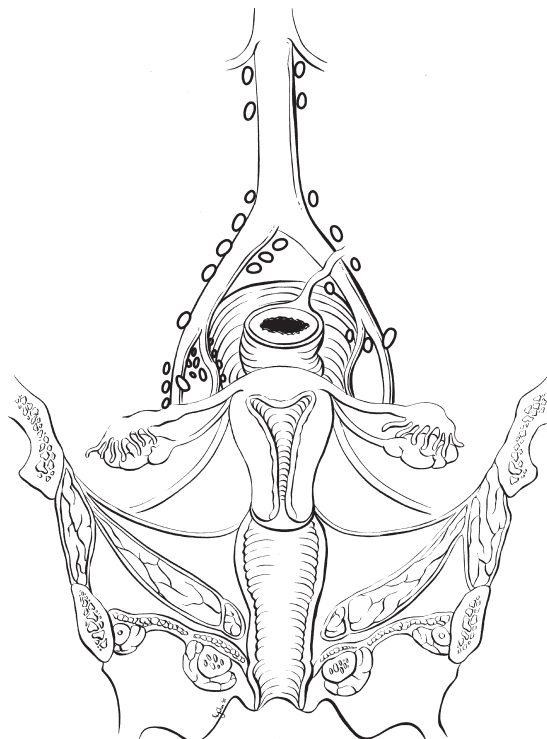
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CORPUS UTERI CARCINOMA STAGING FORM

(Carcinosarcomas should be staged as carcinomas)

Illustration

Indicate on diagram primary tumor and regional nodes involved.



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CORPUS UTERI SARCOMA STAGING FORM

(Carcinosarcomas should be staged as carcinomas)

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
TNM CATEGORY FIGO STAGE	PRIMARY TUMOR (T)		TNM CATEGORY FIGO STAGE
<i>Leiomyosarcoma, Endometrial Stromal Sarcoma</i>			
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 I <input type="checkbox"/> T1a IA <input type="checkbox"/> T1b IB <input type="checkbox"/> T2 II <input type="checkbox"/> T2a IIA <input type="checkbox"/> T2b IIB <input type="checkbox"/> T3 III* <input type="checkbox"/> T3a IIIA <input type="checkbox"/> T3b IIIB <input type="checkbox"/> T4 IVA	Primary tumor cannot be assessed No evidence of primary tumor Tumor limited to the uterus Tumor 5 cm or less in greatest dimension Tumor more than 5 cm Tumor extends beyond the uterus, within the pelvis Tumor involves adnexa Tumor involves other pelvic tissues Tumor infiltrates abdominal tissues One site More than one site Tumor invades bladder or rectum		<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 I <input type="checkbox"/> T1a IA <input type="checkbox"/> T1b IB <input type="checkbox"/> T2 II <input type="checkbox"/> T2a IIA <input type="checkbox"/> T2b IIB <input type="checkbox"/> T3 III* <input type="checkbox"/> T3a IIIA <input type="checkbox"/> T3b IIIB <input type="checkbox"/> T4 IVA
<i>Adenosarcoma</i>			
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 I <input type="checkbox"/> T1a IA <input type="checkbox"/> T1b IB <input type="checkbox"/> T1c IC <input type="checkbox"/> T2 II <input type="checkbox"/> T2a IIA <input type="checkbox"/> T2b IIB <input type="checkbox"/> T3 III* <input type="checkbox"/> T3a IIIA <input type="checkbox"/> T3b IIIB <input type="checkbox"/> T4 IVA	Primary tumor cannot be assessed No evidence of primary tumor Tumor limited to the uterus Tumor limited to the endometrium/endocervix Tumor invades to less than half of the myometrium Tumor invades more than half of the myometrium Tumor extends beyond the uterus, within the pelvis Tumor involves adnexa Tumor involves other pelvic tissues Tumor involves abdominal tissues One site More than one site Tumor invades bladder or rectum		<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 I <input type="checkbox"/> T1a IA <input type="checkbox"/> T1b IB <input type="checkbox"/> T1c IC <input type="checkbox"/> T2 II <input type="checkbox"/> T2a IIA <input type="checkbox"/> T2b IIB <input type="checkbox"/> T3 III* <input type="checkbox"/> T3a IIIA <input type="checkbox"/> T3b IIIB <input type="checkbox"/> T4 IVA
<i>Note:</i> Simultaneous tumors of the uterine corpus and ovary/pelvis in association with ovarian/pelvic endometriosis should be classified as independent primary tumors. * In this stage, lesions must infiltrate abdominal tissues and not just protrude into the abdominal cavity.			
TNM CATEGORY FIGO STAGE	REGIONAL LYMPH NODES (N)		TNM CATEGORY FIGO STAGE
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 IIIC	Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastasis		<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 IIIC

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CORPUS UTERI SARCOMA STAGING FORM

(Carcinosarcomas should be staged as carcinomas)

TNM CATEGORY	FIGO STAGE	DISTANT METASTASIS (M)	TNM CATEGORY	FIGO STAGE
<input type="checkbox"/> M0		No distant metastasis (no pathologic M0; use clinical M to complete stage group)	<input type="checkbox"/> M1	IVB
<input type="checkbox"/> M1	IVB	Distant metastasis (excluding adexa, pelvic, and abdominal tissue)		

ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> I	T1	N0	M0	<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> IA*	T1a	N0	M0	<input type="checkbox"/> IA*	T1a	N0	M0
<input type="checkbox"/> IB*	T1b	N0	M0	<input type="checkbox"/> IB*	T1b	N0	M0
<input type="checkbox"/> IC**	T1c	N0	M0	<input type="checkbox"/> IC**	T1c	N0	M0
<input type="checkbox"/> II	T2	N0	M0	<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> IIIA	T3a	N0	M0	<input type="checkbox"/> IIIA	T3a	N0	M0
<input type="checkbox"/> IIIB	T3b	N0	M0	<input type="checkbox"/> IIIB	T3b	N0	M0
<input type="checkbox"/> IIIC	T1-3	N1	M0	<input type="checkbox"/> IIIC	T1-3	N1	M0
<input type="checkbox"/> IVA	T4	Any N	M0	<input type="checkbox"/> IVA	T4	Any N	M0
<input type="checkbox"/> IVB	Any T	Any N	M1	<input type="checkbox"/> IVB	Any T	Any N	M1

*Note: Stages IA and IB differ from those applied for leiomyosarcoma and endometrial stromal sarcoma.

**Note: Stage IC does not apply for leiomyosarcoma and endometrial stromal sarcoma.

Stage unknown

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

CLINICALLY SIGNIFICANT:

FIGO Stage: _____

Peritoneal cytology results: _____

Pelvic nodal dissection with number of nodes positive/examined: _____

Para-aortic nodal dissection with number of nodes positive/examined: _____

Percentage of non-endometrioid cell type in mixed histology tumors: _____

Omentectomy performed: _____

General Notes:

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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.

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

<p>HOSPITAL NAME/ADDRESS</p>	<p>PATIENT NAME/INFORMATION</p>
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<p>ADDITIONAL DESCRIPTORS</p> <p>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.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lymph-Vascular Invasion Not Present (absent)/Not Identified <input type="checkbox"/> Lymph-Vascular Invasion Present/Identified <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown/Indeterminate <p>Residual Tumor (R)</p> <p>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.</p> <ul style="list-style-type: none"> <input type="checkbox"/> RX Presence of residual tumor cannot be assessed <input type="checkbox"/> R0 No residual tumor <input type="checkbox"/> R1 Microscopic residual tumor <input type="checkbox"/> 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

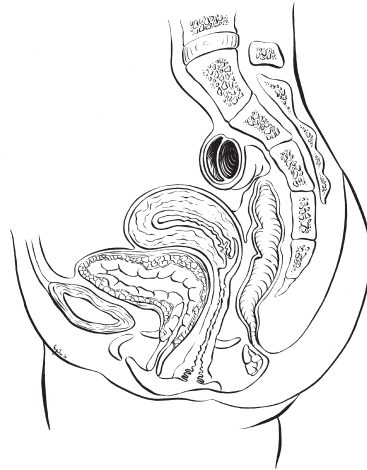
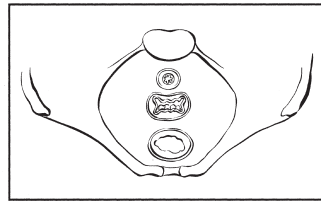
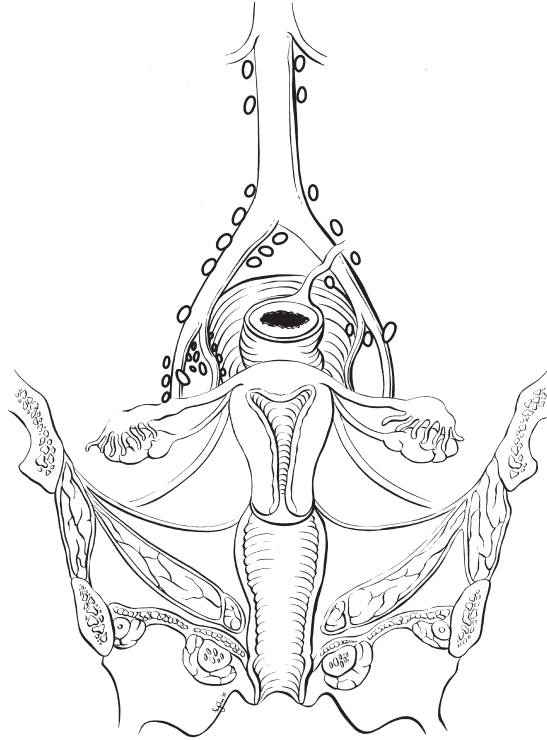
<p>HOSPITAL NAME/ADDRESS</p>	<p>PATIENT NAME/INFORMATION</p>
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CORPUS UTERI SARCOMA STAGING FORM
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Illustration

Indicate on diagram primary tumor and regional nodes involved.



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