

## OVARY 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	<b>TUMOR SIZE:</b> _____	<b>LATERALITY:</b> <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																																																																																											
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## 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"/> IIA	T2a	N0	M0	<input type="checkbox"/> IIA	T2a	N0	M0
<input type="checkbox"/> IIB	T2b	N0	M0	<input type="checkbox"/> IIB	T2b	N0	M0
<input type="checkbox"/> IIC	T2c	N0	M0	<input type="checkbox"/> IIC	T2c	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"/> IIIC	T3c	N0	M0	<input type="checkbox"/> IIIC	T3c	N0	M0
<input type="checkbox"/> IV	Any T	N1	M0	<input type="checkbox"/> IV	Any T	N1	M0
<input type="checkbox"/> IV	Any T	Any N	M1	<input type="checkbox"/> IV	Any T	Any N	M1
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> Stage unknown			

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

FIGO stage: \_\_\_\_\_  
 Gross residual tumor after primary cyto-reductive surgery: \_\_\_\_\_ (present, absent, unknown, "y" meaning patient received chemotherapy prior to surgery)  
 Residual tumor volume after primary cyto-reductive surgery: \_\_\_\_\_ (no gross, ≤1 cm, >1 cm, unknown, "y" meaning patient received chemotherapy prior to surgery)  
 Residual tumor location following primary cyto-reductive surgery: \_\_\_\_\_ ("y" indicates patient received chemotherapy prior to surgery)  
 Malignant ascites volume: \_\_\_\_\_

**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.

**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

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## OVARY STAGING FORM

**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

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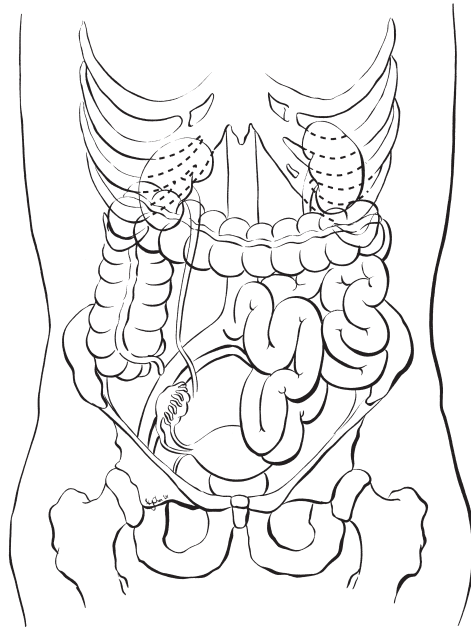
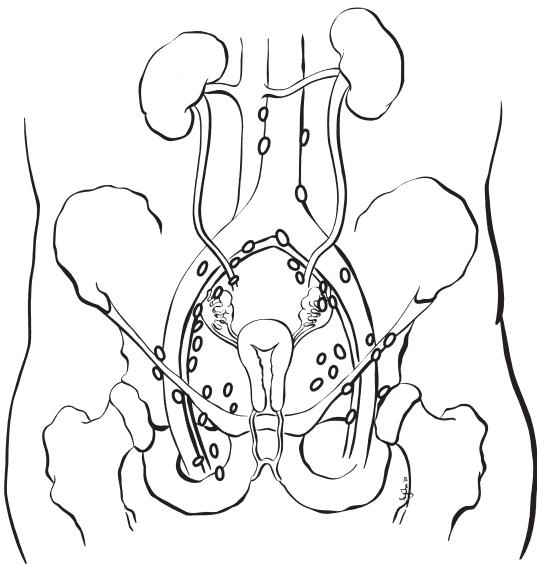
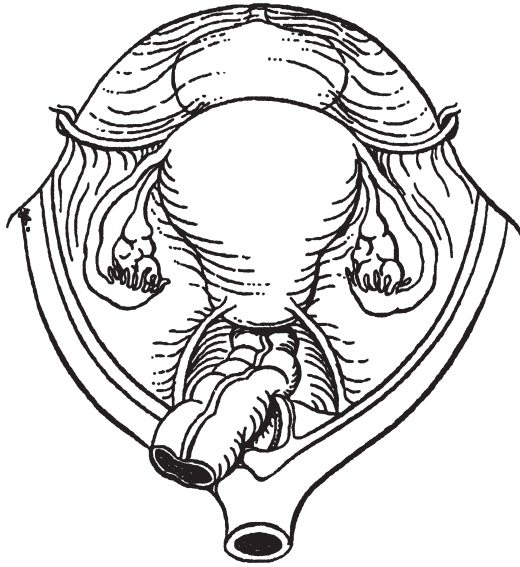
**PATIENT NAME/INFORMATION**

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# OVARY STAGING FORM

## Illustration

Indicate on diagram primary tumor and regional nodes involved.



HOSPITAL NAME/ADDRESS

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