

## GESTATIONAL TROPHOBLASTIC TUMORS 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																																																																																																																																																						
<b>TNM CATEGORY</b> <input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T2	<b>FIGO STAGE</b>  I II	<b>PRIMARY TUMOR (T)</b> Primary tumor cannot be assessed No evidence of primary tumor Tumor confined to uterus Tumor extends to other genital structures (ovary, tube, vagina, broad ligaments) by metastasis or direct extension				<b>TNM CATEGORY</b> <input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T2	<b>FIGO STAGE</b>  I II																																																																																																																																																				
<b>REGIONAL LYMPH NODES (N)</b> There is no regional nodal designation in the staging of these tumors. Nodal metastases should be classified as metastatic (M1) disease.																																																																																																																																																											
<b>TNM CATEGORY</b> <input type="checkbox"/> M0 <input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b	<b>FIGO STAGE</b>  III IV	<b>DISTANT METASTASIS (M)</b> No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis Lung metastasis All other distant metastasis				<b>TNM CATEGORY</b> <input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b	<b>FIGO STAGE</b>  III IV																																																																																																																																																				
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## PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** Prognostic Risk Scoring Index

Prognostic Factor	Risk Score			
	0	1	2	4
Age	<40	≥40		
antecedent pregnancy	Hydatidiform mole	Abortion	Term pregnancy	
Interval months from index pregnancy	<4	4–6	7–12	>12
Pretreatment hCG (IU/ml)	<10 <sup>3</sup>	10 <sup>3</sup> –10 <sup>4</sup>	10 <sup>4</sup> –10 <sup>5</sup>	> 10 <sup>5</sup>
Largest tumor size, including uterus	<3 cm	3–5 cm	>5 cm	
Site of metastases	Lung	Spleen, kidney	Gastrointestinal tract	Brain, liver
Number of metastases identified		1–4	5–8	>8
Previous failed chemotherapy			Single drug	Two or more drugs
Total score				

Low risk is a score of 6 or less. High risk is a score of 7 or greater.

**CLINICALLY SIGNIFICANT:**

FIGO stage : \_\_\_\_\_

**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

**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.

**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

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

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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

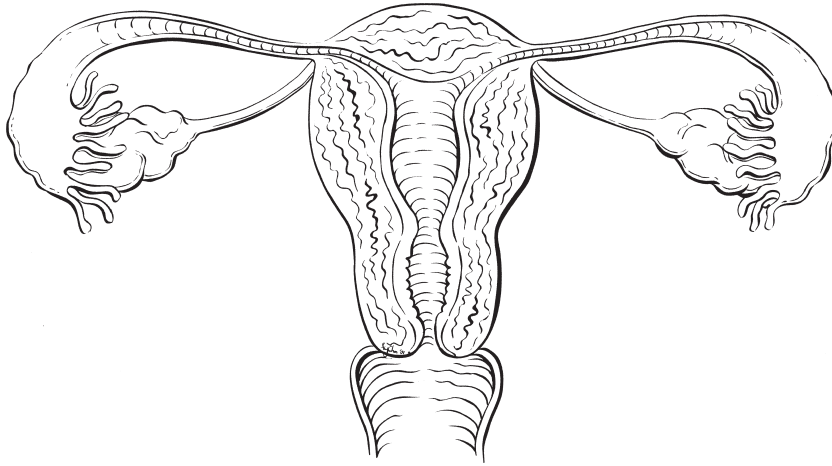
PATIENT NAME/INFORMATION

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# GESTATIONAL TROPHOBLASTIC TUMORS STAGING FORM

## Illustration

Indicate on diagram primary tumor and regional nodes involved.



HOSPITAL NAME/ADDRESS

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