## BONE STAGING FORM

CLINICAL Extent of disease before any treatment	STAGE CATEGORY DEFINITIONS						PATHOLOGIC  Extent of disease during and from surgery				
y clinical – staging comple after neoadjuvant therapy before subsequent surgery		ATERALITY: ☐ left ☐ right ☐ bilateral			☐ y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery						
□ TX □ T0 □ T1 □ T2 □ T3		ry tumor	1				TX T0 T1 T2 T3				
□ NX □ N0 □ N1	No regional lymph no	REGIONAL LYMPH NODES (N) Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastasis									
□ M0 □ M1 □ M1a □ M1b	No distant metastasis Distant metastasis Lung Other distant sites	Lung									
Anatomic Stage • Prognostic Groups											
GROUP T	CLINICAL N M		GROUP	т	PATHO N	LOGIC M					
□ IA T1 □ IB T2 □ IB T3 □ IIA T1 □ IIB T2 □ III T3 □ IVA Any T □ IVB Any T	NO MO G1,2 NO MO G1,2 NO MO G1,2 NO MO G3,4 NO M1a Any N1 Any M Any Any N M1b Any	2 Low grade GX 2 Low grade GX 4 High grade 4 High grade 5 High grade G	IA IB IIA IIB III IVA IVB	T1 T2 T3 T1 T2 T3 Any T Any T	NO NO NO NO NO NO NO NO NO NO NO	M0 M0 M0 M0 M0 M0 M0 M1a Any M	G1,2 G1,2 G3,4 G3,4 G3,4* Any G Any G	Low grade Low grade Low grade High grade High grade	GX GX		
* Ewing's sarcoma is classified as G4.  □ Stage unknown  * Ewing's sarcoma is classified as G4.  □ Stage unknown											
PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)  REQUIRED FOR STAGING: Grade  CLINICALLY SIGNIFICANT:  Three dimensions of tumor size x x  Percentage necrosis post neoadjuvant systemic therapy from pathology report:  Number of resected pulmonary metastases from pathology report:  Number of resected pulmonary metastases from pathology report:  m suffix indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.											
HOSPITAL NAME/ADD	ESS	PATIENT NAME/INFORMATION									

(continued on next page)

## BONE STAGING FORM

					Г					
Histo	ologic Grade (G) (also known as overall grade)				General Notes (continued):					
Grading system  ☐ 2 grade system		Grade  ☐ Grade   or 1			y prefix indicates those cases in					
	•	_			which classification is performed during or following initial					
	3 grade system 4 grade system		Grade II or 2 Grade III or 3		multimodality therapy. The cTNM					
			Grade IV or 4		or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM					
Lymp Invas shoul	No 2, 3, or 4 grade system is available  TIONAL DESCRIPTORS  phatic Vessel Invasion (L) and Venous Invasion (LVI) for collection by cancer registrars. The d be used as the primary source. Other sources to positive results.	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.								
	Lymph-Vascular Invasion Not Present (absent)/ Lymph-Vascular Invasion Present/Identified Not Applicable	r prefix indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.								
	Unknown/Indeterminate dual Tumor (R)	a prefix designates the stage determined at autopsy: aTNM.								
The aneoad resection	absence or presence of residual tumor after treat djuvant therapy there will be residual tumor at that tion or local and regional disease that extends be RX Presence of residual tumor cannot be asse RO No residual tumor	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.								
	R1 Microscopic residual tumor R2 Macroscopic residual tumor				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 pla	nnin		Other (describe):						
_ '	valional guidelines were used in treatment pic		ig <b>–</b> Noon	Other (describe).						
Phys	sician signature			Date	/Time					
Hosp	PITAL NAME/ADDRESS			PATIENT NAME/INFORMATION						

(continued from previous page)