

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																																											
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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)
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 Stage unknown

<p style="text-align: center;">PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)</p> <p>REQUIRED FOR STAGING: None</p> <p>CLINICALLY SIGNIFICANT:</p> <p>FIGO Stage: _____</p> <p>Peritoneal cytology results: _____</p> <p>Pelvic nodal dissection with number of nodes positive/examined: _____</p> <p>Para-aortic nodal dissection with number of nodes positive/examined: _____</p> <p>Percentage of non-endometrioid cell type in mixed histology tumors: _____</p> <p>Omentectomy performed: _____</p> <p>Histologic Grade (G) (also known as overall grade)</p> <table style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Grading system</th> <th style="text-align: left;">Grade</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 2 grade system</td> <td><input type="checkbox"/> Grade I or 1</td> </tr> <tr> <td><input type="checkbox"/> 3 grade system</td> <td><input type="checkbox"/> Grade II or 2</td> </tr> <tr> <td><input type="checkbox"/> 4 grade system</td> <td><input type="checkbox"/> Grade III or 3</td> </tr> <tr> <td><input type="checkbox"/> No 2, 3, or 4 grade system is available</td> <td><input type="checkbox"/> Grade IV or 4</td> </tr> </tbody> </table> <p>Endometrioid adenocarcinomas should be graded according to the degree of differentiation of the adenocarcinoma as follows:</p> <p><input type="checkbox"/> G1 5% or less of a non-squamous or non-morular solid growth pattern</p> <p><input type="checkbox"/> G2 6% to 50% of a non-squamous or non-morular solid growth pattern</p> <p><input type="checkbox"/> G3 More than 50% of a non-squamous or non-morular solid growth pattern</p> <p>Notes on Pathologic Grading</p> <ol style="list-style-type: none"> Notable nuclear atypia, inappropriate for the architectural grade, raises the grade by one. Serous, clear cell, and mixed mesodermal tumors are Grade 3. 	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	<p>General Notes:</p> <p>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.</p> <p>m suffix indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.</p> <p>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.</p> <p>r prefix indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.</p> <p>a prefix designates the stage determined at autopsy: aTNM.</p> <p>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.</p>
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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

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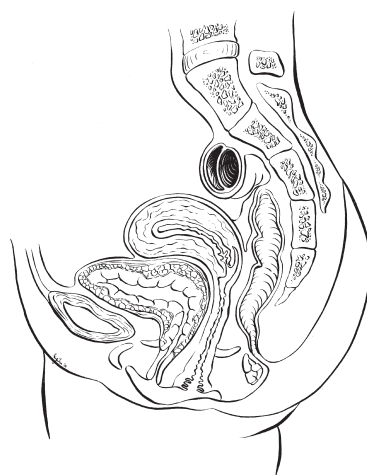
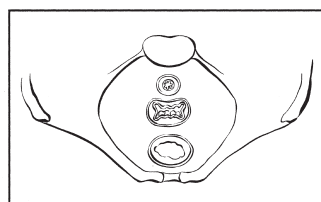
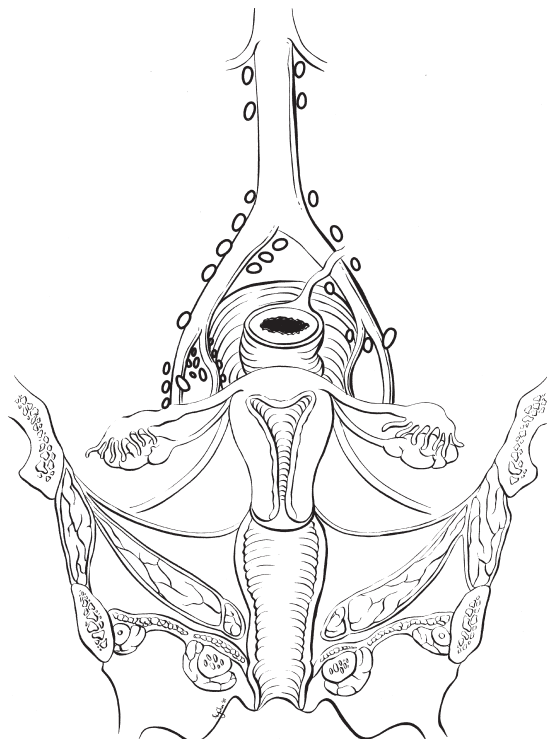
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Illustration

Indicate on diagram primary tumor and regional nodes involved.



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