GASTROINTESTINAL STROMAL TUMOR STAGING FORM

CLINICAL *Extent of disease before any treatment*	STAGE CATEGORY DEFINITIONS FOR GIST AT ALL SITES	PATHOLOGIC *Extent of disease during and from surgery*
❒ y clinical– staging completed after neoadjuvant therapy but before subsequent surgery	**TUMOR SIZE:** _____	❒ y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
	PRIMARY TUMOR (T)	
❑ **TX**	Primary tumor cannot be assessed	❑ **TX**
❑ **T0**	No evidence of primary tumor	❑ **T0**
❑ **T1**	Tumor 2 cm or less	❑ **T1**
❑ **T2**	Tumor more than 2 cm but not more than 5 cm	❑ **T2**
❑ **T3**	Tumor more than 5 cm but not more than 10 cm	❑ **T3**
❑ **T4**	Tumor more than 10 cm in greatest dimension	❑ **T4**
	REGIONAL LYMPH NODES (N)	
❑ **N0**	No regional lymph node metastasis*	❑ **N0**
❑ **N1**	Regional lymph node metastasis	❑ **N1**
	* If regional node status is unknown, use N0, not NX	
	DISTANT METASTASIS (M)	
❑ **M0**	No distant metastasis (no pathologic M0; use clinical M to complete stage group)	
❑ **M1**	Distant metastasis	❑ **M1**

ANATOMIC STAGE • PROGNOSTIC GROUPS – GASTRIC GIST
(also to be used for omentum)

CLINICAL

GROUP	T	N	M	Mitotic Rate
❑ IA	T1 or T2	N0	M0	Low
❑ IB	T3	N0	M0	Low
❑ II	T1	N0	M0	High
	T2	N0	M0	High
	T4	N0	M0	Low
❑ IIIA	T3	N0	M0	High
❑ IIIB	T4	N0	M0	High
❑ IV	Any T	N1	M0	Any rate
	Any T	Any N	M1	Any rate
❑ Stage unknown				

PATHOLOGIC

GROUP	T	N	M	Mitotic Rate
❑ IA	T1 or T2	N0	M0	Low
❑ IB	T3	N0	M0	Low
❑ II	T1	N0	M0	High
	T2	N0	M0	High
	T4	N0	M0	Low
❑ IIIA	T3	N0	M0	High
❑ IIIB	T4	N0	M0	High
❑ IV	Any T	N1	M0	Any rate
	Any T	Any N	M1	Any rate
❑ Stage unknown				

ANATOMIC STAGE • PROGNOSTIC GROUPS – SMALL INTESTINAL GIST
(also to be used for esophagus, colorectal, mesentery, and peritoneum)

CLINICAL

GROUP	T	N	M	Mitotic Rate
❑ I	T1 or T2	N0	M0	Low
❑ II	T3	N0	M0	Low
❑ IIIA	T1	N0	M0	High
	T4	N0	M0	Low
❑ IIIB	T2	N0	M0	High
	T3	N0	M0	High
	T4	N0	M0	High
❑ IV	Any T	N1	M0	Any rate
	Any T	Any N	M1	Any rate
❑ Stage unknown				

PATHOLOGIC

GROUP	T	N	M	Mitotic Rate
❑ I	T1 or T2	N0	M0	Low
❑ II	T3	N0	M0	Low
❑ IIIA	T1	N0	M0	High
	T4	N0	M0	Low
❑ IIIB	T2	N0	M0	High
	T3	N0	M0	High
	T4	N0	M0	High
❑ IV	Any T	N1	M0	Any rate
	Any T	Any N	M1	Any rate
❑ Stage unknown				

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION

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GASTROINTESTINAL STROMAL TUMOR STAGING FORM

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS) – FOR GIST AT ALL SITES

REQUIRED FOR STAGING: Mitotic rate _____

CLINICALLY SIGNIFICANT:

KIT Immunohistochemistry: _____

Mutational status of KIT, PDGFRA: _____

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

Histological grading, an ingredient in sarcoma staging, is not well suited to GISTs, because a majority of these tumors have low or relatively low mitotic rates below the thresholds used for grading of soft tissue tumors, and because GISTs often manifest aggressive features with mitotic rates below the thresholds used for soft tissue tumor grading (the lowest tier of mitotic rates for soft tissue sarcomas being 10 mitoses per 10 HPFs). In GIST staging, the grade is replaced by mitotic activity.

- ❑ GX Grade cannot be assessed
- ❑ G1 Low grade; mitotic rate <5/50 HPF
- ❑ G2 High grade, mitotic rate >5/50 HPF

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:

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.

❑ 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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