LIVER STAGING FORM

CLINICAL *Extent of disease before any treatment*	STAGE CATEGORY DEFINITIONS		PATHOLOGIC *Extent of disease through completion of definitive surgery*
❑ y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	TUMOR SIZE: _____	**LATERALITY:** ☐ left ☐ right ☐ bilateral	❑ y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery

PRIMARY TUMOR (T)

CLINICAL		DEFINITION	PATHOLOGIC	
❑	TX	Primary tumor cannot be assessed	❑	TX
❑	T0	No evidence of primary tumor	❑	T0
❑	T1	Solitary tumor without vascular invasion	❑	T1
❑	T2	Solitary tumor with vascular invasion or multiple tumors none more than 5 cm	❑	T2
❑	T3a	Multiple tumors more than 5 cm	❑	T3a
❑	T3b	Single tumor or multiple tumors of any size involving a major branch of the portal vein or hepatic vein	❑	T3b
❑	T4	Tumor(s) with direct invasion of adjacent organs other than the gallbladder or with perforation of visceral peritoneum.	❑	T4

REGIONAL LYMPH NODES (N)

CLINICAL		DEFINITION	PATHOLOGIC	
❑	NX	Regional lymph nodes cannot be assessed	❑	NX
❑	N0	No regional lymph node metastasis	❑	N0
❑	N1	Regional lymph node metastasis	❑	N1

DISTANT METASTASIS (M)

CLINICAL		DEFINITION	PATHOLOGIC	
❑	M0	No distant metastasis (no pathologic M0; use clinical M to complete stage group)		
❑	M1	Distant metastasis	❑	M1

ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL					PATHOLOGIC				
	GROUP	T	N	M		GROUP	T	N	M
❑	I	T1	N0	M0	❑	I	T1	N0	M0
❑	II	T2	N0	M0	❑	II	T2	N0	M0
❑	IIIA	T3a	N0	M0	❑	IIIA	T3a	N0	M0
❑	IIIB	T3b	N0	M0	❑	IIIB	T3b	N0	M0
❑	IIIC	T4	N0	M0	❑	IIIC	T4	N0	M0
❑	IVA	any T	N1	M0	❑	IVA	any T	N1	M0
❑	IVB	any T	any N	M1	❑	IVB	any T	any N	M1
❑ Stage unknown					❑ Stage unknown				

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

CLINICALLY SIGNIFICANT:

Alpha Fetoprotein (AFP) _____

Fibrosis Score _____

Hepatitis Serology _____

Creatinine (part of the Model for End Stage Liver Disease score) _____

Bilirubin (part of the Model for End Stage Liver Disease score) _____

Prothrombin time international normalized ratio (INR) (part of the Model for End Stage Liver Disease score) _____

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.

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION

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

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):

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
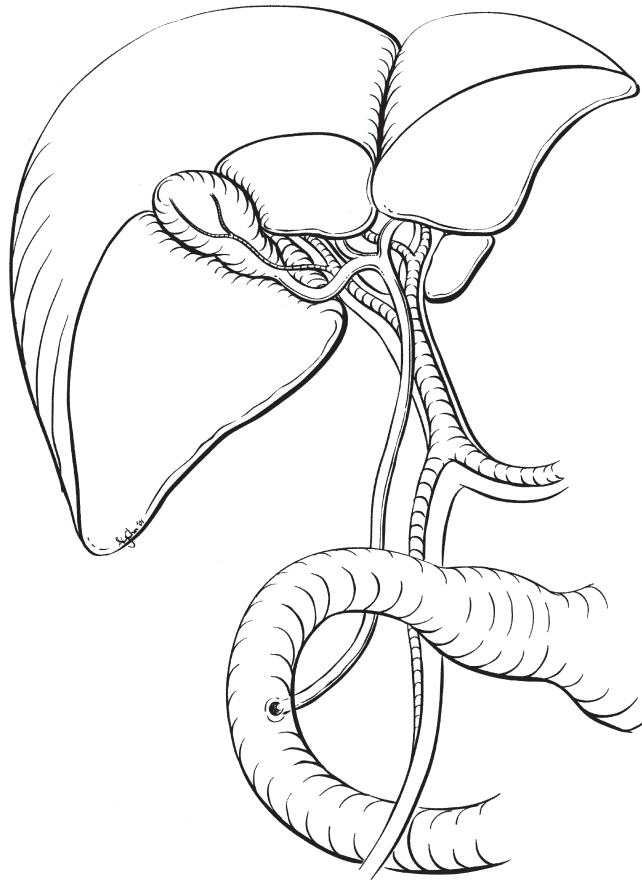
HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION

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Illustration

Indicate on diagram primary tumor and regional nodes involved.

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